

## **Clinical Track Appointments (salaried) - Definition**

The College aspires to appoint and promote faculty in the clinical track who are committed to the achievement of excellence in teaching, clinical service, and one or more other areas of professional productivity.

Clinical track faculty hold service positions through which they contribute to the clinical service, teaching, and/or outreach missions of the College, and hold faculty rank at instructor, assistant professor, associate professor, or professor. Clinical track faculty are not eligible for tenure.

Salaried clinical track faculty members are persons who have faculty career positions, and who make their primary contributions through clinical service and instruction in the context of this service. (See Appendices V and VI). No more than 75% of the total salaried College faculty may hold such appointments. The titles of these faculty members shall contain the modifier "clinical," preceding the rank [e.g. Clinical Professor] in their professional correspondence.

Promotion in this track is based on accomplishments in three areas: the direct provision of clinical service, teaching in the context of clinical service, and professional productivity.

Professional productivity encompasses activities utilizing the faculty member's professional expertise, and that are in addition to the direct provision of clinical service and teaching in that context (see Appendix XI). The categories of activities to be considered include:

- Professional service (see Appendix IV)
- Teaching (Appendix I - all listed activities except #3, which is teaching in the context of clinical care)
- Academic service (Appendix III)
- Written scholarship (Appendix II)

Clinical track faculty are not eligible for tenure. (See Operations Manual Part III, Division I, Chapter 10.9.b, and Appendix VI and VIII.) Individuals with a clinical track appointment at any rank may apply for appointment to the tenure track following the usual appointment procedures (See Section II). An individual may, as a rule, be appointed to the tenure track only once during his or her career in the Carver College of Medicine.

These requirements should be interpreted using the following guidelines:

1) While written scholarship may help satisfy this requirement, it is not required for promotion in this track. The type of written scholarship that will be considered as evidence for promotion in this track is broad. In addition to peer reviewed research reports, it includes, for example, high quality review articles, case reports, clinical commentaries, textbook chapters, and policy documents prepared for the institution, the faculty member's discipline, or government bodies.

2) Promotion can be supported by a variety of professional productivity profiles. For example, some faculty will primarily be involved in a single area, such as education, clinical scholarship, or clinical administration. Other faculty will pursue activities in several of these areas. In all cases, a recommendation for promotion should be based on the quality of the activities, not just the quantity.

3) Although most faculty members in this track will continue to spend the majority of their effort throughout their career in direct clinical service and teaching, some individuals may not. These faculty members, by mutual decision with the institution, will focus their effort in a specific sphere of professional productivity (for example, as a clinical department, hospital or collegiate administrator, curriculum director, funded clinical investigator, etc). When such individuals are considered for promotion, these activities should be the primary focus of the evaluation as long as there has been demonstration of the appropriate level of expertise in direct clinical service and teaching since the original appointment.

## **Qualifications for Specific Ranks – Clinical Track**

### **Clinical Assistant Professor**

- a. He or she must hold the doctorate or its equivalent, except in the Department of Physician Assistant Studies where the master's degree or its equivalent is the minimum degree required.
- b. He or she must show promise of excellent clinical service, as judged by peers and/or supervisors (see Appendix V).
- c. He or she must show promise of ability as a teacher (See Appendix I).

- d. If the faculty member is responsible for the medical care of patients, he or she must have a license to practice medicine in Iowa and must demonstrate competence as a physician. Competence as a physician will be established by the hospital staff process of reviewing clinical credentials and granting hospital privileges. Individuals other than physicians involved in the care of patients must meet the criteria established by hospital bylaws and any relevant state licensure requirements.
- e. The initial term of appointment is one to three years. Reappointment is not automatic, but requires full departmental review of the faculty member's performance and a recommendation based upon the evaluation of the faculty member's performance in teaching and clinical service. (See Review of Faculty, IV.A.).

Prior to reappointment or promotion, a full-scale departmental-collegiate review will be made. After a positive review, the faculty member will receive an appointment of 1 to 7 years. After a negative review, the department will generally recommend non-renewal of the contract.

Termination during the term of the appointment must be for failure to meet written standards of competence and performance (see Appendix X) established by departments and approved by the College. A decision not to renew an appointment may be for failure to meet the written standards of competence and performance, or for changed economic circumstances or program needs such that the position itself is terminated. Non-renewal may only occur at the conclusion of an appointment. Notice of non-renewal must carry appropriate notice, as defined in Operations Manual Part III Division I Chapter 10.9 h.1.c

- f. There is no maximum period of time by which promotion must be achieved in this track (Appendix VII)

### **Clinical Associate Professor**

- a. He or she must hold the doctorate or its equivalent except in the Department of Physician Assistant Studies, where the master's degree or its equivalent is the minimum degree required.
- b. He or she must have an acknowledged record of excellent clinical service, as judged by peers (see Appendix V).
- c. He or she must have an acknowledged record of teaching success in the context of clinical service, including a record of successful direction of the work of students, fellows or residents where applicable (see Appendix I).
- d. He or she must show evidence of progress toward a record of professional productivity that can be supported by clear documentation of the quantity and quality of activities, and as judged by peers.
- e. If the faculty member is responsible for the medical care of patients, he or she must have a license to practice medicine in Iowa and must demonstrate competence as a physician. Competence as a physician will be established by the hospital staff process of reviewing clinical credentials and granting hospital privileges. Individuals other than physicians involved in the care of patients must meet the criteria established by hospital bylaws and any relevant state licensure requirements.
- f. The term of appointment is 1-3 years if the initial appointment was to this rank, or 1 to 7 years following reappointment or promotion. Reappointment is renewable based on departmental review of the faculty member's performance and a recommendation based upon the evaluation of the faculty member's performance in teaching and clinical service. After a negative review, the department will generally recommend non-renewal of the contract.

Termination during the term of the appointment must be for failure to meet written standards of competence and performance (see Appendix X) established by departments and approved by the College. A decision not to renew an appointment may be for failure to meet the written standards of competence and performance, or for changed economic circumstances or program needs such that the position itself is terminated. Non-renewal may only occur at the conclusion of an appointment. Notice of non-renewal must carry appropriate notice, as defined in Operations Manual Part III Division I Chapter 10.9 h.1.c

- g. There is no maximum period of time by which promotion must be achieved in this track.

### **Clinical Professor**

- a. He or she must hold the doctorate or its equivalent except in the Department of Physician Assistant Studies where the master's degree or its equivalent is the minimum degree required.
- b. He or she must have an acknowledged record of exemplary clinical service, as judged by peers (see Appendix V).

- c. He or she must have an acknowledged record of continued teaching success, including a record of successful direction of the work of students, fellows, or residents where applicable (See Appendix I).
- d. He or she must have an established record of professional productivity as demonstrated by clear documentation of the quantity and quality of activities, and as judged by peers. Evidence of successful leadership in one or more spheres of professional productivity is highly desirable (see Appendix VI). Finally, there must be unmistakable evidence of recognition by peers at the state, regional, national, or international level (see Appendix IV, VI and VII).
- e. If the faculty member is responsible for the medical care of patients, he or she must have a license to practice medicine in Iowa and must demonstrate competence as a physician. Competence as a physician will be established by the hospital staff process of reviewing clinical credentials and granting hospital privileges. Individuals other than physicians involved in the care of patients must meet the criteria established by hospital bylaws and any relevant state licensure requirements.
- f. At the rank of Professor, the term of appointment is 1-3 years if the initial appointment was to this rank, or 1 to 7 years following reappointment or promotion. Reappointment is renewable based on departmental review of the faculty member's performance and a recommendation based upon the evaluation of the faculty member's performance in teaching and clinical service. After a negative review, the department will generally recommend non-renewal of the contract.

Termination during the term of the appointment must be for failure to meet written standards of competence and performance (see Appendix X) established by departments and approved by the College. A decision not to renew an appointment may be for failure to meet the written standards of competence and performance, or for changed economic circumstances or program needs such that the position itself is terminated. Non-renewal may only occur at the conclusion of an appointment. Notice of non-renewal must carry appropriate notice, as defined in Operations Manual Part III Division I Chapter 10.9 h.1.c

## APPENDIX I Operational Criteria for Teaching

Teaching includes any of the following activities:

1. Teaching of students and post-graduate students, residents or fellows in the classroom, laboratory, or other specific area of expertise, etc.
2. Direction of graduate research.
3. Teaching of students and post-graduate students, residents, or fellows in the clinical setting.
4. Curriculum development: development of objectives, materials and methods, methods of evaluation, etc.
5. Student, resident, or fellow advising and counseling; student, resident, or fellow recruiting.
6. Facilitation of teaching efforts of the faculty, e.g., helping to assess the value of teaching objectives, or of methods of evaluation, providing content material for courses of study, etc.
7. Serving as a member of education, curriculum, or admissions committees.
8. Serving as a faculty instructor in continuing medical education activities.
9. Organization of a new teaching program, or integration of teaching effort within or between departments.
10. Development of teaching techniques.
11. Development of short courses or "workshops" for students, residents and fellows, postgraduate professionals, and lay public.
12. Development of teaching materials for any medium, including web-based venues.

## APPENDIX II

### Operational Definition of Scholarship

Scholarship requires the use of innovative ideas in the pursuit of knowledge. The quality of such an activity is best determined by critical review by one's peers and, to have an impact, the information must be disseminated. This is best accomplished by publication in appropriate journals, monographs, or books, and by presenting scientific papers and exhibits at scholarly meetings. Such activities provide the most compelling evidence of scholarship.

The following are methods by which scholarship is demonstrated (Relative importance is not necessarily indicated by item number).

1. Publication of articles in professional journals. Greater importance will be attributed to publications in journals that require a critical review, but all publications will be evaluated.
2. Publication of books, monographs, manuals, on paper or in electronic media. Material in these formats should advance the field in order to be considered scholarship; materials produced primarily for student teaching should be listed under teaching.
3. Invited or submitted presentations of original scientific data at major national or international meetings, or at major institutions or research organizations.
4. Demonstration of a sustained, externally funded, independent research program.
5. Leadership and/or organization of clinical trials.

Academic creativity (scholarship) may also manifest itself in teaching and professional activities (see Appendix I and IV), and for these activities to be considered evidence of scholarly activity, they must be innovative and/or published or presented.

## Appendix VII

### Operational Guidelines for the Salaried Clinical Faculty Track

These guidelines assume that the Department Head appraises the faculty member of the criteria for promotion before or soon after appointment, that the quality of his or her performance has been periodically reviewed, and that the findings and their implications have been discussed with him or her.

Appointments in this track do not confer tenure; however, promotions through the ranks from instructor to professor are available based on specific criteria.

1. ". . . rank will not be considered merely as a reward for long and acceptable service." (*University of Iowa Operations Manual*)
2. Promotion is not a requirement of continued employment, and the faculty member may remain at the initial rank indefinitely. Time in rank cannot be the primary factor related to any promotion decision. Review for possible promotion does not need to be confined to the final year of a contract, but rather, can be performed in any year of a contract. The end date of a contract is not altered if promotion is achieved in a year other than the final year of the contract.
3. Recognition. One of the qualifications for promotion to Professor is unmistakable evidence of recognition by peers at the state, regional, national, or international level. Such evidence can be derived from: invitations to organize, chair or participate in panels, symposia or conferences; invitations to serve as an editor or on an editorial board of a scholarly journal; election to membership in societies stipulating meritorious professional achievement; election to offices in state, regional, national or international societies; letters written by peers outside the University, including from referring physicians; successful competition for awards, prizes, grants, or contracts; invited lectureships; or invitations to be a visiting professor outside the Carver College of Medicine.
4. Leadership. A highly desirable qualification for promotion to Professor is evidence of leadership in one or more spheres of professional productivity. The term "leadership" is to be interpreted broadly, and is specifically not confined to formally defined administrative positions such as division director, clerkship director, etc, but to include the broader meaning of "having commanding authority or influence." Evidence of leadership can be derived from: serving as chair of committees and task forces for the institution, in disciplinary groups, or relevant governmental or private groups; leading specific time limited projects to a successful outcome in any of the spheres of professional productivity; serving as principal investigator of research projects; receipt of leadership awards, etc. Evidence of leadership in the faculty member's clinical discipline could include selection to a prestigious board for a state, regional or national society or organization; frequent requests to make CME presentations outside the local area, etc.

5. The quality and importance of professional productivity should be considered more important than the number of activities.
6. In considering the evidence for promotion, primary importance should be given to the productivity shown during the period of current rank. Contributions made before appointment to the current rank are of secondary importance because they forecast less about future productivity.

### **Appendix XI**

#### **Operational Criteria for Professional Productivity**

Professional Productivity requires the use of innovative ideas in the pursuit of knowledge. The quality of such an activity is best determined by critical review by one's peers and, to have an impact, the information must be disseminated.

The following are methods by which professional productivity may be demonstrated.

1. Development of new curriculum development
2. Organization of a new teaching program.
3. Development of innovative teaching techniques.
4. Development of new short courses or "workshops" for students, residents and fellows, postgraduate professionals, and lay public.
5. Development of teaching materials for any medium, including web based venues.
6. Development and evaluation of new forms of treatment, new surgical procedures or innovative diagnostic techniques.
7. Organization of a new, or reorganization of an existing, clinical service.
8. Innovation or improvement of an existing clinical service.
9. Chapters
10. Case Reports
11. CME Presentations (although this cannot be the majority of the activity)

Professional productivity may also manifest itself as teaching, traditional scholarship or professional service (Appendix I, II and IV respectively)