KDHS Policy & Procedure
For
Promotion of Clinical Faculty
I. Introduction

A. These standards and evaluation criteria operationally define the qualifications expected for appointment or promotion of clinical faculty in the KDHS. These standards are used in conjunction with the Idaho State University Policies and Procedures for Promotion and Tenure, through ISU Academic Affairs. Individual subunits within the KDHS may have requirements that exceed those listed in this document. The subunit criteria should be included and submitted with promotion application materials. All promotion guidelines within the KDHS must be consistent with these general KDHS guidelines.

B. These standards and criteria, in conjunction with Idaho State University Policies and Procedures for Promotion and Tenure will aid the Candidates in preparing supportive materials to demonstrate that they meet the standards in their past performances in teaching, community service and creative scholarly activity. A Candidate is expected to meet or exceed the standards and criteria in all areas of a particular rank before promotion to that rank is recommended. When a candidate is seeking promotion, only those accomplishments since the previous promotion are considered. Additionally, these guidelines will promote consistent application of evaluation procedures during consideration of all Candidates for promotion. Recommendations relative to promotion must include, but are not restricted to, consideration of the standards and criteria listed below and in Sections II and III of this document.

C. Clinical faculty at Idaho State University (ISU) hold non-tenure track positions. Clinical faculty positions at ISU are found in programs offering degrees in the health professions. While they may hold a doctoral degree, all clinical faculty hold the professional credential to practice according to state requirements and play a critical role in our health professional curricula. Their primary role is to teach, including providing clinical supervision in our university clinics and affiliated organizations. Some clinical faculty members provide direct clinical services at our university clinics and affiliated organizations. Unlike affiliate faculty, who provide clinical supervision to students in the community settings where they are employed, clinical faculty are contracted ISU employees who hold all the rights and responsibilities associated with faculty status. In addition to their teaching or clinical assignments, they are expected to engage in creative/scholarly activity and professional related service. While clinical faculty are not eligible for tenure status, they may progress in faculty rank. Progression in rank is largely dependent on their accomplishments in teaching, scholarly activity and service.

D. Essential elements for consideration of Clinical Promotion include the following:

1. Teaching and Competence in the Field
   a. An essential component for promotion is the ability to teach effectively. Some elements for assessing teaching effectiveness are addressed in Section III of this document. Teaching effectiveness also implies a level of competence in the field, which is also addressed in Section III of this document.

2. Creative and Scholarly Activity
   a. All members of the faculty should demonstrate scholarly ability and attainments. Their qualifications could be evaluated on the quality of work; range and variety of their intellectual interests and ongoing contribution to clinical practice and training setting (see Section III).

3. Service
a. University Service: Service on department, division, discipline, or university committees as well as other related university service are also a consideration for promotion. The quality and variety of service should be considered when evaluating a Candidate's accomplishments in this area (refer to Section III).
b. Community Service: The scope of the university’s and Division's activities and nature of the allied health professions makes it necessary for faculty to engage in many activities outside university teaching and research/creative scholarly activity. Community service could include aspects of extramural service to schools, industry, and local organizations that are professionally related (refer to Section III herein). No personal service activities that are not related to the applicant's profession are included.

E. Professional Integrity:
   1. The KDHS recognizes the critical nature of professionalism within its programs.
   2. Actions of faculty must contribute to the function of the department, the College, the Division, and the University, with service to the units being evidence of this.
   3. Faculty are expected to be intellectually honest, dependable, and exhibit professionalism as evidenced by service and student evaluations.
   4. Professionalism is addressed in the guidance document entitled "KDHS Expectations on Professionalism."
   5. Professional integrity includes following ethical guidelines for research and practice, as well as maintaining currency in the field.
   6. Evidence of Leadership in Program and Field
      a. Leadership may take many forms, as identified within the unit. A hallmark of promotion is that a faculty member assumes a leadership role within the unit.

II. Standards for Promotion in the Clinical Rank

A. Clinical Instructor
   1. Academic and Length of Service Requirement
      a. Appropriate degree held for field and/or profession as identified by academic unit.
      b. Appropriate certification/licensure/registration in field in which clinical instruction is provided, as determined by academic unit.
      c. Good scholarship as reflected by personal academic record.
      d. Application for promotion to Clinical Assistant Professor may be made no earlier than the onset of the applicant’s fourth year in that position, with exceptions based on letter of offer for employment or approval by the Vice President for Health Science. Each unit, college or department may establish its own time in rank requirements, as per university policy.

   2. Teaching and Competence in the Field
      a. Demonstrated competence in the field and an interest in and capacity for teaching.

B. Clinical Assistant Professor
   1. Academic and Length of Service Requirement for advancement to Clinical Assistant Professor
      a. Appropriate degree held for field and/or profession.
      b. Appropriate certification/licensure/registration in field in which clinical instruction is provided.
c. Good scholarship as reflected by academic record. Transcripts of current graduate or post-graduate work may be evaluated.
d. Application for promotion to Clinical Associate Professor may be made no earlier than the onset of the applicant's fourth year in that position, with exceptions based on letter of offer for employment or approval by the Vice President for Health Science. Each unit, college or department may establish its own time in rank requirements, as per university policy.

2. Teaching and Competence in the Field
   a. Demonstrated competence in the field.
   b. Demonstrated interest and capacity for teaching.

3. Creative Scholarly Activity
   a. Evidence of ongoing creative scholarly activity (refer to Section III).

4. Service
   a. Demonstrated interests in the welfare of the institutions of higher learning (refer to Section III).
   b. Demonstrated interest in the welfare of the health professions (refer to Section III).
   c. Demonstrated interest in the welfare of the community in which one serves (refer to Section III).

C. Clinical Associate Professor
   1. Academic and Length of Service Requirement for advancement to Clinical Associate Professor
      a. Appropriate degree held for field and/or profession.
      b. Appropriate certification/licensure/registration in field in which clinical instruction is provided.
      c. Application for promotion to Clinical Professor may be made no earlier than the onset of the applicant's fourth year in that position, with exceptions based on letter of offer for employment or approval by the Vice President for Health Science. Each unit, college or department may establish its own time in rank requirements, as per university policy.
      d. Good scholarship as reflected by academic record.
      e. Teaching and Competence in the Field
      f. Demonstrated competence in the field.
      g. Demonstrated interest in and capacity for teaching.

   2. Creative Scholarly Activity
      a. Evidence of ongoing creative scholarly activity (refer to Section III).

   3. Service
      a. Demonstrated interests in the welfare of the institutions of higher learning (refer to Section III).
      b. Demonstrated interest in the welfare of the health professions (refer to Section III).

D. Clinical Professor
   1. Academic and Length of Service Requirement for advancement to Clinical Professor
      a. Appropriate degree held for field and/or professions.
      b. Appropriate certification/licensure/registration in field in which clinical instruction is provided.
      c. Good scholarship as reflected by academic record.
d. Seven years of teaching at Idaho State University or other appropriate experiences in the field, with exceptions based on letter of offer for employment or approval by the Vice President for Health Science.

2. Teaching and Competence in the Field
   a. Demonstrated competence in the field.
   b. Demonstrated interest in and capacity for teaching.

3. Creative Scholarly Activity
   a. Evidence of ongoing creative scholarly activity (refer to Section III).

4. Service
   a. Demonstrated interests in the welfare of the institutions of higher learning (refer to Section III).
   b. Demonstrated interest in the welfare of the health professions (refer to Section III).

5. Intellectual and Clinical Leadership
   a. Evidence of intellectual leadership as defined by the Candidate’s individual program and the criteria listed in Section III.

E. Administrative Promotions
1. Faculty hired as a Clinical Instructor may be given up to three (3) years to complete his/her appropriate degree for the field. Upon completion of the degree, he/she may be administratively promoted to Clinical Assistant Professor by the Academic Vice President with written recommendation from the Vice President for Health Sciences. In the case of administrative promotions to Clinical Assistant Professor, the Vice President will consider the criteria listed in this document (Sections II and III). A person may be administratively promoted at any time during the academic year following review of the relevant college review committee.

III. Evaluation Criteria for Promotion

A. These criteria will be applied to the Standards for Promotion in Clinical Rank (Section II). Only those criteria that apply to the promotional rank being considered will be utilized in the review. Prior to promotion, the burden of proving worth rests with the individual seeking promotion.

B. Academic and Length of Service Requirements
1. As a chief academic officer of the university, the Vice President for Health Sciences will have ensured that the degree held is the degree required for certification/licensure/registration in the field and/or profession.
2. Scholarship as reflected in academic record. Transcripts of current graduate or postgraduate work might be evaluated. Additionally, any other documentation reflecting scholarship intended for review by the relevant college review committee may be considered.
3. As per university policy, faculty must have completed a minimum of three years of service at the current rank before applying for promotion. Each unit, college or department may establish its own time in rank requirements, as per university policy.

C. Teaching and Competence in the Field
   Evidence of ongoing teaching and competence in the field as evidenced by the items listed below. There are a variety of activities that constitute teaching and competence in the field for clinical faculty. The activities listed below are not meant to be all-inclusive.
1. Some examples of Interest In and Capacity for Teaching
   a. Use of innovative and proven teaching practices which address different learning styles and processes (cognitive, affective and psychomotor domains).
b. Evidence from annual evaluations, student evaluations, peer evaluations, honors/awards, special letters, etc.

c. Quantitative summary of actual student evaluations of the faculty member for the years being considered for all courses taught.

d. Feedback (informal and formal letters) from tenured and non-tenured faculty and administrators from within and outside the program when appropriate.

e. Peer observation of classroom or clinical teaching

f. Scholarship of integration:
   i. Evidence of integration and synthesis of knowledge within and across disciplines. This would include activities involving Interprofessional Education and Interprofessional Practice.
   ii. Development of student critical thinking skills and clinical application of coursework guided by the clinical faculty member and by providing training and service outside the university

2. Some examples of Evidence of Competence in the Field
   a. Evidence of honors and/or awards.
   b. Significant administrative and/or teaching assignments within and outside the program (professional consulting or practice could also be considered); evidence through support letters or evaluation mechanisms could be provided.
   c. Examples of any work demonstrating competence in the field.
   d. Evidence of workshops or teaching conducted in a community setting.
   e. Evidence of clinical expertise and competence including the integration and application of evidenced based practice.
   f. Continuing education courses attended, developed and/or taught could be evidence of interest and capacity for teaching.
   g. Demonstration of professional and ethical attitudes and behaviors.
   h. Application of assessment and interventions appropriate to current practice.
   i. Demonstrated effective clinical supervision
   j. Clinical experience as defined by program
   k. Collaboration and/or consultation with individuals with clinical expertise outside areas of own expertise.
   l. Program development.
   m. Serving as mentor for students.
   n. Implementation of innovative service delivery options, therapeutic techniques and models for supervision.
   o. Development of student critical thinking skills and clinical application of coursework guided by the clinical faculty member and by providing training and service outside the university
   p. Mandated clinical practice in respective field: When applicable evaluation of clinical service such as requirements to maintain licensure or certification as identified by Department or Unit guidelines.

IV. Creative/Scholarly Activity
   A. While traditional research and dissemination may be elements of clinical scholarship, creative and scholarly activity also include use of best practices, implementation of evidenced based practices, and development of innovative practice.
   B. Dissemination of clinical scholarship and creative activity includes inculcation of best practices in clinical education and practice.
C. The expectation is that scholarly activity is disseminated through the use and demonstration of best practices, peer review, or editorial review.

D. There should be evidence of continuing productive scholarship.

E. Because of the workload assigned to clinical faculty the amount of scholarly activity is less than that expected of tenure track faculty.

F. There are a variety of activities that constitute creative scholarly activity for the clinical faculty. The activities listed below are not meant to be all-inclusive.

1. Some examples of scholarly activities consistent with clinical faculty role and workload assignments
   a. Innovative strategies for clinical practice and training
   b. Program development
   c. Curriculum development and innovations
   d. Scholarship of teaching and learning
   e. Scholarship of community engagement
   f. Development of significant instructional materials or resources (especially if copyrighted)
   g. Ongoing media publications/programs
   h. Participation in peer reviewed publications
   i. Grant activities
   j. Surveys or studies conducted
   k. Scholarship of discovery, practice, integration and teaching (e.g., evidence-based practice research; development of clinical competency statement documents; developing a specialty clinic or clinical model; evidence-based practice improvements or developing new practices based upon scholarship)

2. Some examples of dissemination
   a. Publication in a professional outlet (e.g., printed or online professional journal)
   b. Oral presentation at a professional meeting
   c. Poster session at a professional meeting
   d. Public dissemination and professional recognition of clinical practice guidance documents and policies generated from involvement with professional associations, hospitals, etc.
   e. Demonstration of evidence based practice particularly in clinical instruction.

V. Service

A. Service to the institution: Service to the institution is expected for all clinical track faculty. The applicant should demonstrate interest in the welfare of the institutions through service to the discipline, university, and/or community/public. Examples include but are not limited to:

   1. Department, unit, division, or university committee assignment with committee status (elected/appointed member, chairperson, secretary, subcommittee) and performance.
   2. Volunteer service relating to the interests of the university.
   3. Pertinent consulting activity that does not involve your own personal business endeavor.
   4. Personal (unrelated to profession) service should not be included.

B. Service to the discipline: Service to the discipline (manuscript reviewing, journal editing, conference planning, serving as an officer for a national organization, etc.) will be considered the highest level of
service. Service at these levels as a committee chair or service as an appointed or elected committee has higher consideration. This includes professional service at the local, state, national and international levels.

C. **Community/Public Service and Community Engagement activities:** This includes those activities that relate directly to one’s academic discipline and/or areas of specific expertise. Community/public service could include aspects of extramural service to schools, industry, and local, regional or state organizations that are professionally related. Service of a non-professional, personal interest nature should not be included in promotion and tenure application materials.

D. Examples of service include, but are not limited to, the following:
   1. Committee or Council involvement at the university, KDHS and unit levels (membership, Chair, other).
   2. Profession-related community/public service.
   3. Pertinent consulting activity that does not involve your own personal business endeavor.
   4. Pertinent community service related to the interests of the university.
   5. Development or coordination of community service projects related to the health professions.
   6. Participation in interprofessional service activities to the University, KDHS and/or community.
   7. Professional Continuing Education course development and dissemination.
   8. Involvement in local, state, regional and national professional organizations and associations.
   9. Volunteer service (presentation and participation) in community projects that promote the profession.
   10. Voluntary clinical practice in respective field: When applicable evaluation of clinical service will be considered, as identified by Department or Unit guidelines.

VI. **Professional Integrity**
   A. The KDHS recognizes the critical nature of professionalism within its programs.
   B. Actions of faculty must contribute to the function of the department, the College, the Division, and the University, with service to the units being evidence of this.
   C. Faculty are expected to be intellectually honest, dependable, and exhibit professionalism as evidenced by service and student evaluations.
   D. Professionalism is addressed in the guidance document entitled “KDHS Expectations on Professionalism.”
   E. Professional integrity includes following ethical guidelines for research and practice, as well as maintaining currency in the field.

VII. **Intellectual, Clinical, Administrative and Professional Leadership**
   A. Evidence of leadership as defined by criteria required by the Candidate’s individual program.
      1. Assistance in development of peers, other faculty members, and/or administrators.
      2. Formally appointed administrative assignments and/or positions (e.g., clinical coordinator or graduate studies director).
      3. Special appointments (e.g., special task forces, committee assignments or responsibilities to which the candidate was appointed or elected based upon expertise).
      4. Clinical, educational and/or professional contributions at the state, regional and national levels.
         a. The applicant must have demonstrated ability to work with colleagues at the institution, as discussed in section III, above and outlined in the document entitled “KDHS Expectations on Professionalism” Demonstration of professionalism and collegiality shall be examined and verified at all levels of review, but most demonstrably at the department or program level.
VIII. **Documentation for Promotion Review**

In order to appraise a Candidate's qualifications and accomplishments for promotion, the Candidate should develop one electronic copy of information for the Review. This information should be the same as that developed for the program/department/school/college review. A copy of these materials will be stored in a secure electronic space, as indicated by university policy. An electronic copy of these materials shall also be provided on a portable medium (e.g., jump drive) to the KDHS Administrative Assistant.

A. **The review packets should contain the following items as indicated in the ISU Policies and Procedures/Academic Affairs/Promotion and Tenure:**

1. The applicant should use the promotion and tenure application as found on the Academic Affairs website.
2. Written permission to review the materials presented and the prior recommendations (department and chair) for the purpose of developing an advisory opinion to the Vice President for Health Sciences. This permission should be placed at the beginning of the materials presented by the Candidate.
   a. External reviews from individuals outside of ISU are not required for Clinical Promotion.
3. A current and complete curriculum vita.
4. Departmental/program annual evaluations for the past years being considered.
5. Quantitative summary of student evaluations for the past years being considered (didactic and clinical, if applicable).
6. Appropriate materials to reflect good scholarship in academic records (e.g., transcripts of graduate work beyond degree held, or additional Course work and continuing education certificates.
7. Letters of support for teaching, community service or other professional endeavors.
8. Evidence of creative scholarly activity (See Section III).
9. Copy of the offer letter if offered “early” promotion opportunity based on previous work.
10. Summary documentation by review bodies, as specified by the applicant's college.
   a. Departmental/program committee evaluation summary added to packet no less than ten (10) working days before receipt by the Chair.
   b. Chair/program director evaluation summary, added to packet no less than ten (10) working days before the college-level.
   c. College review committee evaluation summary, added to the packet no less than ten (10) working days before review by the Dean/Associate Dean/Director.
   d. Dean evaluation summaries as dictated by relevant college policies added to packet no less than ten (10) working days before delivery to the KDHS administration.

B. Once completed and presented for review, the packet may not be amended or altered except for the addition of the department/program's evaluation/recommendation and the chair/program director/associate dean/dean's recommendation within the specified time frame(s).

C. The Candidate must be provided the opportunity to review all materials/documents to be considered by the Associate Vice President, which were not submitted by the Candidate. The Candidate will be provided five (5) working days to reply or respond in writing at each level.
D. The review packets should be delivered to the office of the Vice President for Health Science no less than ten (10) working days prior to the scheduled review. The electronic folders may be reviewed for completeness with the Candidate.

E. The packets shall remain intact and housed in the location selected by the Vice President for Health Sciences.

F. At any level, removal of sections of the packets, removal of materials for photocopying or other use by any person is inappropriate unless the Candidate grants specific permission.

G. Upon completion of the review by the relevant college review committee, electronic copies will be retained in the office of the Vice President for Health Sciences for use in reviewing the Candidates.

IX. Evaluation Criterion

A. Accomplishments prior to ISU influence promotion decision; however, candidates must demonstrate sustained accomplishments after appointment to a faculty position at ISU in order to be considered for promotion.

B. It is recommended that individual departments/programs/colleges have written guidelines for the clinical promotion process. The departmental/programmatic guidelines will be used in conjunction with the KDHS Policy and Procedure for Promotion of Clinical Faculty for consideration of Candidates’ credentials.

C. The promotion submissions must comply with the regulations of the Idaho State University Policy: Promotion and Tenure. Evaluations must also comply with the KDHS Policy and Procedure for Promotion of Clinical Faculty.

X. Procedure

A. The Dean must make inquiries to determine clinical faculty members who may be seeking promotion. Copies of KDHS Policy and Procedure for Promotion of Clinical Faculty will be made available to all candidates seeking promotion.

   1. The Vice President for Health Sciences must notify all clinical faculty in the KDHS of the approximate calendar for preparing and submitting materials for review. This notification must occur at least eight (8) weeks prior to the deadline for submission of materials to the Vice President for Health Sciences.

B. The clinical promotion process will include the following steps according to established timeline:

   1. Candidates are notified of the dates for submission of their application to the KDHS. All other program, department, school and college deadlines are set and managed by the administrator of each unit.

   2. Candidates submit materials according to the format dictated by the Office of Academic Affairs for programmatic/departmental peer review.

   3. Peers review applicant materials and submit report to applicant’s administration according to the established guidelines for promotion within their academic unit.
4. Administration of the academic units reviews materials and submits a letter of recommendation to the Vice President for Health Sciences.

C. All candidates must submit written permission for the review of all submitted materials. Permission to review the materials must be granted to the Vice President for Health Sciences and any required members of the faculty, administration, or committee of the Department/Program/College. As some documents may be confidential, written permission should be placed at the beginning of the Candidate’s submitted materials.

D. All candidates’ materials will be provided to the office of the Vice President for Health Sciences for review prior to submission of recommendation to the Office of Academic Affairs.

Revisions to the KDHS Policy and Procedure for Promotion of Clinical Faculty will be addressed as described in the KDHS Policy on Policies. Any proposed changes to KDHS Policies and Procedures will take effect on the first of May after approval, and will be applied in the upcoming academic year.