

Most Medicine clinical faculty use the service excellence case. You need to follow Medicine guidelines and attend their workshops.



Office of Academic Affairs

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Promotion on Service or Balanced Case For Clinical Faculty

Agenda

1. Elements of all clinical cases
 - Campus, school, department guidelines: understanding, navigating
 - Dissemination/scholarship/binning
2. Deciding among types of cases
 - Service as currently defined
 - Teaching
 - Balanced? Why? How?
3. Overview of process
 - Dossier documentation
 - Reviewers
4. Developments in process
5. Questions?



Elements of all clinical cases

Background--IU definitions:

“Classification of Academic Appointments”

Clinical Appointments. The prefix “Clinical” is used for appointees whose primary duties are teaching students and residents/fellows and providing professional service in the clinical setting. Titles: Clinical Professor, Associate Clinical Professor, Assistant Clinical Professor; or Clinical Senior Lecturer and Clinical Lecturer.

“Regulation of Clinical and Lecturer Appointments”

Use of clinical appointments. Clinical appointments are appropriate for those who work primarily in the clinical setting. Clinical faculty may be involved in research that derives from their primary assignment in clinical teaching and professional service; however, continued appointment and advancement in rank must be based on performance in teaching and service.... *Clinical faculty may contribute to the research efforts of a unit through their clinical work, but they are not expected to do individual research*



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IUPUI Clinical Track

Overall criteria

P&T Guidelines

Rank	Area of Excellence	Satisfactory Performance	Excellence Standard
Clinical Associate Professor	Service	Teaching	Record of publicly disseminated and peer reviewed scholarship in area of excellence
Clinical Professor	Service	Teaching	Record of sustained, nationally and/or internationally disseminated and peer reviewed scholarship in area of excellence.

For the campus, reputation is not a consideration



Therefore at IUPUI we are:

Flexible:

Defining 'clinical' faculty duties

There is NO description of "clinical" in the IUPUI Faculty Handbook. Many IUPUI non-Medicine clinical faculty do NOT apply their own professional expertise for clients as part of their job. Often they supervise student 'clinicals' or internships.

Firm:

All clinical ranks and all areas of excellence include an expectation of *peer-reviewed dissemination*.

Flexible:

"Peer" can be professional OR academic

It just can't be self-published. A blog can be evidence of impact, but it isn't evidence of quality.

Firm:

Service defined as application of *professional expertise* rather than *university citizenship*



Campus, school, department guidelines

Don't be surprised NOT to see:

“Clinical” duties or attributes defined at the campus level

Clinical-track expectations defined in school or department P&T documents

Outside of Medicine and Dentistry, clinical duties/criteria are often an after-thought. Campus criteria always rule.

Because **campus criteria** are very skeletal, **campus reviewers** depend heavily on **department and school** reviews.

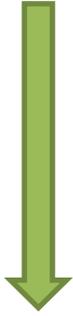


Peer-reviewed dissemination

Professional service that is the basis of advancement in rank or tenure must be clearly established as **academic work**. (PT guide)



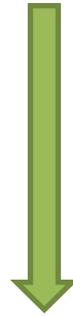
Clinical Faculty A
has GREAT IDEA



Benefits people
Yay!

Clinical Faculty A:
satisfactory

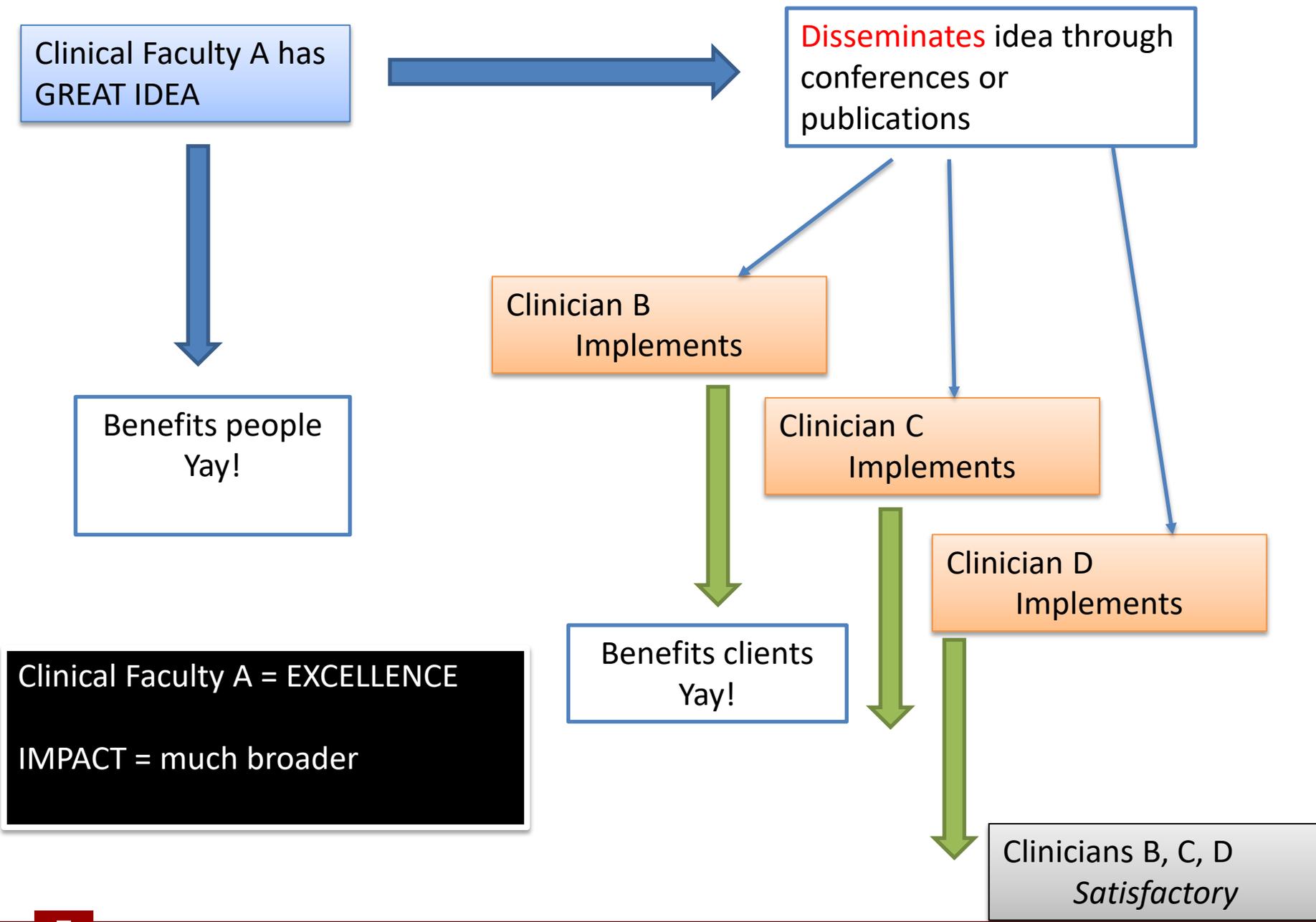
Clinical Faculty B hears
about GREAT IDEA
Implements



Benefits people
Yay!

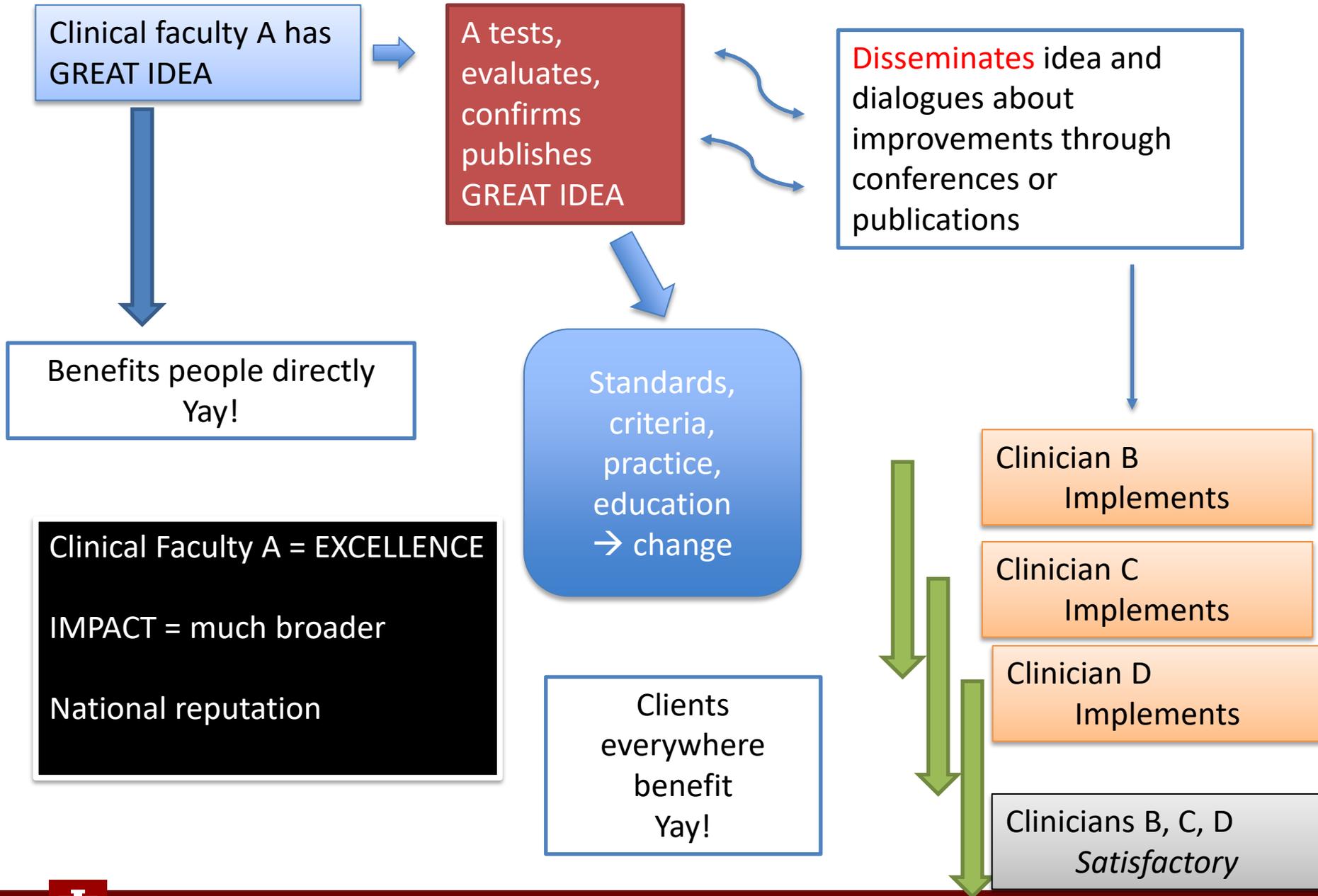
Clinical Faculty B:
satisfactory





Clinical Faculty A = EXCELLENCE
IMPACT = much broader





Potential forms of dissemination and peer review

- Conferences (academic or professional): refereed, competitive
- Scientific or professional journals: refereed [or editorially reviewed]
- Standards, protocols, or guidelines: that go through feedback and review levels.
- Open-source software: that has a review mechanism

NOT:

- Your own blog postings
- Pre-print repositories with no filtering

Question: are different forms of dissemination *ranked*?

Answer: it's really dependent on your department



Scholarship, research, binning....

All forms of publication, dissemination, discovery **must** be characterized as “in service of” either teaching or service.

Your promotion case cannot be based on *research* items.

I study rocks

“The genesis of purple rocks”

~~I’m an expert *researcher* on rocks!~~

I use my expertise and insight into rocks and rock research in my teaching

These are okay

I develop teams of students to do rock research.

Because of my rock expertise, local rock quarries accept my students as interns



Question (from session): How are collaborative publications assessed?

Answer: it really really *really* depends on the department's expectation.

Very broadly, tenure-track faculty are supposed to demonstrate independence and a growing reputation. They are expected to develop to the stage of running their own lab/team.

In statistics, tenure-track faculty would be expected to contribute to the science of statistics itself. Clinical faculty may be those who apply statistics to other-topic areas: they are the statistics expert, but not the topic expert.

Clinical faculty do not have the same expectations.

It is very important to learn what your department or school expects, with regard to author order and author role.



Deciding among types of cases

Clinical case types

1. Excellence in teaching

I. Integrative DEI

2. Excellence in service

II. Integrative balanced

3. Balanced case

Probably: 2-3 years away

Not for IUSM



Deciding: What is most authentic? and What is easiest?

Points to consider:

- What **role** do you have in your unit? What do they value you for? What will they understand best?
- Can you point everything you do towards **teaching**? ←this is the most common non-medicine clinical case type
- Can you separate out **service**? Do you have a strong sense of definition for this?
- Do you have difficulty separating teaching-from-service?
- Do you struggle with where to put your scholarship?



Choose a teaching case if *and only if*



See next slide!

You have strong performance in teaching

You can relate most of what you do to teaching

You have been consistent in analyzing student evaluations, securing peer evaluation of teaching, and collecting student learning outcomes data.

You have peer-reviewed dissemination that can be related to teaching

You must be satisfactory in service but that can be routine university citizenship



“Strong performance in teaching”

Student evaluations are *not the only, nor the primary, nor the most important*, method of measuring teaching excellence.

Faculty who teach gateway, difficult, large-enrollment, courses may not have “high” student **satisfaction** ratings.

Faculty who are majority (White, Asian, and male) often have *scores* that reflect *beneficial prejudices/assumptions*. (They “look like” faculty: google “faculty images” for a test of this)

Faculty who are non-majority face skepticism and thus lower scores, particularly from new (first year) students.

Collect, and use, **evidence of student success**



Collect, and use, evidence of student success: examples

- DFW rates, particularly tracked over time
- Within-class success rates: tracking of learning outcomes, particularly as you try out new teaching techniques (e.g. high-impact practices or Quality Matters)
- Subsequent class performance, useful especially for courses in a series (how well prepared are your students for the next step?)
- Subsequent program enrollment and performance
- Check for any disciplinary/professional outcomes measurements, especially in accredited programs.



Choose a service case if *and only if*

Your chair and dean understand what you mean by 'service.'

Service work must be related to the use of professional skill.

'Service' is not just administrative work. Running an academic program is not service as currently defined.

You have peer-reviewed dissemination that can be categorized as 'service'

You must be satisfactory in teaching--at least 2 peer reviews of teaching, student evals.



Choose a balanced case if *and only if*

You have some peer-reviewed dissemination that can be characterized as teaching, AND, some that can be characterized as service.

You feel that your responsibilities and accomplishments are relatively evenly distributed between service and teaching.

Your chair and dean agree about what counts as 'service.'



Overview of process

Promotion timing

Five years in rank: extremely general and unofficial rule of thumb

In some schools, promotion = long term appointment; in others, there is a separate process; in others, there is no long term appointment even if promoted.

YOU need to let your chair know *in the fall before you intend to apply.*



Dossier preparation

You need to collect information, organize your material, and compose your candidate statement **before** you have access to e-dossier.

Attend workshops, identify someone to help you edit, make drafts.

Consider providing names of external reviewers to your chair.



External reviewers

Responsibility of the chair, not you

You must identify collaborators (co-PIs, co-authors) for the last five years—they cannot be external reviewers.

Almost all external reviewers **MUST** be academics



What about clients? Community partners?

It is appropriate and useful for you to include assessment and/or support from non-academics for whom, or with whom, you work.

*If **you** solicit the information, it goes into your dossier, just as you wish it. These will be **supportive** letters or materials—you will include only what supports your case.*

*Letters that simply say “thank you you were great”
are not very important.*

*You may request that your **chair** solicit **assessments**. The request goes from them to the outside people and back without your intervention. This makes this more credible to reviewers.*



Materials for external reviewers

CHECK WITH YOUR school!

Timing: summer before
campus review

They always receive:

CV

Candidate statement

Then add:

Key material supporting your particular type of case



What happens if... *there are negative votes?*

Any candidate for promotion can withdraw their case at any time.

Are the external letters the problem? All letters must be retained **for three years**, unless you change the area of excellence. At least three letters must be fresh.

A non-tenure candidate cannot formally insist on a re-vote. However, they can upload additional information or arguments, and request that the committees review the material.

Each voting level is *independent*. One level may vote 'no' and another 'yes.' *Chairs almost never vote 'no.'* *But their votes don't always win.*

Final decisions are always in agreement with at least one committee level. If someone has majority negative votes at both the department and the school, they are unlikely to succeed that year.



Developments in process

Integrative DEI Case for Clinical

Estimated timing: approved spring 2022, available for fall 2022 cases **if the school/department is ready.**

Key elements:

- Diversity, equity, and inclusion philosophy, integrated with teaching philosophy
- Some dissemination related to DEI and activities (does not need to be labelled as ‘teaching’ or ‘service’)
- Integration throughout activities / accomplishments
- Local impact: demonstrated outcomes of activities (that is, not JUST dissemination, but making a difference for people)



Balanced/revised case

Estimated timing: possibly spring 2022; schools and departments unlikely to be ready. More likely for cases in fall 2023.

Key elements:

- Redefinition of acceptable 'service' to include administrative work
- Would not need dissemination in both areas





**Where are you in your
decision-making?**

Let's discuss....

- Why not teaching?
- What is your elevator speech?
- What is the most daunting aspect?



Open discussion

Prompt one:

Why not teaching?





Open discussion

Prompt two:

What is your elevator speech?



Open discussion



Prompt three:

Most daunting aspect?





IUPUI

FULFILLING *the* PROMISE