

POLICY ON CLINICAL FACULTY APPOINTMENTS
IU School of Liberal Arts at IUPUI
DRAFT 24 October 2013

This document establishes the guidelines for clinical ranks for the IU School of Liberal Arts at IUPUI. This document is supplemental to the administrative policies of Indiana University as documented in the Indiana University Academic Handbook* and the IUPUI Supplement†. The policy stated in the Indiana University Academic Handbook regarding clinical ranks is provided in Appendix A. In addition to IU policy, the School of Liberal Arts establishes these additional guidelines for academic instructional appointments of full-time clinical rank faculty.

Context:

In 1987, Indiana University approved the concept of non-tenure track faculty appointments for individuals engaged in teaching in or for clinical services, mostly in the area of health care. Since 1996, other schools were extended the opportunity to create clinical positions where faculty are engaged in other client services. In the School of Liberal Arts, clinical appointments are appropriate for individuals who teach – and provide service in support of teaching – the knowledge and skills for clinical, professional and community work that is directed toward patients, clients, or community members.

Distinctions between Lecturer-Line and Clinical-line Appointments:

Lecturer Lines:

According to the IU Academic Handbook, “Lecturers are academic appointees whose primary responsibility is teaching. Lecturers’ assigned responsibilities may include research and service only in support of teaching.” Faculty who primarily teach and provide service to students in undergraduate and graduate programs not focused on clinical, professional, or community settings should be appointed as lecturers. Titles: Lecturer or Senior Lecturer.

Clinical Lines:

According to the IU Academic Handbook*, “The prefix ‘Clinical’ is used for appointees whose primary duties are teaching students and residents/fellows and providing professional service in the clinical setting.” According to IUPUI campus policy and in keeping with IU-Bloomington campus policy‡, clinical faculty primarily teach and provide service in the clinical professional setting and focus on the teaching of practical skills and demonstrating best professional practices; consequently clinical appointments in the School of Liberal Arts are appropriate for those whose work primarily involves *teaching in, preparing students for work in and/or supervising or working with students engaged in work being done in* clinical, professional, and/or community contexts.

*https://www.indiana.edu/~vpfaa/academichandbook/index.php/Main_Page

† http://www.iupui.edu/~fcouncil/committees/handbook/supplement_final.pdf

‡Bloomington Campus Policies for Lecturer and Clinical Appointments, downloaded from https://www.indiana.edu/~vpfaa/academicguide/index.php/Policy_A-3

Examples of possible clinical appointments in the School of Liberal Arts might include, but are not limited to, museum studies faculty preparing students to work with local organizations, public history faculty training students to work with community members and museums, anthropology faculty training students to do urban fieldwork, and Spanish faculty training students in medical or legal interpreting.

According to the IU Academic Handbook, individuals holding clinical appointments may be involved in research that derives from their clinical/professional experiences, but “continued appointment and advancement in rank must be based on performance in teaching and service.” Titles: Clinical Professor, Associate Clinical Professor, or Assistant Clinical Professor.

Appointment

Candidates for clinical positions should be practitioners who have at least three years of appropriate experience in the clinical, professional, or community context as well as academic achievements in keeping with their appointment. [For example, someone hired as a clinical assistant professor of museum collections management should have a minimum of a terminal degree such as the PhD and three years of professional museum experience.]

Candidates for appointment in the Clinical Ranks shall be identified by a national search.

Term of Appointment. Initial appointments for assistant clinical professors shall be one to three years during a probationary period of not more than seven years. Appointments for associate clinical professors and clinical professors will typically be five to seven years, and renewable after review. The process for appointment with probationary status or appointment with a long-term contract at the rank of associate clinical professor or clinical professor shall go through the ordinary procedures for faculty appointments.

The primary duties of faculty members holding clinical rank in the School of Liberal Arts are teaching and providing professional services such as service to students, the department, the school, the university, the community, and the profession.

Appropriate teaching load and service requirements will be determined by the faculty member's department chair or program director in consultation with the Dean in conformance with the school's workload policy. As there are no research expectations for clinical line appointments, the standard teaching load for clinical faculty of all ranks is eight classes (24 credit hours), or the equivalent, for ten-month appointments, or ten classes (30 credit hours), or the equivalent, for twelve-month appointments. Reallocation of teaching load in support of professional service may be negotiated with the chair or program director, in consultation with the Dean.

Termination Notice. The termination notice shall be announced to the appointee in a time frame consistent with campus policies.

Ongoing Reviews. Annual Review: Clinical faculty are reviewed annually in accordance

with established department or program procedures for full-time faculty of comparable rank. The faculty member shall submit the faculty annual report and other materials required by the department/program for this purpose. Annual merit increases in salary should follow the same guidelines established for other faculty in the department.

Third-Year Review: During the third year after the initial appointment of assistant clinical professor, the department/program primary committee, the chair/director and the school's Promotion and Tenure Committee shall review the appointee, following established procedures for third-year review of tenure-line faculty.

Reappointment Review: As continuing appointment must be based on satisfactory performance in teaching and service, clinical professors and associate clinical professors who have earned long-term appointments shall be reviewed by both the unit primary committee and chair/director prior to reappointment into another long-term appointment. The faculty member should provide a personal statement that describes contributions to the teaching and service missions of the school and a CV. External review is not required, but may be solicited, for reappointment after promotion; if solicited, reviews must be included with the request for reappointment that is submitted to the dean.

Longer term contracts offered to non-tenure-track faculty do not carry the same guarantees as tenure. A faculty member in clinical ranks will be reappointed only if his or her performance is judged by the department/program and dean to be effective. Reappointment is also contingent upon the continued existence of the expedient need which created the demand for the position and upon the continued consonance of the position with the academic mission of the department or unit.

Promotion. As indicated in the IU Academic Handbook, clinical appointees are not eligible for tenure; however, in order to protect their academic freedom, individuals appointed as assistant clinical professors shall be reviewed and given long-term contracts after a probationary period of not more than seven years. Clinical faculty shall earn the right to a long-term contract on the basis of their excellence only in teaching or professional service, with satisfactory performance in the other, based on the expectations of their appointment.

No later than the start of the sixth year of appointment, assistant clinical professors will submit a dossier for promotion in keeping with the expectations outlined in the IUPUI Dean of Faculties Promotion and Tenure Guidelines for associate clinical professor. Reviews for consideration of promotion to associate clinical professor and clinical professor will go through the normal faculty procedures for the school, including review by the primary unit, the department/program, dean, and the campus P&T committee.

The campus standards for excellence for promotion in the clinical professor ranks, as well

as the expectations for external peer review, are stated in the IUPUI P&T Guidelines in the “Summary of Areas of Excellence and Expectations for Various Faculty Categories.” The school standard for promotion for clinical assistant and associate professors are analogous to a tenure-line faculty seeking promotion based on teaching or service; while a national reputation in the area of excellence is not expected, according to the campus P&T guidelines, “Some level of national peer-reviewed dissemination of scholarship is required to document excellence for clinical and tenure track faculty.”

At the end of the probationary period, an unsatisfactory promotion review shall lead to termination of the appointment in keeping with campus policy. In the event of negative reappointment decisions, advance notice must be given per campus policy.

Salary increases based on promotion shall follow the school guidelines for tenure-lines for promotion to clinical associate professor and clinical professor.

Sabbatical-like Leaves

Clinical faculty are not eligible for University sabbatical leaves, but clinical faculty who have earned promotion (clinical associate professors and clinical professors) may apply for sabbatical-like leaves following the guidelines established by the school for senior lecturers.

School-Supported Grants & Awards

Because clinical faculty are evaluated and promoted based only on their work in teaching and service, it is expected that clinical faculty will primarily pursue teaching- or service-focused grants and awards. Consequently clinical faculty may not be the PI or Co-PI for grants requiring school support that are research in nature, unless the research is clearly in support of teaching or service.

Clinical-line faculty are eligible for Trustee Teaching Awards following the same criteria used to evaluate lecturer-line faculty.

School and Department Service

Faculty appointed to these ranks are expected to participate in departmental activities that are pertinent to the tasks assigned them. In return, departments are expected to provide the necessary resources for teaching and service responsibilities.

Although the input of non-tenure-track faculty may be solicited on any aspect of departmental business, they should not cast a vote in decisions regarding the hiring, reappointment, promotion, and tenure of tenure-track faculty. However, tenured and tenure-track faculty may establish departmental procedures that allow non-tenure-track faculty to vote on hiring and promotion decisions concerning non-tenure-track faculty of their rank. It is important that the research and teaching missions of the department or unit remain within the purview of faculty on tenured or tenure-track lines. Non-tenure-track faculty may play an important role in determining how best to implement the teaching and service missions of the department, but major decisions concerning curriculum and the overall direction of the department should be the responsibility of

tenured and tenure-track faculty.

Furthermore, clinical rank faculty shall be eligible for membership on School, department, and program committees and have full voting rights on all matters except those involving the hiring, review, tenure, and promotion of tenured and tenure-probationary faculty. However, in keeping with IU policy as outlined in the IU Academic Handbook, clinical faculty “voting participation must be structured in a way that reserves at least 60% of voting weight to tenure track faculty.” In addition, representation of the clinical faculty rank on school and department committees shall not exceed more than 20% of the committee.

Also in keeping with the policy stated in the IU Academic Handbook, clinical faculty are not eligible for academic administrative appointments at and above the department chair level.

Other Rights, Privileges, and Policies

The IU Academic Handbook outlines other rights, privileges, and policies that govern clinical line appointments and other non-tenure line appointments.

Criteria for Promotion

The faculty of each unit using Assistant and Associate Clinical Professor appointments shall adopt criteria for promotion that are appropriate to the duties that may be assigned to clinical appointees. Those criteria must be written, available to unit faculty, and filed with the campus academic officer.

Promotion through the clinical-track ranks will be governed by the specific expectations established by each department/program. In general, senior non-tenure-track faculty will have demonstrated significant achievements in pedagogy or practice, such as assuming teaching leadership roles, developing innovative classroom techniques, and receiving national recognition for their work.

APPENDIX A

The following are excerpts from the Indiana University Academic Handbook that pertain specifically to clinical appointments.

NON-TENURE-TRACK FACULTY 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.

CLINICAL FACULTY

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.

[EXPLANATION AND COMMENT: Clinical appointees teach and practice full-time in the clinical professional setting. It follows that clinical appointments will be limited to academic units (and departments within academic units) in the professional-client service disciplines. Clinical faculty may contribute to the research efforts of a unit through their clinical work, but they are not expected to do individual research. Faculty who, in addition to teaching and service, have portions of their time allocated to doing research for which they are a principal or co principal investigator, who have research laboratories, or who are otherwise expected to do individual research should be in tenured/ tenure-probationary positions. While individual faculty members hired in tenure-probationary appointments may switch to the clinical appointments during the first five years of their probationary period, such a switch must involve giving up the research component of their faculty work, except for their clinical role in collaborative research trials. Clinical appointments are not intended as a means of retaining tenure-probationary faculty members who will not be able to demonstrate the performance levels in teaching, research, and service required for the granting of tenure.]

Rights and Privileges

Clinical faculty are expected to follow and be protected by University policies, including those pertaining to faculty hiring and faculty annual reviews. The faculty salary policies of the University, campus, school, and department shall apply to clinical faculty. Clinical faculty have the right to petition the campus faculty board of review. Clinical faculty are

not eligible for University sabbatical leave, but schools may provide sabbatical-like leaves for their clinical faculty to provide opportunities for professional learning and collaboration with colleagues.

Participation in University and campus faculty governance is governed by the Constitution of the Faculty of Indiana University and the faculty constitutions on each campus. The role of clinical faculty in governance within the unit shall be determined by vote of the tenured and tenure-probationary faculty of the unit, provided that where non-tenure track appointees have voting privileges, their voting participation must be structured in a way that reserves at least 60% of voting weight to tenure track faculty. The academic integrity of the school and its programs ultimately is the responsibility of tenured and tenure-probationary faculty.

The rights of clinical faculty and the regulations concerning their roles within each school shall be written and available to the school faculty. A copy of all rights and regulations shall be filed with the campus academic officer and with the campus faculty governance body.

[EXPLANATION AND COMMENT: The University Faculty Constitution defines the voting faculty as “all faculty members on tenure or accumulating credit toward tenure.” The Constitution further states that “the voting members of individual campuses may extend voting privileges to others on matters of individual campus significance.” The rationale for the distributions of rights and privileges is to leave the responsibility for the preservation of the most basic academic interests of the institution in the hands of those with the greatest protection of their academic freedom for the purposes of teaching, research, and service including the service of faculty governance; i.e. those with tenure. Non-tenure track appointees otherwise should have as many faculty privileges as is consistent with their qualifications and responsibilities.]

Clinical faculty are not eligible for academic administrative appointments at and above the department chair level.

[EXPLANATION AND COMMENT: The integrity of the academic programs will be best served by requiring that those individuals holding administrative appointments with direct authority for academic programs have the full range of academic qualifications associated with the tenure track, as well as the fuller protection of academic freedom that tenure provides.]

Appointment and Advancement

The faculty of each unit using clinical appointments shall decide whether those appointments will be with the titles of Clinical Professor, Associate Clinical Professor and Assistant Clinical Professor, or Clinical Senior Lecturer and Clinical Lecturer. Initial clinical appointments should be at the level appropriate to the experience and accomplishments of the individual. The process for appointment with probationary status or appointment with a long-term contract shall go through the ordinary procedures for

faculty appointments. Promotion in rank of Assistant and Associate Clinical Professors should go through the normal faculty procedures appropriate to the unit of the university, including peer review by the primary unit, and campus promotion (and tenure) committees. The faculty of each unit using Assistant and Associate Clinical Professor appointments shall adopt criteria for promotion that are appropriate to the duties that may be assigned to clinical appointees. Those criteria must be written, available to unit faculty, and filed with the campus academic officer. Clinical Lecturers shall be promoted to Clinical Senior Lecturers upon their being appointed to long-term contracts following a probationary period.

Protection of Academic Freedom

Clinical appointees are not eligible for tenure; however, in order to protect their academic freedom, individuals appointed as clinical faculty shall be given long-term contracts after a probationary period of not more than seven years. The exact mechanism for this shall be determined by the dean and the faculty governance body within each school using clinical appointments and be approved by the chancellor/provost, but the mechanism should be a long-term contract of not less than five years or be some equivalent, such as a rolling three year contract. The criteria for granting long-term contracts after a probationary period shall be analogous to the criteria for granting tenure, except that clinical faculty shall earn the right to a long-term contract on the basis of their excellence only in those responsibilities that may be assigned to them. Each school will establish procedures and specific criteria for review of individuals concerning the renewal of long-term contracts or their equivalent.

Clinical faculty appointments during the probationary period shall be subject to the same policies and procedures with respect to appointment, reappointment, non-reappointment, and dismissal as apply to tenure-probationary faculty during the probationary period. After the probationary period, dismissal of a clinical faculty member holding a longer term contract which has not expired may occur because of closure or permanent downsizing of the program in which the faculty member teaches and serves; otherwise, dismissal of such clinical faculty shall occur only for reasons of professional incompetence, serious misconduct, or financial exigency. Non-reappointment of clinical faculty to a new contract term may occur for the foregoing reasons or may occur as well for reason of changing staffing needs of the clinical program. Non-reappointment decisions regarding clinical faculty holding a long-term contract after the probationary period must be made with faculty consultation through processes established by the school's faculty governance institutions. The jurisdiction of campus faculty grievance institutions includes cases of dismissal and non-reappointment of clinical faculty.

[EXPLANATION AND COMMENT: Probationary periods for part-time faculty may be longer than seven years, where regulations adopted by the faculty of the academic unit so provide. University practice requires that probationary periods be served on a continuing basis unless a leave of absence has been applied for and been granted. The University is not obliged to relocate within the institution clinical faculty whose positions are eliminated because of closure, permanent

downsizing, or changing staffing needs of their clinical programs. Where an instructional line is converted from non-tenure to tenure track, a clinical faculty member occupying the line may apply for the tenure-track position, but is not guaranteed appointment.]

(University Faculty Council, February 13, 2001; Board of Trustees, May 4, 2001)

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