

# **Commitment to The Wisconsin Idea**

## **Scholarly Clinical and Professional Practice and Contributions to Tenure**

*FINAL REPORT*

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Ad-hoc Committee on Tenure in Professional Practice

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## Preface

Professional practice has been and will remain fundamental to the mission of the university. Exemplary practice entails translational activities that carry the fruits of academic research to the greater society. At Land Grant universities, these activities initially centered on agricultural and “mechanical” practices. That early model today has been generalized to many other professional settings, including engineering, law, business, and various health professions.

We have been asked to provide guidance for consideration of professional practice activities when faculty are evaluated for tenure. At issue is the recognition that many faculty devote a significant portion of their activity to professional practice, some even as a condition of their employment. This is particularly the case among faculty with substantial clinical responsibilities in health care where clinical practice provides revenue, patients, patient information and data for clinical research, and a practice setting critical to training new health professionals.

We assume faculty who have chosen to conduct professional practice in an academic setting are choosing to pursue scholarly excellence in and by their practice, and find reward in doing so. Accordingly, we direct this report not to evaluation of practice *per se*, but to guiding evaluation of *scholarly* practice.

The key issue is: May exemplary professional practice (*e.g.*, a physician providing outstanding health care for patients) be a basis *in and of itself* for promotion to tenure? We have considered this question deeply and conclude that professional practice alone, regardless of the level of expertise shown, cannot *per se* form the core of scholarly excellence expected of tenured faculty. In this we concur with longstanding policy in every division of the faculty that of the three areas of performance reviewed when faculty are considered for promotion to tenure-- research, teaching, and service.. Scholarly practice may contribute in any of these three areas.

Not everything undertaken as academic clinical and professional practice will be, or should be, considered in the course of promotion and tenure review. Practice of the discipline alone, regardless of the level of expertise, does not constitute scholarly excellence, unless information generated from this practice can be clearly demonstrated to have advanced the discipline. The expectation is that scholarly practice will advance or inform teaching of the discipline and/or generate new and unique knowledge. These expectations are identical to those of all faculty considered for promotion to tenure. Routine presentations or repeated consultations on the same topic using similar information may be identified as an important service activity, but the sheer number of occurrences alone is not sufficient to determine that these activities advance the discipline.

We believe a strong case for promotion to tenure in an academic institution can be made for individuals whose main activity is scholarly practice conducted to contribute to expanding and extending the knowledge base supporting their profession, improving the practice of the profession, and training new professionals and scholars. Previous

discussions and documents regarding extension activities and tenure have been useful for faculty considering promotion and retention when translational and outreach activities have been central to the case. We have drawn extensively on this prior experience in preparing this document, because we believe its tenets apply in the present consideration as well.

The missions of the University are diverse. With this report we wish to promote excellence in *scholarly* professional practice as one core mission of our University.

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# PART 1: Scholarly Clinical and Professional Practice in the 21<sup>st</sup> Century

## Introduction and Purpose

*The scholarship of clinical and professional practice occurs within all areas of the university's mission: teaching, research and service. It involves creation, integration, transfer and application of knowledge to advance a given discipline as well as to improve the quality of practice of the discipline.*

As the University of Wisconsin Madison refines and reshapes itself into a center of learning for the 21st century, the multiple roles of faculty members must be reconsidered and clarified. This document provides assistance in evaluating the scholarship of clinical and professional practice within that comprehensive and changing mission.

UW-Madison's community of scholars steadfastly committed to the Wisconsin Idea actively addresses the needs and aspirations of the people of Wisconsin, the nation and the world. Information also flows back to the University from these constituents, further influencing our teaching, research and service. The value of the interaction of theoretical knowledge and actual practice is translated into and embodied by the myriad of applied activities of the University community. At the UW-Madison, clinical and professional practice is a particular and distinct form of scholarly activity deeply embedded within the University's mission to create, integrate, transfer and apply knowledge. The scholarship of clinical and professional practice can be demonstrated through:

**Teaching** by training future practitioners, improving the performance of current practitioners, integrating basic science discoveries and emerging concepts into instructional programs, and creating new methods, or improving existing methods, of transferring pertinent information.

**Research** by discovery and creation of new information that advances the understanding and practice of a discipline. Key elements imbedded in research related to clinical and professional practice include dissemination of new information to appropriate audiences and assessment of the impact of new discoveries on the discipline. Outstanding research contributes substantively to advancement of relevant fields, and this is true of scholarship in clinical and professional practice as well. It is imperative that the impact of clinical research on a discipline can be quantified objectively.

**Service** by improving the health and welfare of society at large, as well as than service to the University or service to a profession.

This document will help:

- develop a common understanding of what constitutes scholarship of academic clinical and professional practice
- develop language to describe quality academic clinical and professional practice
- suggest alternative ideas to faculty for documenting and reporting excellence in academic clinical and professional practice
- provide new faculty members with information they will need to substantiate the quality of their academic clinical and professional practice as part of the tenure review process
- suggest ways for departmental and divisional committees to evaluate achievements in academic clinical and professional practice in tenure, promotion, and annual merit salary decisions
- encourage discussion about the scholarship of academic clinical and professional practice among faculty, staff, administrators and university collaborators.

## **Assumptions**

The underlying assumption is that the scholarly activities of academic clinical and professional practice in teaching, research, and service are all basic components of the University's search for knowledge and for integrating that knowledge into the practice of a discipline to improve the quality of practice and the lives of people throughout the world.

The ideas in this guide are based on the following assumptions:

- Just as the range and scope of academic clinical and professional practice vary from department to department and college to college, so will the relative role of scholarly academic clinical and professional practice vary from one faculty appointment to another.
- Faculty engaged in academic clinical and professional practice will be expected to articulate and assess their goals and activities and how these relate to the mission of the University and to the society it serves.

Evaluation of scholarship of academic clinical and professional practice should be conducted with regard to agreed-upon responsibilities of the faculty member in light of the mission of the department and the excellence with which those responsibilities are carried out.

## **The Nature of Quality Scholarly Academic Clinical and Professional Practice**

**Scholarly Academic clinical and professional practice is regarded to be of high quality when it has resulted in significant outcomes and there is evidence of these outcomes.**

Academic clinical and professional practice is regarded to be of high quality when it has resulted in significant outcomes. The most important of these are the creation, application, and dissemination of new knowledge that has advanced the discipline and improved the outcome of its practice. There must be clear, documented evidence of these outcomes for the work to be of high quality. By definition, scholarly academic clinical and professional practice entail application of knowledge and skills to solve needs, problems, issues, aspirations or concerns recognized in society.

Individual excellence in scholarly academic clinical and professional practice is directly tied to and determined by the mission and policies of the University and of each department. Faculty members submitting evidence of scholarship in academic clinical and professional practice for purposes of tenure review should do so in the context of the University and department missions, consistent with their letters of appointment. Candidates should be evaluated in the same context. Several questions can be used to evaluate the quality and significance of scholarship in academic clinical and professional practice, but it is not assumed that the activities of every candidate would necessarily address each of these questions.

1. Is there evidence that the body of work addresses an issue of significant concern to the discipline and society and is worthy of significant effort?
2. Does the practice draw upon the faculty member's disciplinary or professional expertise? Is there evidence of significant intellectual contribution to these efforts?
3. How do these activities relate to the department's mission?
4. Does the work use scholarly assessments, build on previous work, and use basic and applied theory?
5. Is there evidence of creation, application, and dissemination of new information?
6. Is there evidence of an integrated body of work?
7. Is the quality of the scholarly activity assessed by knowledgeable, arms length peers?
8. For educationally focused activities, are there clearly focused and intended educational outcomes?
  - a. Is there a clear strategy to reach the desired outcomes?
  - b. Is there a plan to collect evidence that the program has achieved the intended outcomes and was this plan followed?
9. Is there potential for the activities to generate new research questions or facilitate understanding of the current body of knowledge?

10. Are there contributions, if not balance, among activities that includes research, teaching and service?
11. Do the activities utilize methods that maximize impact on the discipline?
12. To what extent does the academic clinical and professional practice have a multiplier effect (e.g., train trainers, build infrastructure for program continuation) ?
13. Does the academic clinical and professional practice impact public policy or improve practice among professionals,

If the scholarly academic clinical and professional practice involves synthesis or summary of existing knowledge, this is considered within teaching, and a key component of the quality of the work is dissemination of such summaries. Summary or synthesis of existing knowledge meets the quality criteria only when it is combined with effective dissemination and assessment of impact (outcome of activity).

**High quality scholarly academic clinical and professional practice is often characterized by efforts to bridge gaps between theory and applied needs, issues or concerns.**

These efforts should not only enhance the candidate's career but also contribute to the vitality of the University and the larger community. Successful scholarly academic clinical and professional practice can result in the effective communication of the problems, needs and aspirations of the people of Wisconsin to the University community, which in turn will help direct the University's mission to conduct basic research and provide relevant graduate and undergraduate education. Evaluation of quality should consider evidence and outcomes that document the intellectual contribution of the scholarly academic clinical and professional practice. Simply listing activities without attention to assessment of quality does little to enhance a case for promotion to tenure. Assessment of quality should include substantiated evidence of excellence, innovation and impact.

## **Procedures for Evaluation of Scholarly Academic Clinical and Professional Practice**

Previous experience with evaluation of faculty for promotion to tenure suggests that the likelihood of favorable recommendations increases when:

1. Departmental expectations of the faculty member are clearly stated in the position description, the letter of appointment and any documents that stipulate changes in the appointment.
2. The faculty member understands requirements for tenure established by the appropriate divisional committee and that this is communicated clearly as early in the course of the probationary appointment as possible.
3. Appropriate departmental mentoring committees provide specific, consistent, and frequent guidance to each probationary faculty member.

4. The probationary faculty member receives and acts upon advice of the mentoring committee throughout the probationary period.
5. The probationary faculty member, with the assistance of the mentoring committee, prospectively apportions time appropriately among activities and structures scholarly practice to address departmental expectations while establishing a record of high quality academic clinical and professional practice.
6. Structuring the scholarly academic clinical and professional practice to ensure that activities are designed, implemented, evaluated, and contemporaneously documented to ensure that these will be appraised properly and receive appropriate departmental recognition and support.

## **PART 2: The Promotion and Tenure Process**

### **Begin at the Beginning...**

The promotion and tenure process begins with assessment by the candidate's academic department or unit. Therefore, a faculty member's expected involvement in academic clinical and professional practice should be reflected in the position description and the appointment letter. It is important at the time of faculty hire to clarify the expectations for research, teaching and service in academic clinical and professional practice, as well as the connection of these activities to the mission of the department. In consultation with the Dean, the department should clarify performance expectations at the time of the initial appointment *and ensure these expectations are consistent with the goal of achieving tenure in due course*. These expectations should also be explained fully in department documentation prepared for tenure, promotion and merit review. Discussions with the department chair, senior faculty, the mentoring committee and members of the promotion and tenure review committee can help clarify several points. These include:

- departmental expectations concerning the kinds of scholarship in clinical and professional practice that are encouraged
- how each activity might best be evaluated and documented
- the criteria to be used to evaluate the quality of academic clinical and professional practice at the departmental, college and divisional levels; differences in expectations among these groups and the faculty member should be reconciled early

As part of this process, several questions should be considered:

1. What types of activities in clinical and professional practice are encouraged as part of the departmental mission?
2. In what areas has the department established a history of quality in clinical and professional practice? How does the new faculty member's expertise enhance or modify these?
3. In what ways do the department's faculty interact with peers and society to best apply the activities of clinical and professional practice?
4. What balance does the department expect probationary faculty to maintain among research, teaching and service? What departmental resources are available to assist in prospective documentation of achievements in these areas?

It is the responsibility of the department chair offering a position to a probationary faculty member to describe, at the time of hire, all criteria for judging the quality of academic clinical and professional practice that will be used to evaluate the candidate's performance. These criteria should then be provided in writing at the time of appointment. Subsequent modifications in official appointment papers should also be documented and made part of each faculty member's official personnel records.

## **Prepare Early for Evaluation**

**The expectations for quality intellectual achievement are as demanding for academic clinical and professional practice scholarship as they are for other scholarly activities.**

Preparation for evaluation of the scholarship of academic clinical and professional practice should begin early in each faculty member's appointment. As activities (investigations, clinical trials, collaborative activities, grant submissions, publications, seminars, lectures, laboratories, rounds, etc.) are planned, conducted and evaluated, the faculty member, with the advice of the mentoring committee, should consider how a record of these can be compiled that documents their scholarly value and impact. Developing high-quality academic clinical and professional practice takes time and effort. For example, specific activities may be part of a long-term program of applied research, innovative curriculum development, artistic creation or problem solution for applied and continuing education. Thoughtful evaluation and reporting of evaluation results also require time and effort. Faculty members should plan their efforts far in advance and incorporate a process for qualitative evaluation from the beginning. Beginning early helps eliminate gaps in contemporary evaluation of the record of scholarly achievements and will help to minimize the need for retrospective documentation and evaluation. The goal should be to establish a consistent record of documented high quality scholarship in academic clinical and professional practice.

Ongoing, contemporary evaluation is crucial to:

1. Improve the quality of research and teaching
2. Provide clear, objective assessment of the quality of scholarly activities

There may be concern that these two types of evaluations should be performed separately. The expectations for quality intellectual achievement are as demanding for scholarship in academic clinical and professional practice as they are for other scholarly activities. Mentors should be able to provide formal and informal assessments to probationary faculty in a manner that allows for improvement in performance without raising the specter of a highly critical report appearing in the permanent record. It is therefore anticipated that objective appraisals of the scholarly quality and impact of academic clinical and professional practice will be provided by individuals not associated with mentoring or collaborating with probationary faculty. This also requires planning on the part of probationary faculty and their mentors to ensure that the work of the probationary faculty member is disseminated in such a manner that it is brought to the attention of recognized authorities in the field who are able to critically assess the quality broadly relative to accepted theory and practice within the field.

Department chairs and mentoring committees should be involved in the planning process to ensure that the faculty member's proposed academic clinical and professional practice are consistent with departmental expectations. Department executive committee members, senior faculty members, and promotion and tenure committee members should also be asked to share their insights regarding the campus promotion process. The

appropriate divisional committee's review criteria are critically important and provide useful guidance to all concerned.

In all cases, the faculty member should select academic activities in view of his/her position description and appointment letter and in the context of relevant divisional committee criteria. Promotion and tenure committees judge how well the case has been made for granting tenure. It is not the quality of any one piece of work but the quality of the overall body of work as reflected in the dossier and the accompanying documentation that support the case for promotion to tenure.

### **Establish a Record of Quality Scholarship in Academic Clinical and Professional Practice**

The dossier should reflect the activity and productivity in academic, clinical and professional practice of the probationary faculty member in light of the appointment and any subsequent, explicit modifications in the expectations of that appointment. In concert with guidelines of the appropriate divisional committees, the dossier should include:

- A description of the academic clinical and professional practice component of the position
- A description of the scholarly expertise of the probationary faculty member
- A description of the individual's objectives for academic clinical and professional practice and the relationship of these objectives to the academic clinical and professional practice, the departmental mission, and societal needs
- A description of significant academic clinical and professional practice in which the faculty member played a major role, with qualitative indicators to evaluate the excellence of each activity
- Qualitative evaluations of scholarly activities from those most able and qualified to provide these
- Informed assessment, e.g., assessment of scholarly merits of academic clinical and professional practice by “arms length” experts in the field, peers/practitioners, students, trainees, audiences, and external agencies and institutions
- A narrative description of academic clinical and professional practice activities, including reasons why these were pursued, the faculty member's intellectual contribution and leadership role in each of these, and how the activity contributed to scholarly advancement of the individual and the field
- The significance, including indications of outcome, of the activity to external audiences, the profession/discipline, and to society
- Scholarly recognition including peer reviews of the activities and their results.

## **Evidence of Excellence in Scholarly Academic Clinical and Professional Practice**

*Scholarly academic clinical and professional practice that is truly innovative should advance a discipline or profession.*

Academic clinical and professional practice teaching and service activities are often relatively easier to evaluate than research. This section provides further guidance on the evaluation of research relating to academic clinical and professional practice.

Faculty engaged in scholarly academic clinical and professional practice are expected to pursue scholarly endeavors that result in innovations, advancement in knowledge, contributions to the discipline, or improvement of quality of life. Efforts to improve academic clinical and professional practice can themselves be a form of scholarly activity that generates research leading to publication of results. There are many ways (none alone is, in general, sufficient) to present evidence of scholarly excellence in these endeavors:

1. Publication in peer reviewed books, journals, and monographs; creation of videotapes, computer programs, and fact sheets; syllabus reprints; development of program materials; authored newspaper articles; exhibits, shows, and concerts; writing for business trade or community publications, and technical reports that fall between peer-reviewed and unreviewed publications.
2. Evaluative statements from peers or beneficiaries of the practice related to the scholarly quality, creativity and impact of publications, reports and other materials produced by the faculty member. Because of the nature of some academic clinical and professional practice activities, the assumption that publication is an adequate reflection of peer review may not be possible or appropriate. Thus, specific evaluations of the quality of the work may need to be provided, because it is anticipated that the portfolio may include a balance between peer reviewed and other publications. In the case of publications that are not reviewed, the results of innovative links made between theory and practice may be described along with other indications of value and/or impact.
3. Grants and contracts designed to explore, develop and deliver innovations in academic clinical and professional practice, when such grants and contracts are competitive and subject to peer review and approval. Some faculty engaged in academic clinical and professional practice may also pursue more traditional grant support intended to fund research designed to investigate basic science questions that underlie advancement of academic clinical and professional practice.
4. Documentation that individuals from outside the state or nation have sought out, evaluated, and possibly incorporated the faculty member's work and innovations.
5. Development of instruments and processes that are adopted by others to solve persistent problems.
6. Receipt of patents and evidence of creation of intellectual property such as

copyrighted materials, software, multimedia presentations, etc.

\*Critical, objective evaluation of the quality of scholarly activities by arms length, recognized authorities in relevant fields provides the most credible assessment of the quality and impact of these activities.

## **Confirming Evidence of Quality**

*Documenting the impact of scholarly academic clinical and professional practice and its contribution to advancement of the discipline may be the most substantive element supporting the faculty member's case in the review process.*

Senior faculty members from comparable institutions with similar responsibilities represent a valuable source of evidence regarding the excellence of a faculty member's efforts and scholarly endeavors. Letters from previous or current mentors or colleagues are not generally considered to provide objective assessment of the quality of scholarly activities. However, teaching is an important local activity, and peer assessment may be essential. Explanation of the role and unique contributions of the candidate to multi-investigator studies by collaborators may also be appropriate. In selecting most reviewers, critical attention should be paid to the academic qualifications and expertise of the referees. It is vital that these individuals have no personal or professional relationship with the candidate and that they also are clearly recognized for their scholarly achievements in the candidate's field. In particular, these referees should be able to comment on the extent to which a UW-Madison faculty member has made a substantial contribution to the discipline or profession, and the extent to which that person is recognized by other scholars, practitioners, public policy makers, and/or the public. Letters of support from these scholars should be solicited by the appropriate departmental committee.

Participants in continuing education presented by faculty are often active professionals in various fields. They, too, are in appropriate positions to assess the impact of such activities when the primary focus is on applying knowledge to practical problems. They may be able to provide evidence of the contribution of scholarly endeavors to an increase in their awareness of the practical implications of theory or to an improvement of professional practice. Collecting documentation of the impact of continuing education activities and their contribution to professional improvement may substantially strengthen a candidate's case in the review process. However, participant evaluations must be carefully designed to reflect accurately the type of scholarship being evaluated (i.e., teaching, research or service). Especially in cases where participants are providing evidence on the quality of research, the evaluations need to be more substantial, analytical and focused than is usually typical of continuing education evaluation forms.

The qualifications of referees asked to comment upon leadership in a field or

contributions to theory in academic clinical and professional practice must be made explicit in the promotion dossier. Although faculty members from comparable institutions may be preferred, it is imperative that the qualifications of particular referees are made clear. Referees' comments should be specific and concise. The context in which the faculty member is being judged and the evaluator's qualifications and background are all critical to the ultimate impact of the reference. It is the responsibility of the department to familiarize the referees with departmental expectations and departmental and divisional promotional guidelines.

### **And End at the End**

At the time a tenure recommendation is to be made, the divisional committee has the least responsibility for the outcome. A thoughtful process to guide professional development of probationary faculty engaged in academic clinical and professional practice must be initiated at the time of appointment to the faculty. The major responsibility for a positive tenure recommendation rests with the faculty member, the department, and the mentoring committee to ensure that the candidate has had the support necessary to perform at the standard of intellectual excellence and programmatic impact expected of faculty engaged in academic clinical and professional practice.

## **PART 3: Specific Committee Recommendations**

1. Divisional committees, with input from constituent groups, should review tenure guidelines and practices to ensure contributions of scholarly professional practice is recognized as contributing to the teaching and/or research and/or service accomplishments of a probationary faculty member. If guidelines need to be clarified, including guidelines for documentation, divisional committees should do that.
2. The University Committee and Faculty Senate should ensure UW FPP allows sufficient flexibility concerning maximum time to the tenure decision to reasonably accommodate circumstances of probationary faculty with substantial professional or clinical practice responsibilities as a condition of their appointment.
  - a. Faculty with such appointments may need a limited amount of 'equivalent' time beyond the usual to develop their tenure case. This being said, it is the responsibility of departments to structure work assignments to allow reasonable progress toward tenure without abusing this flexibility (see 3 below).
  - b. Concerns with flexibility in the tenure clock include exploitation of probationary faculty or deliberate delay for doubtful cases.
  - c. Although flexibility in additional time on the tenure clock is desirable, there should be a fixed upper limit to allowable extension due to professional practice duties, for example a maximum of 2 years.
  - d. Negotiation of the total tenure clock should occur only at a specified time (e.g. at hiring, or at 3-year review) and require agreement from outside the department (divisional committee representative). Under all circumstances the process and the result must be clearly understood by all concerned.
3. Departments should review their hiring and mentoring processes. Clear expectations from the department and the candidate at the time of appointment, as well as frequent and accurate mentoring are critical in helping probationary faculty with substantial clinical appointments succeed in the tenure process.
  - a. The duties required in the initial appointment letter should be consistent with the expectation that the probationary faculty person can perform these duties and achieve tenure within guidelines following from 1 and 2 above. Any change in these duties during the probationary period should recognize the possible impact the tenure process and the limited ability of probationary faculty to object to any changes.

- b. Mentors must be knowledgeable in building a strong tenure case for probationary faculty with significant clinical responsibilities. This knowledge includes an understanding of scholarly clinical practice, how to provide evidence of that scholarship, and how a candidate can build a strong tenure case using that evidence.
- 4. Probationary faculty with substantial clinical responsibilities should be encouraged to begin planning early in their career to build a strong tenure case in their teaching, research and service. Planning can anticipate some time delays or long lead times for study completion and still allow a strong tenure case to be made.

## References

Here are a few possibly useful references for readers of this report.

The first, is a document generated in 1997 to clarify how faculty with substantial outreach activity can document that activity to support a tenure case:

<http://www.secfac.wisc.edu/divcomm/outreach/WisconsinIdea.asp>

The second reference is the Report of the Health Sciences Division Task Force on the Health Sciences Division Proposal, completed in 2003, which addressed the question of whether there should be a 5<sup>th</sup> Divisional Committee for Health Sciences to address some of the issues that have arisen with the current tenure system. Among the recommendations in that report, was one suggesting the Provost form a committee to look at whether and how professional practice could contribute to tenure. Our committee is the realization of that recommendation. The full text of the 2003 report is available here:

<http://www.secfac.wisc.edu/divcomm/health/>