The University of Vermont  
College of Nursing and Health Sciences  

Reappointment and Promotion Guidelines  
Full Time Clinical Faculty  
(Revised May 8, 2018)  
Passed by Majority Electronic Vote of the Faculty (5/18/18)  
Office of the Provost: Received 5/18/18; Approved pending minor revisions 8/31/18  
Passed by majority in person ballot during CNHS Faculty Meeting 12/08/2018  
Updated 01/19/2019 to reflect discussion at the CNHS Faculty Meeting  
Passed by majority of faculty in on line ballot 1/25/19  
Approved by Provost’s Office 2/6/19  

This document elaborates on the essential criteria for reappointment and promotion outlined in the current Agreement between The University of Vermont and United Academics, (Agreement) and consistent with the mission and vision of the College of Nursing and Health Sciences (CNHS), by providing examples of the evidence of attainment necessary for the discipline. The following subsections provide a framework of criteria and standards for evaluation within which judgments regarding the achievements, accomplishments, and future potential of the candidate can be made and which adheres to the philosophy and mission of the College of Nursing and Health Sciences.

CNHS recognizes Boyer’s (1990) model that scholarship can have different purposes and goals. It includes: (1) the scholarship of discovery, the generation of new knowledge through original research; (2) the scholarship of integration, which seeks interprofessional connections, interprets knowledge from a variety of perspectives, and brings new insights through integration of scholarly evidence; (3) the scholarship of application, as the dynamic use of knowledge to help solve individual and societal problems; and (4) the scholarship of teaching, which transforms and extends knowledge as well as transmitting it. CNHS recognizes the value of each of these areas of scholarly contribution across the spectrum of activities of the teacher-scholar at UVM.

Reasonable flexibility should be exercised in assessment of performance, taking into consideration the faculty member’s academic rank, assigned workload, self-assessment and progress on goals, professional development efforts and any special considerations. It is expected that assigned workloads and faculty goals will provide the candidate the opportunity and direction to meet the criteria for reappointment and promotion.

1. Appointment  
The Clinical-track appointment is designated for faculty with primary responsibilities in teaching, advising (if applicable), clinical practice including patient care, and service. Academic advising and scholarship related to teaching and/or clinical practice may be components of the assigned areas. The supervision and instruction of students in clinical settings may also be components of the appointment. When advising, scholarship and clinical teaching of students are components of the appointment, workload shall be established as per the provisions of the CBA. The Clinical Faculty position is a non-tenure track appointment.

2. Expectations and responsibilities  
An overarching expectation, and responsibility, of a faculty member is a commitment to the values of “Our Common Ground” A second overarching expectation and responsibility of a faculty member is a commitment to continued development and application of practices that foster diversity and inclusion. This expectation is not dedicated to a single category of work (e.g., teaching, advising, scholarship, clinical practice, etc.), however, a faculty member should demonstrate this commitment in at least one area of work per year (see Appendix A).

2.1 Teaching  
Clinical faculty members are expected to be effective teachers. The prime requisite is the possession of expertise in the subject specialty, the ability to create a learning environment that promotes development of student knowledge, skill and competence, and a vital interest in teaching and working with students.
Teaching effectiveness is evaluated by a set of indicators consistent with the Agreement. Criteria for meeting expectations in each of these indicators, as well as sources of evidence, are detailed in Appendix B.

Assigned duties for teaching in addition to those outlined in the Agreement may include:

- teaching in a variety of settings using multiple modalities
- evaluating students’ learning and progress in classroom and/or in clinical settings
- being available to students (through office hours, emails, or by appointment) for consultation on course related issues
- participating in course and curriculum evaluation and development
- mentoring/advising independent studies/projects/research

2.2. Academic Advising (if applicable)

When applicable, a clinical faculty member is expected to be an effective advisor, which is evaluated by a set of indicators consistent with the Agreement. Criteria for meeting expectations and major contributions in each of these indicators, as well as sources of evidence, are detailed in the Appendix B.

Assigned duties include:

- being available to students (through office hours, emails, or by appointment) for advising related issues
- providing information on professional careers
- providing information on University/Department policies, processes, and procedures

2.3. Service

Clinical faculty members are expected to participate in service relating to the Department, College, or University. This may include: academic or department committees, union activities, community outreach, student organizations or clubs; and community, state, regional, national, or international organizations relevant to the faculty member’s teaching or scholarship (e.g., accrediting agencies, boards, professional organizations). Faculty may also provide service through effective participation in community, state, national, or international outreach or other endeavors relevant to their professional discipline (see service section of appendix B).

A faculty member’s commitment to service is demonstrated by participation in a variety of service-related activities with development of leadership in selected activities over time. The criteria for meeting expectations and major contributions, as well as sources of evidence, are listed in Appendix B.

As part of service, clinical faculty are expected to be actively engaged in quality, evidence-based clinical practice, which include patient care and/or consultation related to their area of teaching and clinical specialty. The prime indicators of practice effectiveness, sources of evidence, and criteria for meeting expectations are listed in Appendix B.

Assigned duties of clinical practice will include at least one of the following:

- Active engagement in clinical practice and/or consultation related to the area of teaching and clinical practice.
- Record of providing quality evidence-based clinical practice and/or consultation
- Clinical practice as required by professional licensure/certification and/or accreditation
- Application of professional development/clinical competency activities in practice and teaching

2.4. Scholarship (if applicable)

When applicable, Clinical faculty members will demonstrate sustained and quality scholarly productivity. Scholarship may be related to teaching, clinical practice or other areas of interest and expertise. The type and number of scholarly activities may vary by discipline, rank, teaching, clinical practice responsibilities and workload assignment. Criteria for meeting expectations are detailed in Appendix B.
Scholarship activities may include any of the following:

- publishing scholarly work in professional journals, books
- presenting scholarly work
- submitting grants (internal and/or extramural) for funding or conducting funded research
- contributing to the research field by engaging in other scholarly activities (for example, non-refereed publications, abstracts, editorials/commentaries, video products, editorial roles, reviewer)
- Active engagement in the developing and revising of national clinical practice guidelines
3. **Reappointment and Promotion**
   Decisions regarding reappointment and promotion shall be based upon the performance in all assigned areas of responsibility commensurate with the position and the workload established through contractual processes. The annual performance evaluation should cover the previous qualifying years (i.e., either from initial hire, the last reappointment review, or promotion review, whichever is the shortest, per *Agreement*). The chair or the dean’s appointee shall take into consideration the faculty member’s self-assessment, professional development efforts, and any special circumstances. When performances fall short of the standards for reappointment and/or promotion, the candidate may be considered qualified for reappointment by providing plans for improvement, and/or letters of support from peers to reflect evidence of effective performance and documented progress in the expected areas.

   When annual performance evaluations over the previous qualifying years meet the following standards, clinical faculty are considered qualified for reappointment or promotion.

   **Formal Review**
   The timeline for formal review is set forth in the *Agreement*. The Candidate must meet expectations in all applicable prime indicators as set forth in Appendix B.

   **Clinical Instructor**
   **First Reappointment**
   Meeting Expectations in 50% of the prime indicators in Teaching and Advising (if applicable), plus 100% in Clinical Practice, Service and Scholarship (if applicable) as set forth in Appendix B.

   **Subsequent Reappointments**
   Meeting expectations in all applicable prime indicators as set forth in Appendix B since last reappointment.

   **Promotion to Clinical Assistant Professor**
   Meeting the expected educational and clinical requirements for the discipline.

   **Clinical Assistant Professor**
   **First Reappointment**
   Meeting Expectations in 50% of the prime indicators in Teaching and Advising (if applicable), plus 100% in Clinical Practice, Service and Scholarship (if applicable) as set forth in Appendix B at the last annual review.

   **Subsequent reappointment**
   Meeting Expectations in 75% of the prime indicators in Teaching and Advising (if applicable), plus 100% in Clinical Practice, Service and Scholarship (if applicable) as set forth in Appendix B since last reappointment.

   **Promotion to Clinical Associate Professor**
   Meeting Expectations in ALL prime indicators of all applicable areas set forth in Appendix B since last reappointment or previous two years (whichever is greater); and positive review by the majority of reviewers.

   **First Reappointment**
   Meeting expectations in ALL prime indicators of all applicable areas set forth in Appendix B since last reappointment/promotion.

   **Promotion to Clinical Professor**
Meeting expectations in ALL prime indicators of all applicable areas set forth in Appendix B for three years since last reappointment/promotion; and Positive review by the majority of reviewers.

***As applicable to the reappointment and promotion categories listed above, describe your commitment to continued development and application of practices that foster diversity and inclusion. This expectation is not dedicated to a single category of work (e.g., teaching, advising, scholarship, clinical practice, etc.), however, a faculty member should demonstrate this commitment in at least one area of work per year.

4. Process for voting by department for reappointment and promotion

Voting regarding reappointment and promotion will include eligible faculty members with the following appointments and ranks:

- For Clinical Instructors: Tenure/Non-Tenure (all ranks), Lecturers & Senior Lecturers
- For Clinical Assistant Professors: Assistant, Associate & Full Professors (Tenure/Non-Tenure).
- For Clinical Associate Professors: Associate & Full Professors (Tenure/Non-Tenure)
- For Clinical Full Professors: Associate & Full Professors (Tenure/Non-Tenure)
- All faculty in the department may participate in reviewing a candidate’s dossier and providing input to the department chairperson for consideration.

If a faculty member is on either Faculty Standards at the College level or Professional Standards at the University level or both, and he/she is also in the department or asked to review for a department in which a candidate is being considered for reappointment, tenure and/or promotion, the faculty member will vote at the department level only.

If a faculty member is on both Faculty Standards at the College level and Professional Standards at the University level he/she will vote at the College level.

5. Reviewers

5.1. Reappointment

- Faculty members are encouraged, but not required, to solicit letters to reflect effectiveness in some or all of the following: teaching, advising (if applicable), service, clinical practice, and scholarship (if applicable). No more than 3 letters should be included.
- These letters will be solicited by the faculty member for inclusion in the review.

5.2. Promotion

- Evaluations will be solicited from reviewers as appropriate to assess teaching, advising (if applicable), service, scholarship (if applicable), and clinical practice for Clinical faculty seeking promotion to Clinical Associate Professor, and Clinical Professor.
- Faculty member shall select 2-4 potential reviewers by the end of the academic year of the year prior to promotion review.
- The chair shall also select 2-4 potential reviewers by the end of the academic year of the year prior to promotion review.
- Faculty members have the right to object to these proposed reviewers.
- The authority to name the final list of reviewers rests with the chair. The faculty member shall see the Chair’s list prior to sending materials to review.
- The goal shall be no less than 3 and no more than 6 reviewers.
Appendix A

Our Common Ground

Education is not preparation for life. Education is life itself”
-- John Dewey, educator, philosopher, UVM Class of 1879

The University of Vermont is an educationally purposeful community seeking to prepare students to live in a diverse and changing world. We who work, live, study, teach, do research, conduct business, or participate in the University of Vermont are members of this community. As members, we believe in the transforming power of education and agree to help create and foster an environment where we can discover and reach our true potential.

We aspire to be a community that values:

RESPECT. We respect each other. We listen to each other, encourage each other and care about each other. We are strengthened by our diverse perspectives.

INTEGRITY. We value fairness, straightforward conduct, adherence to the facts, and sincerity. We acknowledge when things have not turned out the way we had hoped. As stewards of the University of Vermont, we are honest and ethical in all responsibilities entrusted to us.

INNOVATION. We want to be at the forefront of change and believe that the best way to lead is to learn from our successes and mistakes and continue to grow. We are forward-looking and break new ground in addressing important community and societal needs.

OPENNESS. We encourage the open exchange of information and ideas from all quarters of the community. We believe that through collaboration and participation, each of us has an important role in determining the direction and well-being of our community.

JUSTICE. As a just community, we unite against all forms of injustice, including, but not limited to, racism. We reject bigotry, oppression, degradation, and harassment, and we challenge injustice toward any member of our community.

RESPONSIBILITY. We are personally and collectively responsible for our words and deeds. We stand together to uphold our common ground.

(http://www.uvm.edu/president/?Page=miscellaneous/commonground.html)

DIVERSITY AND INCLUSION – This expectation is not dedicated to a single category of work (e.g., teaching, advising, scholarship, clinical practice, etc.), however, a faculty member should demonstrate this commitment in at least one area of work per year.

For example, activities may include attendance and engagement in diversity trainings, educational sessions, and/or workshops; teaching activities that include diverse and inclusive practices; participation in curriculum development/improvement related to diversity; creation, development, and delivery of D1/D2 courses; and scholarship, administration, clinical practice and/or service activities that include diverse and inclusive practices.
### APPENDIX B

#### TEACHING

<table>
<thead>
<tr>
<th><strong>Teaching</strong></th>
<th><strong>Expectations</strong></th>
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<tbody>
<tr>
<td>Prime indicators of effective teaching will include ALL of the following:</td>
<td>Evidence demonstrating consistent and clear expectations about ethical standards, participating in teaching seminars and other quality enhancement activities; willing to consider incorporating suggestions from peer review of teaching; and/or making modifications in course design, development and delivery as the result of course evaluation and/or peer evaluation. Evidence of major contribution may include: evidence of making distinctive contributions to teaching (e.g. high impact practices, universal design for learning); nominations or recipient of recognitions and awards for teaching; peer reviewer which includes observations and critical appraisal of course materials, Blackboard space, assignments, syllabi; participating in curriculum assessment.</td>
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<tr>
<td>1. Intellectual competence, integrity and independence; evidence of knowledge of the field; willingness to consider suggestions that emerge from peer review of one’s teaching, and/or course evaluations</td>
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<tr>
<td>2. Ability to work with other faculty members in designing and delivering a curriculum that fosters inclusive student learning</td>
<td>Evidence of participating in curriculum assessment and/or development activities at the program level. <em>Evidence of major contribution may include evidence of taking initiative or a leadership role in developing, assessing, or coordinating one’s own course(s) in relation to other courses within the curriculum. This may also include new course initiatives, development of majors, minors, concentrations and other curricular offerings.</em></td>
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</table>
| 3. Teaching Effectiveness/Course Survey Data:  
  - Ability to present course materials clearly and effectively  
  - Capacity to structure the course and its assignments in ways that promote inclusive student learning  
  - Ability to stimulate students' intellectual interest and enthusiasm  
  - Clinical supervision as applicable | Scores from prime indicators 4, 5 and 6 of the CNHS course evaluation surveys should be reported as an average for each course. A grand average of course averages is used as the final score. The expectation is a score of 3.5 or higher. Clinical supervision effectiveness as outlined in appropriate accreditation documents. |
<table>
<thead>
<tr>
<th>Advising Effectiveness</th>
<th>The expectation from prime indicators assessed in the annual advising survey is an overall average score of 3.5 or higher.</th>
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<tr>
<td>Prime indicators of effective advising will include ALL of the following:</td>
<td>In addition to results obtained from the advising survey, sources of evidence in support of effective advising may include any of the following, but not limited to: the CNHS college-wide advising survey, peer observations, and/or interviews or questionnaires of students and graduates. Note: data from the CNHS college-wide advising survey are not consistently available.</td>
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<tr>
<td>• Effective</td>
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<tr>
<td>• Approachable</td>
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<tr>
<td>• Available</td>
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<td>• Responsive</td>
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<tr>
<td>• Supports professional development</td>
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### SERVICE

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<th>Prime indicator of service commitment will include any of the following:</th>
<th>Expectations</th>
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<tr>
<td>Service through committee work or other activities relating to the department, college or University and may include service to the union (e.g., academic or department committees, community outreach activities, student organizations or clubs);</td>
<td>Evidence of attending committee or organization meetings and completing assignments; and record of providing evidence-based clinical practice and/or consultation (if applicable).</td>
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<tr>
<td>And/or service through community, state, regional, national, or international endeavors or organizations relevant to the faculty’s teaching or scholarship (e.g., accrediting agencies, boards, professional organizations); and clinical practice (if applicable).</td>
<td>Major contributions are evidenced by providing significant impact and/or leadership to relevant committees or organizations.</td>
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<td>And/or service through community, state, national, or international outreach or other endeavors relevant to faculty’s professional discipline (e.g. peer review board(s) or editorial board(s); governmental board(s), commission(s) or task force; accreditation team(s); professional organization committee(s) or board(s); community partnership(s))</td>
<td>Sources of evidence in support of service commitment may include any of the following, but not limited to: committee meeting minutes, letters, emails, or notes from committee chairs, members, officials, clinical supervisors or individuals being served.</td>
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<td>Professional service activities shall be reviewed for evidence of demonstrated achievement, such as effective and innovative service and leadership. A faculty member must provide evidence of the quality of the service rendered, which may include evaluation by the officials or agencies served.</td>
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### Clinical Practice

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<th>Prime indicators will include ALL of the following except the last (if applicable)</th>
<th>Clinical practice/consultation expectations assume an annual workload of 10%. An adjustment of expectations should be made for a workload other than 10%.</th>
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<tr>
<td>1. Providing quality, evidence-based patient care and/or consultation</td>
<td>Record of providing evidence-based direct patient care and/or consultation; evidence provided by supervisors, peers. Community members or consumers of services can provide comments on quality of care</td>
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<tr>
<td>2. Ongoing engagement in professional development/clinical competency activities</td>
<td>Record of participation in one professional development/clinical competency activity.</td>
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<tr>
<td>3. (If applicable) Attaining/ maintaining clinical specialization/advanced practice credentials</td>
<td>Attains or maintains credentials associated with clinical specialization/advanced practice as appropriate to profession</td>
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**Scholarship Prime indicators**

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<tr>
<th><strong>1. Publications</strong> (examples include, but not limited to):</th>
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<tr>
<td>• Refereed journal publication;</td>
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<td>• Book or book chapter (including instructional materials).</td>
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<th><strong>2. Presentations</strong> (examples include, but not limited to):</th>
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<td>• Invited or refereed presentation</td>
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<th><strong>3. Funding</strong> (examples include, but not limited to):</th>
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<td>• Submission or resubmission of grants in support of scholarship;</td>
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<td>• Training Grants</td>
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<td>• Conduction of or participation in funded research.</td>
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<td>• Endowments</td>
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<th><strong>4. Other scholarly activities</strong> (examples include, but not limited to):</th>
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<td>• Non-refereed journal publication;</td>
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<td>• Abstracts in conference proceedings;</td>
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<td>• Commentaries, editorials, essays; etc.</td>
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<td>• Video production</td>
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<td>• Editor of professional journal</td>
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<td>• Reviewers (member of an editorial board, a scholarly review panel, or journal manuscripts)</td>
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**Expectations**

Clinical Track (any rank)

One activity per year in any of the four prime indicators for Scholarship.

The expectations for Clinical Track Faculty assume an annual workload of 10% in scholarship. If the workload is greater than 10% the number of scholarship activities should be adjusted accordingly. If annual workload in scholarship is less than 10%, scholarship performance should not be evaluated on an annual basis.

Examples of significant impact may include, but not limited to, development of clinical practice guidelines or new standards of care; being cited by others, published in a journal with an impact factor, $h$-index, or number of citations (whichever is most applicable); receiving media coverage, or recognition of professional expertise at regional, national and/or international levels.