The University of Vermont
College of Nursing and Health Sciences

Reappointment and Promotion Guidelines
Part Time Clinical Faculty
(Revised as of 11-25-15; revised 7-7-16; approved by Associate Provost J. Vigoreaux 7-8-16)

This document summarizes the type of appointment, responsibilities, and essential criteria for reappointment and promotion, as outlined in the Agreement between The University of Vermont and the United Academics (Agreement, Part-Time Unit) and consistent with the mission and vision of the College of Nursing and Health Sciences. 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.

In assessing performance, reasonable flexibility should be exercised, taking into consideration the faculty member’s academic rank, the contractual assignment, the faculty member’s self-assessment and progress towards goals, professional development efforts and any special considerations.

1. Appointment
The Clinical-track appointment is designated for faculty with primary responsibilities in teaching and supervision of student clinical practice including patient care. However, in rare cases academic advising and/or scholarship related to teaching and/or clinical practice may be components of the appointment. When advising, scholarship, and/or direct clinical service are components of the appointment, the assignment shall be established as per the provisions of the CBA. The Clinical Faculty position is a non-tenure track appointment.

2. Expectations and responsibilities

2.1 Teaching (primary responsibility of part time faculty)
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, exceeding or performing below expectations in each of these indicators, as well as sources of evidence, are detailed in the CNHS Annual Review Guidelines for Clinical Faculty (ARG-Clinical).

Assigned duties for teaching in addition to those outlined in the CBA include:
- 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
and in some cases may also include:
- teaching in a variety of settings using multiple modalities
- participating in course and curriculum evaluation and development
- mentoring/advising independent studies/projects/research

2.2. Academic Advising (If applicable as this is not an expectation for part time faculty)
If contractually assigned advising duties, Clinical faculty members are expected to provide effective academic advising to students. Advising effectiveness is evaluated by a set of indicators consistent with
the Agreement. Criteria for meeting, exceeding or performing below expectations in academic advising are detailed in the ARG-Clinical.

2.3. Service (If applicable as this is not an expectation for part time faculty unless it involves clinical practice)

Clinical faculty members may be assigned to participate in University, College of Nursing and Health Sciences, professional and/or student-related activities. These activities will not typically be included in their UVM contractual assignments except where this clinical practice includes concurrent clinical education of students and service to clients, e.g. in-house clinics, public health projects, CNHS faculty practice, etc. Criteria for meeting, exceeding or performing below expectations in service are detailed in the ARG-Clinical.

2.4. Scholarship (If applicable as this is not an expectation for part time faculty)

Scholarship will not typically be assigned to a part-time clinical faculty member. In the rare cases in which scholarship duties are assigned, clinical faculty will demonstrate sustained and quality scholarly productivity. Criteria for meeting, exceeding or performing below expectations scholarship are detailed in the ARG-Clinical.

3. Reappointment and Promotion

Decisions regarding reappointment and promotion shall be based upon the performance in all areas of responsibility commensurate with the position and the assignment 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 evaluator shall take into consideration the faculty member’s self-assessment, professional development efforts, and any special considerations. Only part-time clinical faculty who are at least 0.25 FTE and less than 0.75 FTE and are members of AAUP/AFT are eligible for promotion.

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

<table>
<thead>
<tr>
<th>Rank</th>
<th>Reappointment*</th>
<th>Promotion/ Eligibility</th>
</tr>
</thead>
</table>
| Clinical Educator I| Meeting Expectations for at least 80% of the prime indicators in Teaching as set forth in the ARG-Clinical at the last annual review. | • Meeting expectations in all prime indicators for teaching in the ARG-Clinical since last reappointment; AND  
• Exceeding Expectations in overall teaching performance areas at least once since last appointment/reappointment at current rank; AND  
• Positive review by relevant colleagues (usually, department/program members) and chair.  

Eligible after 6 years within the past 8 years and 0.25 FTE or greater service as a clinical faculty member in either the PT or FT bargaining unit or combination of years in such units. |
| Clinical Educator II | First reappointment: Meeting Expectations in 80% of the prime indicators in Teaching as set forth in the ARG-Clinical at the last annual review. **Subsequent reappointment:** Meeting Expectations in 100% of the prime indicators in Teaching as set forth in the ARG-Clinical since last reappointment. | • Meeting Expectations in all prime indicators for teaching in the ARG-Clinical for two years immediately prior to promotion application; AND • Exceeding Expectations in overall teaching performance in the ARG-Clinical for two years since initial appointment at current rank; AND • Positive review by a majority of relevant colleagues (usually, department/program members) and chair. Eligible for rank of Clinical Educator III following 10 years of active service within the most recent 14 year period of 0.25 FTE or greater service as a clinical faculty member in the bargaining unit either the PT or FT bargaining unit or combination of years in such units. |
| Clinical Educator III | • Meeting expectations in all prime indicators for teaching in the ARG-Clinical since last reappointment/promotion; AND • Exceeding Expectations in overall teaching performance in the ARG-Clinical for two years since last reappointment/promotion. | N/A |

* When performances fall short of the standards outlined above for reappointment at any rank, the candidate is permitted to 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.

4. **Reviewers**

4.1. **Reappointment**

- Faculty is encouraged, but not required, to solicit letters to reflect effectiveness in their teaching. No more than 3 letters should be included.
- These letters will be solicited by the faculty member for inclusion in the review.

4.2. **Promotion**

Evaluations will be solicited from reviewers as appropriate to assess teaching for Clinical faculty seeking promotion to Associate Professor, and to Professor. Reviewers need not be arms’ length.

- 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.
4.3 Evaluation

- The clinical educator must notify his or her department chair no later than November 15th of the year in which they want to be reviewed for promotion. At the completion of the departmental review the chair shall make a recommendation to the dean. The dean shall make the final decision on promotion.
- The review process will follow procedures as outlined in Article 15 of the CBA.
This document elaborates on the essential indicators, sources of evidence, and criteria for Meeting, Exceeding, or Performing Below Expectations in each area of responsibility: Teaching, Advising, Scholarship, and Service. The essential indicators in each area are consistent with the Agreement between The University of Vermont and the United Academics and the mission and vision of the College of Nursing and Health Sciences.

Clinical faculty will be evaluated on their performance in all areas of responsibility commensurate with the position and the workload as per the CBA provisions.

In assessing performance, the chairperson will document a faculty member’s performance following these guidelines in each area of responsibility, and shall take into consideration the faculty member’s academic rank, assigned workload, the faculty member’s self-assessment and progress on goals for the year, professional development efforts and any special considerations. The annual review evaluation will be a primary source for reappointment and promotion.
**Teaching Effectiveness**

Prime indicators of effective teaching will include ALL of the following:

<table>
<thead>
<tr>
<th>Prime Indicator</th>
<th>Exceeding Expectation</th>
<th>Meeting Expectation</th>
<th>Below Expectation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Intellectual competence, integrity and independence</td>
<td>Evidence of making distinctive contributions to teaching; nominations or recipient of recognitions and awards for teaching</td>
<td>Evidence demonstrating consistent and clear expectations about ethical standards, participating in teaching seminars and other quality enhancement activities</td>
<td>Evidence of intellectual dishonesty; or no evidence of participating in quality enhancement activities when needed.</td>
</tr>
<tr>
<td>2. Willingness to consider suggestions that emerge from peer review of one’s teaching, and/or course evaluation</td>
<td>Evidence of incorporating peer suggestions or new ideas into teaching; and/or making major improvements in course design, development and delivery as the result of course evaluation and/or peer evaluation.</td>
<td>Evidence of participating in peer review of teaching; and/or making improvements in course design, development and delivery as the results of course evaluation and/or peer evaluation.</td>
<td>No evidence of participating in peer review; and/or not addressing major concerns from course evaluation and/or peer evaluation in future course design, development and delivery.</td>
</tr>
<tr>
<td>3. Ability to present course materials clearly and effectively</td>
<td>Evidence from student course evaluation and/or peer evaluation, demonstrating an average of better than satisfactory rating.</td>
<td>Evidence from student course evaluation and/or peer evaluation, demonstrating an average of satisfactory rating.</td>
<td>Evidence from student course evaluation and/or peer evaluation, demonstrating an average of less than satisfactory rating.</td>
</tr>
<tr>
<td>4. Capacity to structure the course and its assignments in ways that promote student learning</td>
<td>Evidence from student course evaluation and/or peer evaluation, demonstrating an average of better than satisfactory rating.</td>
<td>Evidence from student course evaluation and/or peer evaluation, demonstrating an average of satisfactory rating.</td>
<td>Evidence from student course evaluation and/or peer evaluation, demonstrating an average of less than satisfactory rating.</td>
</tr>
<tr>
<td>5. Ability to stimulate students’ intellectual interest and enthusiasm</td>
<td>Evidence from student course evaluation and/or peer evaluation, demonstrating an average of better than satisfactory rating.</td>
<td>Evidence from student course evaluation and/or peer evaluation, demonstrating an average of satisfactory rating.</td>
<td>Evidence from student course evaluation and/or peer evaluation, a demonstrating an average of less than satisfactory rating.</td>
</tr>
</tbody>
</table>

---

**Overall Performance in Teaching: Number of prime indicators in “Exceeding Expectation”: ____, “Meeting Expectation”: ____, and “Below Expectation”: ____.”

---

**Advising Effectiveness (only applicable if specifically assigned)**

<table>
<thead>
<tr>
<th>Exceeding Expectation</th>
<th>Meeting Expectation</th>
<th>Below Expectation</th>
</tr>
</thead>
</table>

---

*a Sources of evidence in support of teaching effectiveness may include any of the following, but not limited to: student evaluation; peer observation of teaching and/or teaching materials (e.g., syllabi, readings, practical activities, guest speakers, multi-media & assignments relevant to differences in learning styles, and etc.); new and effective teaching materials (e.g., textbooks, web-based courses, and etc.).

*b Examples of making distinctive contributions in teaching may include: mentoring/advising independent/research/advanced studies.

*c Currently, each department has its own student course evaluation form. Thus, each department may develop its own criteria for “satisfactory”. However, within the department the criteria must be applied equally to all faculty positions within that department.
Prime indicators of effective advising will include ALL of the following *:

<table>
<thead>
<tr>
<th>1. Availability to advisees</th>
<th>2. Responding to advisees’ needs in a timely manner</th>
<th>3. Understanding policies and procedures related to the advisees’ major of study</th>
<th>4. Providing information and guidance on professional careers related to the field of study</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Demonstrates an effective system for making appointments</td>
<td>• Respond to inquiries and requests for meetings in timely fashion</td>
<td>• Participating in the review of student manuals and policies in the related majors or programs</td>
<td>• Providing information and guidance on professional careers related to the field of study</td>
</tr>
<tr>
<td>• Keeps appointments</td>
<td>• Initiate actions as appropriate and in a timely manner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Allots adequate time for advising meetings</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Evidence from advisee evaluation, being rated on average as above “Agree” in “Availability”, or evidence of innovative advising methods (e.g., virtual or extended office hours), attendance or participation in group advising, advising faculty panels and other advising duties.

Evidence from advisee evaluation, being rated on average as above “Agree” in “Responsiveness”.

Evidence from advisee evaluation, being rated on average as above “Agree” in “Knowledge”, or evidence of participating in the review of student manuals and policies in the related majors or programs.

Evidence from advisee evaluation, being rated on average as above “Agree” in “Soundness”.

Evidence from advisee evaluation, being rated on average as above “Agree” in “Availability”, or evidence from notes, emails, etc. demonstrating satisfactory availability.

Evidence from advisee evaluation, being rated on average as “Agree” in “Availability”, or evidence from notes, emails, etc. demonstrating satisfactory availability.

Evidence from advisee evaluation, being rated on average as above “Agree” in “Responsiveness”, or evidence from notes, emails, etc. demonstrating satisfactory actions.

Evidence from advisee evaluation, being rated on average as above “Agree” in “Knowledge”. 

Evidence from advisee evaluation, being rated on average as above “Agree” in “Soundness”, or evidence from notes, emails, etc. demonstrating provision of sound and accurate advice.

Evidence from advisee evaluation, being rated on average as below “Agree” in “Availability”.

Evidence from advisee evaluation, being rated on average as below “Agree” in “Responsiveness”.

Evidence from advisee evaluation, being rated on average as below “Agree” in “Knowledge”.

Evidence from advisee evaluation, being rated on average as below “Agree” in “Soundness”.

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.

Overall Performance in Advising: Number of prime indicators in “Exceeding Expectation”:___, “Meeting Expectation”:___, and “Below Expectation”:____.
## Service (only applicable if specifically assigned)
Prime indicator of service commitment will include the following:

- Assigned service through committee work or other activities relating to the department, college, or University.

### Exceeding Expectation
- Evidence of making a major, significant, and/or important contribution and/or leadership to relevant committees or organizations.

### Meeting Expectation
- Evidence of attending committee or organization meetings and completing assignments.

### Below Expectation
- No evidence demonstrating adequate performance of assigned service (e.g., does not attend meetings regularly, does not complete assignments in timely manner).

*a 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 or individuals being served.

## Clinical Practice (only applicable if specifically assigned)
Prime indicators of providing quality clinical service will include the following:

1. **Providing quality, evidence-based patient care and/or consultation when so assigned**
   - Record of expertise in providing quality clinical care and/or consultation as evidenced by requests for mentorship, consultation to colleagues, agencies or community in area of clinical expertise.
   - Record of providing evidence-based clinical practice and/or consultation; evidence provided by supervisors, peers, community members or consumers of services.
   - No record of clinical practice or consultation.

2. **Ongoing engagement in professional development/clinical competency activities**
   - Record of leadership in developing and providing one or more professional development/clinical competency activities.
   - Record of participation in one professional development/clinical competency activity.
   - No record of participation in professional development/clinical competency activities.

*a These expectations assume an annual workload of 10% in clinical practice; *assigned contractual service comprising patient care, consultation or related activities

## Overall Performance in Clinical Practice:
Number of prime indicators in “Exceeding Expectation”: , “Meeting Expectation”: , and “Below Expectation”: .
<table>
<thead>
<tr>
<th>Scholarship (only applicable if specifically assigned)</th>
<th>Exceeding Expectation&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Meeting Expectation&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Below Expectation&lt;sup&gt;a&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prime indicators of sustained and quality scholarly productivity if so assigned related to teaching and/or clinical practice will include any of the following:</td>
<td>Has two or more activities from any category; or has one activity from any category with a significant impact &lt;sup&gt;c&lt;/sup&gt;.</td>
<td>Has one activity from any category.</td>
<td>Has no activity from any category.</td>
</tr>
<tr>
<td>1. Presentations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Peer-reviewed (podium and poster) or invited presentations at professional meetings.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Publications and / scholarly products related to teaching and /or clinical practice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Journal publications&lt;sup&gt;b&lt;/sup&gt; (e.g., manuscripts, invited commentaries, essays, editorials, etc.);</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Abstracts in conference proceedings;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Scholarly products related to teaching (e.g., textbooks, book chapters, AV materials, etc.);</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Scholarly products related to clinical practice (e.g., contribution to development of clinical protocols, practice guidelines, standards of care for a specific patient/client population)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Grant activities related to teaching and /or clinical practice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Participation in teaching, training, or research grants;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Submission of external or intramural grants</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<sup>a</sup> These expectations assume an annual assignment of 15% in scholarship. If the workload is greater than or less than 15% 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.

<sup>b</sup> Works in progress should be taken into consideration when relevant.

<sup>c</sup> Examples of significant impact may include, but not limited to, development of clinical practice guidelines or new standards of care; being cited by others, in a journal with an impact factor; receiving media coverage, or recognition of professional expertise at regional, national and/or international levels.