

[To Index](#)

ROY J. AND LUCILLE A. CARVER COLLEGE OF MEDICINE
POLICIES AND PROCEDURES CONCERNING
FACULTY APPOINTMENTS AND EVALUATION

Approved by Provost 5/19/95

Updated as approved 8/15/95

Approved by Provost 6/10/02

Approved by Provost 10/21/05

Approved by Provost 12/12/06 (appendix VI revised)

Approved by Provost and faculty June, 2007 (tenure clock)

INDEX

- I. Qualifications for Specific Ranks
 - A. Tenure Track Appointments
 - 1. [Instructor](#)
 - 2. [Assistant Professor](#)
 - 3. [Associate Professor](#)
 - 4. [Professor](#)
 - B. [Clinical Track Appointments \(salaried\)](#)
 - 1. [Assistant Professor](#)
 - 2. [Associate Professor](#)
 - 3. [Professor](#)
 - C. [Other Non-Tenure Track Appointments](#)
 - 1. [Clinical Track Appointments \(nonsalaried\)](#)
 - 2. [Adjunct Appointments](#)
 - 3. [Other Non-Tenure Track Instructional Appointments](#)
 - a. [Associate](#)
 - b. [Lecturer](#)
 - 4. [Visiting Faculty](#)
- II. [Procedure for Appointment](#)
- III. [Joint Appointment](#)
- IV. Review of Faculty
 - A. [Assistant and Associate Professors, Tenure Track](#)
 - B. Tenured Professors
 - C. [Clinical Track Faculty \(Salaried\)](#)
 - D. [Department Heads](#)
 - E. [Materials to be Reviewed](#)
 - F. Personal Assessment

G. Process of Review

V. [Promotion](#)

- [Appendix I](#) - Teaching Defined
- [Appendix II](#) - Scholarship Defined
- [Appendix III](#) - Academic Service Defined
- [Appendix IV](#) Professional Service Defined
- [Appendix V](#) - Clinical Service
- [Appendix VI](#) - Operational Guidelines for the Tenure Track
- [Appendix VII](#) Operational Guidelines for the Salaried Clinical Faculty Track
- [Appendix VIII](#) Operational guidelines for the Nonsalaried Clinical Faculty Track
- [Appendix IX](#) Carver College of Medicine Policy on Oral Communication Skills of Faculty and Teaching Assistants and Proficiency Standards for Teaching Assistants
- [Appendix IXa](#) University of Iowa Policy on Oral Communication and Competence
- [Appendix IXb](#) University of Iowa Policy on Teaching Proficiency Standards for Teaching Assistants
- [Appendix X](#) Standards of Clinical Competences
- [Appendix XI](#) Guidelines for extension of tenure clock for current faculty

ROY J. AND LUCILLE A CARVER COLLEGE OF MEDICINE
POLICIES AND PROCEDURES CONCERNING
FACULTY APPOINTMENTS, EVALUATION AND PROMOTION

I. Qualifications for Specific Ranks

A. Tenure Track Appointments

The College aspires to appoint and promote faculty in the tenure track who are committed to the achievement of excellence in teaching, scholarship, and service. Faculty in the tenure track have the responsibility to teach (see Appendix I), and may achieve promotion by emphasizing scientific inquiry or scholarship in their clinical or professional discipline (see Appendix II).

Tenure track faculty members who do not have patient care responsibilities have the same six-year tenure clock as most of the rest of the University faculty. Tenure track faculty members with patient care responsibilities have an eight year tenure clock. Faculty with patient care responsibilities are defined as faculty in clinical departments who are participants in the University of Iowa Physicians group (UIP).

1. Instructor

- a. He or she must show promise of ability as a teacher (See Appendix I).
- b. He or she must be working towards the completion of the doctorate or its equivalent.
- c. He or she must be actively involved in scholarly research and other significant professional activities.
- d. If the faculty member is responsible for the medical care of patients, he or she must have a license to practice medicine in Iowa and must demonstrate competence as a physician. Competence as a physician will be established by the hospital staff process of reviewing clinical credentials and granting hospital privileges. Individuals other than physicians involved in the care of patients should meet the criteria established by hospital bylaws and any relevant state licensure requirements.
- e. The term of appointment is for one year. Reappointment is not automatic, but requires departmental review of the faculty member's performance and a recommendation based upon the member's performance in teaching, scholarship and service.

2. Assistant Professor without patient care responsibilities (approved by faculty June, 2007)

- a. He or she must show promise of ability as a teacher. (See Appendix I).
- b. He or she must hold the doctorate or its equivalent.
- c. He or she must show promise of scholarly productivity. This can be accomplished by publications, clinical reports, presentations or other work of a professional nature (See Appendix II).

- d. The initial term of appointment is typically for three years, although it may be for a shorter period of time. Reappointment is not automatic, but requires departmental review of the faculty member's performance and a recommendation based upon the evaluation of the faculty member's performance in teaching, scholarship and service. (See Review of Faculty, Section IV, #s A.1., B.1., and B.2.)
 - e. Faculty members not to be promoted at the end of six years in the combined ranks of Instructor and Assistant Professor will be given a one-year terminal appointment.
2. Assistant Professor with patient care responsibilities (approved by faculty June, 2007)
- a. He or she must show promise of ability as a teacher. (See Appendix I).
 - b. He or she must hold the doctorate or its equivalent.
 - c. He or she must show promise of scholarly productivity. This can be accomplished by publications, clinical reports, presentations or other work of a professional nature (See Appendix II).
 - d. If the faculty member is responsible for the medical care of patients, he or she must have a license to practice medicine in Iowa and must demonstrate competence as a physician. Competence as a physician will be established by the hospital staff process of reviewing clinical credentials and granting hospital privileges. Individuals other than physicians involved in the care of patients should meet the criteria established by hospital bylaws and any relevant state licensure requirements. The faculty member must be a participant in UIP.
 - e. The initial term of appointment is typically for four years, although it may be for a shorter period of time. Reappointment is not automatic, but requires departmental review of the faculty member's performance and a recommendation based upon the evaluation of the faculty member's performance in teaching, scholarship and service. (See Review of Faculty, Section IV, #s A.1., B.1., and B.2.)
 - f. Faculty members not to be promoted at the end of eight years in the combined ranks of Instructor and Assistant Professor will be given a one-year terminal appointment.
 - g. Within the initial five years of appointment in the tenure track, a faculty member may request to be appointed in the non-tenure clinical track. The department may initiate the appointment by justifying to the Dean the non-tenure track faculty position, and by meeting University requirements. An individual may, as a rule, be appointed to the tenure track only once during his or her career in the Carver College of Medicine (See Appendix VI).
3. Associate Professor (**revised May, 2007**)
- a. He or she must have a convincing record of teaching effectiveness, including a record of successful direction of the work of doctoral candidates, fellows or residents where applicable (See Appendix I).
 - b. He or she must show evidence of establishing a record of productive scholarship that can be supported by publications or the equivalent. (See Appendix II).

- c. Departmental, collegiate, and/or University service and, if appropriate, professional service will be expected at an appropriate level (Appendix III and IV)
- d. If the faculty member is responsible for the medical care of patients, he or she must have a license to practice medicine in Iowa and must demonstrate competence as a physician. Competence as a physician will be established by the hospital staff process of reviewing clinical credentials and granting hospital privileges.
- e. Candidate must have shown such capacity that he or she will continue to strive for excellence in teaching, service, and scholarly pursuit with the clear expectation that he or she will be able to attain the rank of Professor. (See Appendices I, II, III, IV and V).
- f. If a faculty member is promoted to the rank of Associate Professor from within the University of Iowa, tenure is granted automatically. However, initial appointments to these ranks offered to those not on the faculty of the University of Iowa should, whenever possible, be made as probationary appointments for three years.
- g. When a potential faculty member holds a tenured rank at another university, an initial appointment with tenure may be made. In cases where a potential faculty member has not had previous academic experience, but on the grounds of distinguished professional or other scholarly contributions merits the rank of Associate Professor, the initial appointment without tenure should be for 3 years or less. Recognition is given to the fact that 3 years may not be enough time to establish a record of teaching and scholarship sufficient to grant tenure. Accordingly, reappointments without tenure at the Associate Professor rank may be given provided the total probationary period at this University does not exceed six years. If the decision is made to withhold tenure after an evaluation in the sixth year of probationary service at this University as Associate Professor, the faculty member should be given a one-year terminal appointment.
- h. In cases where a potential faculty member has not had previous academic experience and the faculty member will have clinical responsibilities, then the initial appointment without tenure should be for four years or less. Accordingly, reappointments without tenure at the Associate Professor rank may be given provided the total probationary period at this University does not exceed eight years. If the decision is made to withhold tenure after an evaluation in the eighth year of probationary service at this University as Associate Professor, the faculty member should be given a one-year terminal appointment.

4. Professor (**revised May, 2007**)

- a. He or she must be recognized as having a continued record of effective teaching success, including a record of successful direction of the work of doctoral candidates, fellows, or residents where applicable (See Appendix I).
- b. He or she must have an established record of productive scholarship supported by substantial publication or the equivalent, with unmistakable evidence of recognition by peers at either the national level, international level, or both. (See Appendices II, III, and V).
- c. Departmental, collegiate, and/or University service and, if appropriate, professional service will be expected at an appropriate level (Appendix III and IV)

- d. If the faculty member is responsible for the medical care of patients, he or she must have a license to practice medicine in Iowa and must demonstrate competence as a physician. Competence as a physician will be established by the hospital staff process of reviewing clinical credentials and granting hospital privileges. Individuals other than physicians involved in the care of patients should meet the criteria established by hospital bylaws and any relevant state licensure requirements.
- e. The rank of Professor will not be considered to be a reward for long and acceptable service (See Appendix VI).
- f. If a faculty member is promoted to the rank of Professor from within the University, tenure is granted automatically. However, initial appointment to this rank offered to those not on the faculty of the University of Iowa should, whenever possible, be made as probationary appointments for three years. The individual must agree in writing to a three-year nontenured appointment.
- g. When a potential faculty member holds a tenured rank at another university, an initial appointment with tenure may be made. In cases where a potential faculty member has not had previous academic experience, but on the grounds of distinguished professional or other scholarly contributions merits the rank of Professor, the initial appointment without tenure should be for three years or less. Recognition is given to the fact that three years may not be enough time to establish a record of teaching and scholarship sufficient to grant tenure. Accordingly, reappointments without tenure at the Professor rank may be given provided the total probationary period at this University does not exceed six years. If the decision is made to withhold tenure after an evaluation in the sixth year of probationary service at this University as Professor, the faculty member should be given a one-year terminal extension of appointment.
- h. In cases where a potential faculty member has not had previous academic experience and the faculty member will have clinical responsibilities, then the initial appointment without tenure should be for four years or less. Accordingly, reappointments without tenure at the Professor rank may be given provided the total probationary period at this University does not exceed eight years. If the decision is made to withhold tenure after an evaluation in the eighth year of probationary service at this University as Professor, the faculty member should be given a one-year terminal appointment.

B. Clinical Track Appointments (salaried) **(approved by Provost 6/10/02)**

The College aspires to appoint and promote faculty in the clinical track who are committed to the achievement of excellence in teaching, clinical service, and one or more other areas of professional productivity.

Clinical track faculty hold service positions through which they contribute to the clinical service, teaching, and/or outreach missions of the College, and hold faculty rank at instructor, assistant professor, associate professor, or professor. Clinical track faculty are not eligible for tenure.

Salaried clinical track faculty members are persons who have faculty career positions, and who make their primary contributions through clinical service and instruction in the context of this service. (See Appendices V and VI). No more than 35% of the total salaried College faculty may hold such appointments. The titles of these faculty members shall contain the modifier "clinical," preceding the rank [e.g. Clinical Professor].

Promotion in this track is based on accomplishments in three areas: the direct provision of clinical service , teaching in the context of clinical service , and professional productivity..

Professional productivity encompasses activities utilizing the faculty member's professional expertise, and that are in addition to the direct provision of clinical service and teaching in that context (see Appendix XI). The categories of activities to be considered include:

- Professional service (see Appendix IV),
- Teaching (Appendix I - all listed activities except #3, which is teaching in the context of clinical care),
- Academic service (Appendix III)
- Written scholarship (Appendix II)

Clinical track faculty are not eligible for tenure. (See Operations Manual Part III, Division I, Chapter 10.9.b, and Appendix VI and VIII.) Individuals with a clinical track appointment at any rank may apply for appointment to the tenure track following the usual appointment procedures (See Section II). An individual may, as a rule, be appointed to the tenure track only once during his or her career in the Carver College of Medicine.

These requirements should be interpreted using the following guidelines:

- 1) While written scholarship may help satisfy this requirement, it is not required for promotion in this track. The type of written scholarship that will be considered as evidence for promotion in this track is broad. In addition to peer reviewed research reports, it includes, for example, high quality review articles, case reports, clinical commentaries, textbook chapters, and policy documents prepared for the institution, the faculty member's discipline, or government bodies.
- 2) Promotion can be supported by a variety of professional productivity profiles. For example, some faculty will primarily be involved in a single area, such as education, clinical scholarship, or clinical administration. Other faculty will pursue activities in several of these areas. In all cases, a recommendation for promotion should be based on the quality of the activities, not just the quantity.
- 3) Although most faculty members in this track will continue to spend the majority of their effort throughout their career in direct clinical service and teaching, some individuals may not. These faculty members, by mutual decision with the institution, will focus their effort in a specific sphere of professional productivity (for example, as a clinical department, hospital or collegiate administrator, curriculum director, funded clinical investigator, etc). When such individuals are considered for promotion, these activities should be the primary focus of the evaluation as long as there has been demonstration of the appropriate level of expertise in direct clinical service and teaching since the original appointment.

[Return to Index](#)

1. Instructor
 - a. He or she must hold the doctorate or its equivalent, except in the Division of Associated Medical Sciences, where the master's degree or its equivalent is the minimum degree required.
 - b. He or she must show promise of ability in service, to include clinical service.
 - c. He or she must show promise of ability to contribute to teaching through the provision of service (See Appendix I).
 - d. If the faculty member is responsible for the medical care of patients, he or she must have a license to practice medicine in Iowa and must demonstrate competence as a physician. Competence as a physician will be established by the hospital staff process of reviewing clinical credentials and granting hospital privileges. Individuals other than physicians involved in the care of patients should meet the criteria established by hospital bylaws and any relevant state licensure requirements.

- d. The term of appointment is one year. Reappointment is not automatic, but requires departmental review of the faculty member's performance in teaching and clinical service, and a recommendation based upon that performance. Reappointment will be for two years.

2. Assistant Professor

- a. He or she must hold the doctorate or its equivalent, except in the Division of Associated Medical Sciences, where the master's degree or its equivalent is the minimum degree required.
- b. He or she must show promise of excellent clinical service, as judged by peers and/or supervisors (see Appendix V).
- c. He or she must show promise of ability as a teacher (See Appendix I).
- d. If the faculty member is responsible for the medical care of patients, he or she must have a license to practice medicine in Iowa and must demonstrate competence as a physician. Competence as a physician will be established by the hospital staff process of reviewing clinical credentials and granting hospital privileges. Individuals other than physicians involved in the care of patients must meet the criteria established by hospital bylaws and any relevant state licensure requirements.
- e. The initial term of appointment is one to three years. Reappointment is not automatic, but requires full departmental review of the faculty member's performance and a recommendation based upon the evaluation of the faculty member's performance in teaching and clinical service. (See Review of Faculty, IV.A.).

Prior to reappointment or promotion, a full-scale departmental-collegiate review will be made. After a positive review, the faculty member will receive an appointment of 3 to 7 years. After a negative review, the department will generally recommend non-renewal of the contract. However, the department may in some cases choose to offer a contract of one year that is accompanied by specific performance requirements. If there is evidence of improvement, but not complete fulfillment of the performance requirement, one additional one-year contract may be given. If the defined performance requirements are met to the satisfaction of the DEO and the voting faculty, a new appointment of between 3 and 7 years should be offered. If the performance requirements are not met, the department may recommend non-renewal.

[Return to Index](#)

Termination during the term of the appointment must be for failure to meet written standards of competence and performance (see Appendix X) established by departments and approved by the College. A decision not to renew an appointment may be for failure to meet the written standards of competence and performance, or for changed economic circumstances or program needs such that the position itself is terminated. Non-renewal may only occur at the conclusion of an appointment. Notice of non-renewal must carry appropriate notice, as defined in Operations Manual Part III Division I Chapter 10.9 h.1.c

- f. There is no maximum period of time by which promotion must be achieved in this track (Appendix VII)

3. Associate Professor

- a. He or she must hold the doctorate or its equivalent except in the Division of Associated Medical Sciences, where the master's degree or its equivalent is the minimum degree required.
- b. He or she must have an acknowledged record of excellent clinical service, as judged by peers (see Appendix V).
- c. He or she must have an acknowledged record of teaching success in the context of clinical service, including a record of successful direction of the work of students, fellows or residents where applicable (see Appendix I).
- d. He or she must show evidence of progress toward a record of professional productivity that can be supported by clear documentation of the quantity and quality of activities, and as judged by peers.
- e. If the faculty member is responsible for the medical care of patients, he or she must have a license to practice medicine in Iowa and must demonstrate competence as a physician. Competence as a physician will be established by the hospital staff process of reviewing clinical credentials and granting hospital privileges. Individuals other than physicians involved in the care of patients must meet the criteria established by hospital bylaws and any relevant state licensure requirements.
- f. The term of appointment is 1-3 years if the initial appointment was to this rank, or 3 to 7 years following reappointment or promotion. Reappointment is renewable based on departmental review of the faculty member's performance and a recommendation based upon the evaluation of the faculty member's performance in teaching and clinical service. After a negative review, the department will generally recommend non-renewal of the contract. However, the department may in some cases choose to offer a contract of one year that is accompanied by specific performance requirements. If there is evidence of improvement, but not complete fulfillment of the performance requirement, one additional one-year contract may be given. If the defined performance requirements are met to the satisfaction of the DEO and the voting faculty, a new appointment of between 3 and 7 years should be offered. If the performance requirements are not met, the department may recommend non-renewal.

Termination during the term of the appointment must be for failure to meet written standards of competence and performance (see Appendix X) established by departments and approved by the College. A decision not to renew an appointment may be for failure to meet the written standards of competence and performance, or for changed economic circumstances or program needs such that the position itself is terminated. Non-renewal may only occur at the conclusion of an appointment. Notice of non-renewal must carry appropriate notice, as defined in Operations Manual Part III Division I Chapter 10.9 h.1.c

[Return to Index](#)

- g. There is no maximum period of time by which promotion must be achieved in this track.

4. Professor

- a. He or she must hold the doctorate or its equivalent except in the Division of Associated Medical Sciences, where the master's degree or its equivalent is the minimum degree required.
- b. He or she must have an acknowledged record of exemplary clinical service, as judged by peers (see Appendix V).

- c. He or she must have an acknowledged record of continued teaching success, including a record of successful direction of the work of students, fellows, or residents where applicable (See Appendix I).
- d. He or she must have an established record of professional productivity as demonstrated by clear documentation of the quantity and quality of activities, and as judged by peers. Evidence of successful leadership in one or more spheres of professional productivity is highly desirable (see Appendix VI). Finally, there must be unmistakable evidence of recognition by peers at the state, regional, national, or international level (see Appendix IV, VI and VII).
- e. If the faculty member is responsible for the medical care of patients, he or she must have a license to practice medicine in Iowa and must demonstrate competence as a physician. Competence as a physician will be established by the hospital staff process of reviewing clinical credentials and granting hospital privileges. Individuals other than physicians involved in the care of patients must meet the criteria established by hospital bylaws and any relevant state licensure requirements.
- f. At the rank of Professor, the term of appointment is 1-3 years if the initial appointment was to this rank, or 3 to 7 years following reappointment or promotion. Reappointment is renewable based on departmental review of the faculty member's performance and a recommendation based upon the evaluation of the faculty member's performance in teaching and clinical service. After a negative review, the department will generally recommend non-renewal of the contract. However, the department may in some cases choose to offer a contract of one year that is accompanied by specific performance requirements. If there is evidence of improvement, but not complete fulfillment of the performance requirement, one additional one-year contract may be given. If the defined performance requirements are met to the satisfaction of the DEO and the voting faculty, a new appointment of between 3 and 7 years should be offered. If the performance requirements are not met, the department may recommend non-renewal.

Termination during the term of the appointment must be for failure to meet written standards of competence and performance (see Appendix X) established by departments and approved by the College. A decision not to renew an appointment may be for failure to meet the written standards of competence and performance, or for changed economic circumstances or program needs such that the position itself is terminated. Non-renewal may only occur at the conclusion of an appointment. Notice of non-renewal must carry appropriate notice, as defined in Operations Manual Part III Division I Chapter 10.9 h.1.c

[Return to Index](#)

C. Other Non-Tenure Track Appointments

1. Clinical Track Appointments (Nonsalaried)

Clinical track faculty with *nonsalaried* appointments are persons who are not employees of the University of Iowa, and who make their primary contribution through instruction in the context of their own medical practice (see Appendix VIII). These faculty hold the degrees of MD, DO, DDS or DMD. Individuals who hold other professional degrees and contribute to instruction hold adjunct ranks (see Section 2.) There is no limit on the number of such appointments that may be made by the College. The titles of these faculty shall contain the modifier "adjunct clinical," preceding the name of the rank. The Department shall be unmodified.

a. Adjunct Clinical Instructor

- (1) He or she must be working towards the completion of the doctorate or its equivalent.
- (2) He or she must show promise of ability in service, to include clinical service.
- (3) He or she must show promise of ability to contribute to teaching through the provision of service (See Appendix I). Faculty with nonsalaried appointments must commit a significant portion of time to teaching (see Appendix VI and Appendix VIII).
- (4) He or she must have a license to practice medicine in Iowa and must demonstrate competence as a physician. Competence as a physician will be established by evidence of staff privileges at a hospital in Iowa. Individuals other than physicians involved in the care of patients should meet usual criteria for relevant state licensure requirements.
- (5) The term of appointment is one to three years. Reappointment is not automatic, but requires departmental review of the faculty member's performance and a recommendation based upon the member's performance in teaching and service.
- (6) There is no maximum period of time by which promotion must be achieved in this track. However, an Instructor may request consideration for promotion at any regular promotions cycle after, in general, the fourth year of appointment.

b. Adjunct Clinical Assistant Professor

- (1) He or she must hold the doctorate or its equivalent.
- (2) He or she must show promise of excellent clinical service, as judged by peers and supervisors.
- (3) He or she must show evidence of ability as a teacher (See Appendix I). Faculty with nonsalaried appointments must commit a significant portion of time to teaching (see Appendix VIII).
- (4) He or she must have a license to practice medicine in Iowa and must demonstrate competence as a physician. Competence as a physician will be established by evidence of staff privileges at a hospital in Iowa. Individuals other than physicians involved in the care of patients should meet usual criteria for relevant state licensure requirements.
- (5) The term of appointment is one to three years. Reappointment is not automatic, but requires departmental review of the faculty member's performance and a recommendation based upon the member's performance in teaching.

[Return to Index](#)

- (6) There is no maximum period of time by which promotion must be achieved in this track. However, an Assistant Professor may request consideration for promotion at any regular promotions cycle after, in general, the fourth year of appointment.

c. Adjunct Clinical Associate Professor

- (1) He or she must hold the doctorate or its equivalent.

- (2) He or she must have an acknowledged record of excellent clinical service, as judged by peers.
- (3) He or she must have an acknowledged record of teaching success, including a record of successful direction of the work of students, fellows or residents where applicable (see Appendix I). Faculty with nonsalaried appointments must commit a significant portion of time to teaching (see Appendix VIII).
- (4) He or she must show evidence of progress toward a record of professional productivity including professional service (see Appendix IV). Scholarship (see Appendix II) may help satisfy this requirement, but is not required.
- (5) He or she must have a license to practice medicine in Iowa and must demonstrate competence as a physician. Competence as a physician will be established by evidence of staff privileges at a hospital in Iowa. Individuals other than physicians involved in the care of patients should meet usual criteria for relevant state licensure requirements.
- (6) The term of appointment is one to three years. Reappointment is not automatic, but requires departmental review of the faculty member's performance and a recommendation based upon the member's performance in teaching.
- (7) There is no maximum period of time by which promotion must be achieved in this track. However, an Associate Professor may request consideration for promotion at any regular promotions cycle.

d. Adjunct Clinical Professor

- (1) He or she must hold the doctorate or its equivalent.
- (2) He or she must have an acknowledged record of exemplary patient care, as judged by peers.
- (3) He or she must have an acknowledged record of continued teaching success, including a record of successful direction of the work of students, fellows, or residents where applicable (See Appendix I). Faculty with nonsalaried appointments must commit a significant portion of time to teaching (see Appendix VIII).
- (4) He or she must have an established record of professional productivity, and unmistakable evidence or recognition by peers at the state, regional, national, or international level (see Appendix IV and VI). Scholarship (Appendix II) may help satisfy this requirement, but is not required.

[Return to Index](#)

- (5) He or she must have a license to practice medicine in Iowa and must demonstrate competence as a physician. Competence as a physician will be established by evidence of staff privileges at a hospital in Iowa. Individuals other than physicians involved in the care of patients should meet usual criteria for relevant state licensure requirements.
- (6) For faculty with nonsalaried appointment, the term of appointment is one to three years. Reappointment is not automatic, but requires departmental review of the faculty member's performance and a recommendation based upon the member's performance in teaching.

2. Adjunct Appointments

Adjunct appointments are made principally for contributions to teaching and/or research, and are made instead of clinical appointments, for individuals who do not hold an M.D./D.O./D.D.S. degree.

a. Adjunct Instructor

- (1) Promise of ability as a teacher and/or investigator (See Appendices I and II).
- (2) Working towards the completion of the doctorate or its equivalent.
- (3) Commitment of a significant portion of time to teaching and/or research.
- (4) Involvement in a patient care setting if appropriate.
- (5) The term of appointment is one to three years. Reappointment is not automatic, but requires departmental review of the faculty member's performance and a recommendation based upon the member's performance in teaching.
- (6) There is no maximum period of time by which promotion must be achieved in this track. However, an Adjunct Instructor may request consideration for promotion at any regular promotions cycle following the initial three years at this rank.

b. Adjunct Assistant Professor

- (1) Promise of ability as a teacher and/or investigator (See Appendices I and II).
- (2) Holder of the doctorate or its equivalent.
- (3) Commitment of a significant portion of time to teaching and/or research.
- (4) Demonstration of good clinical skills in the care of patients if appropriate.
- (5) The term of appointment is one–three years. Reappointment is not automatic, but requires departmental review of the faculty member's performance and a recommendation based upon the member's performance in teaching.
- (6) There is no maximum period of time by which promotion must be achieved in this track. However, an Adjunct Assistant Professor may request consideration for promotion at any regular promotions cycle following the initial three years at this rank.

[Return to Index](#)

c. Adjunct Associate Professor

- (1) Acknowledged record of teaching success and/or research (See Appendices I and II).
- (2) Unmistakable evidence of recognition by peers.

- (3) Commitment of a significant portion of time to teaching and/or research.
- (4) Demonstration of excellent clinical skills in the care of patients, if appropriate.
- (5) The term of appointment is one–three years. Reappointment is not automatic, but requires departmental review of the faculty member's performance and a recommendation based upon the member's performance in teaching.
- (6) There is no maximum period of time by which promotion must be achieved in this track. However, an Associate Professor may request consideration for promotion at any regular promotions cycle following the initial three years at this rank.

d. Adjunct Professor

- (1) Acknowledged record of teaching success and/or research (See Appendices I and II).
- (2) Unmistakable evidence of recognition by peers.
- (3) An established record of professional or scholarly productivity (may include papers, reports, seminars, etc.).
- (4) Commitment of a significant portion of time to teaching and/or research.
- (5) Demonstrates outstanding clinical skills in the care of patients, if appropriate.
- (6) The term of appointment is one–three years. Reappointment is not automatic, but requires departmental review of the faculty member's performance and a recommendation based upon the member's performance in teaching.
- (7) There is no maximum period of time by which promotion must be achieved in this track. However, an Associate Professor may request consideration for promotion at any regular promotions cycle following the initial three years at this rank.

[Return to Index](#)

3. Other Non-tenure Track Instructional Appointments

Appointments to these positions may be made to individuals with academic degrees as listed below. However, individuals with higher academic degrees also may be appointed to these ranks. Appointments are made on an annual basis and may be renewed. Those with M.D./D.O. or Ph.D. degrees ordinarily should not occupy these positions for extended periods, and in the case of the rank of Associate, should not exceed 3 years.

If the individual to be appointed is to be responsible for the medical care of patients, he or she must have a license to practice medicine in Iowa and must demonstrate competence as a physician. Competence as a physician will be established by the hospital staff process of reviewing clinical credentials and granting hospital privileges. Individuals other than physicians involved in the care of patients should meet the criteria established by hospital bylaws and any relevant state licensure requirements.

a. Associate

- (1) He or she must show promise of ability to contribute to teaching through the provision of service (See Appendix I).
- (2) At a minimum, holds a Master's degree or the equivalent.
- (3) Appointed to fill a specific service. Individuals properly qualified may have patient care responsibilities and engage in research.

For individuals with M.D./D.O. or Ph.D. degrees, individual shows potential for appointment to the tenure track on the basis of promise in teaching, research and service. However, appointment to this rank does not guarantee eventual appointment to the tenure track. Individuals in this rank with appropriate qualifications are not precluded from applying for a position in the salaried clinical faculty track.

- (4) Appointments at this rank are made on an annual basis. For individuals with M.D./D.O. or Ph.D. degrees the total time in this rank should not exceed three years.

c. Lecturer

- (1) He or she must show promise of ability to contribute to teaching. (See Appendix I).
- (2) Holds a Master's degree or the equivalent.
- (3) May be actively involved in scholarly research.
- (4) May be engaged in other significant professional activity. Individuals properly qualified may have patient care responsibilities.
- (5) Appointments at this rank are made on an annual basis. Reappointment is not automatic, but requires departmental review of the faculty member's performance and a recommendation based upon the faculty member's performance in teaching, scholarship, and service as appropriate. The annual review process must be described in each unit's policies and procedures, and the results must be shared with the faculty member in writing. Units are encouraged to use a process similar to that described in Section IV.

4. Visiting Faculty

Visiting faculty are appointed with the same criteria as Adjunct or Nonsalaried Clinical Faculty (see I. C. 1).

[Return to Index](#)

II. Procedure for Appointment

A. The procedure of appointment is as follows:

1. The position is deemed necessary by the Dean, Department Head, and the Faculty of the Department.
2. The affirmative action process of the University has been carefully satisfied at each step throughout the process.
3. After consultation with the faculty of the department concerning the best qualified person in the pool of such persons and the receipt of letters of recommendation from persons who have been invited in writing to comment by

the Department Head or his/her designee, the Department Head recommends a candidate to the Dean.

4. If the decision of the Department Head differs from the majority view of the appropriate faculty, the Head is expected to explain the reasons for the differing recommendation to the Dean and to the appropriate faculty members of the department.
5. For appointment of faculty members at the levels of Assistant Professor and above there is a second level of review at the college level. This is conducted by the elected Executive Committee of the Faculty, which is advisory to the Dean. The documents and supporting materials recommending appointment are transmitted from the Department Head to the Dean. These materials are then sent to the Executive Committee where the Officers assign each candidate's dossier to two members for detailed review. The Executive Committee meets with the Dean, discusses the candidates, seeks further information if necessary, and then advises the Dean by vote according to the procedures established in the Carver College of Medicine *Manual of Procedures*.

After receiving the advice from the Executive Committee concerning the departmental recommendation, the Dean makes a final determination of the recommendation to be sent to the Provost along with the appropriate documentation.

The Dean is not bound to accept the recommendation of the department or the advice of the Executive Committee. If the Dean's final decision differs from the majority opinion at any of these three levels, the Dean is expected to explain the reasons for the action to the Department Head, the Executive Committee, the Medical Council, and the Provost.

6. Following the Regents Policy on Oral Communication Competence (1/29/91), all new faculty members will be evaluated for communication skills within the first eight weeks of the assignment of teaching duties (see Appendix IX). Completion of TOEFL fulfills this requirement.

III. Joint/Secondary Appointment

The specified term of each joint/secondary appointment, the periodicity of the review, and the criteria to be applied in conducting the review must be clearly stated in writing at the time of the appointment. This document will also include: (a) a description of duties and responsibilities of the appointee in both the primary and the secondary department; (b) the financial obligations of each department; (c) factors other than quality of performance (e.g., changes in interests or programs) that may be considered in determining future status of the appointment; and (d) provision for periodic review and reappointment of the individual using guidelines similar to his or her rank.

The Collegiate process for review of a joint or secondary appointment is identical to that of a primary appointment, if the appointee is not already a member of the Collegiate faculty, but affirmative action processes have already been completed.

This document must be completed and approved by all parties (primary and secondary Department Heads, the Collegiate Deans, and the appointee) prior to the joint appointment.

[Return to Index](#)

IV. Review of Faculty

All faculty members are evaluated periodically.

A. Tenure Track

1. Probationary Tenure Track Faculty

Probationary tenure track faculty should be reviewed annually, with the results reported by the Collegiate Dean to the Provost on the appropriate form. Initiation of the annual review is the responsibility of the Department Head. It is expected that the annual review will be performed in consultation with the individual faculty member. All probationary tenure-track faculty members must also be reviewed by the tenured departmental faculty members of higher rank during the third and sixth years of service or one year prior to the termination of the appointment period when the appointment or reappointment period is for less than three years.

2. Tenured Associate Professors

Individuals holding the rank of Associate Professor with tenure will be reviewed at least once every two years by the Dean and the Department Head.

3. Tenured Professors

To assure a faculty of optimal effectiveness and productivity, and to provide one basis for allocation of resources, tenured professors and Department Heads in the Carver College of Medicine will be reviewed periodically by their colleagues. Such reviews may be used to guide faculty to sustain productivity as their priorities and personal directions change over their career cycle. The review will evaluate performance, identify ways to improve performance if it has been less than optimal, and stimulate continued academic or administrative growth.

Tenured full professors will be reviewed at least every five years by a committee appointed by the department head. The committee may include tenured professors in the Carver College of Medicine whose primary appointments are outside the department of the reviewed faculty member as well as tenured professors in the same department. This review should include an interview with the reviewed faculty member unless waived by that faculty member. A written report of the evaluation of the teaching, scholarly, and service activities will be submitted to the department head and to the faculty member under review. The Head and the faculty member will discuss the findings of the review committee. Department heads will submit to the Dean a brief summary of the review process each year that review of tenured professors occurs, the written review report on the candidate, and the response of the Department Head to the career plan of the faculty member for the next five years (See Section IV, D, 1b).

B. Clinical Track (Salaried)

Members of the clinical track faculty undergo two separate types of review, academic and contract. If the academic and contract renewal reviews are scheduled for the same academic year, they may be combined into one document.

1. Academic reviews

Academic reviews are performed for the purpose of assessing the faculty member's academic achievements, progress toward promotion, and future career plans. The criteria to be assessed are those described in the appropriate rank criteria.

[Return to Index](#)

All salaried clinical track faculty members at any rank should be reviewed annually during the first three years after the original appointment to the Carver College of Medicine.

Initiation of the academic review is the responsibility of the Department Head. It is expected that the review will be performed in consultation with the individual faculty member. These reviews should be performed in consultation with both the clinical track and tenured departmental faculty members of higher rank.

After the first three years of appointment, the following schedule should be followed: Assistant Professors should continue to be reviewed annually until they are promoted, or for 9 years, whichever occurs first, and after that only at the time of contract renewal. The results of these reviews should be reported by the Collegiate Dean to the Provost on the appropriate form. Associate Professors should be reviewed every two years, and Professors should be reviewed every 5 years. Reviews for Associate and Full Professor should be reported to the Dean.

2. Contract reviews

Contract reviews are performed in the final year of a contract period, and are for the purpose of determining if a new contract will be extended, and if so, for determining the length of the new contract. The criteria to be assessed are the faculty member's effectiveness in teaching and clinical service, compliance with the department's written standards of performance, and the department's need for continuation of the position. The review is conducted by the DEO, after consultation with both the clinical track and tenure track departmental faculty members of higher rank. The eligible faculty group must vote on the decision to renew. The results of all contract renewal reviews should be reported by the Department to the Collegiate Dean and to the Provost on the appropriate form.

C. Department Heads

Department heads will be reviewed concurrently with the review of their respective departments as specified in accordance with Article II, Section 4.6 and Article V, Section 5.0 in the *Manual of Procedure of the Carver College of Medicine*.

D. Materials to be Reviewed

1. Materials that must be reviewed include:

- a. Current curriculum vitae and supporting documents (see below).
- b. Career plan for the next five years that covers teaching, scholarship (for individuals in the tenure track), service, and professional growth.
- c. Other materials the faculty member believes are relevant to the review.
- d. A verifiable personal assessment of teaching, scholarship or professional productivity, as appropriate for the faculty track, and service activities since the last review, as described in D below.
- e. Reports of evaluations by the faculty member's division director if the department is so organized.
- f. Statement by department head that describes circumstances under which the faculty member has functioned during the reviewed period.

[Return to Index](#)

2. Other materials that may be reviewed at departmental discretion include:

- a. Letters of evaluation from persons at other institutions that were solicited for appointment or promotion consideration during the review period.

D. Personal Assessment

Each candidate shall prepare a document assessing his or her progress toward achieving or maintaining the standards of teaching, service, and scholarship or professional productivity appropriate for the academic rank and track (See Appendices I through VIII), together with

documentation of his or her progress and an outline of future efforts in these areas. The evaluation, documentation, and outline will be attached to the CV, as this is required for consideration by the Department, Executive Committee and Medical Council.

E. Process of Review

The updated curriculum vitae and supporting documents are submitted to the Department Head by the faculty member to be evaluated. The evaluation involves critical review of the teaching, scholarship, or professional productivity, and service contributions of the faculty person in light of the criteria for the relevant faculty track. A written report is prepared on the candidate. The review process ends with the sharing of the written statement with the faculty member. If a written peer committee report is prepared, it should also be shared with the faculty member. The individual faculty member may present a written response that becomes a part of the permanent record. In the event that there are too few peer faculty members in a department or program to conduct a review of a faculty member, the review shall be carried out by an *ad hoc* committee appointed by the Dean.

[Return to Index](#)

V. Promotion

See documents entitled Procedures for Clinical-track Promotion Decision Making at The University of Iowa Roy J. and Lucille A. Carver College of Medicine, Approved by Provost 8/12/05 and Procedures for Tenure and Promotion Decision Making at the Roy J. and Lucille A. Carver College of Medicine at The University of Iowa, Approved by Provost April, 2005

Appendix I

Operational Criteria for Teaching

Teaching includes any of the following activities:

1. Teaching of students and post-graduate students, residents or fellows in the classroom, laboratory, or other specific area of expertise, etc.
2. Direction of graduate research.
3. Teaching of students and post-graduate students, residents, or fellows in the clinical setting.
4. Curriculum development: development of objectives, materials and methods, methods of evaluation, etc.
5. Student, resident, or fellow advising and counseling; student, resident, or fellow recruiting.
6. Facilitation of teaching efforts of the faculty, e.g., helping to assess the value of teaching objectives, or of methods of evaluation, providing content material for courses of study, etc.
7. Serving as a member of education, curriculum, or admissions committees.
8. Serving as a faculty instructor in continuing medical education activities.
9. Organization of a new teaching program, or integration of teaching effort within or between departments.
10. Development of teaching techniques.
11. Development of short courses or "workshops" for students, residents and fellows, postgraduate professionals, and lay public.
12. Development of teaching materials for any medium, including web based venues.

Evidence of the quality of a faculty member's efforts in teaching must come from student, resident or fellow evaluations, peer evaluations, teaching awards, recognition by faculty or professional organizations, etc.. For example:

1. Faculty evaluation of the objectives, methods and materials of courses that have been designed and taught by the individual.
2. Student, resident, or fellow evaluation of the performance of the individual.
3. Evaluation of teaching effectiveness by faculty who have taught with the individual or have observed the individual's teaching skills.
4. Evaluation concerning the performance of students, residents, and fellows taught by the individual whenever possible and appropriate.
5. Development of teaching materials, such as the preparation of a syllabus, book of procedures, course of study, laboratory manual, development of testing procedures or other modes of evaluation. This would include educational efforts directed at students, residents and fellows, postgraduate professionals, and the lay public.
6. Publication of peer reviewed educational research.
7. Invitations to teach, or to give educational presentations, by other departments, or outside the institution.
8. Published reviews of educational materials developed by the faculty member.

APPENDIX II

Operational Definition of Scholarship

Scholarship requires the use of innovative ideas in the pursuit of knowledge. The quality of such an activity is best determined by critical review by one's peers and, to have an impact, the information must be disseminated. This is best accomplished by publication in appropriate journals, monographs, or books, and by presenting scientific papers and exhibits at scholarly meetings. Such activities provide the most compelling evidence of scholarship.

The following are methods by which scholarship is demonstrated (Relative importance is not necessarily indicated by item number).

1. Publication of articles in professional journals. Greater importance will be attributed to publications in journals that require a critical review, but all publications will be evaluated.
2. Publication of books, monographs, manuals, on paper or in electronic media. Material in these formats should advance the field in order to be considered scholarship; materials produced primarily for student teaching should be listed under teaching.
3. Invited or submitted presentations of original scientific data at major national or international meetings, or at major institutions or research organizations.
4. Demonstration of a sustained, externally funded, independent research program.
5. Leadership and/or organization of clinical trials.

Academic creativity (scholarship) may also manifest itself in teaching and professional activities (see Appendix I and IV), and for these activities to be considered evidence of scholarly activity, they must be innovative and/or published or presented.

APPENDIX III

Operational Criteria for Academic Service

A commitment of Service to the Department, College, University and the community is expected of all individuals. Although the degree of this commitment may vary, the amount and significance of the contribution by an individual can be documented. The following are examples of academic service:

1. Academic Service to Department, College, or University:
 - Committees
 - Administrative responsibilities
 - Serving on graduate student or fellow thesis committees
 - Advisor to student organizations
 - Contributing to professional growth and development of junior colleagues (mentoring)

2. Academic Service outside the University:
 - Journal editing
 - Reviewing journal articles
 - Reviewing grant proposals
 - Serving as juror of exhibitions
 - Serving on accrediting agencies or boards
 - Holding offices in professional academic organizations
 - Honors and awards from serving on committees of professional academic organizations
 - Serving on professional/technical committees

3. Academic Service to the community (should be professionally related)
 - Guest lectures
 - Preparation of materials for paraprofessionals

APPENDIX IV

Operational Criteria for Professional Service

Members of either the tenure track or the non-tenure clinical track may contribute significantly in professional service. Activities in this category are used as one kind of evidence of professional productivity for salaried clinical track members.

Professional service includes contributions in the clinical setting beyond the provision of direct clinical service, and other professional activities not included in the categories of teaching, scholarship, and academic service. Included in this category, but not limited to these, are the following:

1. Development and evaluation of new forms of treatment, new surgical procedures or innovative diagnostic techniques.
2. Organization of a new, or reorganization of an existing, clinical service. Specific examples might include the development of a new inpatient referral service or treatment facility, reorganization of a critical care unit, or reorganization of an outpatient department.
3. Innovation or improvement of an existing clinical service, as evidenced by addition of new services, significant increase in the volume of patients, better patient outcomes, increased revenue production.
4. Effective participation and/or leadership in professional organizations.
5. Effective participation on and leadership of hospital committees.
6. Public or government service.
7. Presentations at professional meetings related to any aspect of the faculty member's professional productivity (except presentations which fall under Appendix II Scholarship #4).

APPENDIX V
Clinical Service

Members of either the tenure track or the non-tenure clinical track may contribute significantly in clinical service. Most difficult is the estimation and quantification of clinical skills and clinical service for the practicing clinician in the college.

Evidence of quality may be derived from one or more of the following:

1. Departmental and/or interdepartmental assessment by his or her peers.
2. Quality assurance and/or risk management assessments.
3. Patient satisfaction assessments collected by the institution.
4. Assessments from clinicians who utilize him or her as a consultant.
5. Receipt of clinical awards.
6. Evidence that a unique clinical service is provided.

Appendix VI

Operational Guidelines for Tenure Track

These guidelines assume that the Department Head appraises the faculty member of the criteria for promotion before or soon after appointment, that the quality of his or her academic performance has been periodically reviewed, and that the findings and their implications have been discussed with him or her.

The rank of Assistant Professor does not confer tenure, and the performance during that period should determine whether promotion is justified. Because the ranks of Associate Professor and Professor carry with them the University commitment of tenure, the future leadership of the departments and Carver College of Medicine is determined by the quality of such appointments.

1. ". . . rank will not be considered merely as a reward for long and acceptable service." (*University of Iowa Operations Manual*)
2. The maximum time in probationary status before promotion to Associate Professor with tenure is 6 years. This time may vary considerably and may be shortened for performance that is truly exceptional. It is clear, however, that time in rank cannot be the primary factor related to any promotion/tenure decision. It is strongly encouraged that junior faculty are provided with sufficient time for scholarly pursuit.
3. Recognition. One of the qualifications for promotion to Professor is unmistakable evidence of recognition by peers at the national level, international level or both. Such evidence can be derived from: invitations to organize, chair or participate in panels, symposia or conferences; invitations to serve on the panels of the NIH or other granting bodies; invitations to serve as an editor to scholarly journals; election to membership in societies stipulating meritorious professional achievement; election to offices in national or international societies; letters written by peers outside the University; successful competition for awards, prizes, grants, or contracts; invited lectureships; invitations to be a visiting professor at other universities.
4. In considering the published evidence of academic creativity, where papers have many authors, the contribution of the candidate to the work should be defined and determined.
5. The quality and importance of published work should be considered more important than the number of publications.
6. Interdisciplinary research. The college recognizes that interdisciplinary research is becoming the norm rather than the exception. This type of research, which is associated with multi-author publications, can lead to questions about the independence of each individual author, particularly junior authors. In order to clearly identify an investigator's role in interdisciplinary research, annotation of the bibliography, in which the faculty member clearly describes her/his contribution to the work, is critical. Letters from other members of the research group can be used to identify the unique contributions of the investigator, and to indicate the level of contribution, on the spectrum from marginal to substantial. These letters would serve as supportive documents for the dossier, but would not replace the required independent review by outside neutral evaluators.
7. In considering the evidence for promotion, primary importance should be given to the productivity shown during the period of current rank. Contributions made before appointment to the current rank are of secondary importance because they forecast less about future productivity.
8. Consideration for promotion in clinical departments includes assessment of clinical skills and patient care as well as assessment of teaching and research. Examining the sum of the faculty member's contributions in teaching, research, and patient care is traditional in an evaluation of the clinical teacher, and strength in one area may compensate for less strength in another.
9. A person may be appointed to the tenure track only once.

Appendix VII
Operational Guidelines for the Salaried Clinical Faculty Track

These guidelines assume that the Department Head apprises the faculty member of the criteria for promotion before or soon after appointment, that the quality of his or her performance has been periodically reviewed, and that the findings and their implications have been discussed with him or her.

Appointments in this track do not confer tenure; however, promotions through the ranks from instructor to professor are available based on specific criteria.

1. ". . . rank will not be considered merely as a reward for long and acceptable service." (*University of Iowa Operations Manual*)
2. Promotion is not a requirement of continued employment, and the faculty member may remain at the initial rank indefinitely. Time in rank cannot be the primary factor related to any promotion decision. Review for possible promotion does not need to be confined to the final year of a contract, but rather, can be performed in any year of a contract. The end date of a contract is not altered if promotion is achieved in a year other than the final year of the contract.
3. Recognition. One of the qualifications for promotion to Professor is unmistakable evidence of recognition by peers at the state, regional, national, or international level. Such evidence can be derived from: invitations to organize, chair or participate in panels, symposia or conferences; invitations to serve as an editor or on an editorial board of a scholarly journal; election to membership in societies stipulating meritorious professional achievement; election to offices in state, regional, national or international societies; letters written by peers outside the University, including from referring physicians; successful competition for awards, prizes, grants, or contracts; invited lectureships; or invitations to be a visiting professor outside the Carver College of Medicine.
4. Leadership. A highly desirable qualification for promotion to Professor is evidence of leadership in one or more spheres of professional productivity. The term "leadership" is to be interpreted broadly, and is specifically not confined to formally defined administrative positions such as division director, clerkship director, etc, but to include the broader meaning of "having commanding authority or influence." Evidence of leadership can be derived from: serving as chair of committees and task forces for the institution, in disciplinary groups, or relevant governmental or private groups; leading specific time limited projects to a successful outcome in any of the spheres of professional productivity; serving as principal investigator of research projects; receipt of leadership awards, etc. Evidence of leadership in the faculty member's clinical discipline could include selection to a prestigious board for a state, regional or national society or organization; frequent requests to make CME presentations outside the local area, etc.
5. The quality and importance of professional productivity should be considered more important than the number of activities.
6. In considering the evidence for promotion, primary importance should be given to the productivity shown during the period of current rank. Contributions made before appointment to the current rank are of secondary importance because they forecast less about future productivity.

APPENDIX VIII

Operational Guidelines for the Nonsalaried Clinical Faculty Track

These guidelines assume that the Department Head appraises the faculty member of the criteria for promotion before or soon after appointment, that the quality of his or her performance has been periodically reviewed, and that the findings and their implications have been discussed with him or her.

Appointments in this track do not confer tenure, however, promotions through the ranks from instructor to professor are available based on specific criteria.

1. The major criteria for appointment in this track is a commitment to devote a significant portion of time to teaching. This requirement may be satisfied by participation in University of Iowa sponsored educational programs in the community or at University of Iowa Hospitals and Clinics. Faculty at the instructor level should generally commit between 25 and 150 hours per year. Faculty at the assistant professor level and above should generally commit more than 150 hours per year.
2. ". . . rank will not be considered merely as a reward for long and acceptable service." (*University of Iowa Operations Manual*)
3. Promotion is not a requirement of continued service, and the faculty member may remain at the initial rank indefinitely. Time in rank cannot be the primary factor related to any promotion decision.
4. Recognition. One of the qualifications for promotion to Professor is unmistakable evidence of recognition by peers at the regional, national, or international level. Such evidence can be derived from: invitations to organize, chair or participate in panels, symposia or conferences; invitations to serve as an editor or on an editorial board of a scholarly journal; election to membership in societies stipulating meritorious professional achievement; election to offices in regional, national or international societies; letters written by peers; successful competition for awards, prizes, grants, or contracts; invited lectureships; or invitations to be a visiting professor.
5. Consideration for promotion in this track includes assessment of clinical skills and patient care as well as assessment of teaching and professional productivity.
6. The quality and importance of professional service (Appendix IV) should be considered more important than the number of activities or publications.
7. In considering the evidence for promotion, primary importance should be given to the productivity shown during the period of current rank.
8. Certain privileges accompany nonsalaried clinical track faculty appointments. These include the following:
 - a) A university of Iowa identification card signifying their rank
 - b) Medical and University library privileges
 - c) Admission to Carver College of Medicine sponsored post-graduate courses without fee.
 - d) Invitation to attend Carver College of Medicine and departmental conferences
9. There is no limit on the number of appointments that may be made by the College in this track.

APPENDIX IX

Carver College of Medicine Policy on Oral Communication Skills for Faculty and Teaching Assistants and Teaching Proficiency Standards for Teaching Assistants (July 1, 1991)

The Carver College of Medicine will comply with the University of Iowa Policies on Oral Communication Skills for Faculty and Teaching Assistants and Teaching Proficiency Standards for Teaching Assistants by:

1. evaluation of teaching communication effectiveness as part of the documentation in support of fulfillment of faculty/staff/student teaching responsibilities;
2. evaluation of a teaching assistant's knowledge of subject material, the ability to evaluate student performance and facility with appropriate instructional materials and equipment at the end of each semester of teaching by the faculty advisor;
3. evaluation of communication effectiveness of new faculty and all teaching assistants by the course director or faculty advisor within 8 weeks of beginning teaching;
4. participation, as necessary, in the teaching assistant certification program for students whose first language is not English;
5. evaluation of teaching communication by student via the S.P.O.T. student evaluation of teaching forms or other programmatically derived forms;
6. informing students of existing protocols and giving careful consideration to student input regarding these evaluation procedures; and
7. instituting a procedure for dealing with problems identified in any of the above evaluation areas for faculty/staff/student teachers who may require greater proficiency in oral communication skills. Concerns and complaints should be communicated to the course director. Further communication problems would then be directed through the Department Head of the course being taught, and then to the Office of the Dean. The Associate Dean for Student Affairs and Curriculum would receive concerns related to medical student courses and the Associate Dean for Academic Affairs would receive concerns on any other course taught by the College.

September 13, 1991

APPENDIX IXa

University of Iowa Policy on Oral Communication Competence

ORAL COMMUNICATION COMPETENCE OF INSTRUCTIONAL STAFF (Regents 1/29/91; amended 9/93)

13.1 POLICY IMPLEMENTATION PLAN

For the purpose of implementing the Regents' policy on oral communication competence each department or program must prepare a plan incorporating the following elements.

a. New Appointments.

- (1) Assessment of relevant communication skills as part of the documentation in support of filling any faculty or teaching assistant position.
- (2) Confirmation that all prospective faculty and teaching assistants exhibit communication skills adequate to any duties to which they are assigned.

b. Periodic Assessment and Evaluation.

- (1) Provision for evaluation of all faculty members and teaching assistants by the end of any semester in which they have sufficient direct contact with students to render such evaluation meaningful. This procedure must include, at a minimum, a mechanism for written student evaluation.
- (2) Provision for a preliminary assessment, within the first eight weeks of the assignment of teaching duties, of all faculty members and teaching assistants who have not previously taught at the University.
- (3) Provision for the assessment of communication skills as part of all peer reviews of teaching effectiveness of faculty. In particular, adequate communication skills will continue to be among the criteria for promotion and tenure of teaching faculty.
- (4) Provision for informing students of departmental, collegiate, and University protocols concerning student complaints.
- (5) A procedure for dealing with problems revealed by the evaluations described above.

This plan will be filed with the appropriate dean or administrative officer as well as with the Provost. It will be the responsibility of the departmental executive officer or program officer to implement this policy and to ensure that adequate standards of oral communication competence are maintained in the unit.

TEACHING PROFICIENCY STANDARDS FOR TEACHING ASSISTANTS
(Regents 1/29/91)

14.1 PURPOSE.

For the purpose of implementing the Regents' policy on teaching proficiency standards for teaching assistants (Board of Regents document Regents Policy on Teaching Proficiency Standards for Teaching Assistants, 1-29-91), each department or program will prepare a plan incorporating the following elements:

- a. A procedure for selecting and training all teaching assistants.
- b. A procedure for evaluating all teaching assistants for teaching proficiency by the end of each academic period in which they are employed in a teaching capacity. This procedure should allow for systematic evaluation by students and by faculty advisors. For teaching assistants who have not previously taught at the University, a preliminary assessment should also occur within the first eight weeks of the first semester in which they are assigned teaching duties.
- c. A procedure for providing additional instructional assistance for teaching assistants when warranted. This procedure should provide for the possibility of assistance in the areas of teaching methods, evaluation of student performance, oral and written communication, and subject matter.
- d. A procedure for addressing concerns raised by students regarding the teaching proficiency of their teaching assistants.

This plan will be filed with the appropriate dean or administrative officer as well as with the Provost. The Office of the Provost will provide each teaching assistant with a handbook on teaching.

14.2 IMPLEMENTATION.

It will be the responsibility of the Departmental Executive Officer or Program Director to implement this policy and to ensure that adequate standards of performance by teaching assistants are maintained in the unit and, in particular, to ensure that the unit is in full compliance with the regulations involving certification of teaching assistants whose first language is not English as described in: English Proficiency Certification of Graduate Teaching Assistants Whose First Language is Not English (2-2-88).

Appendix X
Standards of Clinical Competences

Standards of competence and performance for salaried clinical track faculty, as specified by the University of Iowa Operations Manual Section III.10.9.d, and the College of Medicine Policies and Procedures Concerning Faculty Appointments, Evaluation and Promotion Revision 10, Approved by Provost 5/19/95, Updated as approved 8/15/95, Approved by Provost 6/10/02

In order to maintain continued eligibility for employment in the College of Medicine, the salaried clinical track faculty member must:

1. Maintain a license to practice in the state of Iowa, if applicable.
2. Maintain current eligibility and the appropriate credentials in University of Iowa and external organizations necessary to fully participate in Faculty Practice Plan endorsed clinical activities.
3. If a member of the Faculty Practice Plan, abide by the policies and by-laws of the Plan.
4. Demonstrate competence as a clinician or provider of other services. Competence as a physician will be established by the hospital staff process of reviewing clinical credentials and granting hospital privileges. Individuals other than physicians involved in the care of patients should meet the criteria established by hospital bylaws and any relevant state licensure requirements. This requirement is the same as for other salaried faculty who provide clinical service, including faculty with tenure track appointments (*see* College of Medicine Policies and Procedures Concerning Faculty Appointments, Evaluation and Promotion, e.g. I.A.1.d).
5. Complete medical records and other clinical documentation in a timely manner, as specified by the UIHC (and published annually in the UIHC *Formulary and Handbook*).
6. Perform assigned clinical responsibilities as prospectively agreed upon on an annual basis by the faculty member and department, or any other administrative unit (e.g. Clinical Cancer Center, Joint Outreach Office, etc.) providing salary support in which the faculty member has clinical duties.
7. Perform assigned teaching responsibilities as prospectively agreed upon on an annual basis by the faculty member and department, and maintain a record of satisfactory teaching quality, as documented by the evaluation of peers and students.
8. Comply with section III.15 of the University of Iowa Operations Manual (Professional Ethics and Academic Responsibility) as well as all other University policies relevant to faculty activities and behavior (e.g. II.4.1 University Policy on Sexual Harassment; II.18 Conflict of Interest Policy).
9. Comply with any additional written standards of the Department in which the faculty member is appointed, as long as these have been approved by the Dean, and as long as these were in effect at the time of appointment, or at the time of subsequent contract renewal of the affected faculty member.

Approved, 8/25/97 Executive Committee; 9/4/97 Medical Council; Reference update 10/5/04

Appendix XI
Operational Criteria for Professional Productivity

Professional Productivity requires the use of innovative ideas in the pursuit of knowledge. The quality of such an activity is best determined by critical review by one's peers and, to have an impact, the information must be disseminated.

The following are methods by which professional productivity may be demonstrated.

1. Development of new curriculum development
2. Organization of a new teaching program.
3. Development of innovative teaching techniques.
4. Development of new short courses or "workshops" for students, residents and fellows, postgraduate professionals, and lay public.
5. Development of teaching materials for any medium, including web based venues.
6. Development and evaluation of new forms of treatment, new surgical procedures or innovative diagnostic techniques.
7. Organization of a new, or reorganization of an existing, clinical service.
8. Innovation or improvement of an existing clinical service.
9. Chapters
10. Case Reports
11. CME Presentations (although this cannot be the majority of the activity)

Professional productivity may also manifest itself as teaching, traditional scholarship or professional service (Appendix I, II and IV respectively)

Appendix XII

Guidelines for extension of tenure clock for current faculty June, 2007

1. Current faculty members with patient care responsibilities who are in the probationary period of the tenure clock may select the option of remaining within the six-year clock parameters, or may select the option of moving to the eight-year clock. An election shall be made on or before the end of the third month following the adoption by a college of a collegiate norm of more than six years. This request should be in writing to the departmental executive officer, with a copy to the Dean and to the Provost
2. Current faculty members who select the option of the eight-year tenure clock will be reviewed during year four (if not already past that point or not reappointed within the past year) for reappointment, and at year eight for promotion. A letter will be sent to the faculty member to reflect the change. Annual reviews will remain the same.
3. Review for faculty members who elect to remain in the six-year clock will not change from their original contract.
4. Any faculty member with clinical responsibilities recruited after or who has not signed an offer letter prior to July 1, 2007 will automatically be appointed to the eight year clock.
5. As with the six-year clock, promotion before the expiration of the clock can be considered, although not before year four except in extraordinary situations.