

## Forging New Ground as Clinical Faculty

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### Abstract

*Clinical faculty in universities must strive to create balance in their professional roles and responsibilities as they act as a bridge between their university and the field. Some clinical faculty are expected to develop teaching, service, and scholarship as part of their position while other clinical faculty positions only require teaching and service; and in those cases, scholarship may not be a requirement. The expectations put forth to clinical faculty can feel unclear and frustrating. The goal of this piece is to provide perspective and clarity for what it means to be clinical faculty in an educator preparation program.*

The increase of clinical faculty positions, at least in the field of education, can be attributed to challenges faced by higher education institutions, colleges of education, and educator preparation programs (EPPs). These challenges include changes in the economy resulting in budget cuts, shifts in demographics, and competition EPPs face from new educator certification providers (Gök, 2014) such as alternative certification programs and community colleges. In response, schools of education have created positions that are more contractually flexible and cost-effective than tenure-track appointments in the form of full and part-time non-tenure track and clinical faculty options.

### Literature Review

#### *Clinical Faculty Roles and Responsibilities*

In response to the Holmes Group (1986) report that called for greater classroom teacher involvement in teacher education, the “clinicalization” (Bullough Jr., et al., 1997)

of pre-service teacher experiences required a bridge between universities and k12 schools. Based on the recommendations of researchers (Hackmann, 2007; Young et al., 2002), clinical faculty positions were instituted to serve as “living bridges” between k12 schools and universities (Holmes Group, 1995) since clinical faculty were expected to merge their classroom experience with the theory and practice of the university (Gök, 2014). At that time, clinical faculty were often limited to supervising pre-service teachers during their field experiences. Over time, the clinical faculty role expanded into teaching educator preparation courses as well as other content and pedagogy-based courses within education programs. Leadership and administrative duties became a part of clinical faculty roles in addition to required service activities, however participation in scholarly activities in the form of research and publication were still largely not an expectation or requirement (Gök, 2014).

Several schools of education have fully embraced clinical faculty as an integral part of their programs. Indiana University School of Education (2021) and the authors' university College of Education are two such institutions that have developed and implemented processes, timeframes, and teaching and service requirements for clinical rank promotion. The authors' university requires scholarship of practice at the associate clinical professor rank, but still maintains year-to-year contracts for clinical faculty. However, other universities like the Indiana University's school of education provides opportunities for both short- and long-term contracts (2021) for clinical faculty.

### *Situationality of Clinical Faculty*

In recent decades there has been increasing concern about creating authentic learning experiences for educational practitioners (Young et al., 2002). "The main advantage of [the clinical faculty] position to schools of education is that clinical faculty members bring their field experiences into [the] education arena creating a learning environment in which students benefit from both theory and practice" (Gök, 2014; p 145), however tension is created when implementing clinical faculty in colleges of education as they are often viewed as second class faculty members due to their lack of participation in scholarly activity. Further, tenured faculty can feel threatened as economic factors transform tenure lines into clinical positions (Hearn & Anderson, 2001). In their study of appointment type and productivity within schools of education, Bland et al. (2006) concluded that:

Given the major changes occurring in higher education financing and in the faculty workforce, it is highly unlikely, and perhaps even undesirable, for institutions to return to the predominant use of tenure appointments. However, institutions must thoughtfully design an integrated personnel system, of both tenure and non-tenure appointments, that attracts faculty and facilitates productivity that best meets their goals as well as institutional goals. Unfortunately, most schools' current collection of faculty appointment types have not occurred as a result of thoughtful planning, but rather through uncoordinated decisions by individual subunits of the institution (p. 117).

Thoughtful design and integration of clinical faculty begins by clearly defining the roles and responsibilities of clinical faculty within the college of education and across the university as a whole.

### **Justification**

This manuscript and the research that it embodies aims to provide a framework for those in a similar experience. The strength in what we have to say comes from our collective understanding from working on a standardized evaluation protocol for clinical faculty promotion, annual review, and merit in a College of Education setting. We acknowledge that the term "clinical faculty" carries many meanings in higher education as it is used in schools of education, medical schools, law schools, and others. So varied are the role descriptions that the designation could mean something different in each college and can even have different meanings within each department of a university. To help clarify our position in this paper, the authors define clinical faculty as viewed from their positions within the college of education at a Tier 2 state university in southeastern Texas.

Clinical faculty in the College of Education at the authors' university are typically practitioner-oriented with those faculty recently coming from careers in the PK-12 setting. This provides a tangible link between the university programs to the "boots on the ground" immediate needs of pre-service teachers. Since clinical faculty have a 4/4 teaching load versus the 3/3 load of tenure track faculty, and have year-to-year contracts, hiring clinical faculty is more flexible and cost effective for the university than hiring tenure-track faculty. Clinical faculty at this university are afforded the opportunity for promotion from full-time lecturer to assistant, associate, and full clinical professor through an annual review and promotion process. As scholarly activities are not requirements until the associate clinical professor level (termed "scholarship of practice"), clinical faculty are often selected to coordinate programs or field experience semesters.

Throughout our collective experience as clinical faculty, it became apparent that the procedures and forms established for the evaluation of tenured faculty for merit pay as well as promotion and tenure were not a good fit for the roles and responsibilities of clinical faculty. In exploring avenues for developing more appropriate

measures for clinical promotion, tenure, and merit considerations, a robust conversation flowed regarding what it meant to be a clinical faculty member. Through presentations, continued discourse, and input from administration on clinical performance measurement tools, the team agreed that the process they were experiencing was important to capture not only for themselves, but for other clinical faculty who may be in similar settings.

In this manuscript we wish to outline our understandings of the roles of clinical faculty as well as offer a window into our shared experience in developing a procedure for review, promotion, and tenure for clinical faculty in our school. After reviewing three articles (August et al., 2021; College of Education - The University of Iowa, 2019; Office of Faculty Affairs & Faculty Development, n.d.) focused on clinical faculty, one of the authors of this article determined the common themes and a set of survey questions were derived. We conducted a self-study to answer four questions:

1. What is the significance and role of clinical faculty in an educational program, particularly in terms of their impact on student learning and overall program outcomes?
2. What are the key reasons for implementing a review process for clinical faculty, and how does it contribute to their professional growth and development, as well as the overall success of the educational program?
3. How does the annual review process serve the purpose(s) of promoting the professional growth and development of clinical faculty, and contributing to the overall success of the educational program?
4. What are the various rating options available for evaluating the performance of clinical faculty (FES), and what is the rationale behind each option in terms of providing a comprehensive and meaningful assessment of their teaching, research, and service contributions to the educational program?

We felt that taking time to intentionally reflect and answer these questions could not only validate our roles

within our college, but also provide pathways for other faculty in similar circumstances at other institutions.

### **Method**

The researcher/participants used a survey to explore their perceptions of roles and responsibilities of clinical faculty along with ways to measure job performance and overall effectiveness in that role. Surveys are a way to collect information about a population through studying a part of that population (Creswell, 2009) while offering perspectives (Leedy & Ormrod, 2005). Here, a survey was developed by researcher/participants to determine a working definition of clinical faculty as well as expectations for those in that role.

### **Sample**

Participants were selected via a purposive sampling scheme based on a specific purpose for answering the research question (Teddlie & Yu, 2007) the researchers were the participants (Adler & Adler, 1987; Johnson & Christensen, 2010; Patton, 2002); the researcher/participants used the self-developed survey instrument to conduct the self-study through a phenomenological lens (Farrell, 2020). The researcher/participants for this study were four female clinical faculty in the college of education at a state university in the southeastern United States. All participants were classified as assistant clinical faculty who were tasked with developing a merit, promotion, and annual evaluation system for clinical faculty within the college over two semesters. Additionally, all four participants held the position of program coordinator for their respective programs at the time of the study.

### **Instrument**

The method of data collection used in this study involved completing a survey consisting of the following questions which were developed based on topics found in the literature review.:

1. Why are clinical faculty important to an educational program?
2. Why is a review process vital to clinical faculty?

3. What is the purpose(s) of the annual review for clinical faculty?
4. What are some clinical faculty (FES) rating options and the rationale for each?
5. New thinking/learning from the administration on clinical faculty review development process?

### Data analysis

Each participant then wrote their responses separately. Next, participants were asked to revisit their own survey responses after a few days to member check for accuracy and clarity of responses. Some modifications were made by participants to their original survey responses to reflect more clearly the participant's meaning. Then participants met to calibrate on findings.

The data was analyzed using an inductive methodology (Moustakas, 1994). First, participants viewed each other's

	Common themes
1.	There is a link between clinical faculty to the field due to recent professional experiences.
2.	Clinical faculty are typically hired to teach not only field experience courses, but others including overloads to free up time for others.
3.	Hiring clinical faculty can save the university money due to constraints that exist on salary and other financial considerations which may include financial support for travel related to research and even the opportunity for merit pay.
4.	There is a need for recognition and value placed on clinical faculty, which also impacts moral and incentive for clinical faculty to continue their work.
5.	There is a need for more robust feedback that could again feed into the professional goals of clinical faculty which again spiral back to internal motivation and incentive.
6.	There is consensus on clinical faculty roles and responsibilities regarding teaching and service as metrics of performance along with student feedback.
7.	There is a need for consistency in expectations regarding service, teaching, writing and research, and faculty self-evaluation practices.

One theme was that there is a link between clinical faculty to the field due to recent professional experiences; clinical faculty have those continuing relationships with contacts in the field that make them primed for supervision of field experience. One respondent stated "Clinical faculty

responses and colored apparent themes for ease in analysis, this resulted in clusters of meaning (Creswell, 2016) emerging as similarities in responses were identified and unpacked in a calibration meeting. The researchers utilized this form of cross-case and within-case analyses to present findings in detail (Miles & Huberman, 1994) by making inferences and other meaningful matter from the data collected (Krippendorff, 2018). This form of triangulation "combines numerous data sources" to "guarantee that a research study's data, analysis, and findings are as thorough and precise as possible" (Sciberras & Dingli, 2023, p. 31) which was one of the goals of the research/participants in conducting this study.

### Findings

After analyzing responses to the questions, seven clusters of meaning emerged as common themes were evident in researcher/participant narratives:

provide a tangible link from the university and its programs to the boots in the ground, immediate needs of today's rising educators. Clinical faculty provide the application of practice in a way that is necessary and unique to effective educator preparation programs." And "clinical faculty are

important to our programs because we typically still have one foot solidly planted in the field/schools and have the most recent practical experience.”

Another common theme was that clinical faculty are typically hired to teach not only field experience courses, but others including overloads to free up time for others. One respondent shared, “Many “research-focused” tenure/tenure-track faculty would tell you that clinical faculty free up time for them to research because we can teach more classes.” And “In the COE we identify clinical faculty as those who are hired to support teaching often hired on a 4/4 course load without the obligation of research in the job description. Clinical faculty are important in the education program because they help with the teaching load. Often tenure track faculty are “bought out” of their teaching assignments through grants. This creates a need for classes to be covered.”

A third common theme from responses included the observation that hiring clinical faculty can save the university money due to constraints that exist on salary and other financial considerations which may include financial support for travel related to research and even the opportunity for merit pay. “Clinical faculty are typically cheaper to hire and can take on more classes (4/4 load) making clinical faculty cost effective for universities.”

A fourth common theme was a need for recognition and value placed on clinical faculty, which also impacts moral and incentive for clinical faculty to continue their work. “In order to feel valued, seen, and understood, clinical faculty need to participate in a thorough review process to feel calibrated on their position as well as on expectations and to discuss feedback.” Another researcher/participant wrote, “Allow clinical faculty to share the work that has been completed and be recognized for it,” someone else said “It is important for clinical faculty to know that they will have a job in the future and to know that what they are doing matters and is important, necessary work for the college.”

There was a fifth common theme asking for more robust feedback that could again feed into the professional goals of clinical faculty which again spiral back to internal motivation and incentive. “In order to feel valued, seen, and understood, clinical faculty need to participate in a thorough review process to feel calibrated on their position

as well as on expectations and to discuss feedback.” Someone else said, “Clinical faculty should have annual review for feedback to improve their practice, the opportunity for promotion, and the opportunity for merit pay.” “Review processes provide opportunities for feedback and goal setting,” and another researcher/participant said, “Clinical faculty need to know if they are on the right track to earn that promotion and tenure.”

Researcher/participants agreed that teaching and service are appropriate metrics of performance along with student feedback. Scholarship is required for promotion which makes the expectation for scholarship unclear. Clinical faculty are often assigned leadership/program coordinator roles which are not measured specifically on FES, making the process unclear. One researcher/participant said, “Ratings include Teaching and Service as well as IDEA scores provided by students. However, in order to achieve promotion clinical faculty must also participate in writing and research which is what makes the Faculty Evaluation System (FES) process unclear.”

Finally, there was a theme calling for consistency in expectations regarding service, teaching, writing and research, and faculty self-evaluation practices. Someone wrote, “It is necessary to continue re-assessing and re-calibrating the review process for clinical faculty until a process is in place that clearly defines the role and expectations of clinical faculty in a way that makes them feel recognized for the work that they have done as well as providing guidance for how to continue to grow in their craft. It is important for clinical faculty to know that they will have a job in the future and to know that what they are doing matters and is important, necessary work for the college.”

## Conclusions and next steps

In 2001, Hearn and Anderson concluded that the lack of a common definition for clinical faculty positions has impeded research and empirical data on clarifying clinical faculty roles within colleges of education and this research supports that claim. The role of clinical faculty needs to be further defined. Clinical faculty should have the opportunity to create stronger systems that support the need for security including a clearly defined role and

expectation, transparent evaluation systems and means for feedback with avenues for professional growth. Our focus as clinical faculty continues to be providing robust, real-world experiences to our students that are relevant and we

hope that by providing our experience capital as clinicals we can remain relevant not only with partners outside our institution but within our institution as well.

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