

**Title: Qualifications of Clinical Faculty in Hiring and Expectations for Tenure and Promotion**

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Over the last thirty years, programs in communication sciences and disorders have begun to recognize the unique role of the clinical educator and supervisory process. The role of clinical educator often includes clinical and classroom teaching, service, and in some cases research. While the role has evolved over time, recognition via promotion opportunities amid a traditional system of tenure and promotion for non-clinical educators has lagged behind. The present Emerging Issues session focuses on the qualifications of clinical faculty in hiring and expectations for tenure and promotion.

The number of non-tenure track professionals in communication disorders programs has steadily increased. A survey by Janes and Hetrick (1991) revealed that 70% of 23 surveyed programs employed master's level professionals as clinical educators. Eighty-one percent of these were non tenure track positions. These clinical educators have job descriptions that fall outside the traditional roles of academic faculty, with greater emphasis on clinical teaching and service and less emphasis, if any, on research. An informal survey conducted during the 2005 Midwest Clinic Director's Conference indicated that a majority of clinical educators are hired at an entry level position (Clinical Lecturer/Instructor or Clinical Assistant). Promotion beyond these entry-level ranks typically led to titles of Associate or Clinical Professor. Entry level hiring criteria typically included M.A. or M.S., CCC, eligibility for state licensure, and two to three years of clinical experience. Supervision experience while desired was not required in

any of the hiring criteria of the programs surveyed. Hiring expectations at the Clinical Assistant Professor level generally required more clinical experience (2-4 years) and supervisory experience (2-3 years). The University of Wisconsin – Stevens Point required nine professional credits beyond the M.A. to be considered for the Assistant level.

In attempting to identify qualities to consider when hiring university clinical faculty, we sought to discover those qualities evaluated when university supervisors are considered for promotion. To do this we looked at clinical career ladders in a sample of university programs in speech language pathology and audiology. We investigated the clinical faculty promotion structure of programs that offer both an advanced degree in speech pathology *and* an Au.D. degree in Audiology. This resulted in our sending questionnaires about promotion opportunities to 69 of 247 graduate programs in communication sciences and disorders (January 2005).

We defined the clinical career ladder as “a university process in which clinical faculty can be promoted with an associated compensation/salary enhancement, which may or may not involve tenure.” Telephone consultation with several programs revealed that among universities that have promotion structures in place there are a variety of different rewards for promotion. Basically three types of reward structures emerged: a) a nominal structure resulting only in a change of title, b) a promotion structure with both a change in title and various non-monetary perquisites, and finally c) promotion involving a change in title accompanied by perquisites and a monetary reward.

The nominal promotion structure is promotion in name only, where upon promotion the clinical faculty member receives only a change in title and no perquisites or monetary reward as a result of the promotion. This “nominal promotion” did not meet our criteria for a true clinical career ladder. Furthermore, telephone contact with clinicians under this promotion structure indicated that most clinicians under this structure choose not to participate, citing a reluctance to spend the time in the application process with no reward except the change in title.

The second type of clinical career ladder that was reported was a promotion with perquisites. This was not a common promotion structure, but it did meet our criteria for a clinical career ladder, because promotion did involve a tangible reward. The types of reward that were reported by telephone contact with clinicians involved in this structure were: increased vacation time, additional support for continuing education activities, an improved health benefit package, and parking privileges.

The most common type of clinical career ladder reported was a promotion structure that involved salary enhancement with each level of promotion. There were vast differences in the amount of compensation awarded. For some universities the compensation was identical to the compensation awarded to academic faculty for promotion. For others, promotion compensation was tied to the university budget and funding increases. In some instances, levels of salary enhancement were determined by a university formula or by the department.

Following an initial telephone contact, a questionnaire regarding clinical career ladders was e-mailed to the clinic director or department chair of the 69 target programs. The survey consisted of 10 questions concerning the promotion structure for clinical faculty. Sixty three percent (n=42) of the programs responded. After defining the clinical career ladder, the first question asked if the university or department had a promotion structure for clinical faculty members and if not, asked the respondent to give the major reason they did not. Of the respondents, 57% reported having promotion structures for clinical faculty. It should be noted that several programs without opportunities for promotion reported being in the process of developing clinical career ladders for their clinical faculty.

Programs without advancement opportunities for clinical faculty most often indicated that the major reason they did not have a promotion structure was a lack of interest on the part of the clinical faculty or lack of support of the higher administration. Two universities reported that all faculty providing clinical supervision to students are academic faculty who are in the tenure and promotion process. Therefore, these universities did not have a separate clinical career ladder.

Programs reporting that they have a clinical career ladder in place were asked how long promotion opportunities had been available to the clinical faculty. Although 7% of the respondents did not answer the question, 48% reported having a clinical career ladder for ten years or less (36% 6 years or less and 12% 7-10 years) while 45% reported

having had promotion opportunities for clinical supervisors for 11-30 years ( 9% 11-19 years and 36% 20-30 years).

Questionnaire results indicated that promotion titles and minimal degree

**Comment [11]:** Redundant w/ the paragraph discussing titles and minimal entry requirements?

requirements vary from university to university. Titles varied most significantly for entry level faculty (e.g. supervisor, instructor, clinical lecturer, level 1 supervisor). The most commonly reported array of titles was assistant, associate and full clinical professor. The majority of universities responding (79%) reported that the master's degree was the minimal degree required for entry onto the clinical career ladder. Twenty-one percent required either a Ph.D. or an Au.D.

Although the amount of time required in rank was not a question included in the questionnaire, telephone follow-up with several of the clinical directors showed that these requirements vary from program to program. For most universities, the time in rank requirements for supervisors on the clinical career ladder are similar to the time in rank requirements for academic faculty. Most frequently reported was a maximum of six years at the entry level with early application for promotion, if warranted. One university reported the time would range from 11 to 17 years going from the lowest rank to the highest rank while another university reported this entire progression could take as few as six years.

Telephone contact with several programs revealed that while some promotion structures were tied to the tenure process, most involved promotion without tenure. Of

the 42 programs responding to the questionnaire, 11% of the clinical career ladders offered promotion with tenure, and the criteria for promotion and tenure of the clinical faculty were identical to the criteria for promotion and tenure of the academic faculty. The majority of universities responding (78%) offered clinical faculty promotion without tenure, and the criteria for promotion were reported as different from the criteria for promotion of academic faculty. The remaining programs (11%) gave clinical faculty the choice of being put on the promotion track with or without tenure, with different criteria for promotion depending on their choice.

Programs were questioned regarding the composition of the review committee and also questioned about the review process. Questionnaire results indicate that for 29% of the programs responding, the promotion review committee consists of only tenured faculty members with no representation of clinical faculty in reviewing the applicant's credentials. Although 71% reported that the review committee consisted of both clinical and academic faculty, the reported percentage of clinical representation on the committee was often only 20-25% with the majority of respondents reporting that the percentage of clinical representation can vary from year to year.

When asked about the review process, programs responding to this questionnaire most often reported that the clinical career ladder follows the review structure of the university tenure and promotion process. Initially, department members at or above the promotion level vote on the promotion and then make a recommendation to the department chair, who then writes a letter of support and recommends the candidate to

the college promotion and tenure committee. This committee then reviews the credentials and makes a recommendation to the university tenure and promotion committee, which recommends the promotion to the provost and finally the university president. As a rule, the review process differs when the composition of the performance review committee is made up of a majority of clinical faculty, in which case the decision is made at the level of the department or the college.

The final question asked the respondent to indicate the documentation required by the university when the clinical faculty member applied for promotion on the clinical career ladder. Documentation requirements show which professional accomplishments are most important to the university when considering the promotion of clinical faculty. A list of possible documentation was given and respondents were asked to indicate which required parts of the promotion dossier were.

Interestingly, 100% of universities with a clinical career ladder included student evaluation of *classroom teaching* as a part of the dossier while only 91% required student evaluation of supervision. Ninety-seven percent required a personal statement from the promotion candidate and 91% also required a vitae. Ninety-seven percent required the candidate show evidence of professional growth. Departmental letters of support, peer evaluation of supervision and peer evaluation of teaching was required by 88% of the respondents, while 81% required evidence of scholarly contributions in both teaching and outreach. Evidence of leadership was required by 75% of the programs. Fifty-nine

percent of the programs required outside letters of support, and 44% required evidence of scholarly contributions in research.

In general it can be concluded that for a vast majority of universities with clinical career ladders, the clinical faculty member must show evidence of excellent teaching and supervision as well as evidence of scholarly contributions in these areas. In addition, most programs require departmental letters of support and many require evidence of scholarly contributions in outreach. Finally, evidence of professional growth is an important part of the promotion credentials.

The results of the survey and communication with programs suggest there is a considerable disconnect between the typical hiring requirements for clinical faculty (certification and three years of clinical experience) and the credentials they will be evaluated on for promotion, which include not only supervision but also classroom teaching, and scholarly contributions. Universities should carefully consider expanding hiring qualification in order to draw applicants with the greatest potential for meeting existing and likely future promotion expectations.

Clinical educators are clearly an integral part of communication disorders training programs. Hiring and retaining individuals who possess the qualifications and potential to contribute broadly to the success of programs can be greatly enhanced by instituting a compensation based promotion process (i.e., career ladders). This process may lead to more selective hiring, increased job satisfaction and long term commitment by clinical

educators, as well as enhancement of the types of contributions clinical faculty make to the educational process. It is clear from our survey that the rise of clinical career ladders is altering the job descriptions of clinical faculty. These alterations typically include increased expectations in teaching, service and research. It is our belief that these changes will further strengthen the professions of audiology and speech-language pathology.

### **Selected References**

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