

## Appendix A

### Department of Physical Therapy

#### Guidelines for Clinical Faculty Member, Ranks, and Promotion

A Clinical Faculty member is a continuing, non-tenure-eligible faculty member whose primary responsibilities include teaching, supervision of students in a clinical setting, outreach to clinical partners, and administrative oversight of the clinical education curriculum within the Doctor of Physical Therapy Program. While teaching and clinical education oversight are the primary assignments of clinical faculty, scholarship and service is expected.

Clinical Faculty ranks include Clinical Professor, Clinical Associate Professor, and Clinical Assistant Professor. All ranks require licensure as a physical therapist and an earned academic doctorate or terminal degree. Clinical faculty members are in general governed by the rights and responsibilities of tenure-track faculty as outlined in the WKU Faculty Handbook, except that they are not eligible for tenure consideration.

The following descriptions of the three Clinical Faculty ranks are considered for the initial appointment as a Clinical Faculty member with the Doctor of Physical Therapy Program:

##### 1. Clinical Assistant Professor

- Academic Qualifications: Terminal degree (Doctor of Physical Therapy, DPT) for the profession or, a BS or MS entry-level degree in physical therapy with an academic doctorate in a related field.
- Physical Therapy Licensure: Current license as a physical therapist, with eligibility for licensure in KY
- Experience:
  - A minimum of two years of clinical practice
  - A minimum of two years of clinical teaching experience as a Clinical Instructor or Site Coordinator of Clinical Education

##### 2. Clinical Associate Professor

- Academic Qualifications: Terminal degree (Doctor of Physical Therapy, DPT) for the profession or, a BS or MS entry-level degree in physical therapy with an academic doctorate in a related field.
- Physical Therapy Licensure: Current license as a physical therapist, with eligibility for licensure in KY
- Experience: (may be waived for persons holding additional qualifications)
  - A minimum of four years of clinical practice
  - A minimum of three years of clinical teaching experience as a Clinical Instructor or Site Coordinator of Clinical Education

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- A minimum of five years at the rank of Clinical Assistant Professor

### 3. Clinical Professor

- Academic Qualifications: Terminal degree (Doctor of Physical Therapy, DPT) for the profession or, a BS or MS entry-level degree in physical therapy with an academic doctorate in a related field.
- Physical Therapy Licensure: Current license as a physical therapist, with eligibility for licensure in KY
- Experience: (may be waived for persons holding additional qualifications)
  - A minimum of six years of clinical practice
  - A minimum of four years of clinical teaching experience as a Clinical Instructor or Site Coordinator of Clinical Education
  - A minimum of five years at the rank of Clinical Associate Professor

## Promotion Guidelines for Clinical Faculty

### Teaching

All Clinical Faculty need to demonstrate continuing evidence of teaching performance. Because teaching effectiveness is highly regarded in DPT, faculty focus considerable time preparing for and delivering didactic and clinical instruction. The evidence to assess teaching effectiveness comes from multiple sources including, but not limited to, peer evaluations, student assessment, professional development and additional instructional related methodologies, materials, products and/or artifacts:

- Peer evaluation provides information to a faculty member related to his/her effectiveness in the instructional delivery; methodologies utilized to engage students and enhance student learning; course materials provided to students; and assessment practices. Peer evaluations are provided on an annual basis by the Department Chair and at least one other DPT core faculty member.
- Student assessment includes University-administered student course evaluations – Student Input to Teaching Effectiveness (SITE); department administered student course evaluations for summer curriculum; department issued curriculum assessments, and student assessment of DCE/ADCE. An evaluation of teaching effectiveness commensurate with department and college norms using SITE data should be provided. Student feedback may include student comments on course evaluations, nominations for faculty awards, superlative student emails and/or letters of recommendations.
- Assessment of teaching effectiveness related to clinical education courses within the DPT curriculum may include course syllabi; course materials and timeline for completion of courses requirements; evidence of expertise in utilization of the University's

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learning management system and/or program specific clinical education software to organize and deliver instructional materials, assessments and correspondences; involvement with clinical experiences such as communications with students and/or clinical instructors providing feedback and/or suggestions to improve student learning; conducting clinical education site visits, the development of an individualized action plan to advance student clinical performance; and components of the department administered survey of DCE/ADCE performance completed by students.

- Assessment of teaching effectiveness related to instruction of didactic courses within the DPT program may include syllabi, student learning assessments, evidence of curricular development or innovation, development of lecture and lab student learning resources; innovative usage and organization of learning management systems to facilitate the student's learning experience, involvement with and mentoring of student research or creative projects.
- Clinical Instructor assessment of teaching effectiveness includes components of the department administered survey of DCE/ADCE performance completed by clinical instructors; superlative clinical instructor emails and/or letters of recommendations
- Evidence of professional development to attain or enhance contemporary expertise within assigned teaching areas involving higher level physical therapy skills or specialty content.

A rubric is provided to determine a numeric score and will be used in delineating indicators of teaching performance.

**Promotion to Clinical Associate Professor:** Demonstration of excellence in one's ability to convey knowledge regarding discipline-specific expertise is required for promotion to associate professor. This includes demonstrated evidence of continued improvement or sustained achievement with teaching effectiveness. While faculty are expected to have minimal performance at the satisfactory level for the categories defined in the evaluation rubric, there should be evidence that teaching is overall excellent. Thus, the majority of indicators (5 out of the 8) should be excellent (score of 2), and no indicators should be evaluated as unsatisfactory (score of 0).

**Promotion to Clinical Professor:** Demonstration of a *sustained* record of excellent and high-quality performance is required for promotion to professor. While faculty are expected to have minimal performance at the satisfactory level for the categories defined in the evaluation rubric, there should be evidence that teaching is overall excellent. Thus, the majority, 5 out of 8 indicators, of indicators should be excellent (score of 2), and no indicators should be evaluated as unsatisfactory (score of 0).

### Rubric for Clinical Faculty Teaching Effectiveness Evaluation

This rubric will be used in delineating indicators of teaching performance and will be used by the tenure and promotion committees. The table below lists specific components of effective teaching, followed by a scoring rubric where 0 indicates “unsatisfactory”, 1 represents “satisfactory” and 2 refers to “excellent”.

Component	Excellent = 2	Satisfactory = 1	Unsatisfactory = 0
<p><b>Systematic development and organization</b> of appropriate materials for presentation and communication to students of course objectives, plan of study, and means of student performance evaluations.</p>	<p>Individual <i>systematically develops and revises</i> course content/topics, organization, and materials in response to new developments in his/her field. Syllabi follow WKU guidelines and define course objectives and means of student evaluation. Course material is <i>consistently well-organized</i>.</p>	<p>Individual provides well-organized and thorough syllabus for each course taught. Syllabi follow WKU guidelines and define course objectives, topics, and means of student evaluation. Course material is somewhat well-organized.</p>	<p>Course topics reflects outdated materials. Syllabi fail to follow WKU guidelines and do not provide adequate information. There is a pattern of documented student complaints concerning disorganized coverage of material.</p>
<p><b>Effectiveness of presentation</b> by methods of instruction, such as lecture, discussion, assignment and recitation, demonstration, laboratory exercise, practical experience, consultation, field trips, computer-assisted instruction, reading lists, audiovisual materials, simulations, games, and other</p>	<p>Individual uses multiple teaching/learning strategies to present course content, demonstrates <i>excellent preparation</i> for content delivery, and maintains <i>flexibility in responding to student needs</i>. Uses <i>appropriate technology</i> for learning. <i>Consistently</i> relates content to previous knowledge and/or future</p>	<p>Individual delivers course content in efficient manner, demonstrates adequate preparation for content delivery, and uses multiple teaching/learning strategies. Occasionally relates content to previous knowledge and/or future applications. Occasionally encourages discussion/ interaction among or with students.</p>	<p>Individual reads from notes. Individual fails to deliver adequate course content, demonstrates a lack of preparation for content delivery, and fails to use multiple teaching/learning strategies. Individual fails to or rarely relates content to previous knowledge and/or future applications. Individual fails to encourage discussion/interaction</p>

forms of <b>student engagement</b> .	applications. <i>Consistently facilitates discussion/interaction</i> among or with students <i>and responds effectively to student questions.</i>		among or with students and fails to respond effectively to student questions.
<b>Assessment procedures</b> , such as tests, grading practices, and clinical performance	Individual <i>develops</i> tests/assignments/evaluation instruments that appropriately represent course content/goals/objectives and does so frequently enough to provide students with adequate feedback about their progress. <i>Tests/assignments are systematically up-dated, as needed.</i> Provides to students the <i>goals of assessment</i> , along with criteria, instructions, and expectations. Assessments are of <i>exceptional quality</i> , <i>have in-depth information including comments</i> , and lend themselves to meaningful student feedback.	Individual administers tests/assignments/evaluation instruments that appropriately represent course content/goals/objectives and does so frequently enough to provide students with adequate feedback about their progress. Provides to students assessment criteria, instructions, and expectations. Assessments are of satisfactory quality, have adequate information, and lend themselves to meaningful student feedback.	Individual lacks a systematic procedure for evaluation of student progress. Students frequently complain about evaluation methods/feedback in courses. Fails to provide students with assessment criteria and instructions. Assessments are of poor quality, have minimal information, and do not lend themselves to meaningful student feedback.
<b>Student assessment and feedback</b> from course appraisals (SITE) and students comments.	A pattern of student feedback from course appraisals is <i>frequently above average (&gt;3)</i> and supportive.	A pattern of student feedback from course appraisals is consistently average (3) and supportive.	Student feedback patterns are consistently below average (<3) and not supportive. A pattern of sufficient improvement is not identified.

<p><b>Student performance</b> on departmental or other standardized exams or on other measures of student learning</p>	<p>Individual contributes to successful student performance on departmental comprehensive examination.</p>	<p>Individual contributes to successful student performance on departmental or national credentialing/licensing exams or on other measures of student learning. Individual supports students in applications to graduate and/or professional programs; supports students in job searches.</p>	<p>Individual does not contribute successful student performance on departmental or national credentialing/licensing exams or on other measures of student learning. Individual provides minimal or no support to students in seeking and attaining discipline or professional opportunities and jobs.</p>
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<p>Effectiveness with which students are prepared for, monitored and mentored during <b>clinical education course experience</b>.</p>	<p><i>Consistently</i> facilitates or co-facilitates the assessment of student clinical readiness for each clinical experience. Demonstrates <i>excellence</i> in the utilization of the University’s learning management system to communicate clinical education course expectations; to provide students with clinical education course materials and resources; and to outline the associated timeline for completion of course requirements. <i>Consistently facilitates discussion/interaction</i> with students and/or clinical instructors when potential or identified student clinical performance issues are identified and follows-up in an appropriate timeframe. <i>Responds effectively to student or clinical instructor questions. Completes clinical</i></p>	<p>Facilitates or co-facilitates the assessment of student clinical readiness prior to the first clinical experience. Utilizes the University’s learning management system to communicate clinical education course expectations; to provide students with clinical education course materials and resources; and to outline the associated timeline for completion of course requirements. <i>Consistently facilitates discussion/interaction</i> with students and/or clinical instructors when potential or identified student clinical performance issues are identified. <i>Responds to student or clinical instructor</i></p>	<p>Does not facilitate or co-facilitate the assessment of student clinical readiness prior to the first clinical experience. Minimal use of or poor organization when using the University’s learning management system to communicate clinical education course expectations; to provide students with clinical education course materials and resources; and to outline the associated timeline for completion of course requirements. Responds to, but does not facilitate, discussion/interaction with students and/or clinical instructors when potential or identified student clinical performance issues are identified. Delayed, incomplete or no responses to student or</p>
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	<p><i>education site visits (in person or by verbal/electronic communication) in accordance with the program determined standards, with additional visits when student performance issues warrant. Consistently assesses individual student progress toward the course specific performance indicators and attainment of entry-level performance criteria by the end of the last clinical experience. A pattern of student and/or CI feedback from item 2 of the Survey on DCE/ADCE Performance is frequently above average (&gt;3) and supportive.</i></p>	<p><i>questions. Completes clinical education site visits (in person or by verbal/electronic communication) in accordance with the program determined standards. Assesses individual student progress toward the course specific performance indicators or attainment of entry-level performance criteria by the end of the last clinical experience. Student and/or CI feedback from item 2 of the Survey on DCE/ADCE Performance is consistently average (3) and supportive.</i></p>	<p>clinical instructor questions. Does not complete clinical education site visits in accordance with the program standards. Fails to assess individual student progress toward the course specific performance indicators. Student and/or CI feedback from item 2 of the Survey on DCE/ADCE Performance is below average (&lt;3) and not supportive. A pattern of sufficient improvement is not identified.</p>
<p><b>Peer assessment and feedback from classroom/lab observation.</b></p>	<p>Individual receives a minimum of 4 on all 5 indicators in the peer review assessment.</p>	<p>Individual receives a minimum of 4 in 3 of the 5 indicators in the peer review assessment.</p>	<p>Individual receives a minimum of less than 3 in 2 of the 5 indicators in the peer review assessment.</p>

<p><b>Development</b> of workbooks, manuals, tapes, other print and non- print <b>learning resources</b> developed primarily for classroom</p>	<p>Individual <i>develops/revises</i> learning resources for instructional use, such as workbooks, manuals, course packets, videotapes, slides, online materials, in-class exercises.</p>	<p>Individual uses course-supporting materials, in addition to textbooks, to enhance instruction.</p>	<p>Individual has limited use of materials to enhance learning.</p>
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## **Research/Creative Activities**

Clinical faculty need to demonstrate continuing evidence of research/creative activities related to the scholarship of discovery, integration, application, engagement, teaching, and artistic endeavor consistent with program professional accreditation standards. The description of research/creative activities is provided within the guidelines for tenured and tenure-track faculty.

Promotion: Clinical Assistant to Clinical Associate Professor

- Evidence of a current scholarship agenda that meets the professional accrediting body expectations.
- Evidence of two peer-reviewed scholarly accomplishments, with one occurring within the first three years as a core Clinical Faculty member.

Promotion: Clinical Associate to Clinical Professor

- Evidence of a current scholarship agenda that meets the professional accrediting body expectations.
- Demonstration of pattern of scholarly accomplishments or products contributing to his/her scholarly agenda providing evidence of at least one peer-reviewed accomplishment for every two years of service

*Note: Student authorship is encouraged. If a student is listed as first author and primary faculty mentor as second/ senior author on a publication, the primary faculty mentor can consider this as first authorship for purposes of promotion.*

## **University/Public Service**

All Clinical faculty are required to demonstrate continuing evidence of university and public service. This service is an essential component of the role of faculty in fulfilling the mission of DPT and WKU. Each CHHS faculty is required to demonstrate evidence of participation in both university and public service. The description of University and Public service is provided within the guidelines for tenured and tenure-track faculty.

### **Promotion: Clinical Assistant to Clinical Associate Professor**

- Demonstrate evidence for the coordination and oversight of the clinical education curriculum, including annual assessment of the clinical education curriculum related to professional accreditation standards and program and institutional effectiveness.
- Participate a minimum of one recruitment activity per year designed to increase the diversity of the DPT student body.
- Serve as member on one of the program's primary committees -Admissions, Assessment, or Curriculum.
- Serve as an invited professional speaker or volunteer at a local, state, regional, or national level.
- Participant in clinical practice or consultation.

### **Promotion: Clinical Associate to Clinical Professor**

- Demonstrate evidence for the coordination and oversight of the clinical education curriculum, including annual assessment of the clinical education curriculum related to professional accreditation standards and program and institutional effectiveness.
- Participate a minimum of one recruitment activity per year designed to increase the diversity of the DPT student body.
- Participate in college or university marketing and recruitment activities.
- Serve as a chair on one of the program's primary committees -Admissions, Assessment, or Curriculum.
- Serve as an invited professional speaker or volunteer at a local, state, regional or national level.
- Serve on one regional/state/local committee, board, officer and/or professional service activities.
- Participant in clinical practice or consultation.