The standards for promotion in the College of Health Sciences (COHS) at Sam Houston State University (SHSU) reflect a commitment to academic excellence. Each faculty member in the COHS is expected to demonstrate excellence in the areas of teaching, service, and collegiality, and maintain currency in the appropriate academic field through scholarship and/or engaged practice. The standards set forth in this document are consistent with, and subservient, to SHSU Academic Policy and the Texas State University System Rules and Regulations.

There are four academic units in the COHS: (a) the Department of Family and Consumer Sciences, (b) the Department of Kinesiology, (c) the Department of Population Health, and (d) the School of Nursing. Each unit is responsible for application of the criteria and standards for promotion. Application of the criteria and standards must be consistent with prevailing standards of excellence in each of the unit’s respective disciplines.

**Expectations**

Clinical faculty members’ primary area of evaluation is in teaching. As described in Academic Policy Statement 041020, Section 2.02, which addresses appointment of clinical faculty members, “While faculty of this rank may, depending on specific requirements of the college, have additional research, service, or outreach obligations, teaching will be their primary responsibility.” Additionally, APS 041020, Section 3.10, states “Clinical faculty members must provide a specified service to the University, which may consist of duties such as: presentation of seminars, arranging guest lectures, serving on thesis committees, collaborating on research proposals, or any other educationally-related function mutually agreed upon by the University and the appointee prior to appointment to clinical faculty status.” Clinical faculty members should work with their Department Chair / School Director to establish expectations for the range of responsibilities their position carries.

**Department Promotion Advisory Committee (DPAC)**

The Departmental Promotion Advisory Committee (DPAC) conducts the evaluation of a candidate’s portfolio. The DPAC is established in a similar fashion to the Departmental Promotion and Tenure Advisory Committee (DPTAC), which is regulated by SHSU Academic Policy 900417. The DPAC is comprised of all clinical faculty members at the rank or higher at which the candidate is seeking promotion. For example, a Clinical Assistant Professor seeking promotion to Clinical Associate Professor will be evaluated by all members of the department/school that hold the rank of Clinical Associate Professor, Clinical Full Professor, Associate Professor (tenured), or Full Professor (tenured). A Clinical Associate Professor seeking promotion to Clinical Full Professor will be evaluated only by faculty holding the rank of Clinical Full Professor or Full Professor (tenured).
If the DPAC has three or fewer members at rank available to execute the review, then the department chair/school director and the faculty member being considered for promotion shall submit to the Dean of the COHS a list of four names of other clinical or tenured faculty members from COHS units who are qualified to serve on the DPAC. The nominations should be accompanied by documentation of the nominees’ relevant qualifications. The dean shall appoint members from these lists until there are at least four members of the DPAC. At least one of the DPAC members must be a clinical faculty member at the rank of Clinical Associate Professor or Clinical Full Professor. The dean shall also appoint the DPAC Chair. If the need arises to replace a member of the DPAC, the dean shall follow the same procedure. The DPAC should limit their recommendations to promotion decisions only. In order for promotion to be awarded, the candidate must have demonstrated a commitment to academic excellence and there must be reasonable expectation that the candidate will continue to meet the standards set forth by SHSU and COHS Promotion Guidelines.

**Promotion**

Faculty promotion is marked by sustained, high level performance, and continuous improvement over time at the current rank. For promotion to a higher rank, the faculty member must show the following: evidence of effective teaching; currency in the discipline through scholarly and creative accomplishments, or engaged practice; a sustained level of service to the University, community and profession; and demonstration of collegiality, which supports the general welfare of the department and University. The process for reviewing clinical faculty portfolios for promotion will follow the same procedures and timetable established in Academic Policy Statement 900417, Section 11.

**GUIDELINES FOR PROMOTION**

**For Award of Promotion to Clinical Associate Professor**

Candidates must possess the appropriate academic degree and, consistent with COHS and SHSU policy, are reviewed for promotion during the Spring semester of the sixth year in rank as Clinical Assistant Professor. Candidates should demonstrate consistency and growth in teaching, scholarly activity or engaged practice in the field, and service to stakeholders; professionalism; a spirit of collegiality and cooperation within their department, the College, and the University; and a likelihood of continued excellence. Guidelines for consideration for promotion to Clinical Associate Professor include:

**Teaching**

Quality teaching, with diversity in styles, methods, and settings is central to the COHS mission. As a craft, teaching is multifaceted. Neither a formula nor any single piece of evidence can define something as complex and dynamic as successful teaching. COHS faculty and academic administrators believe that the best way to evaluate teaching is to create a narrative synthesizing evidence from a variety of sources. The evaluation of teaching should be holistic, drawing from both quantitative and qualitative evidence that demonstrates a sustained pattern of performance. Faculty candidates for promotion will develop a teaching narrative addressing their approach, preparation, and performance of the practice of teaching, including outcomes. A candidate will address their strengths as a teacher, areas needing improvement, results of student, peer, and chair evaluations, how these results have enhanced teaching, and any relevant information deemed important for documenting and supporting teaching effectiveness. In the
case of teaching scores below the departmental, college, or university average, the candidate should address these occurrences in the narrative, taking care to note problems, actions to rectify them and extenuating circumstances that may have led to lower than expected scores. In the case of higher scores, the candidate should likewise identify strengths to retain, successful teaching strategies, training that contributed to success, and fortuitous circumstances.

Student evaluation scores/ratings are generally expected to show growth or maintenance as appropriate over time. While global ratings from the student evaluation instrument provide a good overview of teaching effectiveness, the DPC members, department chair, and dean should consider other data included in the evaluation system. In addition, information about course characteristics (e.g., class size, required/elective, lower/upper division) should be considered when reviewing evaluation results.

While student evaluations are a valuable source of information, scores should be interpreted in the context of other materials documenting pedagogical achievement. The department chair, through annual evaluation of the candidate during the probationary period, will address additional evidence of teaching effectiveness. Faculty are in a unique position to evaluate and provide specific feedback on aspects of teaching that are beyond the expertise of students, and peer evaluations are a key component of the teaching evaluation. A candidate has the right to nominate to the chair/director the individual(s) providing the peer evaluation. However, the chair/director will make the final selection of the reviewer(s). The evaluator(s) will use the department’s peer evaluation form.

Demonstration of effective pedagogy may also include: contributions to curriculum; participation in course development or revisions; innovative use of technologies or teaching strategies; recognition of teaching expertise in the form of awards and/or honors; implementation of service-learning or Academic Community Engagement (ACE) designated coursework; participation in workshops or other professional development intended to enhance teaching; and pedagogical publications and/or presentations that demonstrate and provide evidence of teaching effectiveness.

**Scholarly Activity and Engaged Practice**

The importance of scholarly activity in academia is two-fold: discovery and practice. Clinical faculty may choose one or both of these activities upon which to focus his or her efforts, and therefore the basis upon which she or he is evaluated for promotion vis-à-vis scholarship.

For tenure track faculty, the scholarship of discovery whereby new knowledge is created and disseminated is the norm. Scholarship focused on engaged practice is less prevalent, and often takes the form of consulting, white papers, creative endeavors, internship/clinical placement development, and volunteer service in community orientations that require professional expertise. Participation in workshops and/or conferences that demonstrate continuing professional education to remain current in one’s field are also encouraged, as are providing clinical education units to one’s field. Other examples of engaged practice include actual clinical or field-based practice, involvement in quality improvement projects, development of best practice guidelines, and more generally, leading in practice change. These forms of activity are valuable and serve the same purpose for the individual, which is to maintain currency in one’s chosen academic field. Clinical faculty may choose these activities upon which to focus their efforts, and therefore the basis upon which a candidate is evaluated for promotion vis-à-vis scholarship.
The evaluation of scholarly activity, like that of teaching, should be holistic, drawing from a variety of sources of evidence that reflects a sustained pattern of performance. COHS faculty and academic administrators believe the best way to evaluate scholarly activity is through a narrative addressing a candidate’s accomplishments and progress related to scholarship (both traditional and creative), and/or engaged practice activity. Within the narrative, candidates should describe their activity in relation to the discipline; progress in initiating and completing projects; methodological approaches to scholarship; consulting efforts; professional development at workshops or seminars; works in progress; and self-evaluation of scholarship and/or engaged practice. Sources contributing to a narrative include but may not be limited to: (1) traditional forms of scholarship, such as peer-reviewed scholarly publications (including articles, books and chapters, and monographs), published conference proceedings, and presentations at international, national, state, and regional conferences; (2) creative scholarship, such as visual essays, demonstrations/displays, design portfolios, commissioned works, and exhibitions; and (3) engaged practice examples, including presentations of clinical education hours/units, invited publications, published white papers, external and internal grants, consulting contracts, clinical or field practice and/or evidence of leadership in practice change; certificates of completion, licensures and other professional credentials within the field, advanced training, and other indicators addressed in this section. It should be noted that the examples provided above are not exhaustive and clinical faculty members are encouraged to visit with their Chair / Director and/or the COHS Dean should there be a question about a faculty member’s cited example(s) of scholarship.

In summary, the body of work is expected to show that the overall composite of the candidate’s scholarly or practice activity is substantial, balanced, and shows future promise for continuation.

**Professional Service**

Professional service is essential to the success of each department/school and the COHS as a whole. As in the case of teaching, and scholarly activity, the faculty member should include a narrative that explains the kinds of service in which they have been involved and the significance of their involvement. While service takes many forms and varies by department/school, the candidate must have demonstrated sustained involvement in service to the department, college, university, profession, and/or community. Evidence of involvement may include, but not be limited, to: organization of professional conferences, seminars, workshops, or short courses (continuing professional education); leadership in appropriate professional organizations; a record of service to the department, college, university, profession, and/or community; and significant contribution to self-studies/accreditation reports. Service in healthcare agencies in which faculty make valuable contributions in clinical settings through committee leadership/membership and governance work is also valued. Higher weighting should be assigned to service as the leader or significant contributor to program accreditation self-study and related reports.

**Collegiality**

Collegiality is also considered a criterion for promotion. Primary evidence of collegiality includes: adherence to departmental, college, and university policies and decisions; working within the existing administrative structures of the department, college, and university; dutiful fulfillment of committee responsibilities; promoting harmony, effective collaboration in advancing the goals of the tenure unit and the general welfare of the department, college, and university; and support and assistance of other faculty members.
For Promotion to Clinical Full Professor

Candidates must possess the appropriate academic degree and normally must are reviewed for promotion during the Spring semester of the sixth year in rank as Clinical Associate Professor. Candidates should demonstrate leadership and high-level performance in their teaching, scholarly activity, professional development, and service to all stakeholders; professionalism; a spirit of collegiality and cooperation within their department, the College, and the University; and a likelihood of continued excellence. Guidelines for consideration for promotion to Clinical Full Professor include:

Teaching

Quality teaching, with diversity in styles, methods, and settings is central to the COHS mission. As a craft, teaching is multifaceted. Neither a formula nor any single piece of evidence can define something as complex and dynamic as successful teaching. COHS faculty and academic administrators believe that the best way to evaluate teaching is to create a narrative synthesizing evidence from a variety of sources. The evaluation of teaching should be holistic, drawing from both quantitative and qualitative evidence that demonstrates a sustained pattern of performance. Faculty candidates for promotion will develop a teaching narrative addressing their approach, preparation, and performance of the practice of teaching, including outcomes. A candidate will address their strengths as a teacher, areas needing improvement, results of student, peer, and chair evaluations, how these results have enhanced teaching, and any relevant information deemed important for documenting and supporting teaching effectiveness. In the case of teaching scores below the departmental, college, or university average, the candidate should address these occurrences in the narrative, taking care to note problems, actions to rectify them and extenuating circumstances that may have led to lower than expected scores. In the case of higher scores, the candidate should likewise identify strengths to retain, successful teaching strategies, training that contributed to success, and fortuitous circumstances.

Student evaluation scores/ratings are generally expected to show growth or maintenance as appropriate over time. While global ratings from the student evaluation instrument provide a good overview of teaching effectiveness, the DPC members, department chair, and dean should consider other data included in the evaluation system. In addition, information about course characteristics (e.g., class size, required/elective, lower/upper division) should be considered when reviewing evaluation results.

While student evaluations are a valuable source of information, scores should be interpreted in the context of other materials documenting pedagogical achievement. The department chair, through annual evaluation of the candidate during the probationary period, will address additional evidence of teaching effectiveness. Faculty are in a unique position to evaluate and provide specific feedback on aspects of teaching that are beyond the expertise of students, and peer evaluations are a key component of the teaching evaluation. A candidate has the right to nominate to the chair the individual/s providing the evaluation. The evaluator/s will use the department’s peer evaluation form.

Demonstration of effective pedagogy may also include: contributions to curriculum; participation in course development or revisions; innovative use of technologies or teaching strategies; recognition of teaching expertise in the form of awards and/or honors; implementation of service-learning or Academic Community Engagement (ACE) designated coursework; participation in workshops or other
professional development intended to enhance teaching; and pedagogical publications and/or presentations that demonstrate and provide evidence of teaching effectiveness.

**Scholarly Activity and Engaged Practice**
The importance of scholarly activity in academia is two-fold: discovery and practice. Clinical faculty may choose one or both of these activities upon which to focus his or her efforts, and therefore the basis upon which she or he is evaluated for promotion vis-à-vis scholarship.

The evaluation of scholarly activity, like that of teaching, should be holistic, drawing from a variety of sources of evidence that reflects a sustained pattern of performance. COHS faculty and academic administrators believe that the best way to evaluate scholarly activity is through the creation of a narrative that addresses a candidate’s accomplishments and progress related to scholarship and/or engaged practice activity. Within the narrative, candidates should describe their activity in relation to the discipline; progress in initiating and completing projects; methodological approaches to scholarship; consulting efforts; professional development at workshops or seminars; works in progress; and self-evaluation of scholarship and/or engaged practice. Other examples of engaged practice include actual clinical or field-based practice, involvement in quality improvement projects, development of best practice guidelines, and more generally, leading in practice change. Sources contributing to a narrative include but may not be limited to: (1) traditional forms of scholarship, such as peer-reviewed scholarly publications (including articles, books and chapters, and monographs), published conference proceedings, and presentations at international, national, state, and regional conferences; (2) creative scholarship, such as visual essays, demonstrations/displays, design portfolios, commissioned works, and exhibitions; and (3) engaged practice examples, including presentations of clinical education hours/units, invited publications, published white papers, external and internal grants, consulting contracts, clinical or field practice and/or evidence of leadership in practice change; certificates of completion, licensures and other professional credentials within the field, advanced training, and other indicators addressed in this section. It should be noted that the examples provided above are not exhaustive and clinical faculty members are encouraged to visit with their Chair / Director and/or the COHS Dean should there be a question about a faculty member’s cited example(s) of scholarship.

In summary, the body of work is expected to show that the overall composite of the candidate’s scholarly or practice activity is substantial, balanced, and shows future promise for continuation.

**Professional Service**

Professional service is essential to the success of each department/school and the COHS as a whole. As in the case of teaching and scholarly activity, the faculty member should include a narrative that explains the kinds of service in which he or she has been involved, and the significance of her or his involvement. While service takes many forms and varies by department/school, the candidate must have demonstrated sustained involvement in service to the department, college, university, profession, and/or community. Evidence of involvement may include, but not be limited, to: organization of professional conferences, seminars, workshops, or short courses (continuing professional education); leadership in appropriate professional organizations; a record of service to the department, college, university, profession, and/or community; and significant contribution to self-studies/accreditation reports. Service in healthcare agencies in which faculty make valuable contributions in clinical settings through committee leadership/membership and governance work is also valued. Higher weighting should be assigned to service as the leader or significant contributor to program accreditation self-study and related reports.
Collegiality

Collegiality is also considered a criterion for promotion to Clinical Full Professor. Primary evidence of collegiality will be considered as adherence to departmental, college, and university policies and decisions; furthering the department goals; mentoring junior faculty; working within the existing administrative structures of the department, college, and university; dutiful fulfillment of committee responsibilities; promoting harmony and the general welfare of the department, college, and university; and support and assistance of other faculty members.