

**UNIVERSITY OF IOWA FACULTY SENATE
MINUTES**

Tuesday, April 4, 2000
Senate Chamber, Old Capitol

Members Present: N. Bauman, J. Berg, C. Berman, A. Bhattacharjee, D. Bills, F. Boos, R. Bork, J. Buckwalter, J. Carlson, C. Carney-Doebbeling, P. Chang, M. Clark, S. Collins, R. Curto, C. Colvin, A. Diaz-Arnold, B. Doebbeling, C. Dyer, G. El-Khoury, K. Ephgrave, L. Geist, V. Grassian, R. Hurtig, J. Jew, T. Judge, J. Kline, S. Larsen, B. Levy, E. Link, C. Lynch, D. Manderscheid, T. Mangum, K. Marra, L. Marshall, A.M. McCarthy, J. Menninger, J. Moyers, P. Muhly, W. Nixon, G. Parkin, M. Pincus, L. Pringle, C. Ringen, J. Ringen, M. Rizzo, C. Roy, H. Seaba, R. Slayton, J. Soloski, C. Sponsler, W. Stanford, A. Steinberg, M. Stone, L. Troyer, S. Vincent, E. Wasserman

Members Absent: J. Bertolatus, M. David, J. Desmond, H. Dettmer, J. Hoballah, R. Hohl, L. Hunsicker, S. Lawrence, G. Milavetz, I. Nygaard, P. Pomrehn, M. Raymond, E. Rivera, S. Rynes-Weller, C. Stanford, B. Thompson, J. Tomkovicz, M. Vargas,

Members Absent (excused): D. Liddell, D. Rosenthal, R. Zbiek

Guests: J. Whitmore (Office of the Provost); S. Kurtz (Law); N. Schuppert (Daily Iowan); R. Wachtel (Anesthesia); B. Sorofman (Ombuds Office); J.G. Andrews (Mech. Engineering); J. Crawford (Senate Staff Secretary)

I. President Carlson called the meeting to order at 3:38 PM.

II. Approvals

A. The motion was moved (Professor Kline), seconded (Professor Lynch), and passed that the Faculty Senate minutes of February 1, 2000 be approved.

B. Senate Replacement

The following motion received unanimous approval:

MOTION: The Faculty Senate approves the following appointment to the Faculty Senate, as recommended by the Committee on Elections and the Faculty Council: Joseph A. Buckwalter (Professor, Orthopedics) be appointed to the Senate as a representative of the College of Medicine to replace Harold Adams for a term ending June 30, 2000.

C. Council Replacement

The following motion received unanimous approval:

MOTION: The Faculty Senate approves the following appointment to the Faculty Council, as recommended by the Committee on Elections and the Faculty Council: Charles Lynch (Professor, Epidemiology) be appointed to the Council as a representative of the College of Public Health to replace Paul Pomrehn for a term ending June 30, 2000.

III. New Business

A. Report and recommendations of the Ad Hoc Committee to Review the Clinical Track Policy

After reviewing rules of order for discussion of the next item of business before the Senate, President Carlson introduced Professor Kurtz, chair of the Ad Hoc Committee to Review the Clinical Track Policy. Professor Kurtz briefly outlined the history of the Clinical Track Policy and the procedures followed by the Committee in preparing the report and recommendations. The Committee read each collegiate review (conducted by those colleges that utilized the clinical track policy) provided by the Provost. The format of these reviews differed in kind and substance. The Committee also solicited input from faculty across the University and received approximately 140-180 responses. Professor Kurtz summarized the major points of the Committee's recommendations, which, with one exception, received unanimous approval by members of the Committee:

The Report reaffirms having the clinical track.

Colleges should be free to increase the clinical track faculty to a level to be determined by the individual colleges - as approved by vote of the tenure track faculty and of the clinical track faculty.

The expansion of clinical track faculty should be counterbalanced by a condition: that clinical track faculty may comprise no more than 20% of a college's elected representatives to the Faculty Senate so that tenured and tenure track faculty have the major voice in faculty governance.

The recommendations also addressed concerns raised by a number of faculty: a lack of clarity regarding the requirements of research and scholarship for clinical track and tenure track faculty; and confusion about the titles for salaried vs. non-salaried faculty.

Professor Kurtz noted that the Committee found that three colleges were not in compliance with the Clinical Track Policy: the College of Pharmacy had 27% clinical track faculty (exceeding the current 20% cap); the colleges of Business and Education had appointed people to the clinical track whose job responsibilities were not consistent with the intent of the Policy; that clinical faculty have two major responsibilities - to teach and to engage in providing services to individuals.

Following Professor Kurtz' presentation, President Carlson reported that Faculty Council had endorsed all the recommendations in the Committee's report, but with revisions. Subsequently, he had distributed to members of the Faculty Senate a number of documents regarding the existing clinical track policy, the Council's recommendations, proposed resolutions for implementing the Council's recommendations, and revisions to resolutions. He opened the floor to discussion and action regarding the last of these, entitled "Possible Revisions to Resolutions."

Resolution #2

The motion was made (Professor Berman) and seconded (Professor Menninger) to approve Resolution #2.

A motion to amend Resolution #2 was made and seconded:

MOTION: That Resolution #2 be approved as amended (changes underlined): "All clinical faculty must devote a significant portion of their time to providing or overseeing the delivery of professional services to individual patients or clients. In addition, teaching students, residents or fellows of the University at the undergraduate, graduate, postgraduate, or professional level is an essential job function for all faculty...."

Discussion followed.

Questions were raised and concerns expressed about the opportunities for clinical track faculty to do research; the necessity of research for teaching in a research university; the unique difficulties for faculty in the health sciences to carry out the triple functions of teaching, research, and service; the potential impact of a non-

tenured clinical track on the quality of teaching. There was extensive discussion about the role of, and the need for, clinical track faculty in order for the University to meet its diverse missions. It was stated that the clinical track policy provides non-tenure track faculty with opportunities for professional advancement that were not available before. However, numerous senators voiced concerns about the implications of clinical track expansion for the future maintenance and growth of tenure track faculty; for the integrity of tenure and academic freedom in carrying out one's teaching and research; and for the University's commitment to tenure. For example, what are the distinctions between what is required of clinical track vs. tenure track faculty? Professor Stanford stated that in the College of Medicine, the promotion criteria are the same for clinical or tenure track faculty, but with different emphases. Professor Pincus suggested more generic wording about the types of service that permit appointments to the clinical faculty track.

A motion was made (Professor Bhattacharjee) and seconded to amend the amendment by eliminating the words "patients or clients." During discussion, opinions were expressed that "service" should not include administrative or teaching functions. The question was called. The motion failed.

MOTION re: Resolution 2: The question was called and approved on Resolution #2 as revised (see above). The motion carried.

Resolution #3

Professor Collins offered a substitute resolution for Resolution #3. The motion was made and seconded.

MOTION: Resolved that the Senate recommends that:

By July 1, 2001, or prior to expansion of the clinical track beyond 30%, whichever comes first, each college of the University having a clinical track policy using its usual governance procedures and with approval of the Provost adopt and/or revise its clinical track promotion policies to clearly indicate:

A. How a "record of professional productivity beyond clinical service" and "unmistakable evidence of recognition by peers," as required for promotion by the clinical track policy, to the rank of Associate Professor or Professor is to be demonstrated, and

B. The types of activities that will evidence professional productivity sufficient for promotion to each rank.

Discussion centered on the following issues. (1) The substitute resolution is in order and consistent with the intent of original resolution by insisting that colleges define what is required for promotion in the clinical track. (2) There is a need for additional and more specific clarification to differentiate between the different types of scholarship because the same standards (i.e., categories of activities) may be required of both tenure track and clinical track faculty. (3) The distinction becomes blurred between clinical and tenure track faculty when research and scholarship are included in the requirements for promotion of clinical track faculty. (4) There is a need for faculty to know the difference in expectations for clinical track and tenure track faculty and in the requirements for promotion.

A call for the question was made (Professor Geist), seconded (Professor Kline), and approved.

MOTION: Re: Resolution #3 Substitute (see above). The motion carried 26 – 22.

- IV. A motion to adjourn at 5:20 PM was made, seconded, and approved. President Carlson announced that consideration of the remaining resolutions re: the clinical track policy will continue at the next meeting.

Respectfully submitted,

A handwritten signature in cursive script that reads "Jean Jew". The signature is written in dark ink and is positioned above the typed name.

Jean Jew, Secretary