POLICY AND GUIDELINES FOR APPOINTMENT AND PROMOTION OF CLINICAL TRACK FACULTY AT THE UW-MADISON SCHOOL OF VETERINARY MEDICINE

I. Scope of Policy

The following policy and guidelines apply to a group of School faculty whose titles are modified by the word "clinical." This group is referred to in this policy as clinical track faculty. It is understood that there may be other academic staff members in the School, such as visiting or adjunct faculty, who are not clinical track faculty and to whom these policies and guidelines may not apply.

Clinical track faculty members appointed within the School of Veterinary Medicine are governed by the policies set forth in this document as well as rules and policies applicable to other academic staff at the University of Wisconsin-Madison. Some of these rules and policies are found in Chapter 36 of Wisconsin Statutes, Chapters UWS 1, 8-13,15,16,18,19, and 21 of the Wisconsin Administrative Code, Academic Staff Policies and Procedures (UW-Madison ASPP), and Faculty Policies and Procedures of the UW-Madison (UW-Madison F. P. &. P.) to the extent that they deal with academic staff.

II. Statement of Intent

Departments may make clinical track faculty appointments when programmatic needs can best be met by appointing persons whose extensive clinical responsibilities would make appointment to the tenure track inappropriate. State statutes and University policies applicable to the School distinguish between clinical track faculty and tenure track faculty in terms of eligibility for Graduate School research funds, procedures for obtaining principal investigator status, eligibility for sabbatical leave, role in faculty governance, and coverage under UW-Madison personnel policies (e.g., UW-Madison ASPP or UW-Madison F. P. & P.). The faculty of the School of Veterinary Medicine recognizes the vital contributions clinical track faculty members make to the School and is committed to a full partnership to the extent that University policies permit.
III. Guidelines for Appointment to the Rank of Clinical Instructor or Clinical Assistant Professor

To be considered for appointment as a Clinical Instructor or Clinical Assistant Professor, persons shall have a primary commitment to assist the School in meeting its programmatic need for clinical expertise, teaching, research, and outreach. The appointing Department shall determine required degrees, qualifications, or experience. Specialty board certification indicates a designated level of achievement and proficiency in a specialty area. Individual Departments within the School may require clinical track faculty members to be board-certified prior to being appointed or promoted to the rank of clinical instructor or Clinical Assistant Professor.

Persons appointed as Clinical Assistant Professors shall be advised at the time of their initial appointment of these guidelines for promotion. Departmental executive committees and other mentoring bodies shall communicate at least annually with Clinical Assistant Professors regarding progress being made toward promotion. Documentation of excellence in one area and significant achievement in a second area is the responsibility of both the candidate and the departmental executive committee, and must begin early in one's career at the School. Faculty annual activity reports, course evaluations, and peer reviews of one's academic clinical practice are examples of the types of documentation that should be assembled each year, in anticipation of a recommendation for promotion.

IV. Guidelines for Appointment or Promotion to the Rank of Clinical Associate Professor or Clinical Professor

Candidates for appointment or promotion to the rank of Clinical Associate Professor or Clinical Professor shall have a primary commitment to assist the School in meeting its programmatic need for clinical expertise, teaching, research and outreach. The appointing Department shall determine required degrees, qualifications, or experience. Specialty board certification indicates a designated level of achievement and proficiency in a specialty area. Individual Departments within the School may require clinical track faculty members to be board-certified prior to being appointed or promoted. Candidates must demonstrate (A) a high level of clinical performance and (B) excellence in one area (academic clinical practice, teaching, leadership, research, or outreach) plus significant achievement in one other area, as outlined on the next page and in section IV.B (1-5) of this document. The importance of a candidate to the clinical program of the Department may not replace documented evidence of scholarly achievement in these areas. It is expected that candidates for appointment or promotion to the rank of Clinical Associate Professor will have performed University and professional service (academic service) as described in Section C below, to the extent expected by their Department. Contributions in the area of academic service may strengthen one's case for promotion, but shall not be a primary or secondary area of achievement.

For appointment or promotion at the rank of Clinical Professor, the document should focus on achievements since promotion to Clinical Associate Professor and demonstrate a sustained record of excellence, and include supporting letters.
### Primary Area (Excellence) | Secondary Area (Significant Achievement)
---|---
Academic Clinical Practice (Section IV.B.1) | Teaching  
Research  
Outreach  
Leadership  

Teaching (Section IV.B.2) | Academic Clinical Practice  
Research  
Outreach  
Leadership  

Leadership (Section IV.B.3) | Academic Clinical Practice  
Teaching  
Research  
Outreach  

Research (Section IV.B.4) | Academic Clinical Practice  
Teaching  
Leadership  
Outreach  

Outreach (Section IV.B.5) | Academic Clinical Practice  
Teaching  
Leadership  
Research  

### IV.A. CLINICAL PERFORMANCE

All candidates must demonstrate a high level of expertise in their clinical discipline through provision of patient care or support services of the highest quality and application of new knowledge, skills, and techniques, whether in the Veterinary Medical Teaching Hospital (VMTH) or its extension into the State. Clinical performance includes meeting a high standard of professionalism, which comprises demonstration of a caring demeanor with animal patients, positive relationships with clients/animal owners, respectful and courteous interactions with colleagues, staff, and students, prompt and effective communication within the VMTH and with referring veterinarians, timely medical record-keeping, attention to fiscal considerations, and adherence to hospital policies. If the candidate’s duties include clinical teaching, effective instruction of professional students and/or post-graduate trainees must be demonstrated.

**Evidence of a high level of clinical performance will include the following** (see Appendix B for a checklist of required documentation):

1. Statement by the candidate describing demonstrated expertise in the clinical discipline and his/her clinical activities, such as the number of weeks on clinical duty, including out-of-
hours responsibilities, what makes the service unique/or outstanding, consultations with other services, or other activities, such as serving as section head, as appropriate.

2. Letters of evaluation supporting the candidate’s high level of clinical performance (see Table 1). The candidate must submit 2 letters from individuals who can credibly evaluate the candidate’s clinical performance.

3. Documentation of at least satisfactory performance in classroom and clinical teaching, if part of the candidate’s duties. If teaching is the declared area of excellence or significant achievement, the documentation described in this section should not be included here; instead, include it in section IV.B.2.

Include a table of all courses and clinical rotations taught. Provide a summary of student evaluations (numerical scores) for all years since appointment or last promotion; in addition, provide all student comments for courses taught in the previous 2 years.

For appointment or promotion to Clinical Associate Professor or Clinical Professor, 1 letter from peer evaluators of your teaching also is required. It is expected that peer review will be based on substantial observation, beginning in the first year of the candidate’s appointment and extending through the probationary period. The letter should describe the peer review process, including number of times reviewed, number of reviewers, and the method and criteria used in the review.

IV.B. AREAS OF EXCELLENCE and SIGNIFICANT ACHIEVEMENT

In most cases, candidates for appointment or promotion will select areas of excellence and significant achievement that are separate and distinct from each other. Under the section on evidence for excellence and significant achievement, for multi-authored publications indicate the role played by the candidate. It is most helpful to the committee if a one or two-sentence narrative is added after each paper indicating the part played by the candidate. Separate consideration must be given to the responsibility of the candidate for: (a) concept development and design, (b) data acquisition, (c) analysis, and (d) writing.

Example:
Co-author, Candidate, Co-author. Title of publication. Journal Name. Year; volume (issue):xx-xx. (a) 70%, (b) 90%, (c) 80%, (d) 90%. I served as primary author and originator of the technique or I was senior author and mentor to the first author.
Key: (a) = concept development and design; (b) = data acquisition; (c) = analysis; and (d) = writing

Papers submitted or accepted for publication should be so indicated. Manuscripts in preparation should not be included.
1. ACADEMIC CLINICAL PRACTICE

**Definition:** Academic clinical practice (ACP) is defined as the advancement of a clinical discipline through creation and dissemination of new knowledge. Knowledge generated and disseminated in this area tends to be patient care-centered.

If ACP is the candidate’s *area of excellence*, evidence must be presented that the candidate has advanced the clinical discipline clearly beyond the ‘job description’. The candidate must also choose a secondary *area of significant achievement* (teaching, research, outreach, or leadership).

For the purposes of assembling the appointment or promotion document, the whole of the candidate’s accomplishments generally must be apportioned between the primary area of accomplishment (ACP) and the secondary area. This can be done in any reasonable manner, but the evidence for significant achievement in the secondary area typically will be separate and distinct from the evidence presented for ACP and will not be duplicated between the primary and secondary areas.

For example, if anesthesiology is the clinical discipline, scholarship in ACP may involve creation and dissemination of new knowledge on pain management in clinical patients. If research is the secondary area, you may have a separate project on pharmacokinetics of anesthetic agents used in pain management.

**Examples of scholarship in academic clinical practice might include:**

- Recognition of new spontaneously occurring disease(s)
- New clinical approaches, techniques, or diagnostic methods
- Novel therapeutic approaches to provide improved and/or more efficient patient care
- Clinical trials of translational techniques that advance the frontier of care

**Evidence of excellence or significant achievement in ACP will include the following** (see Appendix A for examples of evidence and Appendix B for a checklist of required documentation):

a. Statement by the candidate describing creation and dissemination of new knowledge.

b. Publications and written materials that support a scholarly approach to clinical activities. Although the process of attaining a national and international reputation in one's field of study may be coupled with presentations at national and international meetings, published work provides the most enduring educational impact and is most available for review by internal and external referees.

c. Letters of evaluation supporting the candidate’s clinical achievements. Letters should compare the quality of the candidate with other faculty of similar rank and experience.

When academic clinical practice is the *area of excellence*, at least 4 letters supporting
achievements in clinical activity are required, including at least 2 arms-length letters for appointment or promotion to Clinical Associate Professor and 3 arms-length letters for appointment or promotion to Clinical Professor. The arms-length letters should support the candidate’s external reputation in clinical activity. For a definition of “arms-length”, see section on Letters below in IV.D.

When academic clinical practice is the area of significant achievement, at least 2 of the letters must support achievements in this area; these letters do not need to be arms-length.

2. TEACHING

Definition: Teaching is defined as advancement of the clinical discipline through effective instruction of professional students and post-graduate trainees (if applicable), development of curricular materials or courses, and development and implementation of innovative pedagogical strategies.

If teaching is the candidate’s area of excellence, evidence must be provided to document truly exceptional teaching that goes beyond the candidate’s personal effectiveness in instruction and that has both influenced teaching and learning practices nationally or internationally and contributed to the scholarship of teaching, including published work in peer-reviewed journals. If teaching is the candidate’s area of significant achievement, evidence must be provided to document the candidate’s personal effectiveness in instruction and contributions to teaching and learning practices.

If teaching is the candidate’s area of excellence, the candidate must also choose a secondary area of significant achievement.

For the purposes of assembling the appointment or promotion document, the whole of the candidate’s accomplishments must be apportioned between the primary (teaching) and secondary areas. This can be done in any reasonable manner, but the evidence for significant achievement in the secondary area must be separate and distinct from the evidence presented for teaching and not be duplicated between the primary and secondary areas.

For example, if diagnostic imaging is the clinical discipline, scholarship in teaching may involve creation and dissemination of innovative pedagogical methods on teaching of diagnostic imaging. If outreach is the secondary area, you may have a separate program designed to reach veterinary practices and how they approach diagnostic imaging.

A scholarly approach to teaching includes creation and dissemination of new knowledge or application of new pedagogy. Examples of scholarship in teaching might include:

- Development of a new curriculum, course, seminar, or workshop in the undergraduate, DVM, or post-graduate programs or in continuing veterinary medical education
- Creation of novel or unique teaching method(s) or material(s)
• Creation of novel or unique assessment method(s) or tool(s)
• Broad dissemination of novel teaching and learning practices as peer-reviewed and invited publications
• Frequent invitations to teach at national/international conferences or continuing education (CE) programs

**Evidence of excellence or significant achievement in teaching will include the following** (see Appendix B for a checklist of required documentation):

a. Statement by the candidate describing his/her teaching contributions, including scholarly approach (i.e., creation and dissemination of new knowledge or application of new pedagogy) and with special attention given to unique or exceptional features of the candidate’s teaching activities.

b. Teaching activities:
   Table of all courses taught, years courses taught, number of credits, number of students; include classroom, laboratory, and clinical teaching

   Table of continuing education programs, if applicable, including dates, location, number and description of participants (e.g., veterinarians, veterinary technicians, producers, lay public)
   Note: if outreach is your secondary area, continuing education programs might be listed there instead.

c. **SUMMARY** of teaching evaluations by students.
   Evaluations from students (and post-graduate trainees, if applicable) are an important means of evaluating teaching competence. These evaluations must be comprehensive and completed by a majority of the candidate's students. Evidence to be presented includes summaries of teaching evaluations; do not include raw evaluations. Provide **all** student comments for all courses taught in the previous 2 years. Also provide an interpretation of the evaluation scale used.
   In cases where the candidate has presented continuing education programs, provide evaluations completed by persons attending these presentations, when available. If pertinent, additional documentation can be provided to show the quality of the presentation and the impact on practitioners in the field.

d. Letters of evaluation supporting the candidate’s teaching achievements. Letters should compare the quality of the candidate with other faculty of similar rank and experience.

   When teaching is the **area of excellence**, at least 4 letters from faculty or recognized experts are required, supporting the candidate’s effectiveness in instruction, national or international influence on teaching and learning practices, and contributions to the scholarship of teaching. This should include at least 2 arms-length letters for appointment or promotion to Clinical Associate Professor and 3 for appointment or promotion to Clinical Professor. For a definition of “arms-length”, see section on Letters below in IV.D. In addition, at least 2 letters from peers who have directly evaluated the candidate’s
teaching are required. **It is expected that peer-review will be based on substantial observation, beginning in the first year of the candidate’s appointment and extending through the probationary period.** The letters should describe the peer-review process, including number of times reviewed, number of reviewers, and the method and criteria used in the review.

In addition, if teaching is the **area of excellence**, 4 letters from former learners, including professional students and postgraduate trainees (if applicable), are required.

When teaching is the **area of significant achievement**, at least 2 of your letters from faculty or recognized experts must support your achievements in this area. These letters do not need to be arms-length. In addition, 2 letters from former learners, including professional students and postgraduate trainees (if applicable), are required. For appointment or promotion to either Clinical Associate Professor or Clinical Professor, 1 letter from peer evaluators of your teaching is also required (see above for content of letter from peer evaluators of teaching).

**Evidence of excellence in teaching** will also include:

e. Publications and other means of dissemination of contributions to teaching and learning practices, e.g., peer-reviewed publications, invited review articles, books/book chapters, monographs, seminars, invited presentations, conference proceedings, workshops. It is expected that in most cases the candidate will be the first author and/or corresponding author for publications listed in support of excellence in teaching. *For publications for which this is not the case, the role of the candidate should be clearly stated.*

f. Grants and awards related to teaching

g. Instructional materials or curricula that exemplify the unique or exceptional nature of the candidate’s teaching provided as an Appendix to the packet.

h. Other evidence of stature in the field, e.g., editorship (guest or otherwise; journals or books), editorial board (guest or otherwise; journals or books), or organizer of continuing education programs.

**3. LEADERSHIP**

**Definition:** Leadership constitutes exceptional or innovative contributions to service, administration, and/or institutional program development. If leadership is the candidate’s area of excellence, evidence must be provided to document **truly exceptional leadership that has furthered the academic mission of the SVM.**

An appointment or promotion document based upon **excellence in leadership** is anticipated to be rare and reserved only for those individuals who have provided outstanding leadership that constitutes the majority of the candidate’s academic effort, for which there is clear evidence
that such effort has been recognized nationally or internationally, and for which the results have been disseminated via publication in an effective manner.

Infrequently, leadership may be the candidate’s area of significant achievement. Note that expected clinical activities, committee membership, professional service, administrative duties (depending on appointment), and other routine activities do not meet the criteria for “excellence or significant achievement in leadership” as a basis for appointment or promotion.

Examples of activities that encompass leadership might include:

- Creation, development, administration, or significant reorganization of a major program critical to the SVM
- Leadership above and beyond expected service in veterinary professional organizations (e.g., veterinary medical associations, clinical specialty colleges or societies, scientific and educational societies, editorial boards, or professional conference organizations)
- Leadership above and beyond expected service in major Department, VMTH, or University academic service groups, including roles on major committees, study groups, task forces, etc.
- Leadership above and beyond expected service in health-related public service organizations, or governmental units (e.g., World Health Organization or USDA).

Evidence of excellence or significant achievement in leadership will include the following (see Appendix B for a checklist of required documentation):

a. Candidate's statement of leadership in service, administration, and/or institutional program development. This statement should include a detailed description and significance of the program/activities, details about the candidate’s role as well as the candidate’s scholarly achievements in this role, time commitment, and how the efforts have furthered the mission of the SVM.

For leadership in administration, include an outline of the organization of the program (e.g., organizational chart), including the duties and responsibilities of the candidate, the annual budget, and the names of faculty and staff in the unit. Provide evidence of growth, impact, and continued viability of the program or unit and summaries of relevant reviews and/or letters pertaining to external review of the program/unit, if available.

b. Documentation of recognition by others of the candidate’s leadership contributions, including letters of evaluation supporting the candidate’s achievements in leadership.

When leadership is the area of excellence, at least 6 letters supporting achievements in leadership are required. This should include at least 3 arms-length letters for appointment or promotion to either Clinical Associate Professor or Clinical Professor. The arms-length letters should support the candidate’s external reputation in leadership and must specifically document the candidate’s national and/or international reputation. For a definition of “arms-length”, see section on Letters below in IV.D.
When leadership is the **area of significant achievement**, at least 3 letters supporting achievements in leadership are required, including at least 1 arms-length letter.

Letters should compare the quality of the candidate with other faculty of similar rank and experience. If there is a special case where it is not possible to obtain a letter from outside the University of Wisconsin, an explanation of the special case status must be provided in the Chair’s letter, and a letter from another Department within the UW system may suffice.

If applicable, a letter from a beneficiary of the candidate’s efforts in leadership may be included, documenting the significance of the candidate’s contribution.

c. Evidence of any dissemination of the candidate’s scholarly approach to leadership, for example, via reports, reviews, policy documents, operations manuals, guidelines, white papers, other documents generated by the organization or unit, or publications related to leadership in the area of expertise of the candidate. Evidence may also exist via computer software programs or media development (radio, TV, newspaper, or online programming).

For each document or item, provide a description, a statement of the impact of the item, and a short statement of the nature and level of scholarly effort/input provided by the candidate.

Clear documentation of substantial extent and impact of such dissemination is **required** to establish a case for excellence in leadership. Evidence of dissemination is helpful, but not required, to establish a case for significant achievement in leadership.

### 4. RESEARCH

**Definition:** Research is broadly defined as the generation and dissemination of new knowledge, and clinical appointees are expected to engage in research in their field of expertise, as described in section IV.A (Academic Clinical Practice). However, in some cases a faculty member may have pursued additional lines of scientific inquiry outside and not directly in support of his or her clinical practice. The candidate must have developed an original, coherent, and independent research program of high quality that is making a continuing and substantial contribution to biomedical science.

Appointment or promotion based on **excellence in research** in the clinical track is anticipated to be rare and reserved only for those individuals who have made research contributions that are outstanding and constitute the majority of the candidate’s academic effort. This activity also may constitute an **area of significant achievement** in support of appointment or promotion in the clinical track. Do not include achievements described elsewhere in the candidate's appointment or promotional document under this category.
Evidence of excellence or significant achievement in research will include the following (see Appendix B for a checklist of required documentation):

a. Statement by the candidate describing the research program, including significance of research questions, accomplishments to date, and future plans

b. Publications
   • Peer-reviewed publications (published, in press, submitted)
   • Review articles (nonrefereed, refereed)
   • Books/book chapters
   • Monographs
   • Conference proceedings
   • Peer-reviewed scientific abstracts

It is expected that in most cases the candidate will be the first author and/or corresponding author for publications listed in support of achievement in research. For publications for which this is not the case, the role of the candidate should be clearly stated.

c. Patents

d. Grants and other research support
   List funded intra- and extramural grants in support of this research (agency, dates, total direct costs, PI, role of the candidate if not PI). If desired, reviewer critiques from funded or unfunded proposals may be included.

e. Presentations
   Invited seminars based on this research (title, location, date)
   Continuing education programs (title, location, date) that are focused on the results of the candidate’s work (rather than on clinical practice)
   Note that invited presentations at international and national conferences are considered stronger evidence of achievement in research than presentations at local events.

f. Other evidence of achievement in research
   This may include such items as an editorial appointment on a research-oriented journal, official consulting status on another research project, which is not yet reflected in publications or funded grants (supported by a letter from collaborator), and membership on advisory panels for research (e.g., study sections).

g. Letters of evaluation supporting the candidate’s achievements in research.

   When research is the area of excellence, at least 6 letters supporting achievements in research are required from recognized experts in the candidate’s field. This should include at least 3 arms-length letters for appointment or promotion to either Clinical Associate Professor or Clinical Professor. The arms-length letters should support the candidate’s external reputation in research and must specifically document the candidate’s national and/or international reputation. For a definition of “arms-length”, see section on Letters
below in IV.D.

When research is the **area of significant achievement**, at least 3 letters supporting achievements in research are required, including at least 1 arms-length letter.

### 5. OUTREACH

**Definition:** All SVM faculty, regardless of the nature of their appointments, share the responsibility to make their expertise available to the citizens of the State Wisconsin, to the greatest reasonable extent. In most cases it is appropriate to list those activities under the documentation required for excellence in academic clinical practice. However, there may be clinical appointees whose involvement in outreach activities goes considerably beyond what is routinely expected of all faculty.

Appointment or promotion based on **excellence in outreach** in the clinical track is anticipated to be rare and reserved only for those individuals who have made outreach contributions that are outstanding and constitute the majority of the candidate’s academic effort. This activity also may constitute an area of **significant achievement** in support of appointment or promotion in the clinical track. Do not include achievements described elsewhere in the candidate's appointment or promotional document under this category.

**Evidence of excellence or significant achievement in outreach will include the following**

(see Appendix B for a check list of required documentation):

a. Description of the candidate's outreach program
   This should include overall goals, audience served, major accomplishments to date, and future plans. The leadership role of the candidate and scholarly content should be clear and may include application of research in novel ways through community engagement and data-mining.

b. Documentation of outreach activity. Because of the many different kinds of programs that constitute outreach, this will vary. Some examples include:
   - Publications (published, in press, submitted)
     These may include both single print and serial publications; if the candidate is not the first author or corresponding author, the candidate’s role should be stated.
   - Description of computer software or web-based programs
   - Continuing education materials
   - Materials distributed via the media
   - Table documenting lectures, workshops, seminars, short courses, individualized instruction or other special activities

c. Evidence supporting the impact of the candidate’s efforts, such as evaluations of the candidate's outreach activities, provided by attendees or other beneficiaries of the outreach effort
d. Letters of evaluation supporting the candidate’s achievements in outreach

When outreach is the **area of excellence**, at least 6 letters supporting achievements in outreach are required from recognized experts in the candidate’s field. This should include at least 3 arms-length letters for appointment or promotion to either Clinical Associate Professor or Clinical Professor. The arms-length letters should support the candidate’s external reputation in outreach and must specifically document the candidate’s national and/or international reputation. For a definition of “arms-length”, see section on Letters below in IV.D.

When outreach is **the area of significant achievement**, at least 3 letters supporting achievements in outreach are required, including at least 1 arms-length letter.

**IV.C. ACADEMIC SERVICE**

It is expected that candidates for promotion will have performed service, as described below. Although service is not a primary or secondary basis for promotion, it is important to document that a candidate has engaged in service, as follows:

**University and SVM service:** Present and past administrative and committee assignments in the Department, School, or University

**Professional service:**
1) Service on State, regional, national, and international review panels, study sections, committees, professional societies and specialty colleges, and other public service groups insofar as these services provide evidence of competence in an area of the biological sciences.
2) Appointments or election to editorial boards of scientific journals and to office in national and international scientific and educational societies.

**IV.D. LETTERS OF EVALUATION**

Regardless of the activities on which the case for appointment or promotion will be based, letters of evaluation must be submitted with the dossier. Letters should compare the quality of the candidate with other faculty of similar rank and experience. The Chair should solicit letters from evaluators of recognized excellence and achievement in areas appropriate to the appointment or promotional case. **Arms-length letters that support the candidate’s area of excellence and external reputation are required for appointment and promotion.** See supplemental table at the end of this document for the number of required letters.

For an evaluator to be considered arms-length, he/she should not have worked together at the same institution or been in a student/mentor relationship with the candidate in the past or present. Ideally, these evaluators would be from peer institutions. Examples of arms-length evaluators may include people who are familiar with the candidate’s contributions that have advanced the clinical discipline, who have worked with the candidate on committees of professional organizations or on multi-institutional research projects, or who have observed the
candidate’s teaching. Evaluators should have appropriate professional training so that they can adequately assess the significance of the candidate’s work. It is recognized that letters from administrators may be necessary if excellence in the area of leadership is being sought.

The Department Chair must provide a copy of the letter requesting evaluations, a brief description of the stature and qualifications of the evaluators, and their relationship to the candidate. **IT IS STRONGLY RECOMMENDED THAT THIS LETTER CLEARLY INDICATE THE CANDIDATE’S AREA OF EXCELLENCE AND AREA OF SIGNIFICANT ACHIEVEMENT SO THAT THE LETTERS CAN EVALUATE THE CANDIDATE MORE EFFECTIVELY AND BE MORE APPROPRIATELY FOCUSED.**

In the interest of obtaining an objective appraisal of the candidate, Wisconsin law allows letters of evaluation to be treated as confidential from the candidate. If the evaluator wishes a letter to be treated as confidential this must be explicitly stated as a condition of the evaluator's response. It is the responsibility of the Department Chair to so inform evaluators.

V. Types of Appointments to be Given Clinical Track Faculty and Time Limits for Achieving Promotion

Types of academic staff appointments are defined, and relevant procedures outlined, in UW-Madison ASPP, Chapter 2. In brief, academic staff appointments are either fixed term, probationary, or indefinite. Guidelines for proposing academic staff members for indefinite appointment, issued by the Academic Staff Area Review Committee for Biological/Medical Sciences, should also be consulted as appropriate.

A. Clinical Instructors

An initial appointment as a clinical instructor shall be for a fixed term not to exceed three years, with annual performance review. For persons promoted from clinical instructor to Clinical Assistant Professor, time spent as a clinical instructor shall not be included in calculating the deadline for promotion to Clinical Associate Professor.

B. Clinical Assistant Professors

An initial appointment as a Clinical Assistant Professor shall be for a fixed term not to exceed three years, with annual performance review. While a Department may recommend promotion to the rank of Clinical Associate Professor at any time, promotion must occur no later than the end of the sixth year of appointment as Clinical Assistant Professor at the UW-Madison School of Veterinary Medicine if a Clinical Assistant Professor is to be retained. Approved clock extensions must conform to the criteria described in FP&P 7.04 (The Maximum Probationary Period).

The decision to recommend promotion must be accompanied by a departmental recommendation that the candidate also be considered for an indefinite appointment. (If the Department is unwilling to recommend an indefinite appointment, it should not
recommend promotion.) See 3 below, under Clinical Associate Professors and Clinical Professors for details regarding indefinite appointments.

Six years shall be the maximum length of time in which to gain promotion. A Department may determine with regard to individual appointees that previous service (e.g., elsewhere or in a probationary appointment at the UW-Madison) shall be counted, and the Department may establish a period of time shorter than six years within which the appointee must gain promotion at the School. The period of time granted an appointee shall be stated in writing at the time of initial appointment as Clinical Assistant Professor.

Failure to be promoted indicates unsatisfactory performance, which is reason for nonrenewal. (See UW-Madison ASPP, Chapter 3 for examples of unsatisfactory performance and information on appeal rights.) An individual who has not been promoted by the end of the period established by the Department shall be given a terminal appointment for one additional year.

Clinical Associate Professors and Clinical Professors - Appointments shall be either:

1. **A fixed term appointment** for a period not to exceed three years, with annual performance review and the possibility of renewal at the end of the fixed term; (See 3 below regarding persons whose initial appointment on the clinical track is at the rank of Clinical Associate Professor.)

2. **A fixed term appointment** for a period not to exceed three years with annual performance review and the possibility of renewal for an additional year at the end of each year (i.e., a "rolling horizon" appointment).

3. **An indefinite appointment.** Indefinite appointments are "used to recognize academic staff for outstanding performance and importance to the continuing mission of the unit...The indefinite appointment grants the appointee permanent employment status and can be ended only for cause under ASPP 6 or for reasons of budget or program under ASPP 5." ASPP 2.01 3. The operational area for indefinite appointments awarded to clinical track faculty shall be the appointing Department. This fact shall be stated in the letter notifying an individual of his or her indefinite appointment.

Indefinite appointments are granted only upon the affirmative recommendation of a departmental Executive Committee. "The dean or director must confirm that program need and available fiscal resources will support an indefinite appointment. Following that confirmation the dean or director shall request the advice of the area review committee." UW-Madison ASPP 2.09 1.d. After considering the advice of the area review committee, the Dean shall follow procedures in UW-Madison ASPP 2.09 for notifying the Department, the candidate, and the Chancellor.

The effective date for promotions and indefinite appointments shall be the start of the next fiscal year after the promotion or indefinite appointment is approved by the Dean. With the Dean's approval, a Department may continue to offer fixed term or
rolling horizon appointments to individuals not granted indefinite appointments.

Persons whose initial appointment at the School is at the rank of Clinical Associate Professor must be recommended for an indefinite appointment within four years of first being appointed at the School. The failure to be recommended for an indefinite appointment by one's Department indicates unsatisfactory performance and the person shall be given a terminal appointment for one additional year.

VI. Procedures for Recommending Appointment and Promotion of Clinical Track Faculty

A. Personnel actions regarding clinical track faculty, including appointment and promotion, are taken only upon the affirmative recommendation of the departmental executive committee or its delegate. See sections 5.21 C and 5.22 A. of the UW-Madison FP&P.

B. A departmental recommendation for promotion of a clinical track faculty member shall be conveyed by the departmental Chair to the Dean. Before appointing or promoting a person to the rank of Clinical Associate Professor, the Dean shall seek the advice of the Dean's Advisory Committee on Promotions and Appointments. Upon receiving the advice of that committee, the Dean shall notify the departmental Chair as rapidly as feasible of his or her approval or disapproval of the departmental recommendation. The faculty member concerned shall be notified in writing within 20 days of the Dean's decision.

C. If the departmental recommendation involves an indefinite appointment, the Dean shall request the advice of the Academic Staff Area Review Committee before taking action. See UW-Madison ASPP 2.09 and Section VI above.

VII. Appeals of Decisions or Actions Affecting Clinical Track Faculty

Depending on the nature of the decision or the action being appealed, see applicable chapters of UW-Madison Academic Staff Policies and Procedures (UW-Madison ASPP) to determine available appeal processes.

VIII. Letters of Appointment to the Clinical Track Faculty

In addition to the terms and conditions of appointment enumerated in UW-Madison ASPP 2.02, letters of appointment for clinical track faculty shall specify the time period within which to gain promotion, if applicable, teaching and clinical duties, and the availability of space and support services. Departmental policy, if any, with regard to clinical track faculty participation in departmental governance shall also be stated.

IX. Transfers between Tenure and Clinical Tracks

For transfers between tenure and clinical tracks, refer to the Policy for Faculty Track Transfers, University of Wisconsin School of Veterinary Medicine.
X. Principal Investigator Status (Limited or Permanent) and Participation in Graduate Training Programs

Clinical track faculty members may seek principal investigator status, either limited or permanent. In general, the process is for Departments to initiate a request on behalf of a clinical track faculty member and send it to the Dean’s Office for review. The Dean’s Office has authority to approve limited principal investigator status for clinical track faculty members. Decisions regarding permanent principal investigator status will be made by the Vice Chancellor for Research/Dean of the Graduate School upon consultation with the Graduate School Principal Investigators Committee. For advice on obtaining Principal Investigator status, consult the School’s Associate Dean for Research and Graduate Training.

FP&P 3.05 G provides as follows: “Upon the affirmative recommendation of the departmental executive committee, and approval by the dean of the Graduate School or other person or body designated by the graduate faculty, academic staff may advise graduate students and participate in graduate training programs on a basis similar to that of faculty members of the faculty of the Graduate School.”

XI. Participation in Faculty Governance

"...(F)ull-time members of the academic staff may speak at meetings of the Senate, excluding executive sessions, subject to such rules as the Senate may adopt for its own members...". (UW-Madison FP&P section 2.09 A)

Academic staff members may not serve on departmental executive committees. (See UW-Madison FP&P, section 5.20 C for exception.) However, departmental executive committees may invite clinical track faculty members to participate in committee meetings on a nonvoting basis. As provided in UW-Madison FP&P section 5.10, “...(t)he departmental executive committee may extend the right to vote and participate in departmental meetings to members of the academic staff (see 1.03). The departmental executive committee also may invite members of the academic staff to participate in the annual preference ballot for department Chair…”

Clinical track faculty members at the School of Veterinary Medicine may serve on School committees unless University or School policies limit membership to faculty, as defined in UW-Madison FP&P. Clinical track faculty members may participate in and vote at School faculty meetings.

XII. Effective Date of Policy

Unless specifically noted in the exceptions below, all provisions of these policies and guidelines shall be effective on the date when the School faculty takes final action to approve them, and the evaluation criteria for promotion shall apply to all recommendations for promotion made after this effective date. These policies shall be applicable to all faculty
members on the clinical track, and the tenure track to the extent relevant, including those who presently hold appointments at the School and those who receive appointments in the future.

Exceptions to the general effective date are as follows:

Persons appointed as Clinical Assistant Professor or appointed as or promoted to Clinical Associate Professor before May 3, 2012 may elect to follow the policy and guidelines approved by the faculty of the UW-Madison School of Veterinary Medicine on December 3, 2001.

This document was adopted by the faculty of the UW-Madison School of Veterinary Medicine at its November 21, 1985 meeting.

Revised:
September 22, 1987
April 30, 1990
September 1, 1996
September 14, 1999
December 3, 2001
May 3, 2012
APPENDIX A

Examples of evidence that support excellence or significant achievement in academic clinical practice may include:

1. Creation and dissemination of new knowledge
   - Peer-reviewed publications on topics related to clinical discipline (original research, case reports or series, technical reports of new clinical approaches or techniques to improve patient care)
   - Review articles
   - Books
   - Book chapters
   - Monographs
   - Seminars, invited presentations (international, national, local)
   - Continuing education programs for general practitioners, residents and peers (international, national, local)
   - Grants and awards
   
   For demonstration of excellence, it is expected that in most cases the candidate will be the first author and/or corresponding author for publications listed in support of excellence in academic clinical practice. For publications for which this is not the case, the role of the candidate should be clearly stated.

2. Application of new knowledge, skills, and techniques and provision of patient care or support services of the highest quality
   - Introduction of new clinical services/specialties
   - Introduction of new clinical approaches or techniques
   - Establishment of new techniques or approaches to provide more efficient patient care

3. Other evidence of stature in the field
   - Editorship (guest or otherwise; journals or books)
   - Editorial board (guest or otherwise; journals or books)
   - Organizer of continuing education programs
APPENDIX B

CHECKLIST FOR FORMATTING OF PROMOTION DOCUMENT

It is recommended that the document be formatted in 7 sections as indicated below. The document should be submitted electronically as a single PDF file (except the Appendix, Section 7, which should be a separate PDF file) that is paginated. Please contact Cathy George in the Dean’s Office for details about electronic submission.

SECTION 1. INTRODUCTORY MATTER

☐ TITLE PAGE

☐ TABLE OF CONTENTS (with appropriate page numbers; page numbers not required in the Table of Contents if the PDF has tabs or bookmarks)

☐ COVER LETTER FROM DEPARTMENT CHAIR

The Department Chair’s cover letter must include:

☐ A sentence that identifies the candidate’s area of excellence and area of significant achievement.

☐ The number of eligible voters on the department executive committee during the semester of the promotion decision and the exact vote, including absences or abstentions. Indicate the percentage of total number of votes required for acceptance by the department.

☐ The total number of years counted on the Clinical Track promotion timetable at UW-Madison and elsewhere at the time of the department vote and, if different, at the time of submission of the packet. At the time of initial appointment, a department may decide to include years at a previous institution toward the candidate’s promotion clock. If so, this should be explained in the Chair’s letter and should also be consistent with the letter of appointment (IV below). If there was a change in track, this and the reason for the track change should be clarified in the Chair’s letter.

☐ If a candidate is being recommended for promotion to Clinical Associate Professor prior to completing the fifth clock year, justification for this early submission must be clearly stated. Similar criteria are used by the committee to evaluate the candidate, but the committee will look for evidence in the packet, including in the Chair’s letter, showing that the candidate has the ongoing effort necessary to maintain the “trajectory” of progress.

☐ Definition and documentation of the responsibilities of the candidate as fully as possible, including the actual percentages of time allotted to: ___% clinical activity, ___% teaching, ___% research, ___% outreach, and, if appropriate, ___% leadership in service, administration, and/or institutional program development. If the candidate's relationship to, or role in, the department is not likely to be clear to a reviewer from outside the department, provide adequate documentation.
   □ Description and summary of the candidate's area of excellence and area of significant achievement, including the candidate’s scholarly approach and external reputation. The area of excellence for the candidate (academic clinical practice, teaching, leadership, research, or outreach) should be the area where the candidate has established an external reputation. If the credentials of the candidate are an exception with respect to the existing guidelines, this must be stated in the cover letter and justification included for consideration of the candidate, based on his/her area of excellence and area of significant achievement.

   □ LETTER OF APPOINTMENT AND SUBSEQUENT LETTERS OF REAPPOINTMENT as Clinical Assistant Professor or Clinical Associate Professor. The salary figures must be removed from this document.

   □ SUMMARY STATEMENT FROM MENTORING COMMITTEE

   Include a statement or letter from the candidate’s Mentoring Committee (no more than 2 pages) summarizing the candidate’s progress towards promotion during the probationary period.

   □ CANDIDATE’S CURRICULUM VITAE in chronological order. Publications may be listed from most recent to oldest or vice versa, but be consistent. Items to be considered in the promotion (i.e., those accomplishments made during the promotional period in question) should be clearly marked and separated from earlier work. It is recommended that these items be identified by light grey shading to make them visible and easily photocopied.

SECTIONS 2-5. SYNOPSIS (optional)

If the candidate wishes to frame accomplishments as a whole and describe changes in performance, focus area, or responsibilities that have occurred during the probationary period, a synopsis may be included in one or more SECTIONS 2-5. If included, the synopsis may be written in the 3rd person and should immediately follow the STATEMENT BY CANDIDATE and introduce the subsequent evidence.

SECTION 2. CLINICAL PERFORMANCE

□ STATEMENT BY CANDIDATE (1 page) describing demonstrated expertise in the clinical discipline and clinical activities, as detailed in Section IV.A. of the main document.

   Documentation of clinical performance via letters is also required but these letters should be included in Section 6 (below).
For documents where teaching is NOT the area of excellence or significant achievement:
Documentation of at least satisfactory performance in classroom and clinical teaching, including at least the following:
- TABLE OF ALL COURSES AND CLINICAL ROTATIONS TAUGHT
- SUMMARY OF STUDENT EVALUATIONS
- ALL STUDENT COMMENTS FOR COURSES TAUGHT IN THE PREVIOUS 2 YEARS

SECTION 3. AREA OF EXCELLENCE

- STATEMENT BY CANDIDATE (1 page) according to specific area, as detailed in Section IV of the main document.

- EVIDENCE IN SUPPORT OF EXCELLENCE
  Format evidence using headers appropriate to the area of excellence and as detailed in this document. Examples would include publications (see section IV.B, p. 4, on multi-authored publications), abstracts, presentations, invited review articles, books, book chapters, monographs, seminars, conference proceedings, workshops, reports, policy documents, operations manuals, white papers, computer software, media, patents, grants and/or research support, editorial appointments, advisory panel memberships, or others.

If teaching is the area of excellence, also include here:
- TABLE OF ALL COURSES AND CLINICAL ROTATIONS TAUGHT
- SUMMARY OF STUDENT EVALUATIONS
- ALL STUDENT COMMENTS FOR COURSES TAUGHT IN THE PREVIOUS 2 YEARS
- TABLE OF CONTINUING EDUCATION PRESENTATIONS including evaluations where available
- GRANTS AND AWARDS related to teaching
- INSTRUCTIONAL MATERIALS that exemplify candidate’s teaching, if provided, should be placed in an Appendix to the packet.

SECTION 4. AREA OF SIGNIFICANT ACHIEVEMENT

- STATEMENT BY CANDIDATE (1 page) according to specific area, as detailed in Section IV of the main document.

- EVIDENCE IN SUPPORT OF SIGNIFICANT ACHIEVEMENT
  Format evidence using headers appropriate to the area of significant achievement and as detailed in this document. Examples would include publications (see section IV.B, p. 4, on multi-authored publications), abstracts, presentations, invited review articles, books, book chapters, monographs, seminars, conference proceedings, workshops,
reports, policy documents, operations manuals, white papers, computer software, media, patents, grants and/or research support, editorial appointments, advisory panel memberships, and others.

*If teaching is the area of significant achievement, also include here:*
- TABLE OF ALL COURSES AND CLINICAL ROTATIONS TAUGHT
- SUMMARY OF STUDENT EVALUATIONS
- ALL STUDENT COMMENTS FOR COURSES TAUGHT IN THE PREVIOUS 2 YEARS
- TABLE OF CONTINUING EDUCATION PRESENTATIONS including evaluations where available
- GRANTS AND AWARDS related to teaching
- INSTRUCTIONAL MATERIALS that exemplify candidate’s teaching, if provided, should be placed in an Appendix to the packet.

**SECTION 5. ACADEMIC SERVICE**

- LIST OF PRESENT AND PAST ADMINISTRATIVE AND COMMITTEE ASSIGNMENTS
- LIST OF PROFESSIONAL SERVICE ACTIVITIES

**SECTION 6. LETTERS OF EVALUATION**

- COPY OF CHAIR’S LETTER REQUESTING EVALUATIONS
- LIST OF EVALUATORS including stature and qualifications and relationship to candidate

*Note for letters below: It is recognized that any specific letter may address more than one area, but all of the following areas must be addressed in the aggregate.*

- LETTERS OF EVALUATION SUPPORTING CLINICAL PERFORMANCE (see Table 1)
- LETTERS OF EVALUATION IN SUPPORT OF EXCELLENCE (see Table 1)
- LETTERS OF EVALUATION IN SUPPORT OF SIGNIFICANT ACHIEVEMENT (see Table 1)
- LETTER FROM PEER EVALUATORS OF TEACHING if not already included in support of excellence or significant achievement (see Table 1)
☐ ANY ADDITIONAL LETTERS, if appropriate, from the beneficiaries of the candidate’s efforts

SECTION 7. APPENDIX

Appended materials should be in a separate PDF file and may include the following:

☐ Teaching Materials, if teaching is the candidate’s area of excellence or area of significant achievement

☐ Reprints of publications in areas of excellence and significant achievement

☐ Copies of peer review sheets from grants, if applicable

☐ Any other information or material that the candidate believes may be useful to the committee
TABLE 1. Required Letters of Evaluation for Appointment/Promotion to Clinical Associate Professor†

| Performance Areas Identified for Candidate (The candidate’s area of excellence and area of significant achievement will determine the number of letters needed for the packet.) | Clinical Associate Professor Level |
|---|---|---|---|---|
| | Required Support Letters Total (arms-length) | Former Learner Letters | Letters from peer reviewers of teaching | Total Letters |
| Clinical Performance | 2 (0)* | 2§ | 1 §§ | 5 |
| Area of Excellence | | | | |
| If area is Academic Clinical Practice | 4 (2) | 0 | 0 | 4 |
| If area is Teaching | 4 (2) | 4 | 2 | 10 |
| If area is Leadership | 6 (3) | 0 | 0 | 6 |
| Area of Significant Achievement | | | | |
| If area is Academic Clinical Practice | 2** | 0 | 1 | 3** |
| If area is Teaching | 2** | 2 | 1 | 5** |
| If area is Leadership | 3 (1)** | 0 | 0 | 3** |
| If area is Research | 2 (2)** | 0 | 0 | 2** |
| If area is Outreach | 2 (1)** | 0 | 0 | 2** |

†For promotion to Clinical Professor, see text for required letters.

*Candidate must submit 2 letters documenting a high level of clinical performance. These can be from any individual who can credibly evaluate the candidate’s clinical performance.

**It is understood that one letter may address both the areas of excellence and significant achievement. Therefore, the Department Chair must verify that the content of the letters adequately addresses the areas of excellence and significant achievement.

§Two letters from former learners required here only if teaching is not the area of excellence or significant achievement.

§§A letter from a peer evaluator required here only if teaching is not the area of excellence or significant achievement.