Memorandum

To: Richard Herrmann, Chair, Steering Committee
From: Ad Hoc Committee on Governance Rights for Regular Clinical-Track Faculty
Re: Report and Recommendation Concerning Governance Rights for Regular Clinical-Track Faculty
Date: November 27, 2007

Introduction

On May 3, 2007, Professor Harald Vaessin, then Chair of the Steering Committee, appointed the Ad Hoc Committee on Governance Rights for Regular Clinical Faculty. The Committee was requested to make a report and recommendations concerning clinical-track faculty governance rights.¹ The Committee’s members are David Goldberger (LAW), Chair, Phillip Binkely (COM), Charles Brooks (VET), Michael Bruce (ART), John Davidson (HUM), Clay Marsh (COM), Christian Zacher (Sec’y of the Senate) and Vice Provost Carole Anderson, (OAA).

The decision to appoint the Ad Hoc Committee arose in response to requests for rule changes pertaining to clinical-track faculty. As a result, members of the Steering and Rules Committees concluded that there was a need to give questions of regular clinical-track faculty governance rights closer examination. Following its creation, the Ad Hoc Committee was given a charge asking it to examine the current governance rights of Ohio State’s clinical-track faculty, investigate the governance rights of regular clinical-track faculty at comparable universities, and make appropriate recommendations concerning retention or change of current university policies respecting regular clinical-track faculty governance rights.²

As requested, the Committee has gathered information in response to the questions contained in its initial charge. Its responses to those questions appear below. In the course of its work, the Committee concluded that the Ohio State University regular clinical-track faculty, which numbers in excess of 400 members of the university community, has been completely excluded from participation in the processes of University governance including service in the Senate.³ The Committee further concluded that this exclusion fosters a governance structure that may not be adequate to the contemporary complexion of the University and, for this reason, should be addressed by the Senate and its relevant committees.

¹ University Rule 3335-7-01, states that “regular clinical track faculty are teacher/practitioners... engaged in teaching activities related to... courses or instructional situations involving live patients or live clients,... simulation of live patients or live clients,... or professional skills.” However, University rules make no mention of regular clinical track faculty governance rights at the university level.
² Attachment B (H. Vaessin email)
³ Attachment C (Clinical faculty census chart).
In particular, the Committee found that complete exclusion of regular clinical-track faculty from participation in University governance is unfair and unwise. It is unfair because, even though the regular clinical-track faculty are an integral part of the university community fully committed to the University's academic mission, all members of the clinical faculty are barred from contributing to University governance. According to a campus-wide survey of clinical-track faculty, 97% of those responding indicated that they want to participate in University governance. Their exclusion is particularly troubling because it wrongly signals that their stake in the University's mission is less than that of the rest of us.

The exclusion of regular clinical-track faculty from participation in university governance is also unwise because it is likely to hamper recruitment and retention of high quality clinical-track faculty members. In addition to the nearly unanimous indication of interest in participation in university governance, 57% of the regular clinical-track faculty members responding to the survey indicated that their inability to participate would affect their decision as to whether to come to or stay at Ohio State if they had the option of teaching at a university which permitted their participation in university governance.

In light of this information, the Committee examined various ways to permit regular clinical-track faculty to participate in university governance. Two merited the most exploration. One would grant members of the clinical-track faculty the right to stand for election to the University Senate and serve as a representative of the clinical faculty member's college or academic unit. The other would grant clinical-track faculty members eligibility to stand for election to the Senate as a representative of a constituency composed of all regular clinical-track faculty at the University. The first proposal would allow regular clinical-track faculty to run and serve in the Senate representing all regular faculty in the electing college or unit. The second proposal would allow regular clinical-track faculty to run and serve in the Senate representing only regular clinical-track faculty in their college or unit. The latter proposal would require creation of a new class of senators and a realignment of Senate membership.

After careful discussion, the Committee determined that, because members of the regular clinical-track faculty share fully in the academic mission of the university, they should be eligible to serve as one of their college's or academic unit's current Senate delegation. This is explained more fully below. The Committee declined to adopt the view that the regular clinical-track faculty should be treated as a separate constituency with special representatives in the Senate. Most members of the Committee believed that the commitment of the members of the regular clinical-track faculty to the University's mission was similar to that of the regular tenure-track faculty, primarily differing in the proportion of time dedicated to teaching, scholarship and service. It was also felt that the variability of activities within each of these two faculty categories was substantial, making efforts to distinguish them impracticable for purposes of participation in university governance. If, for example, clinical faculty from all units were to

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4 Attachment D, Question 1. (Survey) (It should be noted that there was a remarkably high rate of response to the survey.)
5 Attachment D, Question 2. (Survey)
6 Attachment D, Question 11. (Survey)
vote on an at-large basis to elect clinical faculty representatives to serve in the Senate, the units with the largest number of clinical faculty would, in all likelihood, dominate the elections.

In view of these considerations, the Committee determined that it was in the University’s best interest to treat regular tenure-track faculty and regular clinical-track faculty as members of the same Senate constituency. Among other things, the Committee was concerned that creation of a new constituency would pose enormous practical problems potentially requiring a restructuring of the Senate. Thus, the solution proposed here is based on considerations of relevance, fairness, and ease of implementation.

The Committee therefore unanimously recommends adoption of a rule that would allow the tenure-track faculty of each college or academic unit with regular clinical track-faculty to determine for itself whether its regular clinical-track faculty members would be eligible to stand for election as one of that college’s or academic unit’s senators. The recommended rule is included here as “Attachment A.”

Responses to the Questions in the Committee’s Charge

The Committee’s answers to the questions posed in its charge are as follows:

Question 1. What governance rights are presently extended to clinical-track faculty at The Ohio State University?

Answer: Under current University rules, regular clinical-track faculty members are not permitted to serve in the Senate or vote in Senate elections. At the local level, most of the colleges and other academic units with regular clinical-track faculty include clinical-track faculty among those eligible for service on all faculty committees at their college or academic unit except for tenure-track appointments committees and tenure-track promotion and tenure committees. In addition, clinicians are not eligible to vote on tenure-track appointments, promotion, and tenure decisions at faculty meetings.

Question 2. What governance rights are extended to clinical-track faculty and/or other comparable non-tenure-track faculty at Big Ten/benchmark institutions?

Answer: There is a significant range of variation in university governance rights extended to the clinical-track faculty at Big Ten/benchmark institutions. Based on the committee research completed so far, seven of these schools permit clinical faculty to serve in their university senates while five do not. Those that provide governance rights include: the University of Arizona, University of Illinois (UC), the University of Iowa, University of Minnesota, Michigan

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7 Section 3335-19.1.
8 Not every Big Ten/benchmark school is included in this tally because some of the schools queried have yet to clarify their policies. The Committee’s information gathering identified clinical faculty governance policies from a significant number of universities across the United States. It is the Committee’s impression that if a survey were taken of all schools with clinical faculty in the United States, it would indicate that a majority do not grant university governance rights to clinical faculty.
9 Clinical faculty with 5 years of service are eligible to be senators.
State University, Penn State University, and Purdue University. Those that do not include: The University of California at Los Angeles, University of Michigan, University of Texas, University of Washington, and the University of Wisconsin.

Question 3. How do existing college vs. university-wide governance rights compare?

Answer: At The Ohio State University, governance rights at the colleges and other academic units that have regular clinical-track faculty are quite extensive. There are no comparable rights at the university level. As indicated in response to question 1, at the local level most of the university units with clinical-track faculty permit clinical-track faculty to participate in all aspects of governance except for appointments, promotion and tenure decisions of tenure-track faculty. Regular clinical-track faculty, as well as tenure-track faculty, can vote on appointments, promotion, and retention of clinical-track faculty. In contrast, at the university level, clinical-track faculty members are not eligible to serve in the University Senate though they may serve on non-University Senate committees.

Question 4. What is the impact of clinical-track faculty governance rights on shared governance at The Ohio State University?

Answer: Currently, there is no impact of clinical-track faculty governance rights on shared governance at Ohio State. Clinical-track faculty members are not permitted to serve in the Senate and thus are not participants in shared governance. It is the Ad Hoc Committee’s understanding that clinical-track faculty members’ service on other university-wide committees is infrequent, in large part because clinical-track faculty members are ineligible to serve in the Senate and on Senate committees.

Under the Ad Hoc Committee’s recommended rule, clinical-track faculty would be permitted to represent their unit in the Senate if elected by their college’s faculty. However, their eligibility for election would not increase or decrease the number of senators from that unit.

Question 5. Which decision areas/committees/topics have to/should be limited to tenure-track faculty?

Answer: If clinical-track faculty members were to become eligible to serve in the Senate, it is the Ad Hoc Committee’s recommendation that they should be able to vote regarding any matter on which current non-tenure-track senators can vote. (This would give them the same voting rights as students, who are currently voting members of the Senate.) It is the Committee’s view that university rules and local faculty rules properly preclude persons who are not on the tenure-track from voting on tenure-track appointments, promotion and tenure, and that this policy should be continued. However, because appointments, promotion, tenure decisions are made at the local level and do not come before the Senate, the Committee could identify no topics or issues that come before the Senate for which regular clinical-track faculty should be ineligible. To the extent that the Senate considers policies and procedures related to appointments, promotion, and tenure, the Committee believes that a clinical-track senator is as qualified to vote on such matters as current non-tenure-track senators.

10 Clinical faculty with 3 years of service are eligible to be senators.
Question 6. How feasible are “local solutions” that would allow individual colleges to determine representation of regular clinical-track faculty in university governance?

Answer: It is the Committee’s view that the initial determination granting clinical-track faculty eligibility for service in the Senate should be left to the regular tenure-track faculty of each college or academic unit that appoints regular clinical-track faculty. The Committee believes that each unit is in the best position to assess its own needs and is reluctant to recommend that the decision about the unit’s clinical-track representation in the Senate should be made outside the unit.

The Ad Hoc Committee’s Recommendation

It is the Ad Hoc Committee’s unanimous recommendation that University Rules be amended to include the regular clinical-track faculty governance rule which accompanies this report and recommendation as “Attachment A.” The rule does two things. First, it provides that a college or academic unit which appoints regular clinical-track faculty and elects senators may choose to make members of its regular clinical-track faculty eligible to stand for election to the Senate. Second, it provides that not more than 40% of the senators from a college or academic unit (or one senator, whichever is more) can be clinical-track faculty.

The Committee urges this recommendation to remedy what it believes is the inherent unfairness of excluding from Senate eligibility over 400 members of the university community who have major teaching responsibilities and responsibilities for contributions to scholarship. The recommendation is also made because other comparable universities around the country grant such eligibility. 97% of our clinical-track faculty members want to be eligible to serve, and 57% have indicated that, if given the choice, they would prefer an institution granting clinical-track faculty governance rights over one denying such rights.

The Committee recommendation is sensitive to the need to assure the university community that the grant of governance rights to regular clinic-track faculty does not simultaneously dilute the governance rights of tenure-track faculty. This, we feel, would be prevented in three ways. First, the eligibility of regular clinical-track faculty recommended here is by local option – by vote of the regular tenure-track faculty of the college or academic unit that appoints clinical-track faculty. These units are most affected and, therefore, should make the decision for themselves. Second, if elected, a clinical-track senator would represent his or her unit as one of the representatives currently allocated to that unit. This would not change the unit’s current number of senators. And the recommended rule creates no obligation to elect a clinical-track senator. Third, the percentage of clinical-track faculty who could serve as senators representing a given unit would be capped at no more than 40% of a unit’s delegation, or one senator, whichever is more.

The Committee believes its recommendation will make our system of governance more responsive to the contemporary composition of the University and urges its adoption.
RECOMMENDED REGULAR CLINICAL FACULTY GOVERNANCE RULE
November 27, 2007

1. A college or academic unit that appoints regular clinical track faculty and elects senators may determine, by vote of its regular tenure track faculty that the regular clinical track members of its faculty are eligible for election to the University Senate. This determination shall be pursuant to the faculty rules of that college, academic unit, or regional campus.

2. Following approval by a college or academic unit of eligibility of its regular clinical track faculty for election to the Senate under the foregoing paragraph:

a. For purposes of selection of senators, the electorate of each college or academic unit shall be composed of all regular tenure track and regular clinical track faculty.

b. Any regular clinical track faculty member appointed by a college or academic unit may stand for election to serve as a representative in the Senate.

c. The minimum and maximum numbers of clinical track faculty that may serve as representatives in the Senate from each college or academic unit shall be determined by majority vote of regular tenure track and regular clinical track faculty appointed by that college or academic unit within the limits provided for in paragraph 2d of this section.

d. One senator or not more than 40% of the senators representing that a college or academic unit, whichever is greater, may be regular clinical track faculty of the college or academic unit.

ATTACHMENT A
Since the inception of the regular clinical faculty track (3335-7-01 to 3335-7-10) at The Ohio State University, regular clinical faculty members have fulfilled responsibilities in the areas of teaching, service, and research that overlap with those of regular tenure track faculty. Recent surveys (2006 to 2007) of faculty at the College of Dentistry, the College of Medicine, the College of Nursing, the College of Optometry and the College of Public Health show a desire for the extension of voting rights and representation on the University Senate to regular clinical track faculty (see attachments). In response, the University Senate Steering Committee and the Faculty Council establish an ad hoc Committee on Governance Rights for Regular Clinical Faculty at The Ohio State University. The ad hoc committee is charged to examine these questions:

1. What governance rights are presently extended to clinical faculty at The Ohio State University?
2. What governance rights are extended to clinical faculty and/or other comparable none-tenure track faculty at CIC and/or Benchmark institutions?
3. How do existing college vs. university wide governance rights compare?
4. What is the impact of clinical faculty governance rights on shared governance at The Ohio State University?
5. Which decision areas/committees/topics have to/should be limited to tenure-track faculty?
6. How feasible are "Local solutions" that would allow individual colleges to determine representation of regular clinical track faculty in university governance?

Attachment B
The Committee is asked to report its recommendations to University Steering and the Faculty Council by the start of Winter quarter 2008

Members:
David. A. Goldberger (LAW), Chair of ad hoc Committee
Phil Binkley (COM)
Charles Brooks (VET)
Mike Bruce (ART)
John Davidson (HUM)
Clay Marsh (COM)
Nancy Reynolds (NURSING)
Ahmed Selamet (ENG)
ex officio:
Matt Platz (Vice Provost, OAA)
Chris Zacher (Secretary of the Senate)

I would like to express my deep gratitude to the members of the ad hoc committee for their willingness to serve on this important committee!

Sincerely,
Harald Vaessin
Chair, University Senate Steering Committee

Dr. Harald Vaessin
Professor
Department of Molecular Genetics &
Center for Molecular Neurobiology
176 Rightmire Hall
1060 Carmack Road
Columbus OH 43210-1002
Office 614-292-3594
Lab  614-292-0595
Cell  614-361-6456
E-mail vaessin.1@osu.edu

White paper Governance Rights.doc
Voting Rights by HS College 2-22.doc
COM departmental voting rights.doc
### Headcount of Clinical Faculty at The Ohio State University - 2007

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**Total clinical @ OSU:** 419

**Data Source:** Academic Affairs
Questionnaire on Regular Clinical Track Faculty Governance Rights

1. Is it important for you to have the same opportunity as tenure track faculty members to serve in the University Senate and other components of the governance structure of the University?

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2. Would your ability to serve in the Senate or on other components of the governance structure of the University affect your decision as to whether to come to or stay at The Ohio State University if you had the alternative of employment at a university that permitted your participation in its governance?

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<td>43%</td>
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3. In the event of a change in university policy, would you be willing and able to serve an elected term in the University Senate representing the interests of your academic unit?

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<td>93%</td>
<td>7%</td>
<td>100%</td>
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4. If you are not interested, would you say why?

See tab "Question 4"

5. How else might regular clinical track faculty be involved in the University Senate?

See tab "Question 5"

6. Would you like to learn more about the University Senate?

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7. Your gender: (OPTIONAL)

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8. What is your college? (OPTIONAL)

See tab "Question 8"
9. How many years have you held a regular clinical faculty appointment at OSU? (OPTIONAL)
See tab "Question 9"

<table>
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<th>10. Do you hold a 50% or greater non-tenure-track appointment?</th>
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<td>Total</td>
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<td>Percentage</td>
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11. Please indicate the approximate percentages of time you devote to:
128 Responses - still to be tabulated into readable statistics

12. Have you served on your college’s governing body?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
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<tr>
<td></td>
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<tr>
<td>Percentage</td>
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1. Participation in any additional activities would adversely affect personal quality of life.
2. If I were just extra work without credit, then I would not want to do it.
3. Unable to add to current responsibilities.
4. Do not have the time.
5. No time to do many other committees, clinical, academic, and public service responsibilities.
6. Time commitments.
7. NA
8. NA
9. Lack of time, too many other responsibilities.
10. Would be interested.
11. The lack of leadership within the institution and loyalty to the faculty working amongst us would prevent me from doing this type of work.
12. It is important to have voice in system and be a full partner in the enterprise.
13. No time to do many other committees, clinical, academic, and public service responsibilities.
14. We are not satisfied and are too tied with our practice responsibilities.
15. To be an active voice in the academy.
16. If you are not interested, would you say why?
6. How else might clinical track faculty be involved in the University Senate?

I'm not sure... if we don't have a voice, why wouldn't want to waste my time.

3 A) Advisory members to other groups

2 Might serve on committees, focus on teaching and clinical practice issues

1 Might serve as consultant on committees that have representation and don't represent clinical track faculty.

6 Why a clinical track faculty considered any different that a regular track faculty?

14 A) Everybody would be a student... though not subject to feel really included.

12 I don't know. That much about the duties of the Senate, so that's difficult for me to answer. I would think they're being involved to attend and testify on issues.

11 Sure, I don't really know the process.

10 Promotions of faculty recognition, so much more attention to regular track faculty. We definitely feel less valued.

9 I don't know what I think there are opportunities.

8 Then the track faculty is a second class faculty is something we're not getting the same services, participatory in similar teaching activities and clinical.

7 I'm not sure, but I think there are opportunities.

6 I feel we are important to the clinical track faculty. Generally, just the Senate track. So we could be involved the same way as everyone else.

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2 Might serve on committees, focus on teaching and clinical practice issues

1 Might serve as consultant on committees that have representation and don't represent clinical track faculty.

6 Why a clinical track faculty considered any different that a regular track faculty?

14 A) Everybody would be a student... though not subject to feel really included.

12 I don't know. That much about the duties of the Senate, so that's difficult for me to answer. I would think they're being involved to attend and testify on issues.

11 Sure, I don't really know the process.

10 Promotions of faculty recognition, so much more attention to regular track faculty. We definitely feel less valued.

9 I don't know what I think there are opportunities.

8 Then the track faculty is a second class faculty is something we're not getting the same services, participatory in similar teaching activities and clinical.

7 I'm not sure, but I think there are opportunities.

6 I feel we are important to the clinical track faculty. Generally, just the Senate track. So we could be involved the same way as everyone else.

5 I feel we are important to the clinical track faculty. Generally, just the Senate track. So we could be involved the same way as everyone else.

4 Might serve as consultant on committees that have representation and don't represent clinical track faculty.

3 A) Advisory members to other groups.

2 Might serve on committees, focus on teaching and clinical practice issues

1 Might serve as consultant on committees that have representation and don't represent clinical track faculty.
61. Involvement on policy committees

60. Not sure

69. Information on test results - but if all you get is work, it's no recognition. It might be a hard sell.

61. I'm not currently familiar enough with the responsibilities of answering this question - since you don't really have an option for me - as clinical faculty.

62. Participated in any aspect of governance that may affect the ability to perform our jobs.

63. Committee work

64. Not directly through their departments.

65. Other involvement would be possible, however, if there is no voting power. It seems as if involvement would not mean too much to add.

66. Committee work

51. Select sub-committees

49. Could be non-voting members but I am not in favor of that.

50. Select ad hoc committees to understand the process of governance.

48. It is the elected representative to the medical school promotion committee.

47. Select sub-committees

46. Clinical track faculty should be involved in all aspects of governance that require faculty input and affect faculty behaviors.

45. Select committees and better explain our role in this university.

44. Unknown

43. Chair a voting member

42. 1 don't know

41. I'm not sure.

40. I don't know but I have such a unique position at the U. I think there needs to be representation in addition to the tenure track faculty from the CMD.

39. I don't know.

38. I have to confess my ignorance, so I don't know much about the Senate.

37. Involvement in ad-hoc committees and other task forces needed to meet emerging issues. The inclusion of clinical faculty brings a "real world" perspective.

36. We could serve on sub-committees.

35. Just by being more aware of what goes on and how it impacts us, I think having the opportunity to participate in any capacity could be enlightening.

34. In the college of medicine, there is really no difference in the scope or duties for responsibilities in patient care, education or research between those.

33. There should be an open position open to clinical faculty.
There were 128 responses to question 11. Not all responses included a percentage for all four choices and some responses added up to more than 100%. The numbers below are a general average time reported.

11. Please indicate the approximate percentages of time you devote to:

- Clinical work and related instruction: 60.80%
- Other skills-related instruction: 8.07%
- Research: 13.00%
- Administrative service: 12.50%