**SDSU Senate Forum on Professors of Practice March 11, 2019**

Theater of the Conrad Prebys Student Union

Moderated by Mark Wheeler

This document contains two sets of minutes. The first set is submitted by Farid Abdel-Nour pp.1-10 and the second set is submitted by Kris Rodenberg pp. 11-15

Minutes submitted by Farid Abdel-Nour

Forum began at 2:04 PM

**Mark Wheeler (Senator at Large):**

Purpose of the forum is to enable senators and others to discuss the topic of PoP.

He referred to the background information provided by AVP Joanna Brooks and FA Committee Chair Jennifer Imazeki on the status of the conversation so far, and recapitulated that some academic units in applied and translational fields in the College of Ed and HHS have a certain need.

He added that he saw two distinct possibilities:

1-Working within the exiting bargaining agreement to create new RTP policies

2-Create through collective bargaining a multi-year lecturer contract, not TT, nor like existing lecturer contract.

There are some concerns about both

There are concerns about pursuing everything within the CBA, including changing RTP criteria. Some faculty and administrators are not comfortable with professional growth that does not eventuate in a peer-reviewed product

Other concerns involve the idea of a second class of TT faculty. Some are reluctant to grant “applied and translational expertise” as adequate for tenure and promotion.

Other concerns involve recruiting teaching-specific faculty and the impact that might have.

At the recommendation of administration (not clear who), working groups in HHS and College of Ed are to propose changes to RTP policies sometime in the next academic year

The hope today is to discuss these possibilities. Everyone is welcome to share their views. There is no particular order to the questions.

**Floor was opened to questions**

**Tracy Love (Director of SLSH in HHS):**

She gave a brief background about where this came from and why.

In the school there are two programs that are clinical. Academic faculty are responsible for overseeing the clinic, graduate students go through the clinic. Clinicians training in the clinic have a Masters in Speech or Audiology. They are hired as lecturers at $40,000-50,000 under what they would make in the community. We cannot attract faculty to stabilize our programs.

Aspirational programs have clinical professors who work 12 months, allowing them the opportunity to instruct, supervise, and treat.

We are looking at clinical professors because we cannot recruit

The flip side is that we have failed TT faculty searches. We are in a corner in research markets because there is no medical school to hook into. We would like to hire clinical professors to allow us to stabilize our programs and grow.

**Nola Butler-Byrd (Department of Counseling and School Psychology in College of Ed):**

 We have a strong clinical focus and cultural diversity, and want to raise the issue of the over-privileging of publishing. We have had a problem with service on campus and beyond, and this needs to be part of our conversation.

**Doreen Mattingly (role as campus VP of CFA):**

Members of CFA have many opinions about this idea. CFA consulted counsel and learned that this should be collectively bargained. Faculty Affairs was not persuaded.

For CFA: Either this changes classification codes and therefore requires collective bargaining, or if it does not it is a matter of shared governance and has no CFA role.

If anything is implemented that violated the CBA, we will file a grievance.

We neither agree nor disagree. It is either for shared governance or for collective bargaining.

**Peter Herman (English CAL)**

The proposal is problematic. If you google PoP you find numerous results, Duke, Amhert, CSU Long Beach, Tulane, Cornell all have them. None of them are tenured.

PoP are a non-tenure-track line. If you bring them into the tenure line, you are undermining the teacher/ scholar model.

SDSU privileges peer-reviewed scholarship, once you go below that, e.g. once a conference paper is tenurable, or poster, then you will have people who are tenured serving on committees undermining the standards we have been cultivating for years, diluting our mission.

TT lines at SDSU are rare, once we start altering that, the number of research-based TT faculty will decline.

It will affect the Foundation (esp. since Science grants give Foundation its capital)

Look to the future, even if you restrict it to two colleges, it will inevitably start branching out.

I have sympathy for the positions expressed, but think this is not a good idea.

Better, would be to bargain with the CSU to create PoP like those that exist at other universities, long-term professors who do not have tenure.

**Tracy Love:**

In SLSH we have had deep discussions, we do real science, we value scholarly productivity, are not looking to dilute… we are here to discuss what is possible. We want clinical faculty to have movement and security. They do translational research. We need some way to attract these individuals.

**Peter Herman:**

There are larger consequences to be taken into account

**Willa Fields (Chair RTP School of Nursing):**

We are revising the RTP policy in anticipation. Nowhere is there a consideration of a teaching TT position. It is professional criteria that are different

It is misleading to refer to this as a teaching TT position.

**Savitri Singh-Carlson (School of Nursing):**

CSU Long Beach does not have PoP in place.

There are challenges for hiring faculty, especially in Nurse Practitioner roles

Opening up a clinical professor role would be very meaningful. And, there is a scholarly piece on teaching in clinical and classroom arena

I come from the U of Texas, we had clinical professor positions that were tenurable or non-tenurable depending on terminal degree. If we as a school do not make meaningful changes, we have to let go of some of our programs, we cannot compete.

The community and schools of medicine pay much more

We need clinical professors with all three parts of tenure.

**Jennifer Imazeki (Chair of Senate Faculty Affairs Committee):**

The term clinical professor is already taken in the CBA and policy file.

**Marcie Bober-Michel (Chair of the Senate):**

I will send the UCSD PoP document, it includes teaching, professional growth and service.

There the money for PoP comes from non-state funds for salary, there is a duratiton of appointment of 6 years, renewable.

I will send this information

**Willa Fields:**

Clarify the teaching

**Mark Wheeler:**

Is there someone who will speak to the teaching aspect?

**Michael O’Sullivan (Chair Mathematics and Statistics in CS):**

This is something we have discussed for years. For us, it is different, this also might be of interest to Engineering

What we need—I have seen the solution at other universities—is someone who can come in and take control of intro courses in stem and statistics, service courses, and put their soul into developing these courses

Right now senior faculty take these courses, they have other things to think about, so we are not able to connect with how students learn this material.

Two examples:

A clinical professor (not tenured) at the University of Illinois Chicago came in after student protests about the Math department, she transformed it.

At the University of Nebraska, Lincoln, someone with a PhD Math was brought in and knew about math education. He was here this week

How do you measure professional growth for someone like that?

Someone who develops a curriculum. Math worksheets have to be very carefully designed.

Someone more practice-centered in publication and who would visit all the instructors and visit the TAs.

**Phil Greiner (Director of School of Nursing and Senator):**

We need someone who has a Doctorate or an MA in a particular specialty. I won’t argue the TT thing. I don’t think that matters. We need the person who is clinically relevant, who practices 1-2 days a week, to bring clinical expertise to bear. They can’t do clinical, teach, and do research. For us we have a four-legged academic stool, we have the clinical relevance. RTP does not recognize clinical, but we are a clinically relevant program, we need clinical expertise

Key to our program is that people not be stuck in the lecturer position. This track would allow us to pay them more

I came here years ago from a school with a clinical track to SDSU with 7 tenured faculty, when they used to be 23. There has been attrition and recession, people fled SDSU, now we are trying to rebuild. The Provost helped

When we had accreditation review, we were dinged on research. This would allow us to free up tenured faculty to do research.

The work of PoP is peer-reviewed work, just not same journals. They do clinical translational research that is peer-reviewed research.

I encourage you to look at … [unclear] repositories

Not second rate, lower class, but clinically relevant research, we need to have room for them.

**Sonya Pruitt (Associate SLSH Director):**

We have a 100% job placement rate for speech pathologists and audiologists. We are unable to graduate students to fill those needs. The Governor’s office comes to us to ask what do you need to get people out?

We do not fill 50% of the PhD positions available

Still up for debate whether TT, we need a way to train…

**Jong Won Min (Director of School of Social Work in HHS)**

When this idea of PoP was introduced we argued that this is what we need. We need to go through accreditation, main function of it is not only curriculum, half of students’ learning is preparation for field placement, essential and core part of the social work education.

It [PoP] fits for example for the director of field education who does not teach but works with hundreds of agencies

In Field Education they do more than lecturers do, and are critical to maintaining our school and education. It is one way of acknowledging their skills and services, and we now cannot compensate them for their work.

Lecturers are not required to attend committees, but given our education requires a field component, when we have a PoP opportunity, and if they are given an anticipated pathway and belonging to SDSU community and devote themselves, this PoP will help.

**Donoatella Zona (Biology, CS and Senator)**

My big question is how PoP will impact us. I agree with what Phil said that we are going to teach less units?

Are PoP going to teach larger classes (double units)?

Can we have more information on how this will impact? How many? How will our load change?

Key is having more information

I see many descriptions

Need more information

**Jennifer Imazeki:**

This is not something that will be a University policy. Those questions are for individual departments and programs to address

**Denise Lebsack (ENS, HHS)**

We have a clinical program for athletes with over 50 preceptors

I have been here for over 25 years

Frustration, according to accreditation body we must hire a full-time director, getting people through tenure process with all those responsibilities is impossible to have a TT line with all those duties

And when we have put lecturers we have been criticized for not having full voting rights. This role has fallen on me. I have not been able to move to promotion to Full Professor

There is also a high assessment requirement that is very time-consuming, someone with that translational research would be super helpful.

**Mitch Rauh (Director Dr of Physical Therapy Program, HHS):**

We face the same shortage of getting qualified faculty. One of the biggest problems with contemporary expertise, not enough PhDs with contemporary expertise. We have missed out on great faculty over the years.

**Betty Samraj (Chair of Linguistics and Asian and Middle Eastern Languages, CAL):**

I understand the need from the clinical schools. The question is for the future, say we go ahead with PoP with tenure, how will colleges decide on PoP or regular TT?

Another question is about RTP. Professor O’Sullivan talked about teaching, Phil (Greiner) talked about how the research will be different. Is the college RTP committee to be made up with PoPs?

We need to understand how this will be realized

**Jennifer Imazeki:**

Is there someone from PSFA?

**Betty Samraj:**

I am fully aware that different disciplines have different research

PSFA is not an answer to my question

**Joseph Johnson (Provost and Senior Vice President):**

I thank the senate for organizing this. I will plead guilty for instigating this when I started, and was listening. Some things that might address Betty’s question: as a university we share responsibility for contributing to the development of a universe of knowledge, and we share responsibility to respond to a universe of needs. I know all of you take this seriously.

As I listen, it is clear to me that as we think about what kinds of professionals this university needs to meet our responsibilities, we should be bold and broad in thinking about the kinds of roles, expectations, in order to meet that universe of responsibilities.

PSFA example, there are places already where we are acknowledging that there are some folks in the same department who do traditional scholarship next to others whose professional expectations when hired take a different form.

As I listen, I am completely convinced that we are not talking about a solutions. Some things I heard, the solution is possibly a non-tenured type of position.

Some needs are where accrediting bodies will not accept anything less than a tenured position.

Nothing about this discussion is likely to put any extra money on the table. Departments that choose to hire someone PoP or otherwise will have to decide whether that is the best use of their resources.

What that also means, if this is the best use of their resources they are making a deliberate important decision.

I hope for SDSU that we don’t let this conversation be reduced to thumbs up or thumbs down, but to how we do this in a way that will intelligently enable us to respond to that universe of needs, how to do so in a way that does not reduce existing capacities.

**Eniko Czomay (ASCSU Senator):**

Relating to RTP committee, last level is the University-level RTP committee. A solution might be getting rid of the university RTP committee.

[SOME RESPONSES off the microphone, not clear what was said]

**Peter Herman:**

We heard from different departments each one using this in a different way. You, the senate need to have a much clearer definition

Couple of questions. For Phil: why don’t the people who do research, their need, why isn’t it fulfilled by RTP?

For Mike O’Sullivan: is what you are talking about the same as nursing’s need?

For nursing, if it is a financial problem, going to PoP may not solve the issue, we won’t be able to offer those salaries.

Now we seem to be facing an infinity of …

**Farid Abdel-Nour (Interim Chair AP&P Political Science CAL):**

Much of what I heard would be fulfilled by non-tenured PoPs. Would someone who thinks tenure is important make the case?

**Willa Fields:**

Ability to serve on committees and voting rights

**Denise Lebsack:**

One of the challenges is the accrediting body. When we have to hire a program director as a lecturer.

Otherwise, our ability to recruit into PoP positions, why would they want to come here vs. somewhere else that might offer them tenure

Recruitment

**Sonya Pruitt:**

I echo multiple needs

We need to change RTP criteria but at the university level, those who have program director roles are different from school director

Program director role does not fit within the university system, viewed as chair of a committee, everything we do, our site visits, the amount of time, the reports to write that matter to no one in the university, a lot of us are tenured but the value of any of that is not acknowledged in the university

They are doing real research

There are certain positions where tenure is necessary, many of us are already doing them, but if RTP criteria are changed we would be more valued.

**Sarah Kahn (Director of Counseling and Social Change Undergraduate Program, College of Ed):**

I am a full time lecturer and serve as program director. I will highlight that we stay close to the idea that PoP is fitting a niche, and need not be universal in the university

In CSP we have 6 programs, 4 of those require rigorous accrediting. It is important that we consider lecturers are filling a tremendous gap. Lecturers are using their license to keep the clinic open and we would lose accreditation without them.

There is also an equity issue. Under current RTP, it does not support my scholarship

We will sustain scholarship, we sustain the programs

I stay here, and you will have time to do your work

**Nelly Tran** **(Department of Counseling and School Psychology, College of Ed):**

Clinic relies on lecturers. Tenure is absolutely necessary, we put out our strongest school counselors, we cannot do that without tenure. This also involves academic freedom, to do without tenure we cannot put out higher level teachers, we want innovative teaching practices.

**Sara Gombatto (ENS, HHS):**

How we would decide on whether to hire PoP, we would get input from students and faculty, and then decide whether we need PoP or TT. If you have clinical courses you would choose a PoP to teach and a clinician

In Physical Therapy we have 3 lecturer lines who deserve to be PoP, lecturer position does not value their expertise and does not give them opportunity to progress.

**Jennifer Imazeki:**

As Chair of FA committee, in my conversations, this is driven by what departments need and want. FA wants to make sure that university policies are as flexible as possible, to encourage departments to create specific criteria and tell us what in the university policy is standing in your way.

**Mark Wheeler:**

When this comes up in the senate, Senators from your units need to show up and talk and explain this to us.

Ended approximately 4:00 PM

Minutes submitted by Kris Rodenberg

Professors of Practice Open Forum

March 11 2:00 – 3:30pm

Mark Wheeler (Senator at Large)

Opened the session by establishing the purpose of this forum – to discuss the topic of Professors of Practice (PoP). This role was introduced to the Senate last fall and merits careful consideration. Joanna Brooks has provided background information. The main idea is that there is an identified need for this position in applied fields, especially in Health and Human Services and in the College of Education where clinical faculty are required to meet accreditation and instructional training needs.

The key question revolves around tenure and promotion for PoPs, whether a new RTP policy that recognizes translational expertise is needed or whether the PoPs would be non-tenured full-time lecturers (with some distinction from what already exists). If there are new RTP policies, the concern is with validation of scholarship that doesn’t result in established (traditional) peer-reviewed texts. Another concern is whether a PoP would create a new “class” of professorship. There is reluctance to use “applied” criteria to professional review of scholars and how hiring PoPs would impact the teaching load for Tenured/Tenure Track (T/TT) faculty. Of general concern is that any changes in policy are pursued properly.

Tracy Love (School of Speech Language and Hearing Sciences in HHS)

Shared a historical perspective in that her school needs clinical health practitioners to run their programs. Academic faculty are responsible for both instruction and clinic operations. Their clinicians provide training for students and community service (providing health support to those who may not otherwise be able to afford it). The school has hired lecturers at $40-50,000 less than they could earn in full-time practice elsewhere. A “clinical professor” works full-time and year-round (through the summer) as a clinical supervisor. Clinic facilities are not always conducive to traditional research. A clinical professor is better described as a “translational researcher and instructor.”

Nola Butler-Byrd (Dept of Counseling and School Psychology in ED)

There is a strong need for cultural diversity that is not always supported by the “privilege of research.” SDSU has focused on the need for research to the detriment of adequately valuing the work of practitioners. We have strong clinical programs and need to support them.

Doreen Mattingly (CFA Vice President)

CFA has consulted with statewide organization regarding the matter of the PoP role. If the proposal is to change job classifications, this must go through collective bargaining and CFA will be involved. If this is not a classification change, then CFA will neither approve nor disapprove and the PoP is a topic for shared governance.

Peter Herman (Dept of English and Comparative Literature in CAL)

Has done some comparison research and found other schools that have a “PoP,” but they are distinguished by not having tenure. Of primary concern is that if we hire PoPs, we will undermine the “teacher-scholar” model at SDSU. His concern is that a conference presentation or a poster session would qualify for consideration of tenure. The SDSU community is engaged in robust research, but once we bring in folks who are tenured based only on their teaching, we will dilute the SDSU mission. T/TT is rare at SDSU – so the number of researchers would decline. This would also affect foundations since non-researchers don’t bring in any grants.

Additionally, even is we say that this PoP role will be restricted to only HHS and COE, there will be a slippery slope and soon other departments will want it. It would be better to bargain PoP as it is in the schools researched – a position without tenure.

Tracy Love

Our programs are funded through grants and we value science. We’re not looking to dilute that, but we need to offer job security to highly trained and qualified translational researchers/practitioners. We need stability to grow in our department and meet the job market demands.

Willa Fields (School of Nursing in HHS)

School of Nursing is revising its RTP policy in hopes of hiring PoPs. The confusion is around the definition of T/TT as solely teaching and researching. What is needed is a professional who has scholarly and practical experience – different from the traditional model.

Savitri Singh-Carlson(School of Nursing)

The School of Nursing Cal State Long Beach doesn’t have PoPs, but is working toward it. Other CSUs do have this position, including Sacramento State. These are folks who have a doctorate of nursing practice – a terminal degree. It is difficult to find and hire people who have this degree as there are not many of them and they can find secure, full-time employment with better pay elsewhere – SDSU is not attractive. The school needs people who hold a doctorate AND are actively engaged in the practice of nursing. Teaching in the school requires both in class and in clinic skills. This school also engages in community service to SDSU and San Diego. PoP can be either T/TT or not, but if we can’t hire practitioners, we will have to close some programs. We need to give our students meaningful opportunities.

Jennifer Imazeki (Chair of the Senate’s Faculty Affairs Committee)

The term clinical professor is already defined in the CBA and the Policy File.

Marcie Bober-Michel (Senate President)

Cited policy about Professors of Practice at UCSD; see: <http://adminrecords.ucsd.edu/PPM/docs/230-281.html>.

Mark Wheeler

Some departments may be interested in hiring people to teach, rather than do research.

Michael O’Sullivan (Dept of Mathematics and Statistics in Sciences)

In math, it’s different from other departments. We are interested in someone who focuses on teaching, but we’re not moving away from the teacher-scholar model. We need someone who can effectively teach our introductory courses in math and stats, to develop excellent courses. What happens is that senior faculty are doing research and master’s level courses and can’t give the intro classes the focus they need.

For example, someone was brought in from Chicago as a transformative lens on how to teach courses. They need someone who is an expert in math education through the lens of cognitive science. How you can measure professional growth is through curriculum development and creation of instructional tools, perhaps a new observation protocol. This work is “published,” but not necessarily in a traditional peer-reviewed journal.

Phil Greiner (School of Nursing in HHS)

A person who’s earned a master’s or doctorate still needs to be “clinically relevant” in our field. We need teachers who have one foot in clinical work. We hire people to teach, publish, do clinical practice and serve on committees and in our communities. We have folks who have a doctorate in lecturer positions. They are underpaid and hard to hold onto. I come from a school that had 23 professors, now we have 7 because we don’t have the means to attract and hold onto them. We need T/TT faculty to do research, but we also need to have clinical research and clinician can/do bring in grant funding. There are peer-reviewed conference presentations, including poster sessions, and conferences where translational research is peer-reviewed. Look at this research…it is not second rate!

Sonya Pruitt(School of Speech, Language and Hearing Sciences in HHS)

Our graduates are hired at a 100% rate. We have state officials looking to us, asking how soon and how many clinical practitioners we can prepare to fill needs over the next years. We had over 600 applicants for 40 student seats that we could accommodate. We do not have enough faculty to train our students.

Jong Won Min (School of Social Work in HHS)

We agree in principle that we need PoPs, primarily as a function of our maintaining state accreditation. We have both curriculum to teach and field placements to supervise. We need clinical faculty to work with our 300 field agencies. Our field educators cannot be contained with lecturers. They are critical to our accreditation and programs, but we can’t currently compensate them for their work. We need them for representation on department committees, such as curriculum, but lecturers don’t serve. Having a PoP could help to present the voices of field instructors.

Donatella Zona (Biology Dept in Sciences)

How is the role of PoP going to impact us? If PoPs teach more courses, what will happen with T/TT lines? Will teaching loads change? We need more information.

Mark Wheeler – clarifying response

This is not a universal policy at this time. The PoP is under consideration for those colleges where it makes sense (HHS & COE).

Denise Lebsack (School of Exercise and Nutritional Sciences in HHS)

I’ve been here for 25 years and am a program director for our clinical internship. Our accrediting body requires that this position be held by a T/TT line faculty member. We’ve failed in searches to hire someone for this role. Lecturers can’t vote and T/TT line can’t maintain the work load needed for all program needs. We need folks who can lead clinical research and outcomes research. Having a PoP would benefit our program.

Mitch Rauh(Doctor of Physical Therapy program in HHS)
We have a shortage of faculty who meet accreditation criteria. There are not many who follow a PhD path to research AND maintain “contemporary practice.” We have needs that clinical faculty fill. They help us gain accreditation because they are practitioners.

Betty Samraj (Linguistics and Asian/Middle Eastern Languages in CAL)

I have questions about the future. Do schools with PoPs get more T/TT lines? Will the university RTP committee be comprised of PoPs?

Provost Johnson

Thank you to the Senate and those who’ve come to share your thoughts here today. When I was hearing concerns as I was coming into this position, the PoP was in the top 12 of considerations. As a university, we share a responsibility for building capacity and generating and sharing knowledge. We take this seriously as our role in the universe. It’s clear to me that as we think about kinds of PoPs this university needs, we should be bold and broad in thinking about backgrounds, roles, and expectations as we head to meet that universe.

There are some places, departments, where we do traditional scholarship. I’m convinced that we’re not talking about “a” solution, rather than different needs and, therefore, solutions. In some places we may not need non-tenured positions, but there are other areas where accreditation will accept nothing less.

There are no extra dollars. Each department will need to decide if “this hire” is the best use of its resources. For SDSU, this topic should not be reduced to a “thumbs up/thumbs down” vote. We will keep an eye on how do we not reduce what we have, but continue to build capacity.

[Note: could not hear the RTP comment that Eniko Csomay (Linguistics and Asian/Middle Eastern Languages in CAL) made]

Peter Herman

There are different definitions of PoP. The Senate needs to define what constitutes a PoP, especially in regard to RTP. He then repeated his slippery slope argument.

Farid Abdel-Nour (Dept of Political Science in CAL)

I appreciate the different perspectives. Mostly, it seems that a PoP is one who isn’t tenured. No one has established why a PoP should be tenured.

Response to why PoP should be tenured

* Serve on committees and vote
* Job security (easier to recruit and hold onto qualified instructors)
* Accrediting bodies require it
* Clinicians/Practitioners need to have voice in school issues
* No/not enough value is given to those who do this now.

There are clinicians filling critical roles on campus and in the community, but they don’t get RTP credit for their work. Work = not valued.

Sarah Kahn (Counseling and School Psychology in ED)

The PoP fits a niche need that is unique in specific departments. Now, lecturers fill in gaps – they staff clinics because they are the ones who hold licenses that many PhDs don’t. RTP doesn’t acknowledge their scholarship. By acknowledging translational scholarship, the role of PoP will actually increase the level of research. The university needs both types of professors.

Nellie Tran (Counseling and School Psychology in ED)

Clinics rely on lecturers. Tenure for them is necessary for our accreditation. We need practitioners who are transformative. We need innovative teaching practices.

Sara Gombatto (Doctor of Physical Therapy program in HHS )

The position of PoP shows that we value clinical work as much as research in staffing. We have 3 clinicians now who are lecturers and now way to show that we value them.

Jennifer Imazeki (Chair of the Senate’s Faculty Affairs Committee)

We need a policy that is flexible enough for departments to define their own criteria. They need to help us identify what in current policy is standing in the way of a PoP.