

Clinical Faculty Members in the Schools of Education in the United States: An Overview

Amerika Birleşik Devletleri Eğitim Fakültelerinde Klinik Öğretim Üyeleri: Genel Bir Bakış

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ABSTRACT

In the United States of America, the term “clinical faculty” has been used to define different positions academic personnel hold in various fields and job settings. Although it possesses different meanings, the main argument is that the clinical faculty position in general, is designated to bring practical knowledge and expertise to the professional schools by filling the gap between theory and practice. Schools of education, as in other professional schools, also offer this type of clinical faculty position to provide practical knowledge to their students who will need it in their future lives as teachers, administrators and practitioners. This study aims to discuss the future of clinical faculty in schools of education through analyzing the position, in terms of job specifications, effectiveness, job requirements, personnel rights and the issues this category of faculty encounters in a cross comparative way across the fields of education, law and medicine. One of the main recommendations of the paper is that the future of clinical faculty should be secured through creating a clinical – tenure - track faculty positions in schools of education as in other professional schools instead of keeping them under the general appointment and promotion rules and regulations with the other faculty members. In this way, both the clinical faculty members’ problems related to job security, compensation, and promotion and non-clinical faculty members’ concerns related to quality will be resolved.

Keywords: Clinical faculty, School of education, Academic promotion, Professional school, Practice education

ÖZ

Amerika Birleşik Devletleri yükseköğretim sisteminde “klinik öğretim üyeliği”, farklı alan ve bölümlerde farklı akademik personel pozisyonlarını tanımlama amacı ile kullanıla gelmiştir. Bu çeşitliliğe rağmen, temelde, klinik öğretim üyeliği, teori ve pratik arasındaki boşluğu doldurmak ve profesyonel okullar veya meslek eğitimi veren fakülteler diye tanımladığımız yükseköğretim kurumlarına pratik ve tecrübe bilgisi getirmesi için oluşturulmuş bir pozisyonudur. Bu çalışma Amerika Birleşik Devletleri’ndeki eğitim fakültelerinde klinik öğretim üyeliği pozisyonunu, pozisyonun karakteristik özelliklerini, görev tanımını ve bu pozisyondaki öğretim üyelerinin sorunlarını tartışmayı amaçlamaktadır. Bu çalışmada ayrıca, eğitim fakültelerindeki klinik öğretim üyeliğinin tıp ve hukuk fakültelerindeki klinik öğretim üyeliği pozisyonları ile karşılaştırması yapılarak pozisyonun eğitim fakültesine özgü sorunlarının ortaya çıkarılması hedeflenmiştir. Bu çalışmanın başlıca tavsiyelerinden biri pozisyonun geleceği için, klinik öğretim üyelerinin diğer akademik personelle aynı atanma ve yükselme şart ve koşullarına tabi olmaya zorlanmaları yerine - ki kendilerine uymayan bir mekanizmadır - eğitim fakültelerinde de diğer mesleki okullarda olduğu gibi pozisyona özgü kariyer ve akademik yükselme mekanizması kurulmasıdır. Bu sayede, hem klinik öğretim üyelerinin iş güvencesi, maaş ve yükselme ile ilgili karşılaştığı sorunlar büyük ölçüde çözüme kavuşacak hem de klinik olmayan öğretim üyelerinin kalite ile ilgili kaygıları giderilmiş olacaktır.

Anahtar Sözcükler: Klinik öğretim üyesi, Eğitim fakültesi, Akademik yükselme, Mesleki okul, Pratik eğitimi

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INTRODUCTION

The US higher education system has been witnessing rapid growth and change in post-secondary education for the last several decades. Accountability, efficiency, access, private sector, finance and the technology have been, are and will be the forces and issues that continue to affect and shape the higher education institutions (Altbach, 2005). The changes in postsecondary education always arise from and parallel developments or downturns in the environment. Institutions of higher education, that fails to keep up with the external changes and respond to the institutional needs, are doomed to disappear from the higher education arena. Moreover, the developments and changes in the society; emergence of the new competitors in the arena and the new challenges create a risky environment for higher education institutions to fight for the students and limited resources. The arising argument is that higher education institutions are ill-equipped to answer to the environmental trends, particularly “rapidly changing economy, demographic shifts and competition from new providers” (Brewer, Gates, & Goldman, 2004, p. 2). These are today’s fundamental challenges higher education institutions encounter and need to respond.

In order to survive the challenging environment, colleges and universities compose and create institutional strategic plans in response to environmental changes (Peterson & Dill, 1997). However, it is important to recognize that institutional survival does not guarantee the future of individual schools or departments. In fact, institutions may sacrifice their stagnant components; schools, departments or programs, which bear hard on the institution. For instance, “inside universities, education schools have rarely fared well in campus wide strategic planning efforts, frequently finding themselves among the prime candidates for downsizing or closure” (Hearn & Anderson, 2001, p. 125).

As stated, schools of education are in the worst position in higher education institutions. So, this situation requires schools of education to exert more effort to survive; initiating school wide projects in response to the environmental changes. One of the actions schools of education have undertaken is to use effective human resources through creating flexible employment options and the recruitment of more non-tenure-track full-timers, part-timers, and clinical positions. So, the purpose of this paper is to explore the future of clinical faculty in schools of education through analyzing the position, in terms of job specifications, effectiveness, job requirements, personnel rights and the issues this category of faculty encounters.

Definition and History

Despite the historical connection of the term “clinical” to the medical profession or field, it has been used in various forms to define different faculty positions with different definitions in many professional schools; law, education, business and medical schools, for decades. While some broad definitions are available; “the term clinical connotes a disciplines’ relevant domain of practice outside the university walls” (as cited in Hearn & Anderson, 2001, p.126), it might be more appropri-

ate to define and analyze the position in specific schools rather than use general definition.

As mentioned, the aim is to define the position and identify its characteristics in schools of education. Hearn and Anderson (2001) argue that the emergence of clinical faculty and the other clinical initiations in schools of education depends on two motives: the similarity with the initiatives in other professional schools (law and medicine) and the theorists’ writings that support the need of clinical professorship in schools of education.

The tension between theory and practice is always an issue in professional education (Shulman, 1998), such as law, education and medical schools. It is the argument that while the professional schools provide theoretical preparation for the pre-service teachers (schools of education), doctors (medical schools) and lawyers (law schools), the need and call for practical preparation for the students in academia where research and theory is valued have been unheeded. The rising importance of research and popularity of the professorship, declines in the notion of the importance of the field studies, the reward systems, more focus in scholarly activities than in field studies have increased the gap between theory and practice in professional schools (Hearn & Anderson, 2001). This trend forced medical schools to initiate clinical faculty positions which are practice-based and differs from research-based faculty positions (Hearn & Anderson, 2001). Same trend took exist in the emergence of clinical positions in other professional schools; including schools of education.

The discussions about the gap between theory and practice in schools of education were mostly raised about the teacher education programs that produce teachers, who serve as practitioners in the field. It was the argument that totally theory-oriented teacher education programs and the academia should integrate some practice in teacher education programs. The increasing number of educators, who favor and support the idea that clinical or laboratory type classrooms should be maintained in teacher education programs, was one of the incentives that made what Bullough, Hobbs, Kauchak, Crow and Stokes (1997) call “clinicalization” of teacher education programs a current issue in the 1980s. Joyce and Showers’ (1980) research study findings, which suggest that “to be effective, [in-service teacher] training should include theory, demonstration, practice, feedback, and classroom application” (p. 379), well reflect the idea and reasoning of the educators who support the clinicalization of teacher education. Like Joyce and Showers, many studies highlight the importance of university-school partnerships. However, none of these was as effective as the recommendations of the Holmes Group (1986, 1990 and 1995), “a consortium of 96 research universities with professional education programs” (The Holmes Partnership, n.d., para.2) in increasing the popularity of the idea of university-school partnerships in teachers education. Pinar (1989) enumerates The Holmes Group proposals and recommendations under three main suggestions: “a) eliminating the undergraduate major in education, b) re-conceptualizing teacher education coursework and c) linking teacher education programs to schools” (p.9).

The Holmes group proposals and the publications of the scholars who favor the university-school partnerships opened a new era in teacher education: the participation of school teachers in teacher education and the idea of Professional Development Schools (PDSs) that initiated the institutional appointments of school teachers (Burstein, Kretschmer, Smith & Gudowski, 1999; Hearn & Anderson, 2001). The emergence and the increase of the number of PDSs required the creation of clinical faculty positions (Bullough et al., 1997; Hearn & Anderson, 2001), in order to incorporate school teachers more in teacher education and lighten the workload burdened on teacher education program faculty since the creation of such education settings put more burden on faculty members (Bollough et al., 1997).

At this point, it is difficult to depict and define the clinical faculty positions because the term “clinical faculty” utilized to define different faculty positions with varied emphasizes, job definitions and responsibilities in the history of higher education, and the scope of the position was still blurred today. Generally, the clinical faculty positions in schools of education attracted two different arguments and point of views. On the one hand, The Holmes Group proposals suggest that classroom teachers’ involvement (clinicalization) in the teacher education programs help academic programs in supplementing theory with the field experiences and emphasize the crucial role of clinical faculty in bridging between academy and professional field. On the other hand, the American Association of University Professors raises the concern that the increasing utilization of non-tenured positions may lower the quality of education (Bullough et al., 1997). While the use of non-tenure track faculty in US higher education continues to increase due to some key factors such as flexibility (no more long term commitments/contracts), economics (less payment for non-tenured faculty than tenured) and access to needed resources (Baldwin & Chronister, 2002), there is a little understanding of “its potential impact on core higher education outcomes such as teaching quality, research productivity, faculty commitment, faculty diversity, or the attractiveness of faculty careers” (Bland, Center, Finstad, Risbey, & Staples, 2006, p.89). Although Bland et al.’s (2006) study reveals findings in favor of tenured faculty in terms of productivity in research, productivity in education and commitment, the researchers also suggest that there are other factors needed to be included in future research. Baldwin and Chronister (2002) suggest there are both kinds of studies, that favor non-tenured faculty employment and that oppose non-tenured faculty, in the literature; the impact of the increasing use of non-tenured faculty employment on the quality of education is controversial.

Roles and Responsibilities

As mentioned earlier, the term “clinical faculty” (or clinical professor or clinical teacher) has come to mean different faculty positions with different job definitions, requirements and expectations in different (or even in the same) schools in the history of higher education. For instance, in schools of education, the changes in the program curriculums, format of the schools or teacher certification programs and the state certification requirements always impact on the role and scope of the clinical

professorship (Cornbleth & Ellsworth, 1994). The vagueness of the title and the environmental factors are always issues that change the scope of the position make it difficult to identify. However, it is appropriate to argue that all of the clinical faculty positions have been tied to a one common purpose, regardless of the school, program or department; and that is the idea of the integrating theory and practice in higher education and more so schools of education. The roles and responsibilities of the clinical faculty in schools of education will be analyzed against the classic role classification of a traditional faculty of the US higher education system: teaching, research and service activities.

The initial responsibility of clinical faculty in schools of education was limited to pre-service education of school teachers. They were responsible for supervising teacher candidates during their field experiences in primary and secondary schools (Losee, 1993). Later initiatives resulted in the expansion of the role, and clinical faculty began to serve teaching activities in schools of education in teacher education fields. Today, clinical faculty positions are considered course teachers (a faculty position) for teacher education programs and also other fields of schools of education that require professional experience, such as administration (Hearn & Anderson, 2001).

The expectations for clinical position and traditional faculty members vary in schools of education depending on schools’ trait and culture. Most of the time, clinical faculty, who has teaching responsibilities in schools of education, is expected to exert the same effort as the other faculty members; from designing courses to implementing curriculum and evaluating student outcomes.

The most intensive discussions about clinical faculty have been about their lack of research knowledge and activities. In one of the early studies, Fretwell (1967) highlighted the importance of clinical professorship in schools of education and suggested that clinical faculty should play active roles in reforming educational research, especially in the fields; research that relates to professional field issues such as classroom problems in teacher education (as cited in Cornbleth & Ellsworth, 1994, p. 232). However, clinical faculty members are coming from professional fields (school teaching, administration and etc.) in order to transfer their experience in higher education; because of the clinical faculty positions’ very nature they are not expected to do research and contribute scholarly publications (Hearn & Anderson, 2001). Thus, clinical faculty members often play no role in research and their scholarly contributions are limited.

Another main responsibility of a faculty member in the US higher education system is the faculty members’ contributions in service activities. However, it is generally difficult to define and identify the service activities in higher education institutions because of its varied implications. While Blackburn, Bieber, Lawrence and Trautvetter (1991) divide service activities for an average faculty member as public, professional and campus services activities, May (2005) defines faculty service as “everything one does for one’s program, department, school, university, community, and society that does not

relate directly to either teaching or research” (p.21). Looking at service activities from this perspective, one can argue that clinical faculty’s role in service activities, especially in those directed to public and institution is acute. Their undeniable importance in bridging higher education institutions with the professional fields by reinforcing theory-practice incorporation (schools, government agents, associates and etc.) is emphasized by many of the scholars (Cornbleth & Ellsworth, 1994; Hearn & Anderson, 2001). The other service activities clinical faculty members participate in varies from joining committees to student advisory and administrative duties.

Curricular Focus

Clinical faculty’s curricular focus differs depending on which part of the school of education clinicalization takes place and what they are responsible for. In other words, the curricular focus of clinical faculties, who are in teacher education programs, may differ from the curricular focus of clinical faculty, who are in other education departments such as administration. Hearn and Anderson (2001) argue that the use of clinical faculty positions is becoming more popular in schools of education beyond teacher education. Thus, the curricular focus of clinical faculty positions can be analyzed under two different categories, clinical faculty in teacher education and those in other education departments.

As mentioned earlier, the need and call for the collaboration of theory and practice initiated the clinicalization of teacher education in schools of education; thus resulted in the emergence of clinical teacher education faculty positions. Bullough Jr et al. (1997) examine the clinical faculty involvement in teacher education under three categories: (a) the changing and enhancing role of cooperating teachers as clinical faculty (b) The involvement of school teachers in university course instruction (c) The broad involvement of school teacher in decision making in schools of education, from planning to admission. While the clinical faculty members are responsible for supervisory activities in the preparation of student teachers, their curricular focus in teacher preparation course instruction are related to their experience and major in the field. On the other hand, although, it seems the clinical faculty members actively participate in delivering most of the teacher education courses, the early studies from 90’s reveals that non-clinical faculty in schools of education bear most of the burden in teacher education course instruction (Bullough et al., 1997). However, the lack of updated statistical data about the clinical faculty’s participation in teacher education course instruction makes it difficult to support this assumption for today at first hand.

Educational administration programs in schools of education are the other professional programs in which practical teaching and learning should take place. Levine (2005) and Murphy (2002) suggest two epistemological aspects of the educational administration field; “espoused theory” and “practice-based knowledge” (as cited in Kowalski, 2009, p.362). The recognition of educational administration programs as professional fields has forced institutions to redesign and review their program curricula in order to address the need of clinical practice

(Browne-Ferrigno & Muth, 2004). Many of the educational administration departments now attempt to compensate the practical knowledge needs of aspiring leaders (administration students). Clark and Clark (1996) suggest that improvement of instructional practices in educational administration programs can be possible through fostering internship and mentoring opportunities, using problem-centered research and learning activities. The use of clinical faculty in educational administration programs is among the alternatives that respond to needs of practical training these administrative fields.

Job Security: Lack of Tenure

Tenure has always been twinned with the terms “academic freedom” and “job security” in the higher education. It is argued that one of the advantages (impacts) of tenure is its role in guaranteeing faculty members’ academic freedom through restricting the discretion of the administrative body on tenured faculty members (McPherson & Schapiro, 1999). On the other hand, National Education Association (NEA) claims that the assertion about the role of “tenure” in protecting faculty members’ academic freedom and providing them with a life time job security are myths since academic freedom is already protected by the US Constitution. Rather, Tenure is simply a right to due process; it means that a college or university cannot fire a tenured professor without presenting evidence that the professor is incompetent or behaves unprofessionally or that an academic department needs to be closed or the school is in serious financial difficulty (NEA, n.d., para. 5).

So, administrators cannot easily dismiss a tenured faculty or cannot make reductions on tenured faculty salaries. Thus, a tenure system’s restriction on administrative discretion substantially provides a big job security to those tenured faculty members compared to non-tenured ones.

One of the most-voiced complaints about the clinical faculty in schools of education is the lack of clinical or tenure track options for the position as pointed by many scholars in the literature (Hern and Anderson, 2001; Kirby, McCombs, Barney, & Naftel, 2006; Hackmann, 2007). Essentially, the lack of tenure option for clinical faculty members can be explained by one main rationale and that is, while tenure system requires faculty members to pursue scholarly research activities as well as teaching and service requirements, because of its very nature, clinical faculty mostly focuses on field teaching and stand apart from research activities. Instead of clinical or tenure track options, clinical faculty has been hired in schools of education on mostly short-term (limited to year-based arrangements) and some long-term contracts. It is the complaint that clinical faculty has no job security in schools of education because their contractual rights are limited and do not secure their future.

Analysis of the Position Across the Fields

As the clinical faculty position differs in scope, focus, position type (part-time full-time) and curricula from traditional faculty, it may be illogical to compare clinical faculty with tenured and other traditional faculty positions in the school. At this point, the analysis of the clinical positions across different profes-

sional schools might be more appropriate to better explain the clinical faculty status in schools of education. The argument mostly highlighted by the scholars is that clinical faculty members in education schools are denied many positional rights and have the most unfortunate clinical position among the other clinical faculty in other professional schools. Medical and law schools' clinical experiences are discussed below.

Medical Schools

The increasing role of medical service components of US academic medical schools pushed schools to modify their faculty appointment policies and resulted in the emergence of clinician-educator faculty tracks (clinical faculty position) in medical schools (Jones, 1987). While the clinician-medical faculty members are mostly engaged in patient care and professional teaching of medical students, they are most of the time less responsible for scholarly activities. Nevertheless, Jones (1987) argues "while evidence of scholarly activity is required for promotion of faculty members in this track, expectations regarding research publications are generally less than for tenure-track faculty members" (p. 444). Barzansky and Kenagy (2010) discuss the clinical education report of 1910 by Abraham Flexner, who developed a medical education model suggesting the inclusion of full-time, university-based and salaried faculty in medical education. Their investigation on the development of clinical education throughout the history suggests that clinical faculty today is salaried and full-time, and medical education today is not in disarray, since clinical faculty quality has been evaluated through multiple measures, students are satisfied with the clinical education, and they achieve well on the national medical licensing examination in the US. These discussions suggest that medical schools seem to be successful in integrating clinical training into their curricula and clinical faculty members into their academic team.

Law Schools

Law schools are the other professional schools that needed to address the gap between the theory and practice in legal education. The need for practical education in the early decades has been met by the establishment of clinical programs in law schools and the use of clinical faculty. Clinics in law schools have been playing crucial "role in bridging the gap between the study of the law and its practice" (Anderson & Wyllett, 2008, p.2). Beyond the clinics, law schools offer externship opportunities, in which students have the chance for professional experience through field practices. It is argued that law schools have succeeded in integrating clinical norms into traditional faculty positions instead of establishing separate clinical faculty tracks (Hearn & Anderson, 2001). However, Adamson et al.'s (2012) analysis on the results of master survey collected by the Center for the Study of Applied Legal Education (CSALE) disclosed that clinical faculty in legal education are employed under a lot of different models. Adamson et al. (2012) categorize those existing myriad of full-time clinical models under five most common appointment models: e.g., 1) unitary tenure track [traditional tenure track]; 2) clinical tenure track [similar to medical school appointments]; 3) long-term contract; 4) short-term contract;

and 5) clinic fellowships. Noteworthy to mention here is that these various models exist in legal education give its clinical faculty not only teaching opportunity but also these faculty members enjoy participating in scholarly activities as well as school governance and service activities in the field.

Considering the clinical faculty status in education schools and their rights and responsibilities compared to the others in other professional fields, one can completely agree with Hearn and Anderson's (2001, p. 129) argument that "education faculty in research universities often work within the worst possible context for serving clinical needs: an absence of alternative faculty lines (as in medical schools) and an absence of a professional environment welcoming of clinical orientations within the traditional faculty lines (as in law schools)". Moreover, the successful adaptation of clinicians in other professional schools gives more advantages to clinical faculty members in terms of money, compensation, and job security, compared to those in schools of education. Moreover, the majority of faculty promotion and salary increase policies basically depend on scholarly research activities. These were embedded and standardized along the lines of tenured faculty tracks. The resulting concerns of clinical faculty members can be easily understood.

Today, some schools of education in the United States began to orientate some clinical norms in the school, in order to adapt the clinical faculty into existing institutional norms. For instance, University of India School of Education handled the issue by standardizing clinical faculty positions under short- and long-term contracts, clinical promotion policies and requirements by offering clinical lecturer and assistant-associate-full clinical faculty ranks and positions. The school also standardized the clinical ranks with time-frames as well as articulating teaching and service requirements for clinical promotion (*Indiana University School of Education IUPUI, Long-Term Contract and Promotion Criteria for Clinical Faculty*). However, because of the lack of empirical data about clinical faculty in schools of education (Hearn & Anderson, 2001), it is difficult to estimate what percent of the schools of education in the United States has this sort of clinical orientations and evaluate their experiences with the clinical positions.

Significance of the Clinical Position

As discussed earlier, many of the studies highlighted how crucial clinical faculties are in professional schools (Cornbleth & Ellsworth, 1994; Hearn & Anderson, 2001; Browne-Ferrigno & Muth, 2004; Anderson & Wyllett, 2008). The need for professional experience and call for clinical faculty positions increased especially in teacher education and administrative programs. The main advantage of this position to schools of education is that clinical faculty members bring their field experiences into education arena creating a learning environment in which students benefit from both theory and practice. Specifically, Hearn and Anderson (2001) argue that clinical faculty members' direct ties and relationships with the external constituencies and sectors give some advantages to academic schools through internally and externally improving academic programs by strengthening university/community relation-

ships. In addition, they also highlight the role clinical faculty members play in reducing administrative workloads in schools of education.

While the importance of clinical orientation in schools of education has been gaining increasing recognition of many scholars and academicians, their problems in schools of education seems to be unchanged. Clinical faculty members still have problems integrating into higher education institutions and their authority and power in institutions are limited. Cornbleth and Ellsworth (1994) argue “although clinical faculty members’ practical knowledge is valued, typically it is viewed as supplementary to university generated knowledge” (p. 241). They also argue that clinical faculty members have to work in an environment which is designed by others, due to their lack of participation in role definition. In addition, clinical faculty positions (because of lack of research) have been viewed as “second-class” faculty members in the academia and many of the tenured faculty members opposed to the transformation of tenured track lines into clinical faculty positions in some extent (Hearn & Anderson, 2001). Moreover, the changes and developments in higher education arena increase the competition between not only institutions but also among faculty members who seek jobs and careers. It is important to consider that US higher education system has been experiencing a big transformation in course delivery resulting in changes in terms of faculty positions. Ehrenberg and Zhang (2005) state that since the 80s, higher education institutions have been witnessing rapid growth in the appointment of part-time and full-time faculty members without tenure track status. At this point, it can be argued that the decline in the appointment of tenured and tenure-track faculty positions will make higher education arena more competitive. Considering the unclear status of clinical faculty and their absence from research activities, it can be concluded that clinical faculty members won’t fare well in a highly competitive arena. It seems that this unclear status will undermine the future status of clinical faculty.

While many scholars highlight the importance of the integration of theory and practice (Cornbleth & Ellsworth, 1994; Hearn & Anderson, 2001; Browne-Ferrigno & Muth, 2004), the role and importance of clinical faculty positions remains unclear. As mentioned earlier, one of the arguments is that the utilization of many non-tenure track faculty positions lowers the quality of education. At this point, integration of tenure-line faculty with clinical faculty assuming that “tenured-line faculty will provide intellectual rigor to the program and nurturant mentoring to clinical faculty members” is vital, in responding to concerns raised (Bullough et al., 1997, p.94). Moreover, Hearn and Anderson (2001) state that the role and necessity of clinical (professional) positions in schools should be explained to non-clinical faculty members, in order to eliminate possible tensions.

CONCLUSION

Still today, the role and responsibility of clinical faculty members and the scope of their job in schools of education seems to be blurred. The debate around clinical orientation in schools

of education will most likely continue among scholars and administrators in higher education. One of the most common stated arguments is the lack of a common definition for clinical positions and the scope of the job in schools of education. Moreover, as Hearn and Anderson (2001) state the lack of empirical data on clinical faculty role, renders scholars’ attempts in clarifying clinical role useless and limits the effectiveness of studies in this area. Some of the arguments and discussions in this paper in respect to clinical faculty do not go beyond these arguments due to lack of empirical data and the lack of clear definition of the position. One of the main barriers to clarifying the title “clinical faculty” is that the United States has a decentralized, the largest and most diverse postsecondary system in the world (Bassett, 2006), with different missions, visions and academic structures. In this kind of arena, it is possible that higher education institutions use the term “clinical faculty” to define slightly different faculty positions. Second, the general definition for “clinical faculty” as the faculty members who fulfill the practical needs of the professional schools focusing on teaching and service and stands apart from research activities creates another problem. It is because this definition can only be used in research oriented institutions in order to separate clinical from traditional faculty members. However, “outside of the research universities...education faculty has always been “clinical” in many respects” (Hearn & Anderson, 2001, p. 127). Thus the scope of the “clinical faculty” position should be always determined in each professional school, instead of using a nation-wide title and description.

Eventually, nationwide empirical study is required to understand and clarify the clinicalization of schools of education. In the same way, the concerns raised among non-clinical faculty members can be eliminated. Moreover, the initiation of new clinical tracks (as in other professional schools) for clinical faculty positions in education schools may solve the problems clinical faculty have in terms of job security, compensation and benefits. This paper suggests that it is the best solution to adjust and initiate a clinical track with its own standards (such as professional field research [Bullough Jr et al. 1997]) instead of attempting to put clinical faculty into tenure-line that will never fit because of the positions very nature. This seems to solve problems and concerns raised from both sides of clinical faculty debate (complaints about job security and compensation) and non-clinical faculty (with complaints about the academic quality).

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