



TTUHSC EL PASO

Texas Tech University Health Sciences Center El Paso

HUNT SCHOOL OF NURSING

Policy and Procedure

SON OP: 20.120 Clinical Faculty Appointment and Evaluation

PURPOSE: To provide guidance to faculty and administrators about the procedure to follow in the appointment and evaluation of clinical faculty.

REVIEW: This section of the handbook shall be reviewed by the Associate Dean of Academic Programs by September 1st on odd-numbered years.

POLICY/PROCEDURE

1. Initial Appointment

The role and expectations of clinical faculty should be discussed and agreed upon by the appropriate Assistant Dean(s) and faculty member.

- a. Associate Dean of Academic Programs or Assistant Dean(s) identifies programmatic needs.
- b. Assistant Dean(s) interviews potential clinical faculty.
- c. The Faculty Appointment Sub-Committee reviews CV and relevant documents and recommends rank to the Dean.
- d. Dean makes final decision regarding rank and sends appointment letter.
- e. Associate Dean of Academic Programs sends contractual letter containing teaching assignment and proposed pay for the assignment.
- f. Clinical faculty submits signed contractual letter to the Office of the Dean where it is kept on file.
- g. The Office of the Dean maintains a list of active clinical faculty, their current curriculum vitae/licenses.
- h. An orientation outlining the role and expectations for the assignment are provided to clinical faculty by the appropriate Assistant Dean(s).

b. Evaluation

Clinical faculty are reviewed annually by the appropriate Assistant Dean in order to be considered for reappointment. The review should focus on teaching responsibilities at the time of hire. See *attachment A*.

Annual review is based on meeting roles and expectations, quality of the work, and the needs of the school. The Dean reserves the right not to reappoint with a 30 day notification to the clinical faculty.

SON OP 20.120
Adopted: 3/2017
FC approved: 7/20/2022

Attachment A

TTUHSC EL PASO GAYLE GREVE HUNT SCHOOL OF NURSING

Clinical Faculty Evaluation Procedure

Clinical Faculty Name: _____ Rank: _____

Evaluation Period: _____ Date of last evaluation: _____

Course(s) Taught: _____

Assistant Dean Records Comments (as relevant) below:

Educational Efforts:

Service:

Practice:

Scholarly Efforts:

Summation:

____ Exceeds expectations

____ Meets expectations

____ Minimally meets expectations

____ Does not meet expectations

Clinical Faculty Member

Date

Assistant Dean

Date

For Dean Use Only

____ Reappoint

____ Reappoint with self-improvement plan

____ Do not reappoint

Comment:

Signature: _____

Date: _____