

Section C: Faculty Procedures

II. Faculty

A. Faculty Attendance

1 Faculty Absences (2002, Revised 2015, 2019, 2021)

Unless on approved leave, faculty members are expected to work except:

- An official University holiday.
- An end-of-semester break, including Summer Break when not contracted to teach summer term.
- Winter or Spring Break
- Death in the family (after appropriate Department Chair notification)
- Jury duty (after appropriate Department Chair notification)

Regular duty hours begin with the pre-semester week or summer registration days and end with the day that grades are due or graduation, whichever comes last.

2 Vacation Leave (2002, Revised 2015, 2019, 2021)

Faculty members on nine-month contracts do not earn leave. Faculty and staff on twelve-month contracts who do earn leave must submit a request for personal leave through the *Single Sign On* portal. Leave must be approved by the appropriate supervisor before it is used.

3. Sickness

Faculty absences related to illness are regulated by University Rule 31.03.02.C1.01 Sick Leave (http://academicaffairs.tamucc.edu/rules_procedures/assets/31.03.02.C0.01_sick_leave.pdf). This rule applies to all employees who work 50 percent or more time for at least four and one half months (excluding students employed in positions that require student status as a condition for employment). Faculty members who must be absent due to illness or injury are expected to notify the Dean as soon as possible. Upon return to work, they must request sick leave through the **Single Sign On Portal** (https://sso.tamus.edu/Logon.aspx?entityID=https%3A%2F%2Fsso.tamus.edu%2Fshibboleth&return=https%3A%2F%2Fsso.tamus.edu%2Fshibboleth.sso%2FDS%3FSAMLDS%3D1%26target%3Dcookie%253A1443382500_9234).

Additionally, faculty members must submit to the Department Chair an explanation for any absences greater than three consecutive days. More information on leave is available on the HR website.

<https://hr.tamucc.edu/faculty-faq/index.html>

4. Work-Related Travel

All out-of-town travel will be discussed with the Department Chair and approved by the Dean. Faculty members must complete the official *Request to Travel* forms for paid and unpaid travel through Concur on the *Single Sign On* portal. This process provides documentation that a faculty member will not be available due to travel. Faculty should use this process to request College or University funds to support travel. Department secretaries are available to assist with completion of this documentation. Refer to CONHS travel form.

B. Faculty Credentialing Procedure (2013, 2019)

The purpose of this procedure is to inform College faculty about the University requirement that faculty must be credentialed to teach the courses to which they are assigned. This College is expected to implement the procedure in accordance with The Texas A&M University-Corpus Christi *Guidelines and Procedures for Credentialing Faculty* administered through the Division of Academic Affairs.

The Faculty Credentialing Procedure was adopted to ensure that all faculty (i.e., instructors of record) possess the academic preparation, training, and experience to teach at Texas A&M University-Corpus Christi and have the credentials to deliver quality educational programs as represented in standards set by accrediting bodies and state agencies. All members of the faculty, full- and part-time faculty, tenured, tenure-track, clinical, visiting, instructors, and adjunct, must provide professional and educational evidence that they have the qualifications required for the position they hold.

The *Guidelines and Procedures for Credentialing Faculty* delineate administrative-level and faculty responsibilities for completing the credentialing process. The Department Chair is responsible for completing the Certification of Credentials and Qualifications for a Tenured or Tenure-Track Faculty Appointment form. These forms are stored on the Academic Affairs website (<http://academicaffairs.tamucc.edu/index.html>). Each faculty member is responsible for submitting, in a timely manner, essential evidence to support their expertise and preparation to teach the courses they will teach. These documents should be submitted to the Administrative Assistant to the Dean. This documentation includes, but is not limited to:

- Curriculum Vita.
- Official transcripts (indicating terminal degree or other appropriate transcripts).
- Appropriate licenses.
- Certifications.
- Verification of work related to teaching experience (as needed).

Faculty may be requested to submit updated information.

C. College of Nursing and Health Sciences Designation of Graduate Faculty Procedure (2008, 2012, Revised 2015, 2019)

Overview

Graduate faculty designation is required for faculty members who teach graduate courses or serve on graduate scholarship committees. Criteria for graduate status are delineated in Rule 12.99.99. C0.03 of the TAMU-CC Designation of Graduate Faculty in the University Handbook of Rules and Procedures. To acquire graduate faculty status, a tenure/tenure track faculty member must have a terminal degree. Department Graduate Faculty will review all nominations for graduate faculty status. Findings from the review are submitted to the Department Chairs and CONHS Dean. Only those faculty members identified as faculty of record for a course are required to hold graduate faculty status.

Faculty (non-tenured track) assigned to teach the clinical component of graduate courses in the CONHS apply for a teaching appointment to graduate faculty. A curriculum vita (CV), rationale for appointment and the application form for Graduate Faculty Status are signed by the Department Chair and the Dean.

In accordance with the University rule, the CONHS Dean reviews the list of candidates and forwards an approved list to the TAMU-CC Graduate Council for its review. The Graduate Council reviews the CONHS request and evidence supporting the request for each applicant's appointment as graduate faculty. The Graduate Council submits its recommendations to the Dean of the College of Graduate Studies who grants or denies graduate faculty status.

Procedure

1. In consultation with the Dean, the Department Chair generates a list of faculty who need graduate faculty status before the start of each semester. The list is reviewed by department graduate faculty.
2. Faculty members are notified they must complete the *College of Graduate Studies Graduate Faculty Status Application Form 2* (http://gradschool.tamucc.edu/contact_us/forms.html). Department Chairs guide each faculty member in completing the form to ensure the appropriate status and term of appointment is indicated on the application.
3. Each applicant submits the signed *Graduate Faculty Status Application* and a current curriculum vita to the Department Chair.
4. The Department Chair briefly explains in writing why each applicant is qualified for a specific graduate faculty status. In this memo the Department Chair should specify the graduate faculty status category appropriate for an individual faculty member and the term of the designation.
5. Each applicant's packet (application, CV and justification memo) are provided to the Dean for review.
6. Dean signs the *Graduate Faculty Status Application Form* and nominations are forwarded to the Graduate Council for review and to the College of Graduate studies.
7. Graduate Faculty designation is given for a three-year time period.

D. Faculty Schedule

Faculty members are expected to establish structures within their courses that promote timely interactions with students. These structures should fit the course delivery format (traditional face-to-

face, online, hybrid). Faculty availability to students should be delineated in the course syllabus. A template for documenting faculty schedules is provided in this procedure.

Faculty Name _____

Office _____

Semester _____

Phone Number _____

E. Faculty Performance

1. Faculty Annual Performance Review Procedure (2006, Revised 2013, 2017, 2019, Dec 2020, Feb. 2022)

Introduction

Tenured and non-tenured full-time faculty must participate in a performance review annually. Faculty will be reminded at the end of the calendar year to update their digital portfolio by entering accomplishments and indicating how their goals were met or if they are still in progress. At this time, faculty should also establish goals for the next calendar year and enter them into the digital portfolio. Department Chairs will meet with faculty in the Spring semester to discuss the previous year's performance evaluation and goals for the next academic year.

The criteria used in evaluating work performance includes academic preparation, experience, teaching, scholarship, service, and fulfillment of responsibilities associated with academic rank. Texas A&M-Corpus Christi Procedure 33.99.99.C0.02 *Performance Reviews of Full-time Faculty Members* delineates and describes the ranking levels used in evaluating faculty members. Additional criteria for assessing scholarship/creative activity, teaching and service are as follows:

Excellent:

- Exceptional performance exceeding expectations for full-time faculty members of comparable rank and workload in the department and/or college.
- To meet the rank of Excellence for scholarship/creative activity faculty must meet the minimum expectations and significantly exceed the standard for scholarship and/or creative activity defined for their position. At least one substantive, high quality achievement for that year will be required to earn the rank of "excellent".
- To meet the ranking of Excellence for teaching faculty must meet the minimum expectations and significantly exceed the standard for teaching as reflected in extensive use of professional development and self-assessment to enhance teaching and improve student learning and strong student course evaluations. Other accomplishments may be used to determine a rating of Excellent.
- To meet the rank of Excellence for Service, a faculty member may serve the department/discipline, university, college, community, or profession in a leadership capacity or may take on multiple service responsibilities that demonstrate initiative in their patterns of service. Recognition for service, including nomination and/or receipt of an internal or external award or honor in the year under consideration may also qualify a faculty member for excellence in service at the annual review.

High:

- Exceeds performance expectations for full-time faculty members of comparable rank and workload in the department and/or college but does not rise to the level of Excellent.
 - To meet the rank of High for scholarship/creative activity, a faculty member meets the minimum expectations with significant progress made toward a goal. At least one noteworthy achievement, or significant progress toward that achievement, for that year will be required to earn the rank of “high”.
- To meet the rank of High for teaching, a faculty member meets the minimum expectations for teaching as reflected in the use of professional development and self-assessment to enhance teaching or improve student learning and strong student course evaluations. Other accomplishments may be used to determine a rating of High.
 - To meet the rank of High for service, a faculty member demonstrates a pattern of service within a given year. This might include participating in different department/discipline, college or university service activities beyond the standard requirement, serving on a work-intensive standing committee, performing significant ad hoc committee work, or coordinating a program without compensation.

Meets Expectations:

- Meets expectations for performance for full-time faculty members of comparable rank and workload in the department and/or college.
 - To meet the rank of Meets Expectations for scholarship/creative activity, a faculty member meets the minimum expectations as evidenced by contributions to the scholarship of nursing and health sciences.
 - To meet the rank of Meets Expectations for teaching, a faculty member meets the minimum expectations for teaching as evidenced by commitment to continuous improvement through professional development, peer review, and self-assessment, and student course evaluations.
 - To meet the rank of Meets Expectations for service, the faculty member regularly attends department/discipline meetings and recognition and commencement ceremonies, participates in assessment and advising, and performs disciplinary-level service as assigned by the department chair and college or university service as requested by the dean or provost.

Unsatisfactory:

- Performance is below expectations for a full-time faculty member of comparable rank and workload in the department and/or college.

- Unsatisfactory ranking for scholarship/creative activity is earned when a faculty member does not meet the minimum expectations
- Unsatisfactory ranking for teaching is earned when a faculty member does not meet the minimum expectations for teaching as evidenced by commitment to continuous improvement through professional development, peer review, and self-assessment, and student course evaluations.
- Unsatisfactory ranking for service is earned when the faculty member does not regularly attend department/discipline meetings and recognition and commencement ceremonies, participate in assessment and advising, or perform disciplinary-level service as assigned by the department chair or college or university service as requested by the dean or provost.
- The faculty member must improve performance in any area of teaching, research, and/or service that is scored unsatisfactory in the annual review and will be given a written set of expectations for improvement in a defined improvement plan. Unit supervisors may develop, in consultation with faculty, multi-year improvement plans.

Scholarship and/or Creative activity

Scholarly/creative activity for tenure or tenure track faculty consists of academic work (productivity which can be documented in the form of research, writing, speaking, or in some other appropriate form) that results in expanding the body of knowledge and understanding of the candidate's academic field. Candidates must demonstrate why any such scholarly/creative activity that falls outside their discipline should merit consideration. Scholarly/creative activity may be achieved singly or in collaboration with others. Such work must result in some clear, externally peer reviewed or peer selected product, and must have involved work that is non-routine, novel, creative, imaginative, ingenious, or original (though not necessarily all of these). It should occur in addition to one's normal teaching assignment.

Definition of Scholarship in Nursing and Health Sciences

Scholarship in nursing and health sciences can be defined as those activities that systematically advance the teaching, research, and practice of nursing and health sciences through rigorous inquiry that 1) is significant to the profession, 2) is creative, 3) can be documented, 4) can be replicated or elaborated and

5) can be peer-reviewed through various methods. Consistent with Texas A&M University- Corpus Christi's understanding of scholarship, the CONHS uses Boyer's Model of Scholarship (1990) as the framework for evaluating a faculty member's potential performance as a tenured member of the TAMUCC and CONHS faculty.

The Scholarship of Discovery is inquiry that produces the disciplinary and professional knowledge that is at the very heart of academic pursuits (Boyer, 1990). Within nursing and health sciences, the scholarship of discovery reflects the unique perspective of nursing and health sciences that "takes an expanded view of health

promotion, restoration, and rehabilitation, as well as a commitment to caring and comfort (AACN, 1998, p.1)”. The scholarship of discovery takes the form of primary empirical research, historical research, theory development and testing, methodological studies, and philosophical inquiry and analysis.

The Scholarship of Practice (Application) has emerged in nursing and health sciences as a critical component in the maintenance of clinical competency of faculty in a university setting and the advancement of clinical knowledge in the discipline (Norbeck & Taylor, 1998; Rudy et al., 1995; and Wright, 1993). Practice scholarship includes development of clinical knowledge, professional development, application of technical or research skills and service. Practice roles for faculty in health care delivery systems may include direct caregiver, educator, consultant, and administrator (Brown, et al., 1995; Norbeck & Taylor, 1998; Wright, 1993).

The Scholarship of Integration refers to writing and the products that use concepts and original works from nursing and health sciences and other disciplines in creating new patterns, placing knowledge in a larger context, or illuminating the data in a more meaningful way. The scholarship of integration emphasizes the interconnection of idea and brings new insight to bear on original concepts and research.

The Scholarship of Teaching is inquiry that produces knowledge to support the transfer of the science and art of nursing and health sciences from the expert to the novice, building bridges between the teacher’s understanding and the student’s learning (Boyer 1990). Within nursing and health sciences, the scholarship of teaching increases the effectiveness of the transfer of discipline-specific knowledge and adds to deeper understanding of both the discipline and pedagogy. The scholarship of teaching is conducted through application of knowledge of the discipline or specialty area in the teaching- learning process, the development of innovative teaching and evaluation methods, program development, learning outcome evaluation, and professional role modeling. The College of Nursing and Health Sciences of TAMUCC considers the Scholarship of Teaching an integral part of the teaching criteria.

Minimum expectation for Tenure/Tenure Track Faculty include:

- Engage in scholarly activity according to requirements for performance by rank as designated in University and College tenure rank descriptors (CONHS Tenure process, University Procedure 12.01.99.CO.01 Academic Rank Descriptors for Tenured and Tenure-Track Faculty).
- Engage in activities that advance the teaching and practice of nursing and health sciences through rigorous inquiry.
- Conduct inquiries that contribute to discipline knowledge and result in a product that can be shared with others (e.g. empirical research, theory development, methodological studies, comparative effectiveness analyses, program evaluations).
- Engage in practice appropriate to faculty credentials.
- Participate in inter-professional activities that facilitate integration of ~~ideas~~ and development of new meaning of principles guiding nursing and health sciences practice.
- Complete a tangible project as a result of clinical practice, research, integration and teaching, application.
- A non-exhaustive list of activities includes the following:

- publications
- manuscripts submitted for publication
- work in progress
- oral convention presentations (e.g. panelist, respondent -- a substantive presentation, not just moderator of panel)
- textbooks or parts of textbooks
- published writing that makes one's field accessible to a wider audience, e.g. editorials or articles in popular press
- interdisciplinary achievements that advance pedagogy in a manner appropriate to the institutional mission
- other instructional materials that advance pedagogy in a manner appropriate to one's discipline and/or the institutional mission
- consultation
- technical assistance
- policy analysis
- external program evaluation
- applied or clinical research and assessment and treatment of clinical cases
- grant writing
- recorded recognition by colleagues and professional peers
- publishing in refereed and recognized professional journals and presses
- invited publications
- reviews of books, applied research
- successful grant applications which clearly relate to scholarly/creative activities (as described above)
- awards based on professional expertise.

Activities for Clinical Track Faculty could include:

- Contribute to professional practice guidelines, textbooks, monographs, videotapes or other educational materials.
- Contribute to policy development as consultant and expert.
- Complete a tangible project as a result of clinical practice, research, integration and teaching, application.
- Prepare publications reporting novel practice experiences or evaluation of projects
- A non- exhaustive list of activities includes the following
 - Contribute to development of standards and/or objectives for Simulations or other educational strategies
 - Review of conference abstracts/poster presentations or book reviews

- Contribute to development of standards and/or objectives for regulating bodies
- Contribute to body of nursing and health sciences with advanced practice and /or terminal degrees by pursuing advanced education that contributes to the scholarship of the CONHS

Teaching

Since teaching is central to the university's mission, all faculty, as appropriate to the nature of their appointment, are expected to meet certain minimum expectations.

- Plan and organize content/structure of course within limits set by published course descriptions and objectives.
- Adhere to Best Practices for Distance Learning when developing and implementing web-based courses.
- Effectively operate the learning management system(s) (LMS) and other technologies.
- Participate in course planning, Faculty of the Whole, and Department meetings.
- Prepare syllabi.
- Order textbooks and desk copies.
- Teach credit courses.
- Supervise the clinical work of students or interns.
- Implement teaching strategies that promote student learning in a safe and just environment.
- Communicate effectively in interactions with students.
- Grade written and oral assignments.
- Complete grade sheets, drop/add forms, or student rosters for the Registrar.
- Arrange/reserve for audiovisuals and media support technology.
- Meet classes at scheduled times as reflected in the most current semester schedule.
- Demonstrate professional behavior in the classroom showing respect for students and a diversity of opinion.
- Maintain posted office hours.
- Coordinate distribution and collection of achievement exams, critical thinking surveys, comprehensive exams and other program evaluation surveys, end-of-course and instructor reviews.
- Complete end-of-semester reports as required by accrediting bodies and forward copy to appropriate administrator and school files.
- Advise students related to career development, academic success and student development.

- Monitor student performance using formative and summative evaluation strategies.
- Engage continuous improvement activities to ensure courses promote optimal student learning outcomes.
- May direct undergraduate and graduate projects, internships.
- May serve on master and doctoral committees.
- Stay abreast of content in clinical or discipline area.
- Maintain clinical skills/certification.
- Investigate and incorporate new, innovative teaching/learning strategies.
- Participate in commencement ceremonies according to university guidelines.
- Create and maintain collegial relationships with faculty members who teach similar courses or who engage in team teaching arrangements.
- Be prepared to continue relevant teaching and learning activities in an online format or alternate location in the event of a natural disaster or emergency, in compliance with the Academic Continuity Plan.

CONHS Service:

- Membership on and active participation in College and Department committees.
- Membership on and active participation in University committees or councils.
- Membership in professional organizations.
- Membership in community organizations.

Department, College, and University Service:

There are many ways a faculty member may be of assistance to the department/discipline, college, and university. A non- exhaustive list of activities includes the following:

- Assisting and collaborating with other faculty on student activities, exams, and clinical compliance activities beyond individual, regular course responsibilities
- Assist with Student recruitment events on campus or within the community
- Advising student organizations
 - Directing and/or coordinating student-led service events
 - Serving the student population in a mentorship or advisor capacity
 - Service as an elected/appointed member of a college or department/discipline committee
 - Internal program evaluation

- Completion of a special project for the university, college, or department/discipline
- Lead or co-author or editor of a major curriculum addition or revision
- Service as an elected senator or appointment to a university council or committee
- Service on a board, council, or committee outside the university by appointment as the university's or college's representative
- Completion of an institutional research project
- Grant writing for institutional development

Professional Service Texas A&M University-Corpus Christi encourages professional service (or service to the profession or discipline) which is in support of the mission and goals of the university. This service must relate to one's academic field or else be clearly approved by the university. A non- exhaustive list of activities includes the following:

- Officer or board member of a professional organization
- Conference organizer
- Editor of a journal/newsletter
 - Moderator of a panel at an academic conference
- Committee membership for a professional association
- Peer review of professional papers, manuscripts, and presentations
- Media contributions related to professional expertise
- Invited speaking engagements and panel discussions related to academic fields

Community Service Texas A&M University-Corpus Christi recognizes that community partnerships and community engagement produce a vibrant local culture. Therefore, community service in support of the mission and goals of the university is supported and encouraged. A non- exhaustive list of activities includes the following:

- Serving as an officer or board member of a community organization
- Giving volunteer assistance to a community organization or project through provision of advice, grant writing, or other application of one's professional expertise
- Conducting workshops, giving talks or demonstrations locally
- Serving on a committee for a local professional association or community organization
- Assisting with or hosting health fairs, health screenings, immunization clinics
- Visiting local schools in some professional capacity

Merit pay is awarded in accordance with Texas A&M–Corpus Christi procedure 31.01.08.C1.01 Merit Pay for Faculty, and is based on quality teaching, scholarly/creative activity, service and other duties as defined (in 12.01.99.C0.03). The College of Nursing and Health Sciences Annual Performance Review Process incorporates peer evaluation, self-evaluation, and Department Chair appraisal to determine the extent to which a faculty member meets role expectations as outlined in academic rank responsibilities. The total evaluation score shall reflect workload percentages agreed upon. A total weighted average

shall be calculated. The steps in the process are outlined in the following section.

a. Full-time Faculty Annual Performance Review Process

- Faculty members are responsible for generating specific measurable goals and objectives to direct their work activities for a calendar year. Goals and Objectives will be recorded in the appropriate format as determined by members of the College faculty in current faculty information system . Annual Goals and Objectives shall be submitted by January 31, or date designated by Department Chair, of the calendar year to the Department Chair and maintained as part of each faculty member’s personnel record.

Faculty shall evaluate the extent to which their goals and objectives were met at the end of the calendar year as specified in the Goals and Objectives record. The evaluation should include statements that provide evidence of goal achievement. Teaching effectiveness is evaluated using student evaluations, peer evaluations and self-evaluation. The self-evaluation should be completed in current faculty information system . The Department Chair should be notified when the evaluation is completed by each faculty member no later than January 31, or the date designated by the Department Chair*, of calendar year following the period covered in the evaluation.

- The Department Chair will review assigned faculty member’s self-evaluation, peer-evaluations and all other relevant evidence to appraise the extent to which the faculty member has meet role responsibilities associated with academic rank. The Department Chair will meet with each assigned faculty member to provide feedback related to work performance and teaching effectiveness, to explore potential areas for professional development in succeeding semesters, and to identify potential barriers to professional development. Faculty members will have an opportunity to write comments on the performance evaluation completed by the Department Chairs. All performance evaluations will include the Department Chair’s and faculty member’s signatures to indicate the review was discussed and completed. The completed annual performance review will be retained in the faculty member’s University online portfolio management system record and considered part of the official personnel file.

Timeline for Annual Performance Review Process

January 31, 20XX*	February-March	April 20, 20xx
<ul style="list-style-type: none"> • Self-Evaluation of proceeding calendar year to Department Chair. • Goals and Objectives for current calendar year to Department Chair. 	<ul style="list-style-type: none"> • Department Chair review of Faculty Self-Evaluation and other relevant evidence of performance. 	<ul style="list-style-type: none"> • Faculty Annual Performance Evaluations reviews with faculty completed. • Signed evaluations submitted by Department Chairs to Dean.

b. Part-Time Faculty Annual Performance Review Procedure and Process

All part-time members of the College faculty will complete an annual performance review using the same process described for full-time faculty. Additionally, each part-time faculty member should obtain one peer performance evaluation annually.

c. Adjunct Faculty Annual Performance Review Procedure and Process

Course Managers (or clinical/program coordinators if there is no course manager) will complete evaluations of adjunct faculty performance each semester using the appropriate adjunct evaluation form (clinical or didactic). Completed evaluations will be forward to the appropriate program coordinator for storage/record keeping. Program coordinators reserve the authority to complete annual evaluations of long term, regular adjunct faculty. Health Science and Graduate adjunct faculty may be asked to complete documentation for Competency and Expertise Disclosure.

2. Faculty Peer Evaluation (2002, 2019)

Introduction

The purpose of the Faculty Peer Performance Evaluation is for faculty enrichment and enhancement skills. Additionally, the peer evaluation provides evidence of a faculty member's competence as a teacher. The evaluation can be submitted by the faculty members as part of the annual performance evaluation packet and Promotion or Tenure dossier.

Peer Evaluation Process

Each faculty member selects peers to complete the performance evaluation. The evaluation is a mutually accepted confidential process between the faculty member and the peer evaluator.

- Peers are defined as colleagues from any of the following areas:
 - The same clinical specialty.
 - The same teaching-team.
 - The same academicrank.
- The peer evaluator should assess faculty performance on three areas:
 1. Team membership
 2. Classroom/online teaching, and
 3. Clinical teaching

The Peer Evaluation should be based on relevant areas indicated on the *Peer Performance Evaluation Tool*. Some areas may not be appropriate for a particular setting and should be noted on the Tool. The evaluator should arrange to be present in the classroom, course shell, and or clinical area (if appropriate) for a sufficient length of time to gather data for the evaluation. If desired, a pre-evaluation conference with the peer evaluator may be arranged, especially if the faculty member wishes to be evaluated on any additional behaviors that are not included in the *Peer Performance Evaluation Tool*. A post-evaluation conference between the faculty member being evaluated and the peer evaluator

should be arranged, preferably as soon as possible after the evaluator completes the assessment in order for maximum communication and sharing to take place. The peer evaluator provides a copy of the evaluation to the faculty member. The faculty member will submit the evaluation with evidence to support the annual self-evaluation.

ODELT provides an Online course Review Form that can be used if desired.

Peer Performance Evaluation Tool

Name: _____

Title: _____

Date: _____

Reviewer: _____

Evaluation Based On: _____

Reviewer Signature: _____ Date: _____

Faculty Member Signature: _____ Date: _____

Behavior	Strength	Challenge	Not Applicable	Comment
A. Team Membership				
1. Collaborate with peers.				
2. Support peers.				
3. Communicate effectively with peers.				
4. Respect peers as individuals.				
5. Contribute productively as a course member				
6. Facilitate achievement of course goals.				
7. Support course team decision.				
8. Provide mentorship to new team members.				

Behavior	Strength	Challenge	Not Applicable	Comment
B. Classroom Teaching				
9. Relate learning content to course objectives and student outcomes				
10. Articulate in-depth knowledge of didactic content.				
11. Facilitates students' critical thinking in discussion and application of didactic content.				
12. Promote cooperative student learning according to student level.				
13. Utilize effective teaching strategies to meet course objectives.				
C. Clinical Teaching				
14. Reinforce designed clinical behaviors according to student level.				
15. Provide constructive criticism of student behavior to promote professional functioning.				
16. Guide student to actively use critical thinking for problem solving and decision making.				
17. Facilitate student participation in group learning activities.				
18. Relate theoretical concepts to clinical practicum.				
19. Provide positive role modeling to students, staff and agency.				
20. Demonstrate collaborative practice functions with other health care professionals.				
21. Cultivate contacts within a community to identify potential clinical sites.				
22. Demonstrate professionalism through adherence to legal and ethical practice standards.				

F. College of Nursing and Health Sciences Faculty Practice Plan (1999, 2005, 2015, 2019, 2021)

The purpose of this procedure is to delineate the options available to faculty who engage in professional practice as a component of their role responsibilities. The intention of the Faculty Practice Plan is to support faculty efforts directed at maintaining clinical expertise required for advanced certification.

Assumptions

1. The mission of the University and the College of Nursing and Health Sciences, and the community includes teaching, research, patient care and service. The mission of health care agencies is to provide quality health care to the individual, respecting the dignity and values of the individual, and responding to emerging community needs now and in the future. Practice scholarship is critical for maintaining individual and collective clinical competency of faculty. It is required to maintain advanced practice certification. (Norbeck & Taylor, 1998; Rudy et al., 1995; & Wright, 1993).]. The American Association of Colleges of Nursing (AACN), in their 2018 position statement *Defining scholarship for the practice of nursing*, defines ways the Scholarship of Practice may be advanced, including establishing academic practice partnerships that utilize nursing faculty clinical expertise. Clinical practice specialists work with partners to advance research, clinical improvements and policy development and/or implementation. Additionally, they lead interdisciplinary teams to improve health and transform healthcare.
2. For Advanced Practice Faculty, (APRN), faculty practice is mandated by the Texas State Board of Nursing, Credentialing, and Accrediting Bodies.
3. Faculty practice:
 - a. Enhances the knowledge base in specialty areas.
 - b. Enhances clinical expertise.
 - c. Augments areas and sites for research.
 - d. Develops preceptor sites and establishes collaboration with community agencies.
 - e. Allows faculty to directly model the Advanced Practice Role.
 - f. Provides a system of remuneration for faculty expertise.

Faculty Practice Plan Contract Partnership

The Faculty Practice Plan Contract Partnership establishes a contractual partnership between the University, College and the agency where the faculty member practices. This contractual arrangement establishes a reimbursement structure whereby the employer reimburses the College for the faculty member's services. The faculty member, in turn, receives workload credit equivalent to the hours of practice covered by the reimbursement plan.

Definition of Terms.

1. **Definition of Faculty Practice:** Faculty practice is the direct/indirect delivery of health care by a

faculty member as clinician, educator, researcher, consultant, or administrator for compensation.

2. **Reassignment Time:** The University/College workload credit proportionate to the contract service commitment at the rate of one day of clinical practice equals 0.25 of normal workload.
3. **Membership:** All full-time faculty members are eligible for faculty practice.
4. **Application Process:** Contracts for services are negotiated between the employing agency and the individual faculty member. The contract will be consistent with all legal and mission obligations of the College of Nursing and Health Sciences and Texas A&M University-Corpus Christi. All contracts must be in process through the University and signed by the Dean before faculty practice is initiated.
5. **Workload Credit:** The University provides workload credit proportionate to the contract service commitment at the rate of one day of clinical practice equals 0.25 of normal workload.
6. **Remuneration:** Cost of replacement for the faculty is at the University's prevailing rate.
7. **Distribution of Funds:** Compensation in excess of cost of replacement will be distributed as follows:
 - 90% to the individual faculty member's University account which can be used for University allowed expenditures.
 - 10% to the Dean's discretionary account.

Faculty members who practice through the Faculty Practice Plan contract agreement must apply to the Dean before completing negotiations for employment with the employing agency. Upon the Dean's approval, the faculty member will initiate the contract process between the employing agency and the College. The Dean will facilitate the University contract process once a contract is prepared by the employing agency.

The faculty member must negotiate workload reassignment for practice with the Department Chair after receiving approval to practice through the contracted arrangement from the Dean. The Department Chair will work with the faculty member to design a work assignment that supports practice. The faculty member is responsible for fulfilling College responsibilities associated with the work assignment.

In the contract plan, reimbursement for faculty practice will be paid directly to the University. The funds will be dispersed as follows:

Process for the College of Nursing and Health Sciences Faculty Practice Fund

1. All funds will be budgeted and expended in accordance with the rules, regulations and guidelines of Texas A&M University-Corpus Christi.
2. Remuneration for the faculty's practice is remitted to a special account in the College of Nursing and Health Sciences, designated with the faculty member's name.
3. Faculty remuneration in excess of cost of replacement for faculty is distributed as follows:

- a. 10% for the Dean's Discretionary Fund.
 - b. 90% for Faculty support.
 - Malpractice insurance.
 - Professional organization dues.
 - Clinical support items not usually supported, i.e. clip art, computer software, videos, computer hardware, etc.
 - Support services.
 - Graduate Assistant support/work-study student.
 - Consultation.
 - Professional development.
 - Other at the discretion of the Dean.
4. All funds in the participating faculty member's account remain with the University upon resignation or separation of the faculty member from University employment.

Faculty Practice Plan Professional Employment Option

The Faculty Practice Plan Professional Employment option allows faculty to practice through University Rule 31.05.01.C1 *Faculty Consulting, External Professional Employment, and conflicts of Interest*. (http://academicaffairs.tamucc.edu/rules_procedures/assets/31.05.01.C1_faculty_consulting_etc.pdf)

Faculty must receive approval from the Department Chair, Dean, Provost, and President to engage in external professional employment for reimbursement. The faculty member will be reimbursed directly by the employing agency in this Practice Plan option. No workload credit will be assigned for practice in this option.

Faculty members who practice through the External Professional Employment Faculty Practice Plan must submit the External Employment Application and Approval Form (<http://assets.system.tamus.edu/files/hr/forms/202A.pdf>) before completing negotiations for employment with the employing agency. While the application is reviewed by all relevant parties, the faculty member must notify the Department Chair of the intention to engage in external employment during an academic term. The Department Chair will not give workload credit for practice but may work with faculty members to facilitate efficient course delivery processes. The faculty member is responsible for fulfilling College responsibilities associated with the work assignment.

The College of Nursing and Health Sciences Practice Plan supports faculty contributions to the work of the University, College, and Department through the scholarship of practice. Faculty and College responsibilities are consistent with:

- University Rule 31.05.01.C1 *Faculty Consulting, External Professional Employment, and Conflicts of Interest*

- University Rule 31.05.02.C1.01 *External Employment*

G. Texas Board of Nursing Peer Review (2017, 2019)

Overview

The policy for Peer Review pertains to faculty and to CONHS students who are licensed as registered nurses. Peer Review of registered nurses is governed by the Nurse Practice Act [Texas Occupations Code (TOC) Chapter §303 et. Seq.] and Board Rules and Regulations [Texas Administrative Code (TAC)]. Chapter §303 in the TOC is known as the “Nurse Peer Review Law” or NPR Law.

The acts require reporting of reportable conduct, either through a nursing peer review committee or directly to the Board of Nurse Examiners (BNE) by individual registered or licensed vocational nurses, employers (i.e., hospitals), professional associations and certification bodies, insurance companies, and judicial systems. If a registered nurse reports a nurse to a nursing peer review committee for conduct that the nurse has a duty to report to the Board, the report to the committee will satisfy the nurse’s duty to report to the Board, provided that the following conditions are met;

1. The peer review committee shall report the nurse to the Board, if it finds the nurse engaged in reportable conduct. If the peer review and safe harbor committees finds that the conduct constitutes a minor incident as defined by 22 TAC §217.16 (relating to reporting of minor incidents), it shall report in accordance with the requirements of that rule:
2. The nurse shall be notified of the peer review committee’s findings and findings shall be kept confidential subject to the confidentiality requirements of the peer review proceedings and Texas Occupations Code §303.006; and
3. The reporting nurse accepts in good faith the findings of the peer review committee. (22TAC §217.19)

Definitions

Peer Review. According to the Nurse Practice Act, peer review is defined as:

The evaluation of nursing services, the qualifications of nurses, the quality of patient care rendered by nurses, the merits of complaints concerning nurses and nursing care, and determinations or recommendations regarding complaints including:

- A. the evaluation of the accuracy of a nursing assessment and observation and the appropriateness and quality of the care rendered by a nurse;
- B. a report made to a nursing peer review committee concerning an activity under the committee’s review authority;
- C. a report made by nursing peer review committee to another committee or to the Board as permitted or required by law; and
- D. implementation of a duty of a nursing peer review committee by a member, an agent, or an employee of the committee. [Texas Occupations Code §303.001 (5)(D)]

This definition is broad in an attempt to cover most activities relating to review and evaluation of nursing care. The intent is that Peer Review will be a collegial, non-adversarial review of a nurse or an event. It is not intended to be a form of punishment.

Reportable Conduct. [TOC §301.401(a); 22 TAC §217.11(K)]

Reportable conduct is defined as an incident or pattern of behavior when an RN/LVN:

- A. unnecessarily exposes, or is likely to expose, a patient/person to a risk of harm;
- B. unprofessional conduct by the nurse;
- C. failure to care adequately for a patient;
- D. failure to conform to minimum standards of acceptable professional nursing practice;
- E. impairment or likely impairment of the nurse's practice by chemical dependency or mental illness. The option exists to report through Texas Peer Assistance Program for the Impaired Nurses (TPAPIN).

Minor Incident. A "minor incident" is defined by the TOC (Nursing Practice Act) §301.419(a) and Rule §217.16(b)] as "conduct that does not indicate that the continuing practice of nursing by an affected nurses poses a risk of harm to the client or other person." Rule §217.16(d) establishes when a minor incident is or is not board-reportable. Conditions which may be considered in determining that mandatory reporting is not required are

- A. the significance of the nurse's conduct in the particular practice setting; and
- B. the presence of contributing or mitigating circumstances, including system issues, in relation to the nurse's conduct.

Protection to RNs refusing to engage in reportable conduct. (TOC§301.352) disciplining or discriminating against an RN who refuses to engage in what she/he believes is reportable conduct is prohibited. It is designed to provide protection to the RN who refuses to engage in conduct that the RN believes would be reportable to the Texas Board of Nursing. RNs can be placed in situations in which they feel that they are being forced to choose between refusing to carry out an employer's order or to engage in conduct that the RN believes violates the Nurse Practice Act. The RN, at the time of refusing to engage in the conduct, must state the reasons for the refusal that the RN believes it violates the Nurse Practice Act. The RN must be familiar with what is reportable conduct and assert that as the reason for refusing to engage in the conduct.

Peer Review Committee Composition/Duties

NPR law, Section §303.003(c) requires that a Nursing Peer Review Committee who conducts a review which involves the practice of professional nursing (including an RN with advanced practice authorization) must:

1. have registered nurses as 3/4 of its members
2. have only registered nurses as voting members; and
3. where feasible have at least one nurse with a working familiarity of the area of nursing practice of the nurse being reviewed. If APRN practices are reviewed, preferably have an APRN licensed in the same role and population focus on peer review or advising the peer review.

In addition, Rule §217.19(d)(3)(B) and Rule §217.20(h)(2)(B)-(C) exclude from membership or attendance at the Peer Review Committee hearing any person(s) with administrative authority for personnel decisions directly relating to the nurse. A person with administrative authority over the nurse may only appear as a fact witness.

Peer Review Committee (PRC) Chair is appointed by the Dean for the CONHS for a term of two years, beginning on an odd year, to coincide with the state legislative year. The PRC Chair will review the ABC's of Nursing Peer Review by the Texas Nurses Association (2017). The PRC Chair is responsible for maintaining all records pertaining to a peer review proceeding, including, but not limited to policies in effect at the time of the PRC proceeding, identities of the specific nurses who were members of the PRC and designation of their licensure and areas of practice. Other documents include copies of the notice letter sent to the nurse being reviewed and proof that the nurse received it or that the letter was returned, and documentation related to the PRC determination.

Documents are to be permanently archived.

Additionally, at least two members will be appointed to serve. Member roles include investigator, intervener, and an assistant to the chair. Additional members may be appointed to serve for one review if deemed necessary to the process. Confidentiality of the proceeding and protection from civil liability for PRC members is covered in Chapter 303 Nursing Peer Review, in the Nursing Practice Act.

Procedure

1. The NPR Committee is chaired by of the appointed Faculty and consists of a least three members, including the chair.
2. Any person may initiate the Peer Review process to investigate complaints concerning the practice of any nurse contracted by Texas A&M University-Corpus Christi School of Nursing & Health Sciences by contacting the Dean of the College of Nursing & Health Sciences and submitting the proper form.
3. Upon receipt of the complaint, the Dean will notify the Chair of the Committee and appoint other committee members if needed (beyond the two members already appointed).
4. The Committee will meet within five working days and appoint a member of the committee to be the RN investigator.
5. If the practice of the Nurse under peer review involves an affiliating agency, the Committee Chair will coordinate the respective agency's Peer Review Committee.
6. Permission to review the medical records will be obtained when necessary.

7. Due Process Procedure:

- a. The nurse being reviewed must be notified of the peer review process as well the nurse's due process rights under § 217.19(d) within 5 business days. The notification to the nurse being reviewed needs to include:
- b. A statement that the nurse's practice is being evaluated by the Nurse Peer Review Committee.
- c. The PRC will meet on a specified date not less than 21, but not more than 45 calendar days from the date of notice unless otherwise agreed upon by the nurse and the NPR committee.
- d. A copy of the peer review plan, policies and procedures.

8. The nurse being notified must be notified by certified mail for proof of receipt of the notification. In addition to the information listed above, the notification must include:

- a. a description of the event(s) to be evaluated in enough detail to inform the nurse of the incident, circumstances and conduct, and should include date(s), time(s), location(s), and individual(s) involved. Any patient or client information shall be identified by initials or number to protect confidentiality, but the nurse shall be provided the name of the patient.
- b. the name, address and telephone number of the contact person to receive the nurse's response (typically the peer review chairperson).

9. The nurse is provided the opportunity to review, in person or by attorney, at least 15 calendar days prior to appearing before the committee, documents concerning the event under review. (This review will occur in the presence of the PRC Chair or his/her designee. No records will be removed or copied by the nurse being reviewed or his/her attorney.)

10. The nurse is provided the opportunity to appear before the committee, make a verbal statement, ask questions and respond to questions of the committee and provide a written statement regarding the event under review.

11. The nurse shall have the opportunity to:

- a. call witnesses, question witnesses, and be present when testimony or evidence is being presented;
- b. be provided copies of the witness list and written testimony or evidence at least 48 hours in advance of the proceeding;
- c. make an opening statement to the committee;
- d. ask questions of the committee and respond to questions of the committee; and
- e. make a closing statement to the committee after all evidence is presented.

12. The committee must complete the evaluation within 14 calendar days from the date of the peer review hearing.

13. Within 10 calendar days of completion of the peer review hearing, the peer review committee must notify the nurse in writing of the determination.
14. The nurse shall be given an opportunity, within 10 calendar days, to provide a written rebuttal to the committee's findings which shall become a permanent part of the peer review records.
15. Informal Conference Procedure:
 - a. The PRC Chair may meet with the nurse being reviewed before the scheduled meeting with the full PRC committee for an informal conference or small work group. The purpose of this meeting is to identify facts and not issues in dispute, to provide a verbal summary of the investigation and to reach an agreed upon resolution.
 - b. If a resolution is agreed upon, the PRC Chair shall record the agreement and forward a copy to the nurse being reviewed.
 - c. The nurse being reviewed shall have 10 calendar days to sign and return the agreed-upon resolution.
 - d. If the signed resolution is not returned within 10 calendar days, the nurse is presumed to have rejected the agreed-upon resolution and the PRC will meet as scheduled.

Meeting Agenda

1. An opening statement will be made by The Committee Chair on the purpose, process and confidentiality of the meeting. (All PRC members will verbally indicate their willingness to abide by the confidentiality expectations and this will be recorded in the minutes.)
2. Opening statement about the incident investigation by the person reporting the incident.
3. Opening statement about the incident investigation by the Nurse.
4. Presentation of evidence.
5. Witnesses.
6. Summaries of written statement.
7. Response by the Nurse.
 - a. May ask questions;
 - b. May respond to questions;
 - c. May present own witnesses;
 - d. Closing statement by the Nurse.
8. Statement by the Committee Chair on decision date.
9. Participation by the Nurse:
 - a. May attend the meeting;

- b. May ask questions of The Committee and respond to questions;
- c. May present own witnesses;
- d. May not question witnesses directly but may submit questions for witnesses in writing to the Committee Chair who will ask the questions.

10. Attorney Involvement.

If the nurse plans on bringing an attorney representative, he/she must notify the peer review representative at least seven (7) calendar days before the hearing. [22 TAC §217.19 (a)(5)]. If an attorney representing the facility or PRC is present at the peer review hearing in any capacity, including serving as a member of the peer review committee, the nurse is entitled to parity of participation of counsel and the nurse is to be notified at least 7 calendar days before the hearing. [22 TAC §217.19 (a)(5)].

(“Parity of participation of counsel” means that the nurse’s attorney is able to participate to the same extent and level as the facility’s attorney, e.g. if the facility’s attorney can question witnesses, the nurse’s attorney must have the same right.)

Confidentiality of information presented to and/or considered by the peer review committee shall be maintained and not disclosed, except as provided by Texas Occupations Code Rule §303.006 and §303.007. Disclosure/discussion by a nurse with the nurse’s attorney is proper because the nurse’s attorney is bound to the same confidentiality requirements as the nurse.

- The Nurse's Attorney has the right to review documents relating to the incident in the presence of The PRC Chair.
- The Attorney may or may not be present at the PRC Meeting.
- If present at the meeting, the attorney participation will be limited to consulting with their client.
- The nurse’s attorney may not ask questions directly to the PRC or to the witnesses.

The Committee's Decision

1. The Committee shall make its decision within 10 calendar days or less after the review.
2. The decision shall include the reportable incident and correct action.

Notice to Nurse of Decision

1. The nurse will receive notice within 10 calendar days of decision.
2. The notice shall be sent by certified mail or will be delivered personally to the nurse who was reviewed with receipt acknowledged in writing.

Filing of Rebuttal Statement [22 TAC §217.19 (a)(4)(H)].

1. The nurse has the right to submit in writing a rebuttal statement to the PRC’s decisions.
2. The nurse shall submit the rebuttal statement no more than 10 calendar days after

receipt of Notice of Decision.

Reporting

Review by peer review committee is advisory only and does not limit what administrative/personnel action is taken against the RN. Administration is not prohibited from taking action prior to peer review. It should be emphasized that the focus of peer review is to evaluate professional practice and not administrative/personnel issues.

The PRC chairperson submits all paperwork and committee findings to the Dean of the CONHS. The Dean submits to the board of Nurse Examiners (BNE) the results of the peer review process and final recommendations **if** reportable practice occurred. The report to the BNE shall include what corrective action was taken against the RN and whether formal disciplinary action by the Board is recommended.

PEER REVIEW REPORTABLE INCIDENT REPORT

I. Person Being Reported: _____

II. Date of Incident: _____

III. Status: _____ Incident Site: _____

IV. Time of Incident: _____

V. Description of Incident (attach with full identifying information on each sheet):

VI. Person Reporting: _____

License Number: _____ Position: _____

Agency/Institution: _____

VII. Witness/es (attach with name, address, phone number and position):

VIII. Summary of further investigation (if necessary):

I swear that the information provided in regard to this incident is true to the best of my knowledge.

Signature _____

Date: _____

For Committee Use:

Received: _____

Case #: _____

PEER REVIEW REPORTABLE INCIDENT MEETING AGENDA

- I. Opening statement to be made by the Committee Chair on purpose, process and confidentiality of the meeting.
- II. Description of the event by the person reporting the incident.
- III. Description of the event by the person being reported.
- IV. Presentation of evidence.
 - a. Witness/es
 - b.
 - c. Summaries of written statements
- V. Response by person being reported.
 - a. May ask questions.
 - b. May respond to questions.
 - c. May present own witness/es
 - d. Closing statement.
- VI. Closing statement by the Committee Chair, which includes identification of Committee decision date.

PEER REVIEW REPORTABLE INCIDENT COMMITTEE REPORT

I. Date of receipt of Incident Report: _____

II. Date of Committee Meeting: _____

III. Name: _____ Credentials: _____

IV. Position: _____ Agency: _____

V. Person Being Reported: _____

VI. Summary of Testimony:

VII. Summary of Proceedings:

VIII. Documents Reviewed:

IX. Findings:

X. Recommendations:

For Committee Use

1. Date detailed summary of findings prepared: _____

2. Date person being reported notified of decision: _____

3. Date person being reported rebuttal form due: _____

4. Date report submitted to Dean, College of Nursing and Health Sciences: _____

5. Date report submitted to BON by Dean: _____

