

**MARSHALL UNIVERSITY
JOAN C. EDWARDS SCHOOL OF MEDICINE**

The Annual Faculty Activities Evaluation form must be completed by ALL Full Time and Part time Faculty Members and returned to the Office of Faculty Affairs & Professional Development by May 15, 2016. This form is standardized to verify that the School meets the Marshall University Board of Governor's requirement to provide annual evaluations to all Faculty Members.

<http://www.marshall.edu/board/files/MUBOG-AA-22a-Annual-Evaluation-of-Faculty-Amended-2014-04.pdf>

Chairs are expected to evaluate Faculty as OU (outstanding), EX (excellent), GO (good), SA (satisfactory), MA (marginal), or US (unsatisfactory), the categories being described as follows:

- OU OUTSTANDING – those rare Faculty whose performance is exceptional and greatly exceeds the University's expectations.
- EX EXCELLENT – those Faculty whose performance is distinctly superior in comparison to their departmental colleagues.
- GO GOOD – those Faculty who fully meet the University's expectations in virtually every respect, providing quality instruction and maintaining high standards in other performance areas.
- SA SATISFACTORY – those Faculty who meet the University's minimum expectations in all significant respects, but who rarely rise above these minimum norms.
- MA MARGINAL – those Faculty who do not meet the University's minimum expectations in one or more significant respects, whose performance is considered less than adequate, and of whom significant improvement is expected in future evaluation periods.
- US UNSATISFACTORY – those Faculty who are deficient in one or more significant respects, whose performance is considered significantly less than adequate, and where significant improvement has not occurred in previously identified areas of deficiency since the last evaluation period.

It should again be emphasized that the evaluation must take into account the Faculty Member's assigned and approved activities.

The last page of the completed Annual Faculty Assessment Summary must be signed by both the Departmental Chair and the faculty member to verify the information. Even if the Faculty Member does not agree with the Chair's assessment/comments, the Faculty Member must sign and date the form. The Faculty Member is required to attach a signed detailed letter of explanation if she/he indicates a substantial disagreement with the overall assessment.

This form is intended to be used as follows:

- (1) The Faculty Member is requested to complete appropriate sections (not all sections should be filled out by all faculty, e.g. Basic Science faculty would not complete section on clinical service). In addition to this form, Faculty Members are encouraged to submit material which will be helpful in

an adequate consideration of their performance. The Faculty Member should include her/his updated *curriculum vitae* listing supporting data for that year. ([JCESOM CV builder](#))

- (2) The Faculty Member and the Chair shall complete appropriate sections of the form, and thereafter a conference shall be scheduled with the Faculty Member, at which time the completed form will be discussed. The Faculty Member's signature signifies that he/she has met with the chair and has seen the Chair's comments and recommendations, but not necessarily that he/she agrees with all of them.
- (3) The Faculty Member must have the opportunity to review the Chair's comments and respond before the form is finalized. The completed form becomes part of the Faculty Member's official file.
- (4) An electronic copy of the form should be submitted to the Office of Faculty Affairs and Professional Development.

Those completing the form should feel free to specify other activities or factors considered significant. Particular emphasis should be given to elements unique to an individual department and how these elements relate to the criteria for performance in that department.

Please fill out completely.

Name of Faculty Member: _____		Degree: _____	
Academic Year: _____		Department: _____	
Name of Department Chairperson: _____			
Rank: _____		Years in Rank: _____	FTE: _____%
Academic Track: _____		Tenured: ____ Yes ____ No	
Percentage effort in the following activities during the evaluation period:			
Clinical: ____	Education: ____	Research: ____	Administrative: ____ Service: ____ Other: ____
I have a Mentor: <input type="checkbox"/> Yes <input type="checkbox"/> No		Name(s) of Mentor(s): _____	
_____		_____	

The Academic Portfolio Template was created as a resource to help you complete the following sections. The template can be found at <http://musom.marshall.edu/fdp/promotion-tenure.asp>

1. TEACHING & MENTORING

To be completed by the Faculty Member

The information included in this section should be limited to your teaching and mentoring activities during the past academic year.

- A. Teaching including Quality and Quantity (courses taught, courses/block directed, student assessment, peer assessment, awards, new teaching materials developed, field or clinical teaching)

- B. Mentoring of Resident(s) or Medical Student(s), Graduate Student (s), Post Doc Fellows or Junior Faculty Members.

Faculty Member's Self-Assessment of Teaching and Mentoring Activities

If you wish, briefly comment on the extent to which you feel you met your teaching/mentoring goals as defined in the previous year. Include the challenges you have faced during this academic period, and the approach you took to address each challenge. Indicate what you, the department, or the institution could do to enhance your professional development in this academic area.

Goals and objectives for the future year as related to A & B:

To be completed by the Chair

Chair's Comment:

CURRENT % EFFORT _____

(If % effort has changed for any reason during this assessment time period, please explain.)

2. RESEARCH & SCHOLARLY ACTIVITY (include ONLY those occurring in the past calendar year)

To Be Completed by the Faculty Member

- A. Publications (books, articles, chapters, reviews, abstracts etc.)

- B. Regional or National Presentations

- C. Grants & Contracts Received (including the name of the granting agency and the amount of the award/contract.)

- D. Work in Progress (submitted or in-press abstracts and manuscripts and creative works in development, research support applied for, development of new teaching or research materials/methods.)

Faculty Member's Self-Assessment:

If you wish, briefly comment on the extent to which you feel you accomplished your research plans as defined in the previous year. Include the challenges you have faced during this academic period, and the approach you took to address each challenge. Indicate what you, the department, or the institution could do to enhance your professional development in this academic area.

Goals and objectives for the future year as related to A, B, C and D above:

To Be Completed by the Chair

Chair's Comment:

CURRENT % EFFORT _____

(If % effort has changed for any reason during this assessment time period, please explain.)

3. CLINICAL SERVICE:

To Be Completed by the Faculty Member

- A. Practice Goals and Assessment of the Past Year (re: patient volume and RVU's, no shows, referral base, etc.)

Faculty Member's Self-Assessment:

If you wish, briefly comment on the extent to which you feel you met your clinical goals as defined last year. Include the challenges you have faced during this academic period, and the approach you took to address each challenge. Indicate what you, the department, or the institution could do to enhance your professional development in this academic area.

Goals and objectives for the future year as related to A above:

To Be Completed by the Chair

Comment on accomplishments, strengths, weaknesses, and if the annual performance goals were met. Provide detailed comments and specific expectations when improvements are needed

Chair's Comment:

CURRENT % EFFORT _____

(If % effort has changed for any reason during this assessment time period, please explain.)

4. HONORS, AWARDS, & ADMINISTRATIVE AND INSTITUTIONAL SERVICE ACTIVITIES

To Be Completed by the Faculty Member

- A. Committees (internal & External):
- B. Professional Organizations (outside MU):
- C. Journal Editorial Reviews (list name/date of journal):

- D. Selection to review panels & editorial boards, elections to professional society positions, organization of scholarly meetings):
- E. Honors:
- F. Awards:

Faculty Member's Self-Assessment:

If you wish, briefly comment on the extent to which you feel you met your service goals as defined last year. Include the challenges you have faced during this academic period, and the approach you took to address each challenge. Indicate what you, the department, or the institution could do to enhance your professional development in this academic area.

Goals and objectives for the future year as related to related to A, B, C, D, E & F:

To Be Completed by the Chair

Special attention should be given to faculty activities which extend service activities and expertise beyond the boundaries of the department. This kind of work often serves educational purposes and is an important avenue of contact between the department and other parts of the JCESOM. Comment on accomplishments, strengths, weaknesses, and if the annual performance goals were met. Provide detailed comments and specific expectations when improvements are needed

Chair's Comment:

CURRENT % EFFORT _____

(If % effort has changed for any reason during this assessment time period, please explain.)

6. PROFESSIONAL DEVELOPMENT

To Be Completed by the Faculty Member

Activities contributing to Personal Professional Development (e.g. participation in professional societies, professional certifications, CME credits, participation in institutional and departmental workshops, conferences and training sessions.)

7. OVERALL ASSESSMENT: Integrated assessment of Faculty performance.

Chair's Summary:

	Outstanding	Excellent	Good	SA	MA	US
Teaching & Mentoring						
Research & Scholarly Activities						
Clinical Service						
Activities Honors, Awards, Administrative and Institutional Service Activities						
Professional Development						

Signatures:

 DATE _____

 DATE _____

 CHAIR
 DIVISION OR SECTION
 CHIEF

Faculty Member's Response

_____ I have discussed with my Chair his/her comments and recommendations and **I agree with the overall assessment.**

_____ I have discussed with my Chair his/her comments and recommendations. **I disagree substantially with the overall assessment** and wish to receive explicit feedback from the Dean's Office. **The faculty member is required to attach a detailed signed letter of explanation.**

 DATE

 FACULTY MEMBER'S SIGNATURE

