

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

**Faculty Annual Review**

**INSTRUCTIONS:**

**COMPLETING THE FORM ELECTRONICALLY IS STRONGLY RECOMMENDED.**

**STEP 1: FACULTY MEMBER COMPLETES FORM (Areas shaded yellow)**

For a suggested format, see the *Annual Review Examples* at the end of these instructions.

Additionally, the faculty member may complete, if so desired, *The Self-Evaluation* (shaded yellow) for each of the academic areas by following the instructions provided for each.

**FACULTY MEMBER MUST COMPLETE FUTURE GOAL AND SELF-ASSESSMENTS PLAN**

The faculty member should list his/her plans and identify measurable outcomes for the next year (Month, Date, Year through Month, Date, Year) on this form for each of the indicated academic areas (shaded yellow).

If you have established performance plans that are clear and agreed upon by both you and your department chair/evaluator in terms of how these plans fit the mission of your division, department and institution, as well as how they fit your career goals, how ambitious the plans are, and the metrics used to evaluate your accomplishments, then there should be no surprises on your evaluation about your performance each year.

Submit the completed form to the department chair for review and comment. **By Date...**

**STEP 2: DEPARTMENT CHAIR REVIEWS AND COMMENTS (Areas shaded green)**

The department chair should review the activities and accomplishments indicated by the faculty member on the form for each of the academic areas and provide comments in all designated areas (shaded green) as indicated in the instructions.

**DEPARTMENT CHAIR REVIEWS FACULTY FUTURE GOAL AND SELF-ASSESSMENTS PLAN**

The department chair should review the performance plans and measurable outcomes for each of the academic areas, and provide comments in all designated areas. The department chair is *strongly encouraged* to meet with the faculty member as part of the assessment process.

**STEP 3: FACULTY MEMBER REVIEWS**

The faculty member should review the comments of the department chair and seek clarification as needed. The faculty member may provide written responses to the comments of the department chair if desired.

A copy of the form, signed by the faculty member and the department chair, should be returned to the department chair.

Please note: the ANNUAL REVIEW and the ACADEMIC PLANS AND MEASURABLE OUTCOMES must be completed by **Date ----** and submitted to the OFFICE OF FACULTY AFFAIRS by **Date----**

### Faculty Evaluation ANNUAL REVIEW - **EXAMPLES**

**Please note:** These are examples only, provided to suggest ways of indicating a faculty member’s role and time commitment in a variety of settings, and may not accurately reflect the details of any actual course, lecture, committee, etc.

#### I. Teaching Activities

##### Quantity

Number	Title or topic of activity	Teaching strategy	Where taught	Total teaching hrs/yr	Type of learner	No. of learners in a year
1	Lecture on Rashes	Repeated lecture in the med student clerkship	Department	1 hour every 8 weeks = 6 hrs per yr	Medical student	20 learners
2	Grand Rounds	Workshop as part of Faculty Development Program series	Institution wide	4 workshops/yr @ 3 hrs each = 12 hrs/yr	Faculty affiliated with med school	70 learners
3	Pediatric Inpatient Rotation	Family-centered rounds with bedside teaching, teaching at delivery attendance, admissions, ED consults and pediatric stabilizations	Department	On service about 150 days/yr @ 4 hrs/day = 600 hrs/yr	Family medicine residents and 4 <sup>th</sup> year medical students	4 learners
<b>Grand Total</b>						<b>94</b>

**Quality:** Teaching ratings with comparison data for all educational activities cited—Student, resident, fellow evaluations, grand round evaluations and letters evaluating teaching effectiveness. Often from former trainees and peers who have observed your teaching.

Number	Who and how many evaluated you? (e.g., 25 learners, students, residents, peer)	Describe the process for evaluating your teaching	List evaluations/ evaluation summaries included in Appendix XX

## II. Mentoring and Advising

During the course of your career in academia, you will undoubtedly have the responsibility of being advisor and mentor to many students, residents, fellows, and junior faculty. Although it is a rewarding part of your job, this is a time-consuming commitment. It is important that you document the time involved, a description of the capacity in which you served as an advisor or mentor, and the outcome for that student or fellow. Provide a list of mentees with description and duration of mentoring activities as listed in the following grid

Name of mentee or advisee	Dates of mentoring/ advising	Number of years you invested in relationship	Their role/position during the time you were their mentor/advisor	Your role and what you taught them	Their significant achievements (presentation, publication, award or grants received)	Assessment of mentoring (include feedback received from your mentee)

## III. Research Activities

### Grants

Grant number	Grant title	Role in project % effort	Years	Source of support/ total directs and indirect
Clinical Trials				

## IV. Clinical Activities

*Provide a list of your clinical activities. Include for each of your clinical activities the type of inpatient or outpatient activity, location of activity, frequency of activity, duration of activity, and other patient volume measures, if available. Include in this section, clinical awards and honors.*

**e.g. Quantity**  
Clinic:

Cardiology clinic, CHP, 5 half-days per week, 48 weeks per year

Neurosurgery clinic, 1 day per week, 48 weeks per year

Inpatient:

ID service, PUH/MUH inpatient consultation, 8 months per year, 5 days per week, 11 hours per day

Surgical:

Trauma surgery, OR and ward rounds, 36 weeks per year

**Quality**

*List the Evidence Highlighting Progress in Improved Clinic Operations:*

- e.g. Reorganized clinic infrastructure to improve clinic work flow, patient satisfaction and access to care. Improved documentation with redesigned progress note to assist in resident supervision
- Evidence of improving Physician Productivity
  - e.g. Standardized physician appointments which generated more clinic visits and
  - improved access; Redesigned the progress note and streamlined paperwork, which improved both documentation and billing
- Service Activities Oriented to patient/community education
  - Patient education materials or presentations organization of or participation in health education programs for the public

**V. Honors, Awards Recognitions, and Service**

Awards, honors and selection to participate in regional or national education programs are evidence of the esteem in which you are held by colleagues.

Number	Awards/ Teaching, research, excellence	National committee members; USMLE- National Board, AAMC, ACGME	Elected/selected members Specialty disciplines	NIH Study section	Journal Editors/ Reviewer

**VI. Administration and leadership**

LEADERSHIP AND MEMBERSHIP ROLES				
Title of program/course(s)/clerkship that you direct	Dept/ Instit'l	Region al	National/ Internat'l	Duration in years

<b>Name of committee(s) that you lead as a chair</b>				
<b>Name of committee(s) on which you are a member</b>				

**VII. Scholarly Activities**

It is important to track all activities that contribute to scholarship (in teaching, research and clinical service) such as presentations, peer reviewed publications, funding and committee activities. Whenever possible include evaluation/impact that has resulted from these activities.

<b>Number</b>	<b>Peer reviewed Publication/ Journal/year</b>	<b>Book Chapters year</b>	<b>Peer reviewed abstracts Conference/year</b>	<b>National/international/regional Platform presentation</b>

**VIII. Professionalism**

Comment on your performance in the areas of professional behavior, interpersonal interaction, and communication during the review period (include feedback from colleagues, student evaluation, other patient satisfaction instruments, or any other measures you may have).

**IX. Professional Development Activities**

Medical knowledge and skills continue to advance. It is essential that you remain current with medical knowledge and take steps to enhance your competence as Clinician, researcher or educator. List in the table below any conferences, certification or degree programs, or other educational professional development activities that you have attended as a learner..

<b>Activity Number</b>	<b>Name and Description (include duration, e.g. 3 hrs, 1 day, 1 month)</b>	<b>Dates and Location</b>	<b>Sponsoring organization/Department/institution</b>

