

# JCESOM Faculty Annual Review

## Directions:

Faculty members will fill out information in yellow fields.

Department chairs will fill out information in green fields.

Departments will fill out information in pink fields.

### Dates of Evaluation

Name:

Department:

Rank:

Faculty Type:

Tenure Decision Year:

To:

Date:

Division:

Years in Present

FTE:

### Percentage effort in the following activities during the evaluation period

#### Current:

Clinical:  %    Education:  %    Research:  %    Administrative:  %    Other:  %

#### Proposed:

Clinical:  %    Education:  %    Research:  %    Administrative:  %    Other:  %

## I. TEACHING ACTIVITIES

*The information included in this section should be limited to your teaching activities during the period of -----*

### Teaching Activities

### Self-Assessment of Teaching and Mentoring Activities

*If you wish, briefly comment on the extent to which you feel you met your teaching goals as defined --  
- 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.*

### Evaluation of Teaching and Mentoring Activities by Department Chair

*Provide detailed comments and specific expectations when improvements are needed.*

**Department Chair: Rate Achievement of Projected Teaching Plans  
(select one)**

	<b>Surpassed Plans</b>		<b>Achieved Plans</b>		<b>Did Not Meet Plans</b>
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## II. MENTORING and ADVISING Activities

*The information included in this section should be limited to your research activities during the period of -----*

### Mentoring and Advising Activities

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### Self -Assessment of Mentoring and Advising Activities

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### Evaluation of Mentoring and Advising Activities by Department Chair

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**Department Chair: Rate Achievement of Projected Teaching Plans  
(select one)**

	<b>Surpassed Plans</b>		<b>Achieved Plans</b>		<b>Did Not Meet Plans</b>
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### III. RESEARCH ACTIVITIES

*The information included in this section should be limited to your research activities during the period of -----*

#### **Research Accomplishments**

#### **Self-Assessment of Research and Other Scholarly Activities**

*If you wish, briefly comment on the extent to which you feel you accomplished your research plans as defined ---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.*

#### **Evaluation of Research by Department Chair**

*The primary focus will be on quality and quantity of publications. In addition, you should consider such things as, a faculty member's ability to attract grant money; his interest and enthusiasm in working with residents, medical students and other faculty, or his ability to inspire them to independent research of their own. Comment on accomplishments, strengths, weaknesses, and if the annual performance plan was accomplished. Provide detailed comments and specific expectations when improvements are needed.*

<b>Department Chair: Rate Achievement of Research and Other Scholarly Activities (select one)</b>					
	<b>Surpassed Plans</b>		<b>Achieved Plans</b>		<b>Did Not Meet Plans</b>

#### IV. CLINICAL ACTIVITIES

*The information included in this section should be limited to your clinical activities during the period of -----*

##### **Clinical Accomplishments**

##### **Self-Assessment of Clinical Activities**

*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.*

##### **Evaluation of Clinical Activities by Department Chair**

*Consider not only the quantity and quality of care provided and monies generated but how effective service is in providing opportunities for education and research. Comment on accomplishments, strengths, weaknesses, and if the annual performance goals were met. Provide detailed comments and specific expectations when improvements are needed.*

**Department Chair/Evaluator: Rate Achievement of Projected Clinical Plans  
(select one)**

	<b>Surpassed Plans</b>		<b>Achieved Plans</b>		<b>Did Not Meet Plans</b>
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## V. HONOR, AWARDS & SERVICE ACTIVITIES

*The information included in this section should be limited to your service activities during the period of -----*

### Service Accomplishments

### Self-Assessment of Service Activities

*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.*

### Evaluation of Service Activities by Department Chair/Evaluator

*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.*

**Department Chair/Evaluator: Rate Achievement of Projected Service Plans  
(select one)**

	<b>Surpassed Plans</b>		<b>Achieved Plans</b>		<b>Did Not Meet Plans</b>
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## VI. ADMINISTRATIVE ACTIVITIES

*The information included in this section should be limited to your administrative activities during the period of -----*

### **Administrative Accomplishments**

### **Self-Assessment of Administrative Activities**

*If you wish, briefly comment on the extent to which you feel you met your administrative 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.*

### **Evaluation of Administrative Activities by Department Chair**

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

**Department Chair/Evaluator: Rate Achievement of Projected Administrative Plans  
(select one)**

	<b>Surpassed Plans</b>		<b>Achieved Plans</b>		<b>Did Not Meet Plans</b>
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## VII. SCHOLARLY ACTIVITIES

*The information included in this section should be limited to your scholarly activities during the period of -----*

### **Scholarly Activity Accomplishments**

### **Self-Assessment of Scholarly Activities**

*If you wish, briefly comment on the extent to which you feel you met your scholarly activity as defined --- 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.*

### **Evaluation of Scholarly Activities by Department Chair**

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

**Department Chair: Rate Achievement of Projected Scholarly Activity Plans  
(select one)**

	<b>Surpassed Plans</b>		<b>Achieved Plans</b>		<b>Did Not Meet Plans</b>
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**VIII. PROFESSIONALISM**

*The information included in this section should be limited to your professionalism during the period -----*

**Professionalism**

**Self-Assessment of Professionalism**

*If you wish, briefly comment on the extent to which you feel you met your professionalism goals as defined last year. Include the challenges you have faced 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 area.*

**Evaluation of Professionalism by Department Chair**

*Comment on the faculty member's professional behavior, interpersonal interactions, and communication during this evaluation period. Provide detailed comments and specific expectations when improvements are needed.*

**Department Chair/Evaluator: Rate Achievement of Projected Professionalism Plans  
(select one)**

	<b>Surpassed Plans</b>		<b>Achieved Plans</b>		<b>Did Not Meet Plans</b>
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## IX. PROFESSIONAL DEVELOPMENT

*The information included in this section should be limited to your professional development during the period -----*

### **Professional Development**

*List any professional development activities in which you have participated.*

## X. ADDITIONAL COMMENTS BY DEPARTMENT CHAIR

*Include, as needed, any additional comments not reflected elsewhere on this form. Please be explicit about areas requiring improvement or increased effort and also about areas of strength that should continue (use additional pages as needed).*

### **Annual Review**

## XI. Goals and Self-Assessment

A. List your goals and objectives for this year.

B. Provide a self-assessment narrative summarizing performance during this year. Highlight what you consider your most significant accomplishments and indicate areas where you were not able to reach your goals.

C. State your goals for the next year, in priority order, in each of the following areas as appropriate: *education; research, creative, and scholarly activities; clinical service; leadership; career development*. Include one (or more) specific measurable objective for each goal.

1.
2.
3.
4.
5.
6.

D. Based on your career/professional development plan as noted above, what are your anticipated mentoring needs for the next year?

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E. Academic Plans and Measurable Outcomes (Month and Year through Month and Year)

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**Plan Reviewed by the department Chair:**

<b>Department Chair</b> <b>Rate Plans Based on Academic Rank and Position</b> <b>Circle one</b>
<b>“Demanding/Ambitious Plans”   “On Target Plans”   “More Challenging Plans Needed”</b>

Please print and sign after all sections of the form are completed.

I have received and discussed this evaluation with my department chair/division director and I AGREE with the comments and recommendations included in this document.

I have received and discussed this evaluation with my department chair/division director and I DO NOT AGREE with the comments and recommendations included in this document. I understand that I may provide a written rebuttal to the chair's comments provided above. This written rebuttal will be attached to this annual review.

I have received and discussed this evaluation with my Department Chair/Division Chief.

**Faculty Member:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section/Division**

**Chief:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Chair:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_