Marshall University Joan C. Edwards School of Medicine

Basic Science - Faculty Annual Evaluation Template

Evaluation Period: 1/01/2024 to 12/31/ 2024

**INSTRUCTIONS**

This annual faculty evaluation is an opportunity to celebrate successes, identify growth opportunities, and engage in a dialogue that underlies faculty, division, department, and school success.

**Faculty Member:** Please complete **Part I** of this form and forward it, along with an updated CV, to your supervisor before the scheduled performance discussion.

**Evaluator:** The supervisor (Department Chair/ Division Chief /Section Chief) should complete **Part II** of this form, meet with the faculty member, and prepare a narrative summary of the evaluation and plans for the coming year.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Rank:** |  |
| **Department:** |  | **Division:** |  |
| **Tenure Status:** |  | **Years in Rank:** |  |
| **Years on Track:** |  |  |  |
| **Admin title(s):** |  |  |  |

|  |  |
| --- | --- |
| **Evaluation Date:** |  |
| **Evaluator:** |  |

**PART I:** (*to be completed by the faculty member*)

**Time Allocation:** On average, during the past year, how was your time divided

among the following activities (total should be 100%):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| % Clinical | % |  | % Teaching | | % |
| % Research | % |  | % Administrative | | % |
| % Other: | % | Please specify Other: | |  | |

Do you expect this allocation of effort to change significantly next year? Yes or No. If yes, please explain.

|  |  |
| --- | --- |
| **Are there any activities in which you would like to spend:** | |
| **More Time?** Please specify |  |
|  |  |
| **Less Time?** Please specify |  |

**Academic and Research Productivity**

|  |  |
| --- | --- |
| **Please indicate: please provide the bibliographic citations at the end of this document** | # |
| **Peer Reviewed Journals:** |  |
| # of published articles |  |
| # of articles in the press |  |
| # of articles submitted |  |
| **Non-Peer Reviewed Journals:** |  |
| # of published articles |  |
| # of articles in the press |  |
| # of articles submitted |  |
| **Other:** |  |
| # of external lectures, visiting professorships |  |
| # of peer-reviewed local presentations |  |
| # of peer-reviewed regional presentations |  |
| # of peer-reviewed national presentations |  |
| # of published book chapters |  |
| # of book chapters in press |  |
| Other scholarly activity (manuscript reviews, editorial boards, book reviews, blogs, etc.) |  |

**Citations, academic productivity**

Please ensure all published articles are listed on your CV and include Impact factor/Tier of the journal (Q1, Q2 etc.).

**Participation in research**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Grants Submitted:** | | | | | | |
| **Sponsor and Type of Grant (NIH, R01 etc.)** | **Direct Cost** | | **Indirect Cost** | | **Status (under review, priority score [please list], not funded)** | **Percent Effort of PI** |
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| **Active Grants:** |  | |  | |  |  |
| **Sponsor and Type of Grant (NIH, R01 etc.)** | **Direct Cost (Current FY)** | | **Indirect Cost**  **(Current FY)** | | **Status (Year X of Y)** | **Percent Effort of PI** |
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| **Other Research Data:** | | **#** | | **Comments:** | | |
| # of patients enrolled in clinical trials during this year | |  | |  | | |
| # of investigator-initiated clinical trials | |  | |  | | |
| # of awarded patents | |  | |  | | |
| # of submitted patent applications | |  | |  | | |
| # of disclosed inventions | |  | |  | | |

Funded research efforts (list all activities)

Unfunded research efforts (list all active)

Cross-ground collaborations (include grants, papers, or other collaboration with faculty from other Marshall University schools)

**Chair’s Comment (optional)**

**Teaching and educational activities:** Include GME, UME, Graduate and Undergraduate Education

UME and/or Graduate and Undergraduate teaching (list titles, course numbers, hours)

Residents/fellows (list lecture titles)

Other local/institutional teaching activities (list). Include new courses, new lectures, and new initiatives that have been developed.

Graduate Medical Education/CME

Other presentations

Other Contributions (i.e., miscellaneous activities that enhance growth, quality, and visibility of faculty members of the department, such as work at Free Clinic, tumor boards, and work conferences. List titles and frequency)

|  |  |
| --- | --- |
| # of undergrads, pre/post-doctoral students mentored |  |
| # of pre/post-docs on training grants |  |
| # of pre/post-docs on funded fellowships |  |
| # of MS students |  |

Summary/Review of Student Evaluations:

Summary/Review of Resident Evaluations:

**Chair’s Comment (optional)**

**ADMINISTRATIVE AND PROFESSIONAL DEVELOPMENT CONTRIBUTIONS:** Please list committees and other administrative activities in which you participated, as well as training and development activities

|  |  |  |
| --- | --- | --- |
| **Activity** | **#** | **Title and Other Information** |
| # of CME credits earned this year |  |  |
| Participation in Development Programs (specify) |  |  |
| Major Committee Work at Department, School, or Institution Level (specify) |  |  |
| Administrative Appointments (specify) |  |  |
| National and International Leadership (list items such as elected positions in societies, participation in study sections, editorships, etc.) |  |  |
| Number of Junior Faculty Mentored (specify names) |  |  |
| Number of Faculty Mentors (specify names) |  |  |
| Number of staff supervised (specify names) |  |  |
| Other work you would like considered (specify) |  |  |
|  | | |
| **Meeting** | **%** | **Comments** |
| Attendance at division meetings |  |  |
| Attendance at dept faculty meetings |  |  |
| Attendance at grand rounds |  |  |
| Other department-specific meetings |  |  |
| Attendance at state of school |  |  |

**RECOGNITION, HONORS, AND AWARDS**  Include internal and external as well as positive comments and compliments from patients, staff, colleagues, etc.

**REPUTATION**: Given the requirement listed in the promotion guidelines, it is advantageous to develop a list of potential referees and update it throughout a faculty member’s career.

**SERVICE** Include contributions in service to the department, School of Medicine, Marshall Health Network / University, and/or to professional boards and organizations

**Achievements and Goals:**

Achievements: List what you consider your major achievements for this year:

Progress towards prior year goals: List prior year goals (academic/professional) and progress towards completion:

**Chair’s Comment (optional)**

Goals: List at least three academic/professional goals for the coming year:

Describe your 3 to 5-year goals and the steps you will take this year to achieve those goals:

How can the department help you succeed in achieving these goals?

**PART II: COMMENTS FROM THE SUPERVISOR**

Include comments regarding discussion of academic advancement for all assistant/associate professors.

Include comments on reported effort vs. funding support.

Where performance does not meet expectations, outline a performance improvement plan and plans for quarterly follow-up on progress.

**Final Assessment**

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| --- | --- | --- | --- | --- |
|  | **Teaching and educational activities:** | **Academic & Research Productivity** | **Service** | **Administrative and professional development contributions** |
| Exemplary\* |  |  |  |  |
| Professional\* |  |  |  |  |
| Needs improvement\* |  |  |  |  |
| Unacceptable\* |  |  |  |  |

**\*The definition of each term is provided in the policy outlined below**

[**UPAA-22-Annual-Evaluation-of-Faculty.pdf (marshall.edu)**](https://www.marshall.edu/policies/files/2024/09/UPAA-22-Annual-Evaluation-of-Faculty.pdf)

**ACKNOWLEDGMENT**

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| --- | --- | --- |
| **Signature: Faculty Member** |  | **Date of Review** |
| **Signature: Supervisor** |  | **Date of Review** |