Marshall University Joan C. Edwards School of Medicine

**Clinical 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: | |  | |

**Chair’s Comment (optional)**

**CURRENT % EFFORT** \_\_\_\_\_\_\_\_

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

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 & Research Productivity**

|  |  |
| --- | --- |
| **Please indicate:** | **#** |
| **Peer Reviewed Journals: please provide the bibliographic citations at the end of this document** |  |
| # 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.) |  |

**Participation in research**

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)**

**PATIENT CARE AND CLINICAL PRODUCTIVITY:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please indicate:** | | | |
| # of clinic visits -new patients |  | Prior Year |  |
| # of clinic visits -established patients |  | Prior Year |  |
| # of work RVUs billed  (benchmark for your specialty 50th percentile): XXX |  | Prior Year |  |
| # of surgeries/procedures performed |  | Prior Year |  |
| Inpatient Patient Satisfaction Score |  | Outpatient Patient Satisfaction Score |  |

Describe any expansion or enhancement of clinical services for which you are responsible.

Provide context on clinical productivity as appropriate.

**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)

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 Professional 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 other Meetings | |  | |  |

**Chair’s Comment (optional)**

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

**REPUTATION**: Given the requirement 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 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:

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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Teaching and educational activities:** | **Academic & Research Productivity** | **Patient care and clinical productivity** | **Administrative and Professional development contributions** |
| **Exemplary\*** |  |  |  |  |
| **Professional\*** |  |  |  |  |
| **Need 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**

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