

**AY2024-2025**  
**FACULTY ANNUAL PERFORMANCE ACTIVITY REPORT**

<b>Faculty ID</b>		
<b>Faculty Name</b>		
<b>Faculty Tracks</b>		
<b>Rank</b>		
<b>Division</b>		
<b>Department</b>		
<b>Primary Chair/Designee</b>	<b>Secondary Chair/Designee</b>	

Listed below is a roster of Contributing Reviewers designated to provide feedback for your annual appraisal. Contributing Reviewers will send their comments directly to your Chair/Designee, who will add their feedback into your appraisal. We strongly encourage you to schedule a meeting to discuss your appraisal with these Contributing Reviewers, ideally prior to your scheduled meeting with your Chair/Designee.

<b>CONTRIBUTING REVIEWERS</b>	
<b>Name</b>	<b>Email</b>

**Please complete your self-assessment by filling in each section assigned to you. If a domain area (education, clinical, research, etc.) is not applicable, you may skip it.**

Please provide percentage of time spent in each area. Allocation of effort can change during the term of your appointment depending on the needs of the department or institution. Please confirm with your supervisor the expectations of time and effort during the upcoming year.

Education/Teaching/Mentoring (0 - 100%) <b>Report on Pages 6-9</b>		Funded Research (0 - 100%) <b>Report on pages 13-15</b>	
Clinical Activities (0 - 100%) <b>Report on Pages 10-12</b>		Unfunded Research (0 - 100%) <b>Report on pages 13-15</b>	
Community Engagement & Professional Service* (0-100%) <b>Report on Pages 16-18</b>		Other Scholarship (0 - 100%) <b>Report on pages 13-15</b>	
Administration/Leadership (0 - 100%) <b>Report on Pages 16-18</b>			

**Are there any substantial changes or events that occurred this academic year that shifted your focus or responsibilities? If yes, please comment below.**

Brief comments (maximum of one paragraph):

Please indicate the completion status and describe results achieved, and identify barriers (if any) you encountered in accomplishing each goal.

**Faculty hired after July 1<sup>st</sup> , please skip to New Goals Section.**

**GOAL 1**

<b>Goal Type:</b>	
<b>Goal Description</b>	
<b>Results Achieved</b>	
<b>Completion Status</b>	

**GOAL 2**

<b>Goal Type:</b>	
<b>Goal Description</b>	
<b>Results Achieved</b>	
<b>Completion Status</b>	

**GOAL 3**

<b>Goal Type:</b>	
<b>Goal Description</b>	
<b>Results Achieved</b>	
<b>Completion Status</b>	

**GOAL 4**

Goal Type:	
Goal Description	
Results Achieved	
Completion Status	

#### GOAL 5

Goal Type:	
Goal Description	
Results Achieved	
Completion Status	

**Chair/Designee comments:**

#### NEW GOALS

Please list at least three major Goals you will undertake this academic year. These Goals may be a continuation of previous Goals or new initiatives. The approval process ensures that individual Goals are consistent with your career Goals and the departmental overall Goals, and directions for the year. **Please make sure your Goals are realistic, achievable, measurable, relevant and appropriate to your position. Avoid combining multiple Goals in one entry. Please list each Goal as a separate entry.**

*(Examples may include: **a)** I will submit three applications for external funding (R01, R21, and ACS) by March **b)** I will complete the assessment of the new curriculum I developed, write and submit a manuscript by December **c)** I will pursue additional training in clinical area of "X" **d)** I will enroll in LEAN training and initiate one project for quality improvement in this year.*

#### GOAL 1

<b>Goal Type</b>	
<b>Goal Description</b>	

#### **GOAL 2**

<b>Goal Type</b>	
<b>Goal Description</b>	

#### **GOAL 3**

<b>Goal Type</b>	
<b>Goal Description</b>	

#### **GOAL 4**

<b>Goal Type</b>	
<b>Goal Description</b>	

#### **GOAL 5**

<b>Goal Type</b>	
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Goal Description	
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Chair/Designee comments:



Instructions: For each Domain you have time allotted, please enter in your activities for this review period (2024-2025).

**EDUCATION/TEACHING:**

1. Provide a list and description of **teaching activities** in which you participated in during this review period:

Title (optional)	SETTING (course, lab, clerkship, elective, faculty development, certificate program)	LEVEL OF LEARNER (1)	NUMBER OF LEARNERS (2 estimate)	TYPE OF LEARNING ACTIVITY (Check all that apply)			TEACHING METHODS <sup>3</sup> (Check all that apply)										
				Single session	Series	Other	1	2	3	4	5	6	7	8	9	10	11

<sup>1</sup> Insert in each cell the code(s) in red that apply for learners in the course: **Y1, Y2, Y3, Y4** = Undergraduate; **G** = Doctoral/Master; **PGY1, PGY2, PGY3, PGY4**, etc. **R** = Residents;

**F** = Fellow, **FD** = Faculty Development, **C** = Continuing Education;

<sup>2</sup> Estimated number of learners enrolled/ participated in the course/ educational program;

<sup>3</sup> Insert an X in each cell corresponding to numerical codes that reflect the teaching method(s) you use in each course, lab etc. Use the following key: 1 = Lecture; 2 = Laboratory; 3 = Small Group (e.g.: case-based discussion); 4 = Seminar/Journal Club/ Grand Rounds; 5 = Clinical Teaching (Inpatient/Bedside Rounds); 6 = Clinical Teaching (Ambulatory); 7 = One-to-one, Laboratory/Research Preceptor; 8 = Community Participatory Education; 9 = Distance/Web-based Learning; 10 = Simulation; 11 = Other

2. Provide a list and description of **curriculum development** activities in which you participated in during this review period including new curriculum materials developed, major curricular revisions, syllabi, etc.:

LEVEL OF LEARNER <sup>1</sup>	NUMBER OF LEARNERS	CURRICULUM LENGTH (entire program, course/clerkship, elective, session(s)/lab(s) etc.)	CURRICULUM NAME/TOPIC	YOUR ROLE AND DEGREE OF RESPONSIBILITY (developer, advisor, editor, consultant)

<sup>1</sup> Insert in each cell the code(s) in red that apply for learners in the course: **Y1, Y2, Y3, Y4** = Undergraduate; **G** = Doctoral/Master; **PGY1, PGY2, PGY3, PGY4**, etc. **R** = Residents;

**F** = Fellow, **FD** = Faculty Development, **C** = Continuing Education.

3. Provide a list and description of the development of **assessment methods** (new or revised) in which you participated in during this review period:

LEVEL OF LEARNER <sup>1</sup>	NUMBER OF LEARNERS	CONTEXT OF ASSESSMENT (name of course, clerkship, continuing education program, etc.)	YOUR ROLE (development of new tool, implementation of existing tool, grading examinations, etc.)	ASSESSMENT METHOD <sup>2</sup> (Check all that apply)									
				1	2	3	4	5	6	7	8	9	10


<sup>1</sup> Insert in each cell the code(s) in red that apply for learners in the course: **Y1, Y2, Y3, Y4** = Undergraduate; **G** = Doctoral/Master; **PGY1, PGY2, PGY3, PGY4**, etc. **R** = Residents; **F** = Fellow, **FD** = Faculty Development, **C** = Continuing Education;

<sup>2</sup> Insert an X in each cell corresponding to numerical codes that reflect the assessment method(s) you use in each course, program etc. Use the following key: 1 = Multiple Choice Questions (MCQ); 2 = Short answer questions; 3 = Essays; 4 = Vignette style multiple choice; 5 = Projects, Group Projects and Dissertations; 6 = Direct Observations/ Simulation 7 = Objective Structured Clinical Examinations (OSCEs); 8 = Reflective Practice Assignments; 9 = Readiness Assurance Test; 10 = Portfolios; 11 - Narratives.

4. Provide a list and description of **mentoring/advising activities** of students, residents, junior faculty, interest groups or other groups you have engaged in during this review period:

NAME OF MENTEE/ADVISEE <sup>1</sup>	LEVEL OF TRAINING <sup>2</sup>	PURPOSE/ GOALS <sup>3</sup>	MENTORING/ADVISING ACTIVITIES (Check all that apply)										
			Informal	Formal	Student career advising	Student group advising	Peer advising	Role modeling	Research mentor/ advisor	Educational mentor/ advisor	Clinical mentor/ advisor	Interprofessional mentor/ advisor	Prof. society mentor/ advisor

<sup>1</sup> If not appropriate to insert his/her name. In such cases, provide a brief description (e.g., 1<sup>st</sup> year medical student, PGY-2, junior faculty);

<sup>2</sup> Enter the numeric code in this cell using the following: 1 = Undergraduate student ; 2=Graduate; 3=Doctoral; 4=Fellow or Post-Doc; 5=Faculty/Professional Colleague

<sup>3</sup> Enter the numeric code in this cell using the following: 1= Development of mentee or advisee; 2= Career Advancement of mentee/sponsorship or advisee; 3= Scholarly work; 4= Award



5. Provide a list and description of **educational leadership** roles you have been engaged in during this review period within the department and/or institution:

TITLE (module/ course director, clerkship director, residency director, division chief, vice chair of education etc.)	UNIT/LOCATION (Dept., Division, Program, etc.)	SCOPE <sup>1</sup>			YOUR ROLE <sup>1</sup>		
		Dept./ Program	MCFV, SOM wide	External to MCFV, SOM	Volunteer	Elected	Appointed

<sup>1</sup> Insert X as applicable

6. **Teaching Evaluations:** Briefly summarize evidence of effectiveness in teaching and other activities associated with the design, delivery, and evaluation of instruction as well as mentoring and advising during this review period. Report highlights from any related evaluations you have received.

Brief comments (maximum of one paragraph):

Faculty Rating in Education/Teaching				
Exceeds Expectations	Meets Expectations	Does Not Meet Expectations	Unsatisfactory	N/A

Chair/Designee Rating in Education/Teaching
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Exceeds Expectations	Meets Expectations	Exceeds Expectations	Unsatisfactory	N/A

**CHAIR/DESIGNEE BRIEF COMMENTS (MAXIMUM OF ONE PARAGRAPH)**

Brief comments (maximum of one paragraph):

**CLINICAL ACTIVITIES:**

1. Provide a list and description of the major areas of **direct patient care and clinical activities** you participated in during this review period:

**wRVUs (RVW):**

**OR Clinical Volume (months on service, # of clinics, # of cases):**

2. Provide a list and description of the most **significant clinical contributions to the Department** including the development of new clinical programs or processes, internal or external collaborations/ partnerships during this review period:

NAME OF ACTIVITY	YOUR ROLE	LOCATION

3. Provide a list and description of **Quality Improvement** activities you have been involved during this review period:

NAME OF ACTIVITY	YOUR ROLE	LOCATION

4. Provide a list and description of **any other clinical activities** you have been engaged in, not captured previously, including significant contributions to board examinations etc. during this review period:

NAME OF ACTIVITY	YOUR ROLE	LOCATION

5. **Clinical Evaluations:** Briefly summarize evidence of effectiveness (in terms of outcomes) in your clinical activities including quality and timely completion of patient records, recognition from patients, institutions and peers for clinical skills and professionalism during this review period. Report highlights from any related evaluations you have received.

Brief comments (maximum of one paragraph):

<i>Faculty Rating in Clinical Activities</i>				
Exceeds Expectations	Meets Expectations	Does Not Meet Expectations	Unsatisfactory	N/A

<i>Chair/Designee Rating in Clinical Activities</i>				
Exceeds Expectations	Meets Expectations	Does Not Meet Expectations	Unsatisfactory	N/A

**CHAIR/DESIGNEE BRIEF COMMENTS (MAXIMUM OF ONE PARAGRAPH)**

Brief comments (maximum of one paragraph):

**RESEARCH/DISCOVERY/SCHOLARSHIP:**

1. Provide a list and description of **grants, contracts, clinical studies** that have been either funded or submitted during this review period:

AGENCY NAME	Title (Optional)	ROLE (PI, Co-PI, Co-Investigator, In Kind, Consultant, Contractor)	PERIOD COVERED (YYYY-YYYY)	FUNDS REQUESTED	AWARDED Y/N/ Pending

If this grant was the result of 'Team Science', please explain your role and contributions below:

2. Provide a list and description of all peer-reviewed publications : **books, book chapters, manuscripts, abstracts, case studies, opinion papers, editorials, monographs** that have been either under development, submitted, published or accepted for publication during this review period:

<b>PUBLISHER/JOURNAL</b>	<b>DOI, PMID</b> (optional)	<b>ROLE</b> (Lead Author, Author, Senior Author)	<b>STATUS</b> (under development, submitted, accepted)

3. Provide a list and description of **all other scholarly activities** including poster presentations, non-peer reviewed work, visiting professorships, serving as a moderator of a session (education, clinical, research), quality improvement initiatives, patient safety initiatives, patents or other intellectual properties, editorships of journals or books during this review period:

<b>NAME OF ACTIVITY</b>	<b>ROLE</b> (Lead Author, Author, Senior Author)	<b>STATUS</b> (published, in progress, etc.)

4. Provide a list of **conferences, professional development events or study sections** attended during this review period:

TITLE	AGENCY	ROLE Presenter or Keynote Speaker, panel moderator, session curator, networking facilitator, content reviewer, workshop leader, presenter, Grant Proposal Reviewer, Panel Chair, Research Consultant)	STATUS (accepted, presented, in progress, etc.)

5. **Research/Discovery/Scholarship Evaluations:** Briefly summarize evidence of effectiveness (in terms of outcomes and impact) in your research and scholarly activities during this review period. Report highlights from any related evaluations you have received. Examples may include: the number of citations, press release or other news making.

Brief comments (maximum of one paragraph):

**Faculty Rating in Research/Discovery/Scholarship**

Exceeds Expectations	Meets Expectations	Does Not Meet Expectations	Unsatisfactory	N/A

*Chair/Designee Rating in Research/Discovery/Scholarship*

Exceeds Expectations	Meets Expectations	Does Not Meet Expectations	Unsatisfactory	N/A

**CHAIR/DESIGNEE BRIEF COMMENTS (MAXIMUM OF ONE PARAGRAPH)**

Brief comments (maximum of one paragraph):

**ADMINISTRATION/LEADERSHIP AND SERVICE:**

1. Provide a list and description of any other **administrative/leadership positions (not educational)** held during this review period within the department/program, institution and/or affiliated hospitals and in local, regional, national organizations or agencies:

TITLE (Chair, vice chair, president, director, treasurer, member by nomination, etc.)	ORGANIZATION/AGENCY / LOCATION	SCOPE <sup>1</sup>							YOUR ROLE <sup>1</sup>		
		Dept./ Program	Institution	Affiliated Hospitals	Local	Regional	National	International	Volunteer	Elected	Appointed




<sup>1</sup> Insert X as applicable

2. Provide a list and description of the **service activities including community engagement projects** you participated in during this review period within the department/program, institution, affiliated hospitals and organizations:

NAME OF ACTIVITY (Institutional or departmental committees, task forces, search committees and interview of candidates, accreditation, strategic planning, editorial work etc.)	YOUR ROLE (expert, collaborator, decision-maker, contributor, other )	LOCATION <sup>1</sup>						
		Dept./ Program	Institution	Affiliated Hospitals		Regional	National	International

<sup>1</sup> Insert X as applicable

3. Provide a list and description of **other community service outside of MCFV, SOM** related to academic role during this review period:

NAME OF ACTIVITY <i>(community talk related to professional activities, judge at science fair, etc. )</i>	YOUR ROLE	LOCATION

4. **Administration/Leadership and Service:** Briefly summarize evidence of accomplishments (in terms of outcomes) in leadership/administration and service to the institution, the profession and to the community at large as related to the academic role during this review period. Report highlights from any related evaluations you have received.

Brief comments (maximum of one paragraph):

**Faculty Rating in Administration/Leadership and Service**

Exceeds Expectations	Meets Expectations	Does Not Meet Expectations	Unsatisfactory	N/A

*Chair/Designee Rating in Administration/Leadership and Service*

Exceeds Expectations	Meets Expectations	Does Not Meet Expectations	Unsatisfactory	N/A

**CHAIR/DESIGNEE BRIEF COMMENTS (MAXIMUM OF ONE PARAGRAPH)**

Brief comments (maximum of one paragraph):

**PROFESSIONALISM:** Under the umbrella of professionalism lies an extended set of responsibilities that includes: civil and courteous behavior; respect for teachers, students, supporting staff and colleagues; service to the community; dedication to lifelong learning; and, for clinicians, empathy, altruism, compassion and other attitudes and behaviors which represent the core traditions of the profession of medicine.

**Self-Assessment of Professionalism: Briefly** comment on your performance in the areas of professional behavior, interpersonal interactions, and communication during the review period (include feedback from colleagues, trainees, staff, patients or any other measures you may have).

Brief comments (maximum of one paragraph):

<i>Faculty Rating - Professionalism</i>	
Satisfactory	Unsatisfactory

<i>Chair/Designee Rating - Professionalism</i>	
Satisfactory	Unsatisfactory

**CHAIR/DESIGNEE BRIEF COMMENTS (MAXIMUM OF ONE PARAGRAPH)**

Brief comments (maximum of one paragraph):

**AWARDS AND HONORS**

1. List any awards and honors you received during this review period:

AWARD/HONOR NAME	ORGANIZATION/AGENCY	SCOPE LOCAL <sup>1</sup>	SCOPE REGIONAL <sup>1</sup>	SCOPE NATIONAL <sup>1</sup>	Status ( <i>awarded, nominated</i> )
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<sup>1</sup> Insert X as applicable

## **READINESS FOR PROMOTION**

The annual performance reviews play an important role in documenting faculty's achievement in the promotion and reappointment process. Please review the appropriate sections of the MCFV bylaws.

Choose an option below based upon your self- assessment.

**Based upon your overall performance, please self-assess your readiness for Promotion. If you select “yes” please take a moment to a succinct description of the activities that met promotion requirements.**

Yes	No	Undecided	N/A

**Chair\Designee - Based in the faculty's overall performance, please assess their readiness for Promotion. If you choose “yes” you are agreeing with the faculty’s assessment for promotion and your faculty member will progress to the subsequent stages, as outlines by the promotion process.**

Yes	No	Undecided	N/A

### Faculty Overall Annual Summary

Brief comments (maximum of one paragraph):

Chair/Designee Rating in Administration/Leadership and Service				
Exceeds Expectations	Meets Expectations	Does Not Meet Expectations	Unatisfactory	N/A

### Chair/Designee Overall Annual Summary

Brief comments (maximum of one paragraph):

Please check the box below to indicate that you are ready to have this evaluation forwarded to Faculty Affairs and Faculty Development office for Review then click the submit button. at the bottom of the form.

\_\_\_\_\_  
Chair/Designee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair Signature (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_

\_\_\_\_\_

**Faculty Signature**

**Date**