

AY2024-2025
FACULTY ANNUAL PERFORMANCE ACTIVITY REPORT FOR PROFESSORS

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

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

CONTRIBUTING REVIEWERS	
Name	Email

INSTRUCTIONS:

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.

TIME AND EFFORT - Must Equal 100%

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

**Professional Service: includes service to the institution, service to the discipline and profession*

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):

LAST YEAR'S GOALS

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

Faculty hired after July 1st , please skip to New Goals Section.

GOAL 1

Goal Type:	
Goal Description	
Results Achieved	
Completion Status	

GOAL 2

Goal Type:	
Goal Description	
Results Achieved	
Completion Status	

GOAL 3

Goal Type:	
Goal Description	
Results Achieved	
Completion Status	

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

Goal Type	
Goal Description	

GOAL 2

Goal Type	
Goal Description	

GOAL 3

Goal Type	
Goal Description	

GOAL 4

Goal Type	
Goal Description	

GOAL 5

Goal Type	
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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 ACTIVITIES:

In this section, please list your educational and teaching activities within the current year's Annual Review period in which you participated. Activities may be grouped into categories such as teaching (clinical/non-clinical settings), national/international courses, curriculum development, development of new or revised assessment methods, inter-professional education, mentoring/advising (students, residents, junior faculty), leadership roles for educational programs, and supervision of projects, theses, and dissertations. If you have received any teaching awards or other forms of recognition, please include them. An extensive list of examples of educational/teaching activities is included in an addendum at the end of the form for reference.

Self-assessment of Education/ Teaching (optional): In this section, please state he extend to which you feel you accomplished your education/teaching goals as defined last yar. Identify barriers to achieve goals and provide solutions to identified barriers.

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

Chair/Designee Rating in Education/Teaching				
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:

In this section, please list your clinical activities within the current year's Annual Review period. Activities can be grouped into categories such as a summary of clinical care services and patient population, clinical protocol development, quality/safety contributions, patient satisfaction surveys, and recognition by media, medical organizations or grateful patients. An extensive list of clinical activities is included in an addendum at the end of the form for reference.

Self-assessment of Clinical Activities (optional): In this section, please state he extend to which you feel you accomplished your clinical goals as defined last yar. Identify barriers to achieve goals and provide solutions to identified barriers.

<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 AND SCHOLARSHIP ACTIVITIES:

In this section, please list your research/scholarship activities within the current year's Annual Review period in which you have participated. Activities can be grouped into categories such as publications (peer-reviewed and non-peer-reviewed), abstracts and posters, grant submissions, active research projects/clinical trials, case reports, study section participation, manuscript review, and invited presentations to present research progress and outcomes. An extensive list of examples of research and scholarship activities is included in an addendum at the end of the form for reference.

If your Research and Scholarship accomplishments were the result of 'Team Science,' please explain your role and contributions below. (**Team Science** refers to an interdisciplinary approach to research in which individuals with diverse expertise collaborate to solve complex problems. It emphasizes collective effort, integrating multiple perspectives and skills, and often involves teams of researchers from different fields working together toward common goals, sharing knowledge, and leveraging their combined strengths to advance scientific discovery.)

Self-assessment of Research and Scholarship (optional): In this section, please state he extend to which you feel you accomplished your Research and Scholarship goals as defined last yar. Identify barriers to achieve goals and provide solutions to identified barriers.

<i>Faculty Rating in Research/Discovery/Scholarship</i>				
Exceeds Expectations	Meets Expectations	Does Not Meet Expectations	Unsatisfactory	N/A

<i>Chair/Designee Rating in Research/Discovery/Scholarship</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):

ADMINISTRATION/LEADERSHIP AND SERVICE:

In this section, please list your administrative, leadership, or service activities within the current year's Annual Review period. Activities can be grouped into categories such as departmental/division leadership, committees (MU CFVH, CFVHS, MU, etc) , administrative tasks, board and professional memberships related to education, research/scholarship, or clinical work, development of policies, and administrative tasks related to your division, center/institute, or institutional program. An extensive list of examples of administrative, leadership, and service activities is included in an addendum at the end of the form for reference.

Self-assessment of Administration/ Leadership and Service (optional): In this section, please state he extend to which you feel you accomplished your Administration/Leadership and Service goals as defined last yar. Identify barriers to achieve goals and provide solutions to identified barriers.

<i>Faculty Rating in Administration/Leadership and Service</i>				
Exceeds Expectations	Meets Expectations	Does Not Meet Expectations	Unsatisfactory	N/A

<i>Chair/Designee Rating in Administration/Leadership and Service</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):

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

TEAMWORK AND INSTITUTIONAL CONTRIBUTIONS:

This section recognizes the vital role faculty play in building a strong, collaborative foundation for the new medical school, emphasizing that success is driven by collective efforts rather than individual accomplishments.

Self-Assessment of Teamwork and Institutional contributions: Please describe one or more team-based contributions you made this year that supported the growth and development of the medical school. Include your specific role and the impact of your efforts. Your response may highlight one or more examples of how your work helped advance institutional priorities through team-based initiatives. ***Examples of team contributions may include:*** *Participated in curriculum design or assessment initiatives, Contributed to LCME accreditation preparation, Mentored junior faculty or supported onboarding efforts, Served on key institutional or departmental committees, Helped develop clinical training sites or interprofessional programs*

CHAIR/DESIGNEE BRIEF COMMENTS (MAXIMUM OF ONE PARAGRAPH)

Brief comments (maximum of one paragraph):

Faculty Rating – Teamwork and Institutional contributions	
Satisfactory	Unsatisfactory

Chair/Designee Rating - Professionalism	
Satisfactory	Unsatisfactory

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	Unasatisfactory	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