

**FACULTY PERFORMANCE EVALUATION**

**2020 - 2021**

Faculty Name: Click or tap here to enter text.

Date: Click or tap to enter a date.

Department: Click or tap here to enter text.

Secondary Appointment (if applicable): Click or tap here to enter text.

Rank: Click or tap here to enter text.

Current salary: Click or tap here to enter text.

Years in rank: Click or tap here to enter text.
Years at salary level: Click or tap here to enter text.

Role in Department: Click or tap here to enter text.

Tenure Status: Choose an item.

**EFFORT FOR ALL ACTIVITIES SHOULD TOTAL 100%**

*All effort must be funded by the Department, Internal or External Grants, Clinical Revenues, COM Educational Effort Allocations, and Hospital Support*

🞎 **Citizenship Activities**

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Effort (%)- current year** | **Effort (%)- projected year** | **Notes** |
| Committee membership: (for ex: departmental, hospital, COM, University)  |  |  |  |
| Professional society organizations, (for ex: committee, leadership) |  |  |  |
| Community organizations, (for ex: advocacy, lectures) |  |  |  |
| Basic rounding and/or supervision of trainees/staff |  |  |  |
| Preparing and giving lectures |  |  |  |
| Mentorship: |  |  |  |
| * Mentorship of trainees, peers, reports
 |  |  |  |
| * Mentorship of URM
 |  |  |  |
| Other |  |  |  |
| **Total Effort (%)** |  |  |  |

🞎  **Administrative Activities**  (for which there is departmental, hospital, or medical school support)

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Effort (%)- current year** | **Effort (%)- projected year** | **Notes** |
|  |  |  |  |
|  |  |  |  |
| **Total Effort (%)** |  |  |  |

🞎 **Educational Activities** (for which there is departmental, hospital, or medical school support)

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Effort (%)- current year** | **Effort (%)- projected year** | **Notes** |
| Curriculum Development |  |  |  |
| Course Director |  |  |  |
| Residency Program Director, Associate Director, Other |  |  |  |
| Other |  |  |  |
| **Total Effort (%)** |  |  |  |

🞎 **Mentorship Activities** (for which there is departmental, medical school or grant support)

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Effort (%)- current year** | **Effort (%)- projected year** | **Notes** |
| Sponsored mentorship (for funded fellowships) |  |  |  |
| Other |  |  |  |
| **Total Effort (%)** |  |  |  |

🞎 **Research Activities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **Effort (%)- current year** | **Effort (%) –** **next fiscal year** | **Total Directs in current fiscal year** | **Grant end date** |
| Submitted/pending grants |  |  |  |  |
| Grants -internal |  |  |  |  |
| Grants – external industry |  |  |  |  |
| Grants – external NIH |  |  |  |  |
| Other (Foundations, Departmental) |  |  |  |  |
| **Total Effort (%)** |  |  |  |  |

🞎 **Clinical Activities (IDX and DUP Billed)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **current year** | **Target** **next fiscal year** | **Comments** |
| OP Sessions per week |  |  |  |
| Service requirements |  |  |  |
| Coverage |  |  |  |
| Clinical contracts |  |  |  |
| Other |  |  |  |
| **Total Clinical Effort (%)** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **current year** | **Target** **next fiscal year** | **Comments** |
| RVU’s  |  |  |  |
| MGMA % |  |  |  |

🞎 **Projected Travel and CME/CE Needs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Dates** | **Cost** | **How will this help you achieve your goals** |
|  |  |  |  |
|  |  |  |  |

🞎 **Current Year - Job Performance Challenges**

|  |  |  |
| --- | --- | --- |
| **Activity** | **Description of challenge associated with activity** | **Plan for next year and resources needed to overcome challenge** |
|  |  |  |
|  |  |  |
|  |  |  |

🞎 **Summarize the Feedback from Residents/Students in Response to your Teaching**

|  |
| --- |
|  |

🞎 **Current Year - Accomplished goals, honors/awards, abstracts, publications, presentations, technology transfer and commercialization opportunities, and other “notes of excellence”**

|  |  |
| --- | --- |
| **Accomplishment** | **Comment** |
|  |  |
|  |  |
|  |  |

🞎 **Summarize Discussion on Path for Career Development and Promotion**

|  |
| --- |
|  |

🞎 **Future Goals**

|  |  |  |
| --- | --- | --- |
| **Goal** | **Indicator/Deliverable** | **Projected date of completion** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Professional development activities and resources needed to achieve the above goals:**  |

**SUMMARY TOTAL EFFORT**

|  |  |
| --- | --- |
| **Current Effort:** | **Predicted Effort: (Next fiscal year)** |

🞎 **Department Chair or Division Director Feedback**

|  |
| --- |
|  |

**SIGNATURES:**

*By signing this document, the Department Chair/Division Director and Faculty Member acknowledge the effort allocations set forth above. This supersedes any prior effort allocation specified in previous agreements or appointment letters. The Department Chair or Division Director may at his or her discretion modify the effort allocation during the course of the academic year after consultation with the faculty member.*

**Faculty Member**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Department Chair or Division Director:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date