Recommended Annual Faculty Review Form

Faculty Council of the School of Medicine

The ECFC believes that it is important for all faculty members to have annual reviews with their Chairs or Section Heads. The following form was developed as a model to be used in such reviews. We recommend that you provide this information to your supervisor and discuss it during your annual review.

Date: _______________  Track __________

I. Current Academic Appointment:

A. Date of Academic Appointment:

B. Current Salary:

C. % Effort: (should equal 100%)
   Research_______________
   Teaching_______________
   Clinical_______________
   Administration________

II. Review of Medical School guidelines for promotion

A. Investigation/scholarly accomplishments
   1. Extramural research support
   2. Author of peer-reviewed papers
   3. Author of textbooks, chapters, reviews, etc.
   4. Author of “non-traditional” educational materials (e.g. Public health pamphlets or computer programs)

B. Regional and national recognition
   1. Speaker at other academic institutions
   2. Invited presentations at meetings
3. Meeting organizer
4. Election to membership or office in professional societies
5. Editorial work for professional journals (editor, editorial board, reviewed)
6. Service on study sections for grant review
7. Other types of consultation for government or private agencies

C. Teaching
1. Courses taught (include lecture hours, lab hours, discussion of group hours, if course master)
2. Clinical teaching (include service, hours of student/resident/fellow contact, duration of rotation)
3. Research training of graduate students, post doctoral fellows etc.
4. Evaluation by students, interns, residents, fellows
5. Evaluation by tenured faculty

D. Assessment of clinical competence
1. Board certification
2. Unique expertise
3. Superior performance of special services
4. Evaluation by physicians/health professionals
5. Evaluation by tenured faculty

E. Service contributions
1. Administrative roles in medical school, hospital, department or division
2. Administrative roles in Graduate Division of Biology and Biomedical Science
3. Committee participation
   a. University
   b. Medical School
c. Department/Division
d. Graduate Division of Biology and Biomedical Science

4. Service to a basic science research or clinical laboratory program

5. Clinical Service (hours/week)
   a. Attending
   b. Clinic
   c. Surgery
   d. Special procedures
   e. Clinical conferences (e.g. CPC)
   f. Clinical service income (if known)

6. Community service

F. Awards and Special accomplishments

III. Comments

A. From faculty member (may include any pertinent information but should include a description of major scientific achievements during the year)

B. From chairman (or designee) (may include other considerations such as a leave of absence, sick leave or maternity leave but must include an overall evaluation of the performance of the faculty member as well as recommendations for corrective action)

IV. Signature

I have reviewed the above information.

__________________________        _______________________
Chairman (or designee)                        Faculty Member