FREDERICK P. WHIDDON COLLEGE OF MEDICINE
CHAIR PRODUCTIVITY AND EVALUATION

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| CHAIR’S NAME: |  |  | **Current Effort Distribution** |
| PRIMARY DEPARTMENT: |  |  | Administration  |  |
| YEAR APPOINTED AS CHAIR: |  |  | Teaching |  |
|  |  |  | Scholarship |  |
| ACADEMIC REPORT YEAR: | July 1, 20XX-June 30, 20XX+1 |  | Clinical service |  |
|  |  |  | Other service |  |
|  |  |  | Total | 100% |

ALL DATA SHOULD REFLECT ACTIVITY WITHIN THE ACADEMIC REPORT YEAR

DO NOT DELETE SECTIONS OR ALTER TABLE HEADERS OR FORMATS (ROWS CAN BE ADDED)

# **I. Teaching Activities**

 1. **Instructional leadership roles in medical/graduate education**

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| --- | --- | --- |
| **Role** | **Yes or No?** | **If Yes, name the module, clerkship, course or residency program(s)** |
| Module or clerkship director (UME program) |  |  |
| Module or clerkship co-director (UME program) |  |  |
| Graduate course director (PhD or MS programs)  |  |  |
| Graduate course co-director (PhD or MS programs) |  |  |
| Residency program director (GME programs) |  |  |
| Residency program associate director (GME programs) |  |  |

2. **Direct instruction**: Medical student (UME), graduate student (PhD), or Master’s student (MS) instruction in formal, scheduled courses, modules, clerkships, selectives or electives. For each course, note CUMMULATIVE hours in each category over the report year. **Do NOT report hours per week or month.**

| **Course/module number AND name**  | **# Hrs Lecture**  | **# Hrs Simulation** | **# Hrs Classroom Active learning** | **# Hrs Labs** |
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3. **Direct instruction:** Resident instruction (include hours of instruction in the residency curriculum. For each residency program in which you are engaged, **note CUMMULATIVE hours** in each category over the report year. **Do not report hours per week or month.** Instruction designed for residents cannot be counted for medical student instruction, even if medical students are present.

| **Residency program name**  | **# Hrs Lecture**  | **# Hrs Simulation** | **# Hrs Classroom Active learning** | **# Hrs Labs** |
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4. **Teaching rounds and other clinical mentoring**

| **Clerkship or Residency** **program name**  | **# Hrs Teaching Rounds** | **Other clinical mentoring** |
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5. **Mentoring:** research supervision and advisory committees, including thesis/dissertation committees, undergraduate or MD research honors, summer medical student research, undergraduate directed studies or resident research

| **Program type** | **Student name** | **Degree sought** | **Expected completion date**  | **Your role (major advisor, committee member)** |
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6. **Mentoring, coaching, and advising**

| **Program type** | **Number of students**  | **Your role (advisor, coach, etc.)** |
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7. Development of new medical school or graduate courses (explain briefly)

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8. Creation of new curricula, new evaluation tools for instruction, new instructional methods, and/or new electronic materials for instruction for use in the Whiddon College of Medicine or professional groups (explain briefly)

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9. Evaluation of teaching ability (this section must include summary of teaching evaluations from students and/or colleagues)

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10. Academic honors recognizing teaching

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# **II. Scholarly Activities**

1. Published peer-reviewed articles or registered patents (Do not include submitted manuscripts or patent applications in this section)

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1. Articles in press

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1. Published abstracts

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1. Abstracts/posters for forums within the Whiddon College of Medicine or USA Health System

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1. Textbooks, chapters in textbooks, teaching manuals, scientific monographs or other books published (Manuscripts submitted, but not accepted, must NOT be included here)

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1. Manuscripts or patent applications submitted, but not yet accepted

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7. Presentations relating to scholarly activity (for each give date, location/type of presentation and title)

1. Internal seminars at USA (e.g., Grand Rounds, Distinguished Scientist Seminars, departmental seminars, CME instruction, etc.)

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| **Date** | **Location/Type of Presentation****Internal ONLY** | **Title** |
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1. External invited seminars and lectureships, and/or invited talks at regional, national or international professional meetings (including external Grand Rounds or CME instruction). **Do not include platform presentations of abstracts or poster presentations in this section.**

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| --- | --- | --- |
| **Date** | **Institution or Conference****External ONLY** | **Title** |
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8. **Extramural funding** (supply **ALL** requested information; **Agency/sponsor AND total award amount are required**) – note if award is a subcontract or trainee fellowship

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| --- | --- | --- | --- | --- | --- |
| **Agency/grant AND award #** | **Clinical trial (y/n)** | **Title**  | **Your role**  | **Total award ($) period (month/year)** | **Current yr funding** |
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9. **Submitted/pending extramural applications** (supply **ALL** requested information) – include all applications submitted during the report year, even if not funded and no longer pending

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| --- | --- | --- | --- | --- | --- |
| **Agency/grant AND award #** | **Clinical trial (y/n)** | **Title**  | **Your role**  | **Total award period****(month/year)** | **Status (pending, declined)** |
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10. **Other scholarly activity**

1. Other scholarship related to teaching: dissemination of peer-reviewed instructional methods and/or materials (note any not represented in items 1-5 above)
2. Other scholarship relating to clinical practice (i.e., organization of new clinical services, design and implementation of new quality assurance programs, quality improvement and/or patient safety initiatives, development of infrastructure to improve care delivery, etc.) *Reproduce table to insert additional projects.*

To be effective as scholarship, these projects MUST 1) have clear goals, 2) show adequate preparation, 3) use appropriate methods, 4) show significant results, 5) be effectively presented and 6) use reflective critique (from Glassick et al., Scholarship Assessed. 1997)

| **Project Title** | Project Title:  |
| --- | --- |
| Dates |  |
| Your Role |  |
| Problem |  |
| Desired Outcome |  |
| Process |  |
| Actual outcomes |  |
| Documentation |  |

11. **Academic honors recognizing scholarly work**

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# **III. Service Activities**

1. **Clinical service/patient care (if item below is not applicable, note N/A)**

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| --- | --- |
| **Clinical activity type** | **Your clinical contributions** |
| Service sites |  |
| # ½ day clinics per week |  |
| # OR days/week  |  |
| # days call/month |  |
| # months/year as ward attending |  |
| Clinical RVUs relative to national discipline norms |  |
| Non RVU clinical productivity (give specifics) |  |
| Other (give specifics) |  |

2. **Internal committee assignments (note leadership roles)**

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| --- | --- | --- | --- |
| **Committee** | **Term** | **Are you Chair?** | **Unit (Department, College, University, USA Health)** |
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3. **Departmental or other administrative assignments (Vice Chair service, non-committee administrative assignments, e.g., core directors, Assistant/Associate deans)**

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| **Administrative Roles** | **Term** | **Unit (Department, College, University, USA Health)** |
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4. **Regional/national/international professional service (include memberships on boards of directors or advising panels, professional society offices, etc.)**

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| --- | --- | --- |
| **Professional service**  | **Detail/role**  | **Term** |
| Study sections for grant review |  |  |
| Journal editor or editorial board member |  |  |
| Journal peer review |  |  |
| National clinical guidelines development |  |  |
| Question writer For Step, Board, CME self-assessment exams,  |  |  |
| Professional society leadership roles  |  |  |
| Professional society committees |  |  |
| Other (give specifics) |  |  |

 5. **Community service**

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| --- | --- | --- |
| **Contribution** | **Date(s)** | **Organization** |
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# **IV. Citizenship**

|  | **Unacceptable** | **Below Expectations** | **Meets****Expectations** | **Exceeds Expectations** | **Exemplary** |
| --- | --- | --- | --- | --- | --- |
| **CITIZENSHIP** | No evidence for service | Some deficiencies noted in service contributions  | Meets service expectations to the COM | Frequently goes beyond expectations | Goes well beyond expectations; significant evidence for leadership in service/administration |
| **Observes institutional/ departmental** p**olicies and procedures** |  |  |  |  |  |
| **Respects others and their rights** |  |  |  |  |  |
| **Serves others before himself/herself** |  |  |  |  |  |
| **Accepts personal responsibility** |  |  |  |  |  |
| **Contributes to the organization/community** |  |  |  |  |  |
| **Chair rating** |  |  |  |  |  |

# **V. Professionalism**

|  | **Unacceptable** | **Below Expectations** | **Meets****Expectations** | **Exceeds Expectations** | **Exemplary** |
| --- | --- | --- | --- | --- | --- |
| **PROFESSIONALISM** | No evidence for service | Some deficiencies noted in service contributions  | Meets service expectations to the COM | Frequently goes beyond expectations | Goes well beyond expectations; significant evidence for leadership in service/administration |
| **Effective communication with employees/ trainees/patients** |  |  |  |  |  |
| **Conforms to technical and ethical standards of his/her profession**  |  |  |  |  |  |
| **Accountability** |  |  |  |  |  |
| **Trustworthiness** |  |  |  |  |  |
| **Honesty** |  |  |  |  |  |
| **Chair rating** |  |  |  |  |  |

 Comment on any effects of COVID-19 on annual productivity that you would like to see documented.

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| Suggestions for future faculty development topics: |
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# **VI. Summary of Departmental Accomplishments**

1. **Summary of departmental outcomes**

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| Manuscripts published (total number) |  |
| Book chapters/books published (total number) |  |
| Conference abstracts published (total number) |  |
| Aggregate extramural funding (total dollars/number of awards): |  |
|  | NIH |  |
|  | Other federal government (HRSA, DOD, etc.) |  |
|   | Foundation |  |
|   | Clinical trials |  |
| Other revenue (total dollars/source) |  |

 2. Individual goals - list key goals you’ve accomplished during the report year:

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3. Departmental goals - list key goals accomplished and/or innovative programs initiated by the department during the report year in education, research/scholarship and/or service:

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4. Summarize student feedback on faculty teaching during this report year. What steps are you taking and/or what faculty development strategies are you using to address any weaknesses?

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5. List specific departmental goals for the next academic year

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6. Overall evaluation of your performance as a department Chair – *circle relevant descriptor*

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| OU - OUTSTANDING  | SA - SATISFACTORY  |
| EX - EXCELLENT | MA - MARGINAL |
| GO - GOOD | US – UNSATISFACTORY |

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| --- | --- | --- |
| CHAIR’S SIGNATURE |  | DEAN’S SIGNATURE |

**PLEASE FORWARD A COPY OF THE COMPLETE ANNUAL EVALUATION DOCUMENT *(including this page with signatures)* TO THE OFFICE OF FACULTY AFFAIRS.**