

Academic Faculty Review Form

Clinical Departments
Clinician Scholar, Teaching Scholar,
Research Scholar, (Research)

Period of Review	w - From:	To:	To: Initial Year of Appointment:		
Name:		Initial Year of Appo			
Department:		Division/Program:			
Academic Rank:	Academic Rank:		Years at this rank:		
Track:					
ach area and rate your per 1. Achieved beyond I. Scholarly Activ	formance against your object of expectations 2. Achieved vities (Research, Pul	r for each area below. Indicate pectives for each category below and a satisfactorily achieved 4. blications, Invited Presentations.	as: NA: Not applicable entations, etc.)		
	ffort:	Rating:			
Research/Grant Support: Grants can include Clinical t Submitted; Patents/Invention		ndustry grants; Private gains; Mu	ulti-center study; Grants		
Funding Agency	Your Role	Total Funds/Indirect Funds	Years		
Mentee Supervision: List names of mentees and	rank, e.g., medical student,	resident, fellow			
Mentee Name	Mentee Rank	Project	Years		

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Туре	# 1 st Author	# Co-Author	# Senior Author
Abstracts presented or published this year			
Publications appearing this year			
Publications in press			
Books/Chapters published or in press			
Other publications			

Presentations:

Туре	Regional	National	International
Invited Lectures			
Workshops			
CME/Grand Round			
Other Presentations			

Supervisor Comments:

	aching/Advisi	ng		
	% Effort:		Rating:	
course	names, your role, v	vho is taking the course	e, and years of teaching course	
Gro ● Stud	up Discussion Lead	er, Clinical Supervisor	Director, Curriculum Development, I	
Univers	ity Teaching:			
Co	ourse Name	Your Role	Student Composition	Years
Hospita	l Teaching:			
-	l Teaching: ourse Name	Your Role	Student Composition	Years
-		Your Role	Student Composition	Years
-		Your Role	Student Composition	Years
-		Your Role	Student Composition	Years
-		Your Role	Student Composition	Years

Include all types of advising to students, housestaff, post-doctoral fellows, and junior faculty such as thesis advising, career advising, etc.

Mentee Name	Mentee Rank	Project/Area of Mentorship	Years

Faculty Member's Goals and Comments:	
Supervisor Rating:	Supervisor Comments:

III. Clinical

9	% Effort:	Rating:			
Include all clinical activities such as staff physician/patient care, clinical laboratory research, clinical practic administration, etc.					
Clinical Activity	Site of Activity or Setting	Your Role	Years		
Faculty Member's Goals	s and Comments:				
Supervisor Rating:		Supervisor Comr	nents:		

IV. Awards/Honors

% Effort:	Rating:	
Include all awards or honors.		
Name of Award	Award Organization	Date
		-
Faculty Member's Goals and Comment	ts:	
Supervisor Rating:	Supervisor C	omments:

V. Administration

% I	Effort:	Rating:			
Include all administrative roles such as Division Director, Center Director, Department Chair/Vice Chair, Program/Associate Director, clinical office administration, etc.					
Administrative Role	Division/Section	Program	Campus/Hospital		
Faculty Member's Goals a	nd Comments:				
Supervisor Rating:		Superviso	r Comments:		

VI. Service

% Effor	t:	Rating:		
Department/Hospital/Univers	ity Service:			
Include all service activities suc Department, Medical School, c		ommittees, faculty searche	es, task forces, etc., for the	
Committee Name Your Role Date				
Professional Service: Include service activities such a etc.	as Journal Editor/Associa	ite/Co-Editor, Journal Revie	wer, Society Leadership Role,	
Organization	Committee Name	Your Role	Date	
Other Volunteer Service: Include any other service activity	ities that are not incorpo	orated above		
Organization	Committee Name	Your Role	Date	
Faculty Member's Goals and C		Supervisor Cor	mments:	
		·		

VII. Diversity, Equity, and Inclusion Activities

% Effort*:	Rating:
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Describe your DEI work:

Category	Description
Teaching, mentoring, advising	
Research and scholarship	
Clinical work	
Service, professional organizations, committee work	
Other	

Comments:

^{*}Total effort may exceed 100% as DEI work may overlap with other activities

VIII. Professional Development

Mentoring:

Do you have a mentor? Yes No

Name of Mentor	Frequency of Meetings

_	Mould vou	like another menter?	Voc	No
•	vvouia vou	like another mentor?	Yes	INO

 Do you have any specific requests for a mentor match? (e.g. department, specialty

Are there other career development activities not listed in this review that you have done since your last review? (e.g. professional society meetings, professional development workshops, etc.)

Timeline/criteria for promotion or reappointment:

On track: Yes No

Promotion Timeline/Anticipated Year of Promotional Review:

STANDARD TIMELINE FOR ASSISTANT PROFESSOR

BMFA has additional promotional timelines templates upon request

Academic Year 1	Academic Year 2	Academic Year 3	Academic Year 4	Academic Year 5	Academic Year 6	Academic Year 7	Academic Year 8	Academic Year 9
Assistant Professor – Term 1		Assistan	t Professor -	- Term 2	As	ssistant Prof	essor – Term 3	
							CMFA review	Promotion effective 7/1 (AY start)

Academic Year 1	Academic Year 2	Academic Year 3	Academic Year 4	Academic Year 5	Academic Year 6	Academic Year 7	Academic Year 8	Academic Year 9
	nt Professor -	!		t Professor				essor – Term 3
Assista	11 110103301	icim i	Assistan	1110103301	ICHII Z		CMFA review	Promotion effective 7/1 (AY start)
Resources n	eeded (if any	ı) (e.g. schold	ırly activity,	time in rank	α, services αα	tivities, tead	ching, etc.)	•
	_	rding career ffice space, e		oudgetary/a	ıdministrativ	ve/secretario	al support, p	eer/community support,
ucuuciiiic sa	pport, idbyo	ijice space, e	,					
Planned leav	ve (e.g. pare	ntal leave, sa	bbatical, m	edical leave,	etc.)			

IX. Compensation

Total Compensation: \$_____

Compensation components

Research	Teaching	Clinical	Administration
\$	\$	\$	\$

Department's Benchmark Standard:				
AAMC				
MGMA				
Both				
Faculty's current percentile:				
Departmental goal percentile:				

X.	Optional Areas for Discussion*
	*Collaboration goals, networking, career satisfaction, work-life balance, etc.
Caree	er Fit:
	h professional activities do you find most professionally meaningful? What percent of effort do you spend in activity? (e.g. patient care, research, teaching, etc.)
Collal	boration with Colleagues:
Includ	de current and desired collaboration needs
Othe	r Topics:

Recommended Resources:		
Faculty Member Comments:		
Supervisor Comments:		

XI. Summary Goals	
Summary:	
Goals for the next five years:	
Faculty Member	Date
Supervisor (if applicable)	Date
Department Chairperson	Date