BROWN
Division of Biology and Medicine

Academic Faculty Review Form
Clinical Departments
Clinician Scholar, Teaching Scholar, Research Scholar, (Research)

Period of Review - From: _____ To: _____

Name: _____ **Initial Year of Appointment:** _____

Department: _____ **Division/Program:** _____

Academic Rank: _____ **Years at this rank:** _____

Track: _____

Instructions: Please list your activities **for the past year** for each area below. Indicate percent effort devoted to each area and rate your performance against your objectives for each category below as:

1. *Achieved beyond expectations* **2.** *Achieved* **3.** *Not satisfactorily achieved* **4.** *NA: Not applicable*

I. Scholarly Activities (Research, Publications, Invited Presentations, etc.)

% Effort: _____ **Rating:** _____

Research/Grant Support:

Grants can include Clinical trial/research; NIH grants; Industry grants; Private gains; Multi-center study; Grants Submitted; Patents/Inventions

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

Publications:

Type	# 1st 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:

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

Faculty Member's Goals and Comments:

Supervisor Rating: _____ **Supervisor Comments:**

II. Teaching/Advising

% Effort: _____ Rating: _____

List course names, your role, who is taking the course, and years of teaching course

- Role can include Course Organizer, Rotation Director, Curriculum Development, Journal Club Leader, Small Group Discussion Leader, Clinical Supervisor
- Student composition can be undergraduate, graduate, preclinical or medical students; residents or fellows; post-doctoral fellows

University Teaching:

Course Name	Your Role	Student Composition	Years

Hospital Teaching:

Course Name	Your Role	Student Composition	Years

Advising:

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

% Effort: _____ Rating: _____

Include all clinical activities such as staff physician/patient care, clinical laboratory research, clinical practice administration, etc.

Clinical Activity	Site of Activity or Setting	Your Role	Years

Faculty Member's Goals and Comments:

Supervisor Rating: _____ **Supervisor Comments:**

IV. Awards/Honors

Rating: _____

Include all awards or honors.

Name of Award	Award Organization	Date

Faculty Member's Goals and Comments:

Supervisor Rating: _____ **Supervisor Comments:**

V. Administration

% 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 and Comments:

Supervisor Rating: _____ **Supervisor Comments:**

VI. Service

% Effort: _____ Rating: _____

Department/Hospital/University Service:

Include all service activities such as involvement with committees, faculty searches, task forces, etc., for the Department, Medical School, or University

Committee Name	Your Role	Date

Professional Service:

Include service activities such as Journal Editor/Associate/Co-Editor, Journal Reviewer, Society Leadership Role, etc.

Organization	Committee Name	Your Role	Date

Other Volunteer Service:

Include any other service activities that are not incorporated above

Organization	Committee Name	Your Role	Date

Faculty Member's Goals and Comments:

Supervisor Rating: _____ **Supervisor Comments:**

VII. Diversity, Equity, and Inclusion Activities

% Effort*: _____ Rating: _____

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

Describe your DEI work:

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

Comments:

VIII. Professional Development

Mentoring:

Do you have a mentor? Yes No

Name of Mentor	Frequency of Meetings

- Would you like another mentor? Yes No
- Do you have any specific requests for a mentor match*? (e.g. department, specialty, research)*

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			**Assistant Professor – Term 2**			**Assistant Professor – Term 3**		
							CMFA review	**Promotion effective 7/1 (AY start)**

Resources needed (if any) ***(e.g. scholarly activity, time in rank, services activities, teaching, etc.)***

Obstacles identified regarding career trajectory ***(budgetary/administrative/secretarial support, peer/community support, academic support, lab/office space, etc.)***

Planned leave ***(e.g. parental leave, sabbatical, medical 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.*

Career Fit:

Which professional activities do you find most professionally meaningful? What percent of effort do you spend in that activity? *(e.g. patient care, research, teaching, etc.)*

Collaboration with Colleagues:

Include current and desired collaboration needs

Other 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**