

ATTACHMENT A

Name : _____

Professional Evaluation Committee

Department of _____, U Arizona College of Medicine
Annual Faculty Review
(Calendar Year)

DOCUMENT I- FACULTY DOCUMENTATION

TEACHING ACTIVITY

A. ATTENDING. Indicate hours/week spent actually teaching students, housestaff or fellows. Time in "work" rounds including inpatient subspecialty attending should be only for those periods when teaching actually occurs. Fill in time and location/activity.

		# wks	#hr/wk	location/activity
Medical Student	Preclinical	_____	_____	_____
	Clinical	_____	_____	_____
Housestaff	Didactic	_____	_____	_____
	Teaching rounds	_____	_____	_____

Comments

B. CONFERENCES, LECTURES & WORKSHOPS (exclude Research in Progress seminars). Attach additional sheets if necessary.

<u>TITLE</u>	<u>MONTH/YEAR</u>	<u># HR</u>	<u>LOCATION</u>
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C. VISITING PROFESSORSHIPS/INVITED TALKS

D. ADVISOR ACTIVITIES

E. OTHER TEACHING ACTIVITIES

These include development of instructional materials, new courses or programs, lectures to lay public

RESEARCH AND SCHOLARSHIP (cont'd), page 3

D. OTHER

1. Publications in preparation

2. Abstracts, pamphlets. Give full citation and if abstract presented, name of meeting and when.

3. Other scholarly activities. Examples - peer review for journal articles and grant applications, journal editorships, patents, development of teaching materials, equipment development, computer software development, consultations to industry.

4. Professional improvement activities. Examples - sabbatical leave, workshops, or courses attended.

SERVICE

A. PATIENT CARE

weeks/year
on this schedule

- | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|
| <ol style="list-style-type: none"> 1. Clinic <ul style="list-style-type: none"> Number 1/2 day sessions/month in Tucson _____ Number 1/2 day sessions/month, in clinics
outside Tucson (average) _____
 2. Inpatient Service <ul style="list-style-type: none"> - Average hrs/week when attending _____ - General Service Attending _____ Teaching Attending _____ Subspecialty Attending _____
 3. Intensive Care Service _____
 4. Number months on call nights/weekends for
your own subspecialty service _____
 <li style="padding-left: 40px;">Patients call you directly _____ or
housestaff/fellows first _____ | <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; height: 20px;"></td> <td style="width: 50%; border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> </table> | | | | | | | | | | |
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SERVICE (cont'd) page 4

B. DESCRIBE ANY NEW CLINICAL PROGRAMS DEVELOPED.

C. COMMITTEE ACTIVITY - indicate hours/month spent in meetings and in preparation. State if you were a chairperson. Exclude non-committee meetings e.g. Faculty meetings, patient inservice, etc.

1. Intramural (AHSC, main campus, TMC, Kino, Phoenix campus). Include Doctorate or Masters student committees on which you serve.

2. Extramural (name of committee and organization)

a. County

b. State

c. National

d. International

D. ADMINISTRATION

1. Intramural - (Section Chief or administration of large clinical or research programs)

2. Extramural - (Officer in professional organizations, non-committee, e.g. Treasurer WSPR)

E. OTHER SERVICE RESPONSIBILITIES

1. Applicant Interviewer for

_____ College of Medicine .

_____ Housestaff

HONORS, AWARDS, RECOGNITION (LIST AND GIVE DATE)

Name : _____

SELF EVALUATION WORKSHEET, January 1, ____ to December 31, _____

SUMMARY

Faculty member's comments:

After reviewing the items entered on the previous pages, please evaluate your efforts and achievements for the past year.

	Needs improvement	Meets High Expectations	Far exceeds Expectations
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Teaching
Research and scholarship
Patient care
Service/Administration

FACULTY WORKSHEET FOR WORKLOAD AND GOALS

Proposed workload assignment for the next year (to be discussed by Faculty member, Section Chief and Department Head)

Dr. _____ is a (state rank and track) in the Section of (state Section). Approximately ____% of his/her time is devoted to direct patient care, including clinical teaching for ____% of the time. Dr. _____ also participates in teaching activities in classroom and conference settings for ____% of time (specify courses). He/She spends ____% of the time in research and other activities. Approximately ____% of his/her time is dedicated to administration and other service.

List specific expectations/objectives for the upcoming year. Expectations should be specific, reasonable, measurable, and attainable. Goals in research, teaching, clinical and administrative activities should be specified, as appropriate.

Expectations:

- 1.
- 2.
- 3.

Discussions should include clear objectives for performance that will be considered as below, meeting or exceeding expectations. If the workload assignment changes during the academic year, these expectations must be revised.

Faculty Member

Section Chief

Department Head