WHSOM
Faculty Performance Evaluation

The annual Faculty Performance Evaluation is intended to provide an assessment of a faculty member’s accomplishments over the past year. Assessment will consider the outcome of plans made and goals set at the time of previous year’s evaluation, as well as important issues that may have arisen in the intervening year. Plans for the upcoming year should promote individual faculty development and recognize department needs and resources. Inability to achieve the desired outcomes without adequate alternative accomplishments may require a change in direction, time allotment, or salary for a faculty member.

Chairs/Evaluators must provide clear goals for teaching and/or external funding for research on this evaluation.
**INDIVIDUAL EFFORT CHART**

The *distribution of effort may differ among faculty members*, i.e., some members with a greater % for research, some with more teaching, some with more administrative service, etc. The goal of the school as a whole is that 75% of the cost of research -- including salaries, benefits, direct costs, and overhead -- should be funded externally, but the amount of external research funding may differ among faculty members. There must be an adequate revenue stream to cover each performance expectation, totaling 100% of salary. Faculty base salary guidelines are linked to the expectations described in this FPE.

Record approximate percent of time devoted primarily to *each* of the activities below. Salary support for research should be recorded. Time devoted to aspects of research, other scholarly activities, teaching, clinical work, service, and administration *should be documented as much as possible* in the narrative sections (e.g. training program director 10 h/week: IRB one 3 h meeting/month plus 10 h preparation; clinic director 5 h/week).

<table>
<thead>
<tr>
<th>Activity</th>
<th>2020 (should be ~same as goals in prior FPE)</th>
<th>2021 goal (projected)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2020 % effort</td>
<td>2020 actual</td>
</tr>
<tr>
<td>Teaching</td>
<td>%</td>
<td>ECUs or equiv.</td>
</tr>
<tr>
<td><strong>Service (generally ≤ 20%)</strong></td>
<td>%</td>
<td>$</td>
</tr>
<tr>
<td>Administrative</td>
<td>%</td>
<td>$</td>
</tr>
<tr>
<td>Externally funded research</td>
<td>%</td>
<td>$ amount of salary externally funded</td>
</tr>
<tr>
<td><strong>Other scholarly activity</strong></td>
<td>%</td>
<td>$</td>
</tr>
<tr>
<td>Clinical activity</td>
<td>%</td>
<td>Clinical RVUs</td>
</tr>
<tr>
<td>Total (should be 100%)</td>
<td>%</td>
<td>$</td>
</tr>
</tbody>
</table>

*Other scholarly activities* might include, among other activities: Textbook or chapter authorship/editorship, review authorship, invited speaker at national/international meetings; inventions, patents, licenses

**Service** may include, among other activities: intramural and extramural committee activities; officer in scientific/professional societies; advisory councils (e.g. NIH); membership on editorial boards; study section membership peer review activities, and industry consulting, advising, and board memberships
INSTRUCTIONS

For the following 7 Sections:

1. Teaching Activities
2. Service Activities
3. Administrative Activities
4. Professional Behavior
5. Research and other Scholarly Activities
6. Clinical Activities (Faculty without clinical duties may skip this section)
7. Overall Assessment

The Faculty Member completes the GREEN shaded sections.

The Chair/Evaluator completes the RED shaded sections; please remember to complete all components of the Part 7 Overall Assessment; and, do not choose more than one rating in any component throughout the document.
1. TEACHING ACTIVITIES

A. The information included in this section should be limited to your teaching activities within the current year’s Annual Review period.

Teaching Accomplishments
Provide a bulleted list of your teaching activities, including teaching in both clinical and nonclinical settings. For each activity, provide your role/function in the activity, the name of the activity, level of individuals being taught, number of individuals participating in the activity, frequency/time of the activity, and evaluation scores, if available. Include mentoring of students, residents, and fellows, as well as teaching awards and honors.

Self-Assessment of Teaching Activities
If you wish, briefly comment on the extent to which you feel you met your teaching goals as defined last year. Include the challenges you have faced during this academic period, and the approach you took to address each challenge. Indicate what you, the department, or the institution could do to enhance your professional development in this academic area.

Evaluation of Teaching Activities by Department Chair/Evaluator
Comment on accomplishments, strengths, weaknesses, and if the annual performance goals were met. Provide detailed comments and specific expectations when improvements are needed.

Department Chair/Evaluator: Rate Achievement of Project Teaching Plans
(select one)

Surpassed Plans  Achieved Plans  Did Not Meet Plans

B. The information included in this section should be limited to your teaching plans for the next year’s Academic Plans and Measurable Outcomes period.

Teaching Plans and Measurable Outcomes  Department Chair/Evaluator Comments

Department Chair/Evaluator: Rate Teaching Plans Based on Academic Rank and Position
(select one)

Demanding/Ambitious Plans  On Target Plans  More Challenging Plans Needed
2. SERVICE ACTIVITIES

A. The information included in this section should be limited to your service activities within the current year’s Annual Review period.

Service Accomplishments
Information for this section may be cut and pasted from your curriculum vitae. Provide a bulleted list of your service activities. Include intramural and extramural committee activities, professional society activities and service, peer review activities, and industry consulting, advising, and board memberships. Group the information into specific categories. The different categories should include department, school, university, hospital, health system, and extramural activities. Include in this section, other awards and honors not listed in Research, Teaching, or Clinical Activities.

Self-Assessment of Service Activities
If you wish, briefly comment on the extent to which you feel you met your service goals as defined last year. Include the challenges you have faced during this academic period, and the approach you took to address each challenge. Indicate what you, the department, or the institution could do to enhance your professional development in this academic area.

Evaluation of Service Activities by Department Chair/Evaluator
Comment on accomplishments, strengths, weaknesses, and if the annual performance goals were met. Provide detailed comments and specific expectations when improvements are needed.

Department Chair/Evaluator: Rate Achievement of Projected Service Plans
(select one)

Surpassed Goals/Plans  Achieved Goals/Plans  Did Not Meet Goals/Plans

B. The information included in this section should be limited to your service plans for the next year’s Academic Plans and Measurable Outcomes period.

Service Plans and Measurable Outcomes  Department Chair/Evaluator Comments

Department Chair/Evaluator: Rate Service Plans Based on Academic Rank and Position
(select one)

Demanding/Ambitious Plans  On Target Plans  More Challenging Plans Needed
3. **ADMINISTRATIVE ACTIVITIES**

**A.** The information included in this section should be limited to your administrative activities within the current year’s Annual Review period.

**Administrative Accomplishments**
Include for each of your administrative activities the type of activity, the location of the position/activity, your role in the activity, time/effort in the activity, and accomplishments during the activity.

<table>
<thead>
<tr>
<th>Administrative Activity</th>
<th>Location</th>
<th>Role</th>
<th>Time/Effort</th>
<th>Accomplishments</th>
</tr>
</thead>
</table>

**Self-Assessment of Administrative Activities**
If you wish, briefly comment on the extent to which you feel you met your administrative goals as defined last year. Include the challenges you have faced during this academic period, and the approach you took to address each challenge. Indicate what you, the department, or the institution could do to enhance your professional development in this academic area.

**Evaluation of Administrative Activities by Department Chair/Evaluator**
Comment on accomplishments, strengths, weaknesses, and if the annual performance goals were met. Provide detailed comments and specific expectations when improvements are needed.

| Department Chair/Evaluator: Rate Achievement of Projected Administrative Plans (select one) |
| Surpassed Goals/Plans | Achieved Goals/Plans | Did Not Meet Goals/Plans |

**B.** The information included in this section should be limited to your administrative plans for the next year’s Academic Plans and Measurable Outcomes period.

<table>
<thead>
<tr>
<th>Administrative Plans and Measurable Outcomes</th>
<th>Department Chair/Evaluator Comments</th>
</tr>
</thead>
</table>

| Department Chair/Evaluator: Rate Administrative Plans Based on Academic Rank and Position (select one) |
| Demanding Ambitious Plans | On Target Plans | More Challenging Plans Needed |
4. PROFESSIONAL BEHAVIOR

A. The information included in this section should be limited to your professional behavior activities within the current year’s Annual Review period.

**Professional Behavior**
Comment on your performance in the areas of professional behavior, interpersonal interaction, and communication during the review period (include feedback from colleagues, Press-Ganey surveys, other patient satisfaction instruments, or any other measures you may have).

**Self-Assessment of Professional Behavior**
If you wish, briefly comment on the extent to which you feel you met your professional behavior goals as defined last year. Include the challenges you have faced and the approach you took to address each challenge. Indicate what you, the department, or the institution could do to enhance your professional development in this area.

**Evaluation of Professionalism by Department Chair/Evaluator**
Leadership qualities are important in all WHSOM faculty members. Evaluators should comment on the faculty member’s ability to perform as an effective leader in settings that call for that role, and/or as an effective team member in settings that call for that role. Evaluations should focus on the specific setting wherein the faculty member works, and the faculty member’s ability to solve problems creatively, maintain personal composure in difficult situations, promote and/or participate in necessary changes in the work environment, and contribute to improving quality and productivity.

Evaluators should address the faculty member’s support for diversity, and ability and inclination to contribute to the career development of staff, students, and more junior colleagues.

| Department Chair/Evaluator: Rate Achievement of Professional Behavior (select one) |
| Surpassed Goals/Plans | Achieved Goals/Plans | Did Not Meet Goals/Plans |

B. The information included in this section should be limited to your professional behavior plans for the next year’s Academic Plans and Measurable Outcomes period.

**Professional Behavior Plans and Measurable Outcomes**

| Department Chair/Evaluator Comments |

| Department Chair/Evaluator: Rate Professional Behavior Plans Based on Academic Rank (select one) |
| Demanding/Ambitious Plans | On Target Plans | More Challenging Plans Needed |
5. RESEARCH AND OTHER SCHOLARLY ACTIVITIES

A. The information included in this section should be limited to your research/scholarly activities within the current year’s Annual Review period.

Research Accomplishments and Other Scholarly Activities
Information for this section may be cut and pasted from your curriculum vitae. Group the information into categories. The different categories should include grant funding and publications during this time period, and new patents, licenses, invention disclosures, research awards and honors, and any additional research/scholarly activities.

Self-Assessment of Research Activities and Other Scholarly Activities
If you wish, briefly comment on the extent to which you feel you accomplished your research plans as defined last year. Include the challenges you have faced during this academic period, and the approach you took to address each challenge. Indicate what you, the department, or the institution could do to enhance your professional development in this academic area.

Evaluation of Research Activities and Other Scholarly Activities by Department Chair/Evaluator
Comment on accomplishments, strengths, weaknesses, and if the annual performance plan was accomplished. Provide detailed comments and specific expectations when improvements are needed.

Department Chair/Evaluator: Rate Achievement of Projected Research/Scholarly Plans
(select one)
- Surpassed Plans
- Achieved Plans
- Did Not Meet Plans

B. The information included in this section should be limited to your research/scholarly plans for the next year’s Academic Plans and Measurable Outcomes period.

Research/Scholarly Plans and Measurable Outcomes

Department Chair/Evaluator Comments

Department Chair/Evaluator: Rate Research/Scholarly Plans Based on Academic Rank and Position
(select one)
- Demanding/Ambitions Plans
- On Target Plans
- More Challenging Plans Needed
6. **CLINICAL ACTIVITIES**

   **A.** The information included in this section should be limited to your clinical activities that are part of your WHSOM salaried duties within the current year’s Annual Review period.

   **Clinical Accomplishments**
   Provide a bulleted list of your clinical activities. Include for each of your clinical activities the type of inpatient or outpatient activity, location of activity, frequency of activity, duration of activity, and RVUs or other patient volume measures, if available. Include in this section, clinical awards and honors.

   **Self-Assessment of Clinical Activities**
   If you wish, briefly comment on the extent to which you feel you met your clinical goals as defined last year. Include the challenges you have faced during this academic period, and the approach you took to address each challenge. Indicate what you, the department, or the institution could do to enhance your professional development in this academic area.

   **Evaluation of Clinical Activities by Department Chair/Evaluator**
   Comment on accomplishments, strengths, weaknesses, and if the annual performance goals were met. Provide detailed comments and specific expectations when improvements are needed.

   **Department Chair/Evaluator: Rate Achievement of Project Teaching Plans**
   (select one)
   
   Surpassed Plans     Achieved Plans     Did Not Meet Plans

   **B.** The information included in this section should be limited to your clinical plans for the next year’s Academic Plans and Measurable Outcomes period.

   **Clinical Plans and Measureable Outcomes**
   Department Chair/Evaluator Comments

   **Department Chair/Evaluator: Rate Clinical Plans Based on Academic Rank and Position**
   (select one)
   
   Demanding/Ambitious Plans     On Target Plans     More Challenging Plans Needed
7. OVERALL ASSESSMENT BY DEPARTMENT CHAIR OR EVALUATOR

Include, as needed, any additional comments not reflected elsewhere on this form. Please be explicit about areas requiring improvement or increased effort and also about areas of strength that should continue (use additional pages as needed).

Overall Annual Assessment

<table>
<thead>
<tr>
<th>Department Chair/Evaluator: Rate Overall Annual Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Plans: Surpassed Goals/Plans</td>
</tr>
<tr>
<td>(select one and please comment accordingly)</td>
</tr>
<tr>
<td>2. Performance: Overall Performance is Excellent</td>
</tr>
<tr>
<td>(select one and please comment accordingly)</td>
</tr>
</tbody>
</table>

Faculty Member’s Responses to the Comments of the Department Chair/Evaluator (Optional)

Progress Report

Department Chair/Evaluator requests that the faculty member submit a progress report on the identified areas requiring improvement by July 15, 2021. Yes No

Signatures

Read Review and Acknowledge Meeting Date/Plan
Evaluator’s Printed Name
Evaluator’s Signature
Faculty Member’s Signature
Evaluator’s Printed Name
Evaluator’s Signature
Department Chair’s Printed Name
Department Chair’s Signature

CONFIDENTIAL Privileged Peer Review