Clinical Prefix Faculty
Appointment and Annual Reappointment Documentation of Teaching and Service
for Academic Year 20__ - 20__

Use the back of this form for providing written documentation or attach additional sheets as necessary.

Name: __________________________ Date: __________________________

Practice Specialty(ies): ____________________________________________

WHSOM Faculty Title and Department: ______________________________

The fundamental features of a Clinical prefix faculty appointment at WHSOM include participation in education, scholarly activities, or meaningful and ongoing service to the academic mission of WHSOM via administrative leadership, innovation, or community service.

Please document your educational, scholarly, and/or service contributions during the past academic year below.

I.  TEACHING

   A.  Didactic teaching (“classroom” based teaching of a large or small group of students/residents/fellows/other trainees). For each teaching activity, please report the number of each type of learner, the number of contact hours and the subject matter of instruction. You may provide an average or estimate in the columns below.


<table>
<thead>
<tr>
<th>TARGET LEARNERS</th>
<th>Number of learners in each category</th>
<th>Number of contact hours per year</th>
<th>Evaluations available?</th>
<th>Subject matter</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHSOM students</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residents/fellows</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faculty colleagues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other learners (describe)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   B.  Clinical precepting (supervising a WHSOM student or WH resident/fellow who is seeing patients in an outpatient or inpatient setting). You may provide an average or estimate in the columns below.


<table>
<thead>
<tr>
<th>TARGET LEARNERS</th>
<th>Number of half day sessions supervising/precepting</th>
<th>Number of learners in each category</th>
<th>Evaluations available?</th>
<th>Location of supervision (clinic, Emergency Department, inpatient, OR, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHSOM students</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residents/fellows</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faculty colleagues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other learners (describe)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   C.  Attach copies of teaching evaluations or other relevant documentation of teaching excellence.

II.  SERVICE

   Please describe the ways in which you have served the Academic mission of your Department or the WHSOM, describing the nature of the work and the amount of time spent annually:

   A.  Community Service

   B.  Participation/leadership/innovation in developing or improving quality in clinical or educational programs:
C. Committee participation/leadership (WHSOM, Regional, National, etc.):

D. Participation/leadership in developing practice guidelines/serving on advisory groups:

E. Participation in Alumni Association or other service to WHSOM:

F. Participation/leadership/innovation in community project development:

G. Participation/leadership in research projects:

H. Other (please describe):

III. Scholarly Activity:

IV. Awards and Recognitions

V. COMMENTS AND SUGGESTIONS
Use the back of this form or attach additional sheet(s) as necessary

VI. CHAIR’S ASSESSMENT
___ Exceeds minimum requirements  ___ Meets minimum requirements  ___ Does not meet minimum requirements

Chair Signature ___________________________  Date_________________________