

ANNUAL FACULTY REVIEW: DETAILED FORM

designee	on and Ex	xpectations: 10 de complete	a by Department Chair or	
Date of Evaluation:				
Faculty Name:				
racuity rame.				
Department/Division:				
Faculty Rank and				
Date of next UVM Rea	ppointm	ent/Consideration for		
Effort Distribution for Current year:				
Research	%	\$amount of salary externally funded	% effort externally funded	
Teaching	%	FTARS as available		
Clinical activity	%	RVUs if available		
Service	%			
Administrative	%			
Total (100%)	%			

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Teaching	%	FTARs as available	
Clinical activity	%	RVUs if available	
Service	%		
Administrative	%		
Total (100%)	%		

II. Faculty's Summary of Accomplishments: To be completed by faculty member

A. Teaching:

1	in reaching.		
	1.	List teaching and development of courses for <i>undergraduates</i> , <i>medical students and graduate students</i> including individual or group supervision.	
	2.	List teaching activities (include information on time spent) related to residents and fellows in individual or group supervision, including clinical preceptorship.	
	3.	List any other teaching activities during the last year, including CME, or other presentations; outreach or community education, honors/awards.	
	4.	Current mentoring or advising activities, including student (undergraduate, medical school, graduate) advising, students, residents or fellows who conducted research under your direction, postdoctoral fellows, staff and faculty.	

		effectiveness.
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В.	Schola	-
	1.	Published articles, books, monographs, editorials and reviews (include exact reference with full title, publisher, dates and inclusive pagination).
	2.	Works submitted for publication (indicate status: under revision, accepted).
	3.	Active (during reporting period) grants, contracts and clinical trials (identify: agency, title, entire project dates, salary percentage, amount funded, and position on project).
	4.	Pending grants, contracts and clinical trials (identify: agency, title, entire project dates, salary percentage, amount funded and position on project).
	5.	Invited presentations, presentations at professional meetings (include date and institution or place and name of meeting and abstract reference if appropriate), visiting professorships
	6.	Other research and scholarly activities (e.g. patents, peer review of articles, editorial boards and editorships, honors/awards)
C.	Servic	e: Include assignment, dates, specific roles/responsibilities in each category
	1.	Describe leadership/administrative roles.

Attach all available evaluations of educational activities or other evidence of teaching

5.

Describe clinical practice and specialized clinical skills, including patient population/location.		
3.	Service activities for the department and division (e.g. committees, quality initiatives, resident/fellowship applicant interviews, etc.)	
4.	Service activities for UVM, the College of Medicine, UVMMG, FAHC (e.g. governing and standing committees (e.g. Admissions, Faculty Senate, FAHC Quality Committee)	
5.	External service activities for regional, national and international committees and professional organizations (including NIH, FDA, NSF, specialty professional societies) and honors/awards for service	
 D. Professional Development: Note: Professional development includes, but is not limited to, activities that enhance/improve skills in clinical practice, teaching, leadership, research, and personal development (e.g professionalism) List any professional development activities in which you participated (including courses locally, regionally or nationally, lectures, faculty meetings, professional society meetings/sessions related to faculty development) 		
E. Goals	and Self-Assessment List your goals and objectives for this year:	
2.	Provide a brief self-assessment narrative summarizing performance during this year: highlight what you consider your most significant accomplishments and indicate areas where you were not able to reach your goals.	

	is section your plans for faculty development, and, ent/promotion. Identify the resources needed to torship.	
III. Department Chair (or Designee) Assessment/Comments		
Reviewed on (date):		
Reviewed by:		
Signature – Faculty Member		
Signature – Reviewer (Chair of Designee)		