**DUKE UNIVERSITY SCHOOL OF MEDICINE**

**CLIINICAL SCIENCES FACULTY REVIEW TEMPLATE**

*A regular and thoughtful performance review is a critical tool for professional advancement in an academic scientific career. This form is designed to guide an annual performance review for junior faculty to assist in assessing their progress toward promotion. The reviewer will, in most cases be the department chair, but may also be a division chief or center/institute director. This process is separate from and supplemental to regular feedback from a mentor.*

*We recommend that the reviewing dyad discuss the process before the review. The completed form should then be submitted to the reviewer, and followed up by a meeting to complete the review process. See last page for sample questions to discuss during this review. Both parties should sign and date the form at the end.*

Please note: Not everyone will have activities in each category. The most important aspect of this document is the conversation it generates. Ideally, the discussion generated from this will be ongoing and will not be limited to the annual review process.

**INSTRUCTIONS: ANNUAL REVIEW**

STEP 1: FACULY MEMBER OR DEPARTMENT INITIATES THE ANNUAL REVIEW

STEP 2: FACULTY MEMBER COMPLETES FORM AND SENDS TO REVIEWER

STEP 3: FACULTY MEMBER MEETS WITH REVIEWER

STEP 4: REVIEWER COMPLETES WRITTEN ASSENSMENT AND BOTH PARTIES SIGN

**Name/Degree:** Click or tap here to enter text.

**Academic Rank and Title:** Click or tap here to enter text.

**Department:** Click or tap here to enter text.

**Division:** Click or tap here to enter text.

**Define the 1-year time period covered by this review:** Insert date here (e.g. July 2018-June 2019)

*Check each category below in which you spend at least four hours a week and indicate if you would like to spend more or less time for that category*

|  |  |  |
| --- | --- | --- |
| Patient Care/Clinical activities |  | More or Less |
| Teaching activities |  | More or Less |
| Mentoring/Advising activities |  | More or Less |
| Research & Scholarship activities |  | More or Less |
| Leadership, Service & Advocacy activities |  | More or Less |
| Administrative activities |  | More or Less |

**SUMMARY OF ACCOMPLISHMENTS**

***PATIENT CARE***

* **Clinical Service Activities** *(please add more rows if needed)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| In-patient Service | | Ambulatory Service | | | Other Clinical |
| *Name of Inpatient Service* | *# of weeks attending* | *Type of Outpatient Clinic* | *# of weeks in clinic* | *# of weeks in ED* |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

* **Notable Patient Care Achievements**

Click or tap here to enter text.

* **Patient Care Honors/Awards**

Click or tap here to enter text.

* **Quality Improvement Initiatives**

Click or tap here to enter text.

* **Development of Protocols or Standards of Care in Inpatient or Outpatient Setting**

Click or tap here to enter text.

***TEACHING***

* **Clinical Teaching** (ward rounds, routine supervision of learners in clinic)

Click or tap here to enter text.

* **Didactic Lectures to Fellows, Residents or Students** (Include course names if applicable)

Click or tap here to enter text.

* **Invited Presentations** (local seminars, Grand Rounds, County Medical Society, community groups)

Click or tap here to enter text.

* **Courses, conferences, or CMD programs that you have designed or revised significantly**

Click or tap here to enter text.

* **Educational materials that you have developed** (e.g. video, audio teaching tapes, or web-based modules)

Click or tap here to enter text.

* **Case reports you have submitted**

Click or tap here to enter text.

* **Presentations at regional, national, or international meetings**

Click or tap here to enter text.

* **Rotations for which you are the designated course director**

Click or tap here to enter text.

* **Students or residents undertaking an elective rotation during which you were the primary preceptor/supervisor**

Click or tap here to enter text.

* **Participation in educational committees**

Click or tap here to enter text.

* **Educational conferences you attend regularly with estimate of your attendance** (Grand Rounds, Morning Report, Chair’s Conference, Research Conferences)

Click or tap here to enter text.

* **Teaching Awards**

Click or tap here to enter text.

***MENTORING/ADVISING ACTIVITIES***

* **Trainees & faculty for whom you served as research or academic advisor or mentor and hours/week**

Click or tap here to enter text.

* **Advising/mentoring awards**

Click or tap here to enter text.

***RESEARCH AND SCHOLARSHIP***

* **Peer reviewed publications with your name in bold** (include in press, place asterisk next to publications from clinical trials)

Click or tap here to enter text.

* **Non-peer reviewed publications with your name in bold** (include in press, place asterisk next to publications from clinical trials)

Click or tap here to enter text.

* **Oral presentations or workshops at regional, national, or international meetings with your name in bold**

Click or tap here to enter text.

* **Posters presented at regional, national or international meetings with your name in bold**

Click or tap here to enter text.

* **Titles of grant applications submitted** (Indicate if funded)

Click or tap here to enter text.

* **Participation in clinical trials** (Indicate if PI, name of protocol, number of enrolled patients)

Click or tap here to enter text.

* **Journals for which you served as a reviewer**

Click or tap here to enter text.

* **Journals for which you served as editor, associate, editor, or editorial board member**

Click or tap here to enter text.

* **Study sections on which you served as a member** (please indicate if chair)

Click or tap here to enter text.

* **Inventions**

Click or tap here to enter text.

* **Notable research achievements**

Click or tap here to enter text.

***LEADERSHIP, SERVICE AND ADVOCACY***

* **Departmental leadership roles** (e.g. vice chair, division chief, program director)

Click or tap here to enter text.

* **Institutional (university, SoM, hospital, PDC) leadership roles** (e.g. vice chair, division chief, program director) **or committees on which you serve (where you are not chair)**

Click or tap here to enter text.

* **Local/regional service and leadership roles** (e.g. officer in medical or scientific society)

Click or tap here to enter text.

* **National or international committees/working groups** (specify leadership roles)

Click or tap here to enter text.

* **Notable leadership, advocacy and/or service achievements** (including contributions to faculty recruitment and retention)

Click or tap here to enter text.

* **Notable leadership, advocacy and/or service awards/honors**

Click or tap here to enter text.

* **Institutional or practice specific meetings in which you regularly participate. Provide an estimate of percentage that you attend.**

Click or tap here to enter text.

***ADMINISTRATIVE DUTIES***

* **Describe administrative position(s), duties, and accomplishments**

Click or tap here to enter text.

**PLANS FOR THE COMING YEAR**

**Patient Care Goals**

Click or tap here to enter text.

**Teaching Goals**

Click or tap here to enter text.

**Mentoring/Advising Goals**

Click or tap here to enter text.

**Research & Scholarship Goals**

Click or tap here to enter text.

**Leadership, Service, and Advocacy Goals**

Click or tap here to enter text.

**Administrative Goals**

Click or tap here to enter text.

**REVIEWERS COMMENTS**

**Patient Care/Clinical Knowledge**

Click or tap here to enter text.

**Teaching**

Click or tap here to enter text.

**Mentoring/Advising**

Click or tap here to enter text.

**Research & Scholarship**

Click or tap here to enter text.

**Leadership, Service & Advocacy**

Click or tap here to enter text.

**Administration**

Click or tap here to enter text.

**DOCUMENTATION**

**Date of Review Meeting:** Click or tap to enter a date

**Reviewer’s Signature** (if not chair): Reviewer’s Signature, Degree, Title

**Department Chair’s Signature:** Chair Signature

*Please check here if faculty member upholds the highest standard for professional conduct and ethical behavior as stated in the Duke School of Medicine Statement on Faculty Professionalism.*

**Faculty Member signature:** Faculty Member’s Signature

**Date:** Click or tap to enter a date

I have reviewed this document with my reviewer/chair. My signature may not imply agreement – faculty statement may be attached.