

UNIVERSITY OF MICHIGAN MEDICAL SCHOOL

FACULTY CAREER DEVELOPMENT AND PERFORMANCE EVALUATION

**Faculty Member:** Please complete Part I of this form and forward it, along with an updated CV, to your Chair (or their designee) prior to the scheduled career development and performance evaluation conference.

**Evaluator:** The Chair (or designated evaluator) should complete Part II of this form, meet with the faculty member, and then prepare a narrative summary of the evaluation and the plans for the coming year. Retain originals in the departmental faculty files.

---

**PART I:** (to be completed by the faculty member)

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Division/Section:** \_\_\_\_\_

**Date of Conference:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Conducted by:**  Department Chair  Section/Division Head  other (specify) \_\_\_\_\_

**Time Allocation:** On average during the past year, how was your time divided among the following activities (total should be 100%):

\_\_\_\_\_ % Research    \_\_\_\_\_ % Teaching    \_\_\_\_\_ % Patent Care    \_\_\_\_\_ % Administrative/Service

\_\_\_\_\_ % Consulting    \_\_\_\_\_ % Other (specify) \_\_\_\_\_

Are there any activities in which you would like to spend . . .

. . . more time?  No  Yes (specify) \_\_\_\_\_

. . . less time?  No  Yes (specify) \_\_\_\_\_

**Research Support:** Please list . . .

. . . active grants on which you are the principal investigator

. . . pending grants on which you are the principal investigator

**Teaching:** Please list the courses or settings in which you taught . . .

. . . students (e.g. undergraduate, graduate, medical)

. . . houseofficers or fellows

**Administration/Service:** Please list committees and other administrative activities in which you participated for the department

for the Medical School/Hospital/University

**Cost Efficiency:** Please list cost efficiency efforts which you have or would like to initiate.

**Faculty Development/Mentorship:**

Junior faculty: Who is (are) the senior faculty that you consider as your mentor(s)?

Senior faculty: Who are the junior faculty that you mentor?

**Goals:** Please list three academic/professional goals for the coming year.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Items for Discussion:** What other topics would you like to discuss during the conference?

---

**PART II:** (to be completed by evaluator)

Using all sources of information available to you (e.g. formal evaluations, documented accomplishments, personal observations, etc.), please score the performance of this faculty member in comparison to his/her peers during the past year in the following areas:

	<u>Not applicable</u>	<u>Unsatisfactory</u>	<u>Satisfactory</u>	<u>Excellent</u>	<u>Outstanding</u>
Research and scholarship	NA	1	2	3	4
Teaching	NA	1	2	3	4
Patient care	NA	1	2	3	4
Administration/service	NA	1	2	3	4
Overall contributions to the department		1	2	3	4