

FACULTY DATA FORM
School of Osteopathic Medicine
For Use in Reporting Accomplishments and Activities for the
Annual Performance Evaluation

NAME: _____

FACULTY TITLE: _____

DEPARTMENT: _____

EVALUATION PERIOD: _____ to _____

Dear Faculty Member:

This form is designed to help you ensure that your department chair or other evaluator of your performance does not overlook any of your activities, achievements or accomplishments when evaluating your performance for each evaluation period. Because we attempt to include every possible area of faculty responsibility, it is likely that many elements of the form will not apply to you. By the same logic, you should feel free to add relevant information that does not seem to be covered by any of the included topics.

The compilation of your activities and accomplishments should be indicated on this form (which can be saved on your computer) or attached to this form for use with your faculty evaluation. This form should contain the descriptive information requested in each section below. Include activities and accomplishments during the evaluation period only. Don't forget to sign and date this document before submitting it to your chair or other evaluator.

Thank you very much.

I. **TEACHING**

- A. Courses (non-clinical) at RowanSOM, or at another institution as part of a joint-degree program or other educational collaboration

Indicate:

1. name and number of course
2. if non-RowanSOM indicate Institution/School
3. whether required or elective, and whether a new course
4. whether you are the course director or co-director
5. number of direct contact hours (omit preparation time) for:

- a. lectures
 - b. laboratories
 - c. small groups
 - d. tutorials
 - e. proctoring
 - f. journal club, etc.
6. results of student evaluations
 7. innovations you made

B. Clinical clerkships/rotations

Indicate:

1. name of clerkship/rotation
2. whether you are the clerkship director
3. approximate amount of time you spent
4. type of your participation (e.g., lectures, proctoring, morning reports, rounds, bedside teaching, clinics, procedures, case conferences, problem-based learning, journal club, clinical skills evaluations such as OSCEs, etc.)
5. results of student evaluations

C. Postgraduate clinical training (internship/residency/clinical fellowship)

Indicate:

1. name of program
2. whether you are the program director
3. number of housestaff/clinical fellows
4. approximate amount of time you spent
5. type of your participation (e.g., rounds, bedside teaching, clinics, procedures, lectures, proctoring, journal club, etc.)
6. results of housestaff/clinical fellow evaluations

D. Student theses and research projects active during evaluation period

Indicate:

1. type and number of students (predoctoral medical/dental, other undergraduate, master's, doctoral, postdoctoral appointee)
2. type of your participation (e.g., research mentor, thesis committee, examination committee, graduate program director)
3. approximate amount of time you spent on each activity

E. Continuing education

Indicate:

1. name of program(s)
2. type of your participation (as director, speaker, etc.)
3. number of hours or days you spent

F. Student/housestaff/postdoctoral appointee mentor (other than research)

Describe your role and indicate approximate amount of time you spent.

G. Innovations in instructional methodology/technology

Describe and indicate:

1. courses/programs
2. type of your participation
3. approximate amount of time spent

H. Curriculum development activities

Indicate:

1. courses/programs
2. your role
3. approximate amount of time spent

I. Other

Indicate nature of activity and amount of time; include awards

J. *Indicate the goals and objectives set last year for this evaluation period and describe your accomplishment of these goals and objectives*

II. **RESEARCH & SCHOLARSHIP**

A. Grants and contracts awarded

Indicate for each currently funded project (including basic sciences research, clinical research (inclusive of clinical trials), training/fellowship grants, service grants, contracts):

1. title
2. name of sponsor, including internal sponsors, and BANNER index number if known
3. whether you are P.I., co-investigator, subcontractor or other
4. amount of direct and indirect dollars for this evaluation year
5. time period of grant/contract
6. percent of salary covered by grant/contract dollars

B. Grant applications submitted

Indicate for each application submitted during this evaluation period:

1. title
2. type
3. name of sponsor
4. status on submission (P.I., etc.)
5. direct dollar amount requested per year
6. number of years requested
7. outcome if known (or pending)

C. Publications and other scholarly communications

Indicate citation, or title and location of all:

1. peer-reviewed publications (indicate whether you were principal author)
2. non-peer-reviewed publications (indicate whether you were principal author)
3. abstracts and posters (indicate whether you were principal author)

4. review articles
 5. letters or commentary
 6. editorials
 7. books
 8. book chapters
 9. other
- D. Awards, honors, memberships in honorary societies, competitive fellowships, other recognition, invited presentations and lectures
Describe and provide sponsor's name; give date and location if applicable
- E. Service on scholarly state, national, international committees, task forces, commissions, advisory boards, scientific and professional societies and organizations (as officer or other leader), boards of trustees, agencies, foundations, editorial boards, peer review groups, study sections
Describe and give your title and approximate amount of time spent
- F. New patents filed, awarded, licensed
Describe, with title of patent and status
- G. Other scholarship
Describe
- H. *Indicate the goals and objectives set last year for this evaluation period and describe your accomplishment of these goals and objectives*

III. **DEPARTMENT/SCHOOL/UNIVERSITY/COMMUNITY SERVICE**

- A. Department committees, task forces, projects
Indicate which committee(s), etc., which department(s), whether you were (are) chair or leader, and approximate amount of time spent
- B. School committees, task forces, projects
Indicate which committee(s), etc., whether you were (are) chair or leader, and approximate amount of time spent
- C. University/Campus committees, task forces, projects
Indicate which committee(s), etc., whether you were (are) chair or leader, and approximate amount of time spent
- D. Admissions activities
Specify, including approximate amount of time spent
- E. Recruitment activities
Specify, including approximate amount of time spent
- F. Community/state/ national service (including oversight of student participation) *Indicate nature, whether you were (are) chair or held another office, and approximate amount of time spent*
- G. Other (including community presentations and/or talks)
Indicate nature and amount of time
- H. *Indicate the goals and objectives set last year for this evaluation period and describe your accomplishment of these goals and objectives*

IV. **PATIENT CARE**

- A. Description of clinical practice, by setting/location, including approximate amount of time
 - 1. hospital
 - 2. clinic
 - 3. other (*specify*)

- B. Volume of service rendered
 - 1. hospital encounters
 - 2. ambulatory encounters
 - 3. number of procedures performed

- C. Billings/productivity
 - 1. gross charges billed
 - 2. Relative Value Units (RVUs)

- D. Patient care outcomes data
 - 1. PQRS
 - 2. meaningful use
 - 3. peer review findings
 - 4. other (*specify*)

- E. Patient satisfaction (as measured by findings of proprietary or in-house surveys)

- F. Suspensions or warnings for delinquent or late medical records
 - 1. number
 - 2. length of each suspension

- G. Other (*specify*)

H. *Indicate the goals and objectives set last year for this evaluation period and describe your accomplishment of these goals and objectives*

Submitted by:

Signature of faculty member

Date: _____