University of South Carolina School of Medicine

Status of Progress Form

Basic Science Unit

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Employed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Rank: \_\_\_\_\_\_\_\_\_\_Date of Tenure: \_\_\_\_\_\_\_\_\_\_ Date of Review: \_\_\_\_\_\_\_\_\_\_

The following status of progress toward promotion and/or tenure is made based on performance in the areas of teaching, research, and service as detailed in the Basic Science Unit’s procedures and criteria document for promotion and tenure.

MAKING REASONABLE PROGRESS TOWARD PROMOTION: \_\_\_\_\_ Yes

\_\_\_\_\_ No

\_\_\_\_\_ NA

MAKING REASONABLE PROGRESS TOWARD TENURE: \_\_\_\_\_ Yes

\_\_\_\_\_ No

\_\_\_\_\_ NA

Faculty Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature by the faculty member does not necessarily mean he/she agrees with the status of progress. The faculty member may append to this document a brief comment on the Chair’s evaluation.)

University of South Carolina School of Medicine

**Annual Faculty Evaluation Document**

**Calendar Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### Faculty Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tenure Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department:**

### Percent Effort:

* **Teaching \_\_\_\_\_\_\_\_\_\_**
* **Research/Scholarly Activity \_\_\_\_\_\_\_\_\_**
* **Service/Patient Care \_\_\_\_\_\_**

**TOTAL 100%**

**A. This Year’s Current Teaching Assignments/Teaching Load Activities:**

**1a. List below the formal instruction you provided during the reporting period.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **COURSE # & TITLE** | **SEMESTER** | **# OF STUDENTS** | **CONTACT HOURS\***  **LAB / LECTURE** | **Overall Student Evaluations (on a scale of 1-5)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

\*ACTUAL HOURS OF SCHEDULED INSTRUCTION

**1b. Summary of Peer Evaluations of Teaching:**

**(Required annually for non-tenured, tenure-track faculty)**

**1c. List courses for which you were director.**

**2. List below undergraduate students for whom you were primary advisor.**

**3. List below Predoctoral or M.S. Trainees for whom you were primary advisor.**

**4. List below Residents / Post-doctoral Fellows / Junior faculty trainees for whom you were primary advisor.**

**5. List below medical, other professional students, rotating graduate students, summer students or any other students you supervised (other than those already listed)**

**6. List any awards received by students / Fellows / Residents / Junior Faculty whom**

**you supervised.**

**7. Participation in CME / Faculty Development Program:**

**8. Other Teaching or Mentoring Related Activities (List):**

**9. Assessment of This Year’s Teaching Performance:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. Classroom Instruction** | **○ 0** | **○ 1** | **○ 2** | **○ 3** | **○ NA** |
| **2. Undergraduate Students** | **○ 0** | **○ 1** | **○ 2** | **○ 3** | **○ NA** |
| **3. Pre-doctoral Students** | **○ 0** | **○ 1** | **○ 2** | **○ 3** | **○ NA** |
| **4. Residents / Post-doctoral**  **Fellows** | **○ 0** | **○ 1** | **○ 2** | **○ 3** | **○ NA** |
| **5. Other Students** | **○ 0** | **○ 1** | **○ 2** | **○ 3** | **○ NA** |
| **6. Student / Fellow Awards** | **○ 0** | **○ 1** | **○ 2** | **○ 3** | **○ NA** |
| **7. CME/Faculty Development** | **○ 0** | **○ 1** | **○ 2** | **○ 3** | **○ NA** |
| **8. Other Activities** | **○ 0** | **○ 1** | **○ 2** | **○ 3** | **○ NA** |

**(Note: 0 = Unsatisfactory, 1 = Adequate, 2 = Substantial, 3 = Outstanding)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **10. Overall Teaching Assessment:** | **○ 0** | **○ 1** | **○ 2** | **○ 3** | **○ NA** |

**11. Comments of Department Chair or Equivalent:**

**B. This Year’s Current Research/Scholarly Activities:**

**1. List all Active grants/contracts during the reporting period.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Funding  Source** | **Role:**  **PI / Co-PI / Co-I** | **% Effort** | **Title and Agency #** | **Funding Period** | **Total Cost / Current Year** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**2. List all Pending / Submitted grant applications during the reporting period.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Funding  Source** | **Role:**  **PI / Co-PI / Co-I** | **% Effort** | **Title and Agency #** | **Funding Period** | **Total Cost** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**3. List any disclosure / patent applications submitted or patents received.**

|  |  |  |
| --- | --- | --- |
| **Inventor(s)** | **Title** | **Status (Submitted or pat.#)** |
|  |  |  |
|  |  |  |

**4. List your Refereed Publications (include papers accepted or ‘in press’, but do not include Abstracts) Use PubMed format to include: Names of all Authors, Title, Journal Name, Volume, Pages and Year.**

**5. List all Books/Book Chapters;**

**6. List all Presentations at Scientific Meetings (include Abstracts):**

**7. List your external invited lectures, visiting professorships, workshops, seminars**

**(Include: Institution, Date(s), Description of the Assignment, Titles)**

**8. Other Research / Scholarly Activities (List):**

**9. Assessment of This Year’s Research / Scholarly Performance:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. Active Grants** | **○ 0** | **○ 1** | **○ 2** | **○ 3** | **○ NA** |
| **2. Pending / Submitted Grants** | **○ 0** | **○ 1** | **○ 2** | **○ 3** | **○ NA** |
| **3. Patents / Disclosures** | **○ 0** | **○ 1** | **○ 2** | **○ 3** | **○ NA** |
| **4. Refereed Publications** | **○ 0** | **○ 1** | **○ 2** | **○ 3** | **○ NA** |
| **5. Books/Book Chapters** | **○ 0** | **○ 1** | **○ 2** | **○ 3** | **○ NA** |
| **6. Presentations at Meetings** | **○ 0** | **○ 1** | **○ 2** | **○ 3** | **○ NA** |
| **7. External invited lectures** | **○ 0** | **○ 1** | **○ 2** | **○ 3** | **○ NA** |
| **8. Other Research Activities** | **○ 0** | **○ 1** | **○ 2** | **○ 3** | **○ NA** |

**(Note: 0 = Unsatisfactory, 1 = Adequate, 2 = Substantial, 3 = Outstanding)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **10. Overall Research/Scholarly Activity Assessment:** | **○ 0** | **○ 1** | **○ 2** | **○ 3** | **○ NA** |

**11. Comments of Department Chair or Equivalent:**

**C. This Year’s Current Service / Patient Care Activities:**

**1. Departmental / SOM / University**

|  |  |  |
| --- | --- | --- |
| **Name of the Committee** | **Role in the Committee** | **Dates of Appointed Term** |
|  |  |  |
|  |  |  |

**2. Institutional Administrative Activities:**

**3. Patient Care:**

**4. Citizenship and Professionalism** (e.g. attendance at faculty meetings, seminars, grand rounds, integrity, good judgment, and reasonable cooperation with others):

5. List all Extramural Professional Service (e.g., grant reviews, membership on grant review panels, manuscript reviews, editorial boards, professional associations, etc.)

**6. Other Service related Activities:**

**7 Assessment of This Year’s Service / Patient Care Performance:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. Committees(Dept. /SOM)** | **○ 0** | **○ 1** | **○ 2** | **○ 3** | **○ NA** |
| **2. Administrative Activities** | **○ 0** | **○ 1** | **○ 2** | **○ 3** | **○ NA** |
| **3. Patient Care** | **○ 0** | **○ 1** | **○ 2** | **○ 3** | **○ NA** |
| **4. Citizenship** | **○ 0** | **○ 1** | **○ 2** | **○ 3** | **○ NA** |
| **5. Extramural Professional**  **Service** | **○ 0** | **○ 1** | **○ 2** | **○ 3** | **○ NA** |
| **6. Other Service Activities** | **○ 0** | **○ 1** | **○ 2** | **○ 3** | **○ NA** |

**(Note: 0 = Unsatisfactory, 1 = Adequate, 2 = Substantial, 3 = Outstanding)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **8. Overall Service/Patient Care Assessment:** | **○ 0** | **○ 1** | **○ 2** | **○ 3** | **○ NA** |

**9. Comments of Department Chair or Equivalent:**

**Summary**

**A. Summary Weighted Assessment of This Year’s Performance:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **% Effort x** | **Overall Assessment**  **(0-3)** |  |
| **Teaching** | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** |
| **Research/Scholarly Activity** | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** |
| **Service/Patient Care** | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** |
| **TOTAL SCORE** |  |  | **\_\_\_\_\_\_\_\_** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **B. Summary Assessment of This Year’s Performance:** | **○ 0** | **○ 1** | **○ 2** | **○ 3** |

**(Note: 0=Unsatisfactory, 1=Adequate, 2=Substantial, 3=Outstanding)**

**C. Summary Comments of Department Chair or Equivalent:**

**D. Faculty Member’s Comments:**

**EVALUATION:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

**Faculty Member Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Department Chair or Equivalent Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Dean or Designee Date**

**(Signature by the faculty member does not necessarily mean he/she agrees with the evaluation. The faculty member may append to this document a brief comment on the Evaluator’s evaluation.)**

**Approved by the Provost on Feb 2008.**

# University of South Carolina School of Medicine

**Annual Faculty Planning Document**

**Calendar Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### Faculty Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tenure Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department:**

### Percent Effort:

* **Teaching \_\_\_\_\_\_\_\_\_\_**
* **Research/Scholarly Activity \_\_\_\_\_\_\_\_\_**
* **Service/Patient Care \_\_\_\_\_\_**

**TOTAL 100%**

**Planning Document**

**1. Teaching:**

**a) List any changes in your teaching load for the coming year.**

**b) List any new graduate students / post doctoral fellows / Residents / Junior faculty / other students that you plan to mentor.**

**2. Research:**

**a) Describe plans for submission of new grants / contracts/ proposals.**

**b) Estimated number of publications.**

**c) Any other significant research activity planned.**

**3. Service:**

**a) Describe any new committee assignments Dept. / SOM / University**

**b) Service on any new review panels, study sections, editorial boards, elected offices etc.**

**PLANNING STAGE:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

**Faculty Member Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Department Chair or Equivalent Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Dean or Designee Date**