# University of South Carolina School of Medicine

**Annual Faculty Evaluation and Planning Document**

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

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

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

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

### Percent Effort:

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

**TOTAL 100%**

http://web.med.sc.edu/forms.htm**I. Teaching (% Effort:**  **)**

#### A. Specific Planned Activities for Next Year:

1. **Undergraduate Students**
2. **Medical Students**
3. **Graduate Students**
4. **Residents/Fellows/Postdoctoral Students**
5. **CME/Faculty Development**
6. **Other Activities (List)**

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

1. **Undergraduate Students**
2. **Medical Students**
3. **Graduate Students**
4. **Residents/Fellows/Postdoctoral Students**
5. **CME/Faculty Development**
6. **Other Activities (List)**

**C. Assessment of This Year’s Performance**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **0** | **1** | **2** | **3** | **NA** |
| **1. Undergraduate Students** |  |  |  |  |  |
| **2. Medical Students** |  |  |  |  |  |
| **3. Graduate Students** |  |  |  |  |  |
| **4. Residents/Fellows** |  |  |  |  |  |
| **5. CME/Faculty Development** |  |  |  |  |  |
| **6. Other Activities (List)** |  |  |  |  |  |

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

1. **Summary of Student Evaluations of Teaching:**

**(Required annually)**

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

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

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

#### G. Comments of Department Chair or Equivalent:

**II. Research/Scholarly Activity (% Effort: )**

#### A. Specific Planned Activities for Next Year:

1. **Current Grants/Contracts**
2. **Grants/Contracts to be Submitted**
3. **Refereed Publications**
4. **Books/Book Chapters**
5. **Presentations**
6. **Abstracts**

**7. Other Activities (List)**

1. **This Year’s Current Research/Scholarly Activities:**
2. **Current Grants/Contracts**
3. **Grants/Contracts Submitted**
4. **Refereed Publications**
5. **Books/Book Chapters**
6. **Presentations**
7. **Abstracts**

**7. Other Activities (List)C. Assessment of This Year’s Performance:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **0** | **1** | **2** | **3** | **NA** |
| **1. Current Grants/Contracts** |  |  |  |  |  |
| **2. Grants/Contracts Submitted** |  |  |  |  |  |
| **3. Refereed Publications** |  |  |  |  |  |
| **4. Books/Book Chapters** |  |  |  |  |  |
| **5. Presentations** |  |  |  |  |  |
| **6. Abstracts** |  |  |  |  |  |
| **7. Other Activities (List)** |  |  |  |  |  |

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

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

#### Comments of Department Chair of Equivalent:

**III. Service/Patient Care (% Effort: )**

**A. Specific Planned Activities for Next Year:**

1. **Committees**
2. **Administrative Activities**
3. **Patient Care**
4. **Citizenship (e.g., attendance at faculty meetings, Grand Rounds, etc.)**
5. Extramural Professional Service (e.g., grant reviews, editorial boards, professional associations, etc.)
6. **Other Activities (List)**
7. **This Year’s Current Service/Patient Care Activities:**
8. **Committees**
9. **Administrative Activities**
10. **Patient Care**
11. **Citizenship (e.g., attendance at faculty meetings, Grand Rounds, etc.)**
12. Extramural Professional Service (e.g., grant reviews, editorial boards, professional associations, etc.)

**6. Other Activities (List)C. Assessment of This Year’s Performance:**

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

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

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

#### Comments of Department Chair or Equivalent:

1. **Summary**

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

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

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

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

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

**D. Faculty Member’s Comments:**

**PLANNING STAGE:**

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

**Faculty Member Date**

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

**Department Chair or Equivalent Date**

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

**Dean or Designee Date**

**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 2/16/99**