

University of Rochester School of Medicine and Dentistry (URSMD)
Department of Pediatrics

**Faculty Performance Evaluation
OBJECTIVES**

The URSMD Department of Pediatrics requires a periodic written performance evaluation of each member of the faculty. The Faculty Performance Evaluation consists of the following components:

ANNUAL REVIEW

a form for describing accomplishments for the current year (July 1, 2006 – June 30, 2007; due by July 1, 2007; all faculty must complete the Annual Review)

OBJECTIVES

a form for describing goals and objectives for next year (July 1, 2007 – June 30, 2008; due by July 1, 2007; all faculty must complete the Objectives)

The FPE satisfies the URSMD requirement that each member of the university faculty have a written annual performance review.

INSTRUCTIONS: OBJECTIVES

STEP 1: FACULTY MEMBER COMPLETES FORM

The faculty member should summarize his/her objectives for next year (July 1, 2007 – June 30, 2008) on this form and submit the form to the division chief. The listed categories should serve as a guide for documenting the faculty member's objectives. Objectives should be stated in as concrete terms as possible.

STEP 2: DIVISION CHIEF AND DEPARTMENT CHAIR COMMENTS

The division chief should review the objectives, complete Section VI -- "Division Chief/Department Chair Comments", and sign the form. The form should then be submitted to the department chair who will also review it, add comments if necessary, and sign the form. The division chief and/or department chair may wish to meet with the faculty member as part of the assessment process.

STEP 3: FACULTY MEMBER REVIEWS COMMENTS

The faculty member should review the comments of the division chief and/or department chair. A copy of the form, signed by the faculty member and the division chief and department chair, should be returned to the department chair.

Please note: the OBJECTIVES must be completed by July 1, 2007.

Objectives for next year: July 1, 2007 – June 30, 2008

Name/Degree: _____

Academic Rank/Department: _____

Record approximate percent time devoted primarily to:

Research activities	_____	%
Teaching activities	_____	%
Clinical activities	_____	%
Combined clinical and teaching activities	_____	%
Service activities	_____	%
Administrative activities	_____	%
Total	100	%

**Department of Pediatrics, URSMD
Faculty Performance Evaluation: OBJECTIVES**

Comments

I. RESEARCH AND RELATED ACTIVITIES

Describe objectives for next year, July 1, 2007 – June 30, 2008. Insert information using a word processor or use additional sheets of paper as needed. Research objectives will vary depending on one's responsibilities, but may include expected manuscripts/publications (including peer-reviewed manuscripts, invited papers, books, chapters, treatment manuals, etc); anticipated presentations at regional, national, or international meetings; mentoring responsibilities for junior faculty, residents, students, etc.; new research support; new initiatives.

II. TEACHING AND RELATED ACTIVITIES

Expected teaching activities (Address teaching goals for medical students, graduate students, residents, fellows, and others, as relevant to your activities)
Planned activities as advisor/mentor outside of research setting
New initiatives (Include new lectures, curriculum revisions or additions, etc.)
Contributions to patient, public education

III. CLINICAL AND RELATED ACTIVITIES

Significant anticipated change in type/volume of clinical activity
New clinical service/initiative
Innovative process/procedure to be initiated or advanced

IV. SERVICE AND RELATED ACTIVITIES

For each applicable category describe the objectives for next year, July 1, 2007 – June 30, 2008. Insert information using a word processor or use additional sheets of paper as needed.

For committee service, indicate your role (member, vice chair, chair), participation in special projects, etc.

Expected URSMD committee service

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Faculty Performance Evaluation: OBJECTIVES**

- Expected University of Rochester (non-URSMD) committee service
- Expected GCHaS and/or RGH and/or Highland Hospital committee service
- Expected Strong Health/SMH committee service
- Expected professional society activities and national/international service activities (society officer, committee chair, study section member, foundation committee, etc.)
- Expected peer review activities
- Other (e.g., industry consulting, advising, board membership)
- Department-specific information

V. ADMINISTRATIVE ACTIVITIES

For each applicable category describe the objectives for next year, July 1, 2007 – June 30, 2008. Insert information using a word processor or use additional sheets of paper as needed.

Describe administrative position(s), duties, and objectives for next year. Include contributions to URSMD, GCHaS, RGH, Highland Hospital, Strong Health/SMH, and related activities.

VI. DIVISION CHIEF AND DEPARTMENT CHAIR COMMENTS

B. Comments:

B. Please describe special contributions to be made by this faculty member that are not represented adequately elsewhere on this form.

Faculty Signature

Date

Division Chief Signature

Date

Department Chair Signature

Date

University of Rochester School of Medicine and Dentistry (URSMD)
Department of Pediatrics

Faculty Performance Evaluation
ANNUAL REVIEW

The URSMD Department of Pediatrics requires a periodic written performance evaluation of each member of the faculty. The Faculty Performance Evaluation consists of the following components:

ANNUAL REVIEW

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OBJECTIVES

a form for describing goals and objectives for next year (July 1, 2007 – June 30, 2008; due by July 1, 2007; all faculty must complete the Objectives)

The FPE satisfies the URSMD requirement that each member of the university faculty have a written annual performance review.

INSTRUCTIONS: ANNUAL REVIEW

STEP 1: FACULTY MEMBER COMPLETES FORM

The faculty member should summarize his/her accomplishments for the current year (July 1, 2006 – June 30, 2007) on this form and submit the form to the division chief. The listed categories should serve as a guide for documenting accomplishments.

STEP 2: EVALUATOR PROVIDES RATINGS AND COMMENTS

The division chief should review the form and circle the appropriate rating for each major category. The division chief may wish to meet with the faculty member as part of the assessment process, and may wish to provide written comments to support the category ratings. Written comments are **required** with category ratings of M (Marginal) and U (Unsatisfactory). The division chief should rate the faculty member based on his/her knowledge of the faculty member's performance, using the information on this form as an aid to judgment. The form must be signed by the division chief and then co-signed by the department chair. The form should be returned to the faculty member.

STEP 3: FACULTY MEMBER REVIEWS RATINGS AND COMMENTS

The faculty member should review the evaluation and indicate on the form whether he/she agrees or disagrees with the assessment or wishes to appeal it. The completed form should be returned to the department chair.

Please note: the ANNUAL REVIEW must be completed by July 1, 2007.

Description of the rating system for the major categories in this evaluation:

O	Outstanding	Outstanding.
C	Commendable	Exceeds position expectations.
S	Satisfactory	Meets position expectations.
M	Marginal	Meets some but not all position expectations.
U	Unsatisfactory	Fails to meet minimum position expectations.
N/A	Not applicable	

Annual Review for the period July 1, 2006– June 30, 2007

Name/Degree: _____

Academic Rank/Department: _____

Record approximate percent time devoted primarily to:

Research activities _____ %
Teaching activities _____ %

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Faculty Performance Evaluation: ANNUAL REVIEW

Clinical activities	_____ %
Combined clinical and teaching activities	_____ %
Service activities	_____ %
Administrative activities	_____ %
 Total	 100 %

Comments

I. RESEARCH AND RELATED ACTIVITIES

For each applicable category, describe accomplishments for the period July 1, 2006 – June 30, 2007. Insert information using a word processor or use additional sheets of paper as needed.

A. Publications in peer reviewed journals

<u>NUMBER OF REFEREED ARTICLES</u>	<u>NUMBER AS FIRST AUTHOR</u>	<u>NUMBER AS CORRESPONDING OR SENIOR AUTHOR</u>

List citations

B. Publications-books and book chapters

<u>CONTRIBUTION (book author, editor, chapter author, etc.)*</u>	<u>CITATION (use citation of current <i>Index Medicus</i>)</u>

C. Sources of support for research

<u>SOURCE/ GRANT NUMBER</u>	<u>GRANT TITLE</u>	<u>ROLE IN PROJECT AND % EFFORT</u>	<u>YEARS INCLUSIVE</u>	<u>DIRECT DOLLARS</u>	<u>INDIRECT DOLLARS</u>

D. Presentations at national or international meetings

<u>TITLE OF PRESENTATION</u>	<u>NAME AND DATE OF MEETING</u>	<u>YOUR ROLE</u>

E. Patents, licenses, and invention disclosures

F. Collaborative research activities (intra-departmental, university-wide, external, etc.)

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G. Administrative duties related to research

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H. Research awards and honors

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I. Other research activities

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II. TEACHING AND RELATED ACTIVITIES

For each applicable category describe both quantity and quality of teaching for the period July 1, 2006 – June 30, 2007. Estimated contact hours can include formal lectures, PBL's, clinic precepting, OR supervision, etc., and may be explained under "Supporting descriptive information." Insert descriptive information using a word processor or use additional sheets of paper as needed.

A. Medical students

<u>LEVEL</u> (e.g. MS-3)	<u>NUMBER OF STUDENTS</u>	<u>ESTIMATED CONTACT HOURS</u>	<u>ESTIMATED PREP. TIME</u> (hours)	<u>STUDENT EVALUATION OF TEACHING</u> (include mean, range; e.g. 3.7 on a 1 to 5 scale)

Supporting descriptive information (if applicable)

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B. Graduate students (not residents)

<u>LEVEL</u> (e.g. 2 nd year)	<u>NUMBER OF STUDENTS</u>	<u>ESTIMATED CONTACT HOURS</u>	<u>ESTIMATED PREP TIME</u> (hours)	<u>STUDENT EVALUATION OF TEACHING</u> (include mean, range; e.g. 3.7 on a 1 to 5 scale)

Supporting descriptive information (if applicable)

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C. Other students (nursing students, undergraduate students, etc.)

<u>TYPE OF STUDENT</u> (e.g. nursing)	<u>NUMBER</u>	<u>ESTIMATED</u>	<u>ESTIMATED</u>	<u>ESTIMATED</u>

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<u>students, 2nd year)</u>	<u>OF STUDENTS</u>	<u>CONTACT HOURS</u>	<u>PREP. TIME (hours)</u>	<u>STUDENT EVALUATION OF TEACHING (include mean, range; e.g. 3.7 on a 1 to 5 scale)</u>

Supporting descriptive information (if applicable)

D. 1) Residents

<u>LEVEL (e.g. 2nd year)</u>	<u>NUMBER OF RESIDENTS</u>	<u>ESTIMATED CONTACT HOURS</u>	<u>CLINICAL SETTING (ward rounds, OR, lectures, etc.)</u>	<u>RESIDENT EVALUATION OF TEACHING (include mean, range; e.g. 3.7 on a 1 to 5 scale)</u>

Supporting descriptive information (if applicable)

D. 2) Postdoctoral (clinical) fellows

<u>LEVEL (e.g. 2nd year)</u>	<u>NUMBER OF FELLOWS</u>	<u>ESTIMATED CONTACT HOURS</u>	<u>CLINICAL SETTING (ward rounds, OR, lectures, etc.)</u>	<u>FELLOW EVALUATION OF TEACHING (if applicable) (include mean, range; e.g. 3.7 on a 1 to 5 scale)</u>

Supporting descriptive information (if applicable)

E. Postdoctoral (investigative) fellows and research associates (RA's)

<u>LEVEL</u>	<u>NUMBER OF FELLOWS/RA'S</u>	<u>ESTIMATED CONTACT HOURS</u>	<u>SETTING (lab, lectures, etc.)</u>	<u>FELLOW/RA EVALUATION OF TEACHING (if applicable) (include mean, range; e.g. 3.7 on a 1 to 5 scale)</u>

Supporting descriptive information (if applicable)

F. Administrative duties related to education (director/co-director/coordinator of a course, clerkship, training program, or other curricular unit)

G. Teaching to professionals (continuing education courses, etc.)

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H. Teaching awards and honors

I. Teaching products (syllabus, computer-based application, innovative assessment method, etc.)

J. Student/trainee advising (indicate number of students/trainees with whom you have met \geq 3 times)

K. Other teaching activities

III. CLINICAL AND RELATED ACTIVITIES

For each applicable category, describe accomplishments for the period July 1, 2006 – June 30, 2007. Include activities at all sites, i.e. GCHaS, RGH, Highland Hospital, SMH, etc. Insert information using a word processor or use additional sheets of paper as needed.

Examples of Supporting Descriptive Information Items:
 Number of new outpatient visits
 Number of new outpatient consult visits
 Number of return outpatient visits
 Number of Evaluation and Management inpatient consult visits
 Number of Evaluation and Management inpatient discharge visits
 Number of Evaluation and Management inpatient admissions visits
 RVU productivity (if applicable and to be defined to be departmentally specific)
 Number of RVU's generated (i.e., 500)
 Number of Department Standard Work RVU's (i.e., 4850 work RVU's)
 Percent of the Department Standard achieved (i.e., 103%)

A. Outpatient: Patient care without teaching

<u>LOCATION/SERVICE</u>	<u>DESCRIBE ACTIVITY</u> (e.g. patient care, call, surgery, etc.)	<u>TIME DEVOTED TO ACTIVITY</u> (e.g. number of half days/week, number of days/year, etc.)

Supporting descriptive information (if applicable)

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B. Outpatient: Patient care with teaching*

*To describe the nature and quality of the teaching, please report these activities in the section on Teaching

<u>LOCATION/SERVICE</u>	<u>DESCRIBE ACTIVITY</u> (e.g. patient care, precepting, call, surgery, etc.)	<u>TIME DEVOTED TO ACTIVITY</u> (e.g. number of half days/week, number of days/year, etc.)

Supporting descriptive information (if applicable)

C. Inpatient : Patient Care without teaching

<u>LOCATION/SERVICE</u>	<u>DESCRIBE ACTIVITY</u> (e.g. patient care, call, surgery, etc.)	<u>TIME DEVOTED TO ACTIVITY</u> (e.g. number of half days/week, number of days/year, etc.)

Supporting descriptive information (if applicable)

D. Inpatient: Patient care with teaching*

*To describe the nature and quality of the teaching, please report these activities in the section on Teaching

<u>LOCATION/SERVICE</u>	<u>DESCRIBE ACTIVITY</u> (e.g. patient care, precepting, call, surgery, etc.)	<u>TIME DEVOTED TO ACTIVITY</u> (e.g. number of half days/week, number of days/year, etc.)

Supporting descriptive information (if applicable)

E. SUMMARY AND COMMENTS ON CLINICAL PERFORMANCE

For each applicable category identified below, please describe briefly the faculty member's overall performance and accomplishments for the period July 1, 2006 – June 30, 2007. Insert information using a word processor or use additional sheets of paper as needed.

- Service efficiency and utilization
 - Primary care/referring physician complaints
 - Effective and timely clinical documentation
 - Office notes dictated within 24 hours
 - Referring physician/consultation note dictated within 24-48 hours
 - Diagnostic report dictated within 48-72 hours
 - Customer service
 - Compliance with patient schedule cancellation policy
 - Available for patient care in a manner that meets department/division needs
 - Professionalism, collegiality, and collaboration with peers and staff

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On-call participation/availability Maintains adequate office/clinic hours Punctual attendance in office/clinic Development of new clinical service Development of new clinical procedure or process Adherence to utilization standards

Summary and comments

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IV. SERVICE AND RELATED ACTIVITIES

For each applicable category, describe accomplishments for the period July 1, 2006– June 30, 2007. Insert information using a word processor or use additional sheets of paper as needed.

For committee service, indicate your role (member, vice chair, chair), participation in special projects, etc.

A. URSMD committee service

<u>COMMITTEE NAME</u>	<u>ROLE</u>	<u>INCLUSIVE DATES OF SERVICE</u>

B. University of Rochester (non-URSMD) committee service

<u>COMMITTEE NAME</u>	<u>ROLE</u>	<u>INCLUSIVE DATES OF SERVICE</u>

C. GCHaS and/or RGH and/or Highland Hospital committee service

<u>COMMITTEE NAME</u>	<u>ROLE</u>	<u>INCLUSIVE DATES OF SERVICE</u>

D. Strong Health/SMH committee service

<u>COMMITTEE NAME</u>	<u>ROLE</u>	<u>INCLUSIVE DATES OF SERVICE</u>

E. Professional society activities and national/international service activities (society officer, committee chair, study section member, foundation committee, etc.)

<u>NAME</u>	<u>ROLE</u>	<u>INCLUSIVE DATES OF SERVICE</u>

F. Peer review activities

<u>JOURNAL</u>	<u>ROLE</u> (editor, editorial board member, etc.)	<u>INCLUSIVE DATES OF SERVICE</u>

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G. Other (e.g., industry consulting, advising, board membership)

H. Department-specific information

V. ADMINISTRATIVE ACTIVITIES

For each applicable category, describe accomplishments for the period July 1, 2006 – June 30, 2007. Insert information using a word processor or use additional sheets of paper as needed.

Describe administrative position(s), duties, and accomplishments during the period July 1, 2006 – June 30, 2007; include contributions to URSMD, GCHaS, RGH, Highland Hospital, Strong Health/SMH, and related activities)

VI. EVALUATOR’S SUMMARY AND COMMENTS (Division Chief)*

I	RESEARCH AND RELATED ACTIVITIES	O	C	S	M	U	N/A
II	TEACHING AND RELATED ACTIVITIES	O	C	S	M	U	N/A
III	CLINICAL AND RELATED ACTIVITIES	O	C	S	M	U	N/A
IV	SERVICE AND RELATED ACTIVITIES	O	C	S	M	U	N/A
V	ADMINISTRATIVE ACTIVITIES	O	C	S	M	U	N/A

A. Summary and comments

*Written comments for all categories are encouraged. Written comments are **required** for category ratings of M (Marginal) and U (Unsatisfactory).

B. Please describe special contributions made by this faculty member that are not represented adequately elsewhere on this form.

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Division Chief's Signature

Date

Department Chair's Signature

Date

FACULTY ACKNOWLEDGEMENT – Please initial applicable option:

I agree with this evaluation.

Faculty Signature

Date

.....

I disagree with this evaluation.

Faculty Signature

Date

.....

I disagree with this evaluation and wish to appeal this evaluation.

Faculty Signature

Date

***APPEAL PROCEDURE:** If a faculty member does not agree with all or parts of this evaluation, he/she should attempt to resolve these differences informally through the division chief or department chair.

IF FACULTY MEMBER APPEALS:

DEPARTMENT CHAIR'S REVIEW OF APPEAL:

Comments:

Department Chair's Signature

Date