

FACULTY ANNUAL REVIEW TOOL

Faculty Name: _____

Academic Rank: _____

Years at Rank: _____ Total Years on Faculty _____ Total Years on Faculty at Hopkins _____

Do you have a mentor? Yes No Are you satisfied? Yes No

Name of mentor(s) _____

If you do not have a mentor, please explain. _____

Gender Male Female

Are you an Under Represented Minority? Yes No If yes please list _____

Primary Job:	Administration <input type="checkbox"/>	Secondary Job:	Administration <input type="checkbox"/>
	Basic Researcher <input type="checkbox"/>		Basic Researcher <input type="checkbox"/>
	Clinician-Educator <input type="checkbox"/>		Clinician-Educator <input type="checkbox"/>
	Clinical Investigator <input type="checkbox"/>		Clinical Investigator <input type="checkbox"/>
	Clinical Practice <input type="checkbox"/>		Clinical Practice <input type="checkbox"/>

Area of Endeavor	On Target	Need Emphasis	Over Emphasis	Plan (list Faculty & Division Chief Responsibilities)
Administration Appropriate amount Contribution to Institution, Department, Division Service on institutionally important committees				
Clinical Appropriate amount Quality of care Reputation (local, national, international)				
Education/Teaching Appropriate amount Teaching evaluation (ie: CME, DoM) Reputation (local, national, international) Outcomes of mentoring				
Research Appropriate amount Adequacy of space Funding Outcome of mentoring Reputation (local, national, international) Publications Recognition/Awards				

Goals for next year:

Goals for next five (5) years:

Adequacy of access to budgetary/administrative/secretarial/support? Yes No
 (comments)

List concerns or ways the Division can help you. Attach additional pages as needed.

Other issues not captured by this form (eg. life events)

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QUANTITATIVE INFORMATION

Faculty Name: _____

Administration	
% Effort	
% Salary support	
Do you have a title/formal position?	
List committees (indicate if Chair)	
Clinical	
% Effort	
% Salary support	
Clinic time as primary care giver	
Clinic time as teaching attending	
Total billings (provided by Division Director)	
RVU (Relative Value Units, provided by Division Dir.)	
Teaching/on service months or on consults	
Education	
% Effort	
% Salary support	
Teaching assignments	
Teaching contact hours	
Number of mentees	
Teaching awards	
Training grant as PI	
Educational Administration (Course Director)	
Curriculum Development Projects	
Regional/National Workshops/Invited Presentations	
Regional/National Education Committees	
Research	
% Effort	
% Salary support	
Number of grants and type of grants	
Source of funding	
Total direct dollars last three years as PI, as a project leader in a PPG or as a core leader in a PPG	
Total direct dollars last three years as co-investigator	
Total direct dollars last three years from a different department	
Number of peer-reviewed publications or in press in last three years	
Number of review articles and book chapters last three years	
List recognitions/awards last three years	
Involvement in national or international committees or societies	
Number of mentees, their grants, awards or presentations in the last three years	
Space (net square feet) for lab and office	
Other (last three years)	
Leadership/participation in National /International Societies	
Study Section	
Journal editorships	
Meeting organization	
Visiting Professorships and Grand Rounds	

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Promotion Status:

- Ahead of schedule
- Concern
- On target
- Ready in the next year

Faculty signature date

Division Director signature date

If signatures are difficult to obtain for electronic submission purposes, please provide the date that this review was discussed and approved by your Division Director: _____

date

Return completed form to Susan MacDonald, smacdona@jhmi.edu

Revision: 8/3/12