**College of Medicine - 2018**

**Annual Mentor Assessment** **for Assistant Professors**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dept.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. Assigned departmental activities since UF employment (expand table as needed – note table reflects actual effort and should not represent revenue sources)**

(Include VA effort within the total for each category. Columns must add to 100%, unless total FTE is lower. Include leadership positions within the first 3 mission categories when applicable and not in service, e.g. clinic medical director is a patient care activity.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 2017-18 | 2016-17 | 2015-16 | 2014-15 |
| Research |  |  |  |  |
| Teaching |  |  |  |  |
| Patient Care |  |  |  |  |
| Service\*\* |  |  |  |  |

\*\* Service describes effort related to department, college, university committees and leadership as well as service to the profession in professional societies and advisory groups. Provide any needed explanations below the table.

**2. Summary of Scholarly Activities – since previous report (covering 2016-17) or since hire (if hired within past 12 months)**

Original publications-senior authorship/peer-reviewed journals Number\_\_\_\_\_\_\_\_\_\_\_

Other peer-reviewed publications Number\_\_\_\_\_\_\_\_\_\_\_

Publications/Non-Refereed Number\_\_\_\_\_\_\_\_\_\_\_

Books, Sole Author Number\_\_\_\_\_\_\_\_\_\_\_

Books, Co-Authored Number\_\_\_\_\_\_\_\_\_\_\_

Books, Edited (Editor, Co-editor) Number\_\_\_\_\_\_\_\_\_\_\_

Books, Contributor of Chapter(s) Number\_\_\_\_\_\_\_\_\_\_\_

### Review Articles Number\_\_\_\_\_\_\_\_\_\_\_

Case Reports Number\_\_\_\_\_\_\_\_\_\_\_

Publications Submitted but not yet published Number\_\_\_\_\_\_\_\_\_\_\_

National Review Panels (Editorial Boards) Number\_\_\_\_\_\_\_\_\_\_\_

 (Study Sections) Number\_\_\_\_\_\_\_\_\_\_\_

 (Other) Number\_\_\_\_\_\_\_\_\_\_\_

Presentation of work (Regional Meetings) Number\_\_\_\_\_\_\_\_\_\_\_

 (National meetings) Number\_\_\_\_\_\_\_\_\_\_\_

 Program Development**—**Development of courses or didactic programs, team or quality programs for clinical care, etc.

**List of External Funding <Year> to <Year> (list current funding)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Role\*** | **Agency** | **Grant Title & Dates** | **Total Award** | **Candidate Allocation (Amount)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

\*list for PI, co-PI, senior personnel, investigator or sponsor

For each grant, provide a one sentence description of the program. Indicate specific activity provided.

**3. Teaching Accomplishments—Summarize student and trainee evaluations (obtain from online Promotion and Tenure packet – OPT for student evaluations, and New Innovations for trainee evaluations.** Include faculty rating compared to Departmental Average when available. List any awards, indicate invited presentations, and directorship of courses. **Educational Portfolio may be inserted after summary of teaching evaluations.**..

|  |  |  |  |
| --- | --- | --- | --- |
| **Overall Ratings** | **Student evaluations** | **Resident evaluations** | **Fellow evaluations** |
| **Faculty Average** |  |  |  |
| **Department Average** |  |  |  |

Include a summary of at least one peer evaluation of teaching.

**4. Clinical Documentation—**Productivity, quality of care, improvements in care, new techniques, procedures or clinical approaches. **Clinical Portfolio may be inserted.**

|  |
| --- |
| Clinical Productivity (expand table as needed, delete if not applicable) |
| Year | 2017-18 | 2016-17 | 2015-16 |
| Patient Care FTE |  |  |  |
| Target Patient Care RVUs |  |  |  |
| Actual Patient Care RVUs |  |  |  |

**5. Demonstration of Leadership/Service— Describe contributions in education, clinical service and local, state and national organizations as well as to the College of Medicine, VA, or Clinical Practice.**

# **6. Academic Progress—Mentor’s ASsessment**

# Summarize your findings specifically mentioning **the strengths** and **weaknesses** of the faculty member’s record and whether the faculty member is tracking appropriately to meet criteria for promotion as outlined in the University of Florida and College of Medicine Tenure and Promotion and Guidelines.

Recommended course of action to improve the faculty member’s record.

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

**Mentor Name Date**

**Revised 05/16**

**College of Medicine**

**Mentoring Program**

**Annual Assessment for Assistant Professors**

**2018 Confirmation Form**

NamE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPT.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The purpose of this form is to document that consultation assessing the faculty member’s progress toward promotion has occurred.**

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

**Faculty Member Date**

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

**Mentor Date**

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

**Department Chair Date**

**This form should be forwarded to the Office of Faculty Affairs and Professional Development, M100, PO Box 100215 along with the faculty member’s annual evaluation.**

**Revised 07/18**