

**College of Medicine - 2019  
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.)

	2018-19	2017-18	2016-17	2015-16
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 2017-18) 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)**

<b>Role*</b>	<b>Agency</b>	<b>Grant Title &amp; Dates</b>	<b>Total Award</b>	<b>Candidate Allocation (Amount)</b>

\*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...**

<b>Overall Ratings</b>	<b>Student evaluations</b>	<b>Resident evaluations</b>	<b>Fellow evaluations</b>
<b>Faculty Average</b>			
<b>Department Average</b>			

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.**

<b>Clinical Productivity (expand table as needed, delete if not applicable)</b>			
<b>Year</b>	<b>2018-19</b>	<b>2017-18</b>	<b>2016-17</b>
<b>Patient Care FTE</b>			
<b>Target Patient Care RVUs</b>			
<b>Actual Patient Care RVUs</b>			

**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.

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**Mentor Name**

**Date**

Revised 05/16

**College of Medicine  
Mentoring Program  
Annual Assessment for Assistant Professors  
2019 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 02/19**