**UMass Chan Medical School**

**UMass Memorial Health****, UMass Memorial Medical Center & Group**

**FACULTY ANNUAL PERFORMANCE REVIEW FORM**

A Guide to the APR is available online: <https://www.umassmed.edu/ofa/academic/faculty-reviews/apr>

## I. General Information

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| **Dates of Evaluation: From:** | | |  | **To:** |  | | | |
| **Name:** |  | | | **Date:** | |  | | |
| **Department:** | |  | | **Division:** | | |  | |
| **Rank:** |  | | | **Years in Present Rank**: | | | |  |

**Percentage effort in the following activities during the evaluation period** (To be completed by Department. Faculty member should *not* complete this section.):

**Current:**

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| Clinical: |  | % | Education: |  | % | Research: |  | % | Other: |  | % | Other: |  | % |

## Proposed:

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| Clinical: |  | % | Education: |  | % | Research: |  | % | Other: |  | % | Other: |  | % |

## II. Educational Activities (identify interprofessional teaching activities with \*)

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| * Educational leadership, administration and service * Teaching in programs and courses * Clinical education and mentoring * Research education and mentoring | * External education (e.g., CME) * Education for public/community * Development of curricula, courses and educational materials |

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|  | Satisfactory |  |  | Unsatisfactory; If “U” include in section 12 |  | N/A |

## III. Investigation

* Divide grants, contracts and clinical trials into active and pending (i.e., submitted during reported period)
* List other research activities (e.g. patents, development of software, unfunded research activities).

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|  | Satisfactory |  |  | Unsatisfactory; If “U” include in section 12 |  | N/A |

## IV. Scholarship

* Scholarly works, including work submitted for publication (indicate status: under revision, accepted)

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* Invited presentations and presentations at professional meetings

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**V. Academic Service**

* Service for the department, division, school, campus and clinical system
* External service for regional, national and international committees and professional organizations
* Editorial and peer review responsibilities
* External community service activities that use your professional expertise.

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|  | Satisfactory |  |  | Unsatisfactory; If “U” include in section 12 |

## VI. Leadership positions and responsibilities

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## VII. Health Care Delivery

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| **Performance Metrics** | **Self Evaluation** | **Evaluator** |
| Check **Y** if physician **meets or exceeds expectations** Check **N** if physician does **NOT meet expectations** | **Y N N/A** | **Y N N/A** |
| 1. (department lists expectations aligned with UMMMG Strategic Goals/Objectives) | ☐ ☐ ☐ | ☐ ☐ ☐ |
|  | ☐ ☐ ☐ | ☐ ☐ ☐ |
|  | ☐ ☐ ☐ | ☐ ☐ ☐ |
|  | ☐ ☐ ☐ | ☐ ☐ ☐ |
|  | ☐ ☐ ☐ | ☐ ☐ ☐ |
|  | ☐ ☐ ☐ | ☐ ☐ ☐ |
| Demonstrates respect through teamwork and collaboration;  adheres to the Standards of Respect | ☐ ☐ ☐ | ☐ ☐ ☐ |
| Completed all required training including EL4U and Compliance as well as Conflict of Interest Disclosure | ☐ ☐ ☐ | ☐ ☐ ☐ |

Describe any innovations in healthcare delivery, such as a clinical program, diagnostic test, or intervention; describe efforts to improve quality, safety, and/or efficacy of patient care, including the outcomes of these efforts.

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## VIII. Honors and Awards

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## IX. Efforts to Support Diversity, Equity and Inclusion

## For guidance, visit <https://www.umassmed.edu/globalassets/office-of-faculty-affairs/documents/dei-contributions-rubric-apr.pdf>

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|  | Satisfactory |  |  | Unsatisfactory; If “U” include in section 12 |

## X. Professional Development/Faculty Development

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## XI. Goals and Self Assessment

1. Define your **primary** Area of Distinction (see [here](https://www.umassmed.edu/ofa/academic/Evaluation/areas) for information on the Areas of Distinction).

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| Health Care Delivery: |  | Education: |  | Investigation: |  | Population Health and Public Policy: |  |

1. Reflecting on the goals you set for this year in your previous APR, provide a self-assessment summarizing performance during this year; highlight what you consider your most significant accomplishments and indicate areas where you were not able to reach your goals.

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C. List your goals for the next year, and indicate your number one goal.

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D. What aspects of work life do you find most fulfilling? What would you most like to retain in your current work life? Is there anything new that interests you? What would you most like to change? How can your supervisor help? Do you need assistance to identify mentors?

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E. List any specific areas of concern that you would like to discuss (please include any performance concerns; recent malpractice claims; patient complaints, etc).

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## XII. Supervisor / Evaluator Summary (Assigned by Department)

Evaluate the faculty member’s performance during the reporting period. Comment, as appropriate, on their educational activities, investigation, scholarship, and clinical activities.

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Evaluate the faculty member’s goals for the coming year.

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If appropriate, include comments from other evaluators

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| Rate the faculty member’s overall performance: |  | Satisfactory |  |  | Unsatisfactory |

A rating of unsatisfactory performance must be supported by documentation in the APR and is based on one or more of the following (*check which apply*):

☐ Failure to meet previously set goals

☐ Failure to perform assigned duties or responsibilities

☐ Repeated failure by the Faculty Member to respond to direction from the supervisor

☐ Material violations of the employer’s, Department’s and/or other applicable and published policies, procedures, or codes of conduct

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| **Supervisor/Evaluator** (Name/Date) *typed name acceptable as signature* |  |

**XIII. Faculty Member’s Comments** (optional)

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| **Faculty member** (Name/Date)  *typed name acceptable as signature* |  |

## XIV. Department Chair’s Evaluation (if not supervisor/evaluator)

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| **Department Chair** (Name/Date)  *typed name acceptable as signature* |  |