

**PAST YEAR'S ACCOMPLISHMENTS (TO BE COMPLETED BY FACULTY MEMBER)**

**TEACHING ACTIVITIES** (complete all that apply)

**MEDICAL STUDENT TEACHING** (e.g. CSW, Doctoring, Preceptorship, other formal courses)

Term/Year      Course Name      Enrollment      Other Participants      Evals Rec'd?

**CLINICAL TEACHING** (e.g. wards, consult service, outpatient clinics)

Term/Year      Site/Rotation      Enrollment      Other Participants      Evals Rec'd?

**OTHER TEACHING ACTIVITIES** (e.g. grand rounds, lectures, morning report, other)

Term/Year      Title of Activity      Enrollment      Other Participants      Evals Rec'd?

**CREATIVITY-SCHOLARLY ACTIVITIES**

**PUBLICATIONS:**

Medline Citation or full citation if not on Medline (include all authors, bold or underline CPC participant's name)

**MANUSCRIPTS SUBMITTED:**

Full title. Include all authors, bold or underline CPC participant's name. Indicate where submitted.

**MANUSCRIPTS IN PREPARATION:**

Full title. Include all authors, bold or underline CPC participant's name.

**BOOK CHAPTERS:**

Full citation, (include all authors, bold or underline CPC participant's name)

**OTHER CREATIVE ACTIVITIES** (e.g. development of training programs for health professionals, community oriented programs, teaching programs, brochures with regard to specialty or area of interest, collaborative input to research activities, information systems, clinical guidelines or pathways)

**GRANTS (CLINICIAN-SCIENTISTS AND RESEARCHERS ONLY)**

**RESEARCH OR EDUCATIONAL GRANTS SUBMITTED IN PAST YEAR BUT NOT YET FUNDED**

<u>Title</u>	<u>Agency or Foundation</u>	<u>Date submitted</u>	<u>PI (Yes/No)</u>	<u>Proposed amount Total (1<sup>st</sup> year)</u>	<u>Score (percentile)</u>
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**RESEARCH OR EDUCATIONAL GRANTS AWARDED IN PAST YEAR**

<u>Title</u>	<u>Agency or Foundation</u>	<u>Start date</u>	<u>PI (Yes/No)</u>	<u>Awarded amount Total (1<sup>st</sup> year)</u>	<u>Duration (years)</u>
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**CONTINUING RESEARCH OR EDUCATIONAL GRANTS**

<u>Title</u>	<u>Agency or Foundation</u>	<u>Start date</u>	<u>PI (Yes/No)</u>	<u>Awarded amount Total (1<sup>st</sup> year)</u>	<u>Duration (years)</u>
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**UNIVERSITY SERVICE (include administrative roles)**

Description

Period of Service

**OTHER ADMINISTRATIVE RESPONSIBILITIES** (e.g., program director, clinical service director)

Description

Period of Service

**COMMUNITY SERVICE AND OUTREACH ACTIVITIES** (e.g. lectures to community groups, schools, churches, etc.)

Description

Period of Service

**SCHOLARLY-EDITORIAL-PROFESSIONAL ACTIVITIES** (e.g., serving as a reviewer or editor for a journal, Serving as a committee member or as an officer of a scholarly or professional organization, or providing professional services to such organizations)

Description

Period of Service

**HONORS AND SPECIAL RECOGNITION RECEIVED**

Description

Date(s)

**PROGRESS TOWARDS MEETING LAST YEAR'S GOALS**

Last years goals

Progress towards achieving goal

## LOOKING BACK

TO BE COMPLETED BY FACULTY MEMBER BEFORE MEETING AND TO BE REVIEWED AT MEETING

<b>Clinical and/or research functions &amp; responsibilities:</b>	
<b>Clinical schedule (if applicable):</b>	
<b>Performance:</b>	
<b>Personal growth &amp; skills:</b>	
<b>Cooperation w/colleagues, teamwork:</b>	
<b>Performance of division and dept:</b>	
<b>Who provides you with administrative support &amp; are there any concerns?</b>	
<b>Who provides you with clinical support &amp; are there any concerns? if applicable</b>	
<b>Who is/are your mentor(s)? if applicable</b>	
<b>Performance of mentor(s): if applicable</b>	
<b>Do you have any specific concerns about your research support (grants submissions, financial management, etc.)?</b>	
<b>Are there any barriers to creative/scholarly activities?</b>	
<b>If last year's goals have not been accomplished, what impediments have hampered reaching your goals?</b>	
<b>How can the division/dept help you overcome these impediments?</b>	

**GOALS FOR UPCOMING YEAR (TO BE COMPLETED JOINTLY BY FACULTY MEMBER AND CHIEF [OR DESIGNEE] AT TIME OF CPC)**

**GOALS**

**Who**

**When**

**Personal**

**Responsibilities**

**Career**

**OVERALL SUMMARY OF PROGRESS AND COMMENTS (COMPLETED BY DIVISION CHIEF OR DESIGNEE AT CPC)**

Future advancement will require:

\_\_\_ Continued progression in the areas of teaching/clinical and creative activities

\_\_\_ Improved performance in teaching/clinical activities

\_\_\_ Improved performance in creative activities

\_\_\_ Other

Comments:

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Signature – Division Chief (Designee)      Date

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Signature – Faculty Member      Date