



College of Medicine Faculty Activity Plan and Evaluation

Academic Year 2022-23

Name _____ Department: _____

Please complete sections that are applicable. If a section is not applicable place NA in box. Attach a separate sheet and any additional information, if more space is needed.

TEACHING

Your current curriculum/course development and teaching activity and opportunities. What are your teaching plans (curriculum/course development, clinical supervision of students, residents, research training, mentoring, and teaching in CDU/Continuing Medical Education).

List name of courses and number of students/residents. Hours per month: Current (July 2021 through June-2022) _____

Planned (July 2022 through June 2023) _____. Number of CDU/College of Medicine (COM) students: _____.

Please indicate current and planned teaching for other students and list departments, courses

If you are supervising students or residents, what is the number you can accommodate at one time? _____

Current:

Planned:

RESEARCH

Describe your current and planned research activity at CDU/COM. Hours per month: July-June _____. Number of students: _____

Current: (July 2021 through June-2022)

Planned: (July 2022 through June 2023)

CLINICAL

Clinical Activity in support of the COM. **Specialty:** _____ . Years in Clinical Practice ____ and Clinical Teaching: _____

Current: (July-June 2021-2022)

Planned: (July-June 2022-2023)

SERVICE

What CDU/COM community services, university services (committees, taskforce, community service) do you now perform and what services are you planning? Hours per month: July ____-June _____. Number of students: _____

Current: (July-June 2021-2022)

Planned: (July-June 2022-2023)

OTHER ACTIVITIES IN SUPPORT OF CHARLES R. DREW UNIVERSITY-COLLEGE OF MEDICINE

Please describe. Hours per month: July ____-June _____. Number of students: _____

Current: (July-June 2021-2022)

Planned: (July-June 2022-2023)

Total hours of total planned activities per year for CDU COM should add up to at least 40-50 hours per year for appointment renewal.

Anticipated total hours: _____. Please review with Department Chair and sign/date.*

Faculty

Date

Department Chair

Date

*For current Faculty, this form also serves as an annual review/assessment and Chair signature indicates Faculty is in good standing. A full dossier, an updated plan, recommendation from chair, and approval by AP Committee & Dean will be required for academic advancement.

Faculty and Chair, please complete the next sheet to comment and evaluate the academic year 2021-2022 performance regarding Teaching, Research, Clinical, Research, Service and Other, as applicable. Faculty primarily serving administrative positions may submit their annual performance review with this form.

Chair's Comments

Teaching:

Research

Clinical

Service

Other Activities

Faculty Comments:

Faculty

Date

Department Chair

Date