**East Tennessee State University**

# Quillen College of Medicine

**Faculty Activities Plan, Faculty Activities Report and**

**Faculty Activities Evaluation for Full Professors**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Year 2021 - 2022**

Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **Faculty Activities Plan**

List the percent of time you expect to devote to each of these areas:

\_\_\_\_\_\_\_ Teaching \_\_\_\_\_\_\_ Service \_\_\_\_\_\_\_ Research

Describe the activities briefly (one paragraph):

Teaching and/or research improvement efforts (i.e. intramural or extramural faculty development activities, planned efforts to improve teaching and/or research capabilities).

## **Faculty Activities Report**

Teaching and/or research improvement efforts (i.e. intramural or extramural faculty development activities, planned efforts to improve teaching and/or research capabilities).

In what areas would you like assistance in developing your knowledge and skills related to working with medical students?

Otherwise, did you spend your time as described in your faculty activities plan for this year? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, no further information is required. If no, briefly describe the changes in your allocation of effort for last year (one paragraph):

**Faculty Activities Evaluation (to be completed by chair)**

The faculty member conformed to the Faculty Activity Plan as described: \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, were the changes in allocation of effort acceptable? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, state your concerns:

**Signatures:**

 Faculty Date

 Chair Date

 Vice Dean for Academic Affairs or Dean of Medicine (for chairs) Date

**A conference must be held with each faculty member following review by the Chair so faculty can review and respond to the evaluation. The signed forms are then forwarded to the Vice Dean or Dean (for chairs) for review and additional comments.**

Date of Conference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_