**EAST TENNESSEE STATE UNIVERSITY**

**Quillen College of Medicine**

**Faculty Activities Report for 2021-2022**

Faculty Member

Department

Department Chair

This *Faculty Activities Report* is to be prepared by the faculty member toward the end of the year. It is the most important mechanism for detailing and communicating the faculty member's activities and accomplishments for the year. This report should be prepared with direct reference to the items contained in the faculty member's *Faculty Activities Plan* for this year that was prepared at the beginning of the year.

This *Faculty Activities Report* should be as complete as possible. You should follow the outline of activities listed below, using supplementary pages, if needed. If you have not engaged in particular activities, please indicate by stating "none." If you completed the activities exactly as stated in your *Faculty Activities Plan,* please indicate by stating "completed as planned." This report will become the basic document upon which your annual performance evaluation and recommended merit salary increase will be made. In some cases further documentation of your teaching, research and service activities and accomplishments for the year may be requested by your department chair or the executive associate dean for academic and faculty affairs (or dean for department chairs).

Copies of the *Faculty Activities Report* for each year will be considered as primary documents in the promotion and tenure process.

**Teaching Activities** (Please be as specific as possible in your plans for each category of activity.)

1. Teaching Load

 a. Courses

 Academic Approx # of Brief Description

 Course Number and Title Period Contact Hours of Teaching Activity

 b. Individualized or Tutorial Instruction *(graduate students, medical students, interns, residents)*

 Expected Brief Description

 Academic Number of Approx # of of Teaching

 Course Number and Title Period Students Contact Hours Activity

 c. Other Instruction *(i.e., continuing medical education programs, grand rounds, special seminars and*

 *presentations)*

 Approx # of Brief Description

 Activity Date(s) Contact Hours of Teaching Activity

2. Thesis/Dissertation Supervision *(List names of students, the degrees they are seeking, and expected dates of*

 *completion)*

3. Development of new courses *(Explain briefly.)*

4. Revision of existing courses *(Explain briefly.)*

5. Development of new instructional methods and/or materials *(Explain briefly.)*

6. Development of new student or course evaluation methods and/or materials *(Explain briefly.)*

7. Other Teaching Activities *(i.e., grant/contract proposals for instruction, publications related to instruction, etc.)*

8. Teaching improvement efforts (i.e. intramural or extramural faculty development activities, planned efforts to

 improve teaching capabilities).

9. In what areas would you like assistance in developing your knowledge and skills related to working with

 medical students?

**Research and Other Scholarly Activities** *(Describe specific projects, publications, and presentations, where appropriate)*

1. Ongoing Research Projects *(State source of funding for each)*

2. New or Proposed Research Projects *(Initiated this year; state source of funding for each)*

3. Publications *(Refereed journals, non-refereed journals, academic proceedings, textbooks, monographs, others)*

4. Paper Presentations *(At local, state, regional, national and international professional association meetings)*

5. Other Research or Scholarly Activities *(i.e., peer review of the research of others, etc.)*

6. Research improvement efforts (i.e. intramural or extramural faculty development activities, planned efforts to

 improve research capabilities).

**Service Activities**

1. Patient Care *(Briefly describe site(s), nature of work, and time commitment)*

2. University Committee Assignments *(Include leadership roles and anticipated workloads on departmental,*

 *college, and university committees)*

3. Other University Activities *(i.e., faculty recruitment, student/resident recruitment, public relations, student*

 *organizations, etc.)*

4. External Activities *(i.e., service to professional associations, community organizations, governmental agencies,*

 *etc.)*

5. Consulting Activities *(With or without compensation)*

6. Academic Advisement *(list names of students)*

7. Administrative Service *(Briefly explain)*

8. Other Service Activities *(i.e., planned grant/contract proposals for service)*

**Faculty Activities Plan Changes**

Please explain any changes or differences between your *Faculty Activities Plan* and your *Faculty Activities Report* if you deem it necessary.

**Activities Report Summary**

Please indicate the proportion of the total individual faculty effort that was devoted to teaching, research and service activities during the past year. These percentages should reflect the mutually agreed-upon planned efforts toward each activities category stated at the beginning of the year in your *Faculty Activities Plan*.

 Teaching % Research % Service %

 Estimate mean number of hours worked per week

**Endorsements of Faculty Activities Report**

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Signature of Faculty Member Date

 \_\_\_\_\_\_\_\_\_\_

Signature of Chair Date

 \_\_\_\_\_\_\_\_\_\_

Signature of Vice Dean for Academic Affairs or Dean of Medicine (for Chairs) Date