|  |  |  |  |
| --- | --- | --- | --- |
| Faculty Name |  | Department |  |
| Academic Rank |  | Division/Section |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **FACULTY MERIT REVIEW FORM** |  |  |

|  |
| --- |
| **Instructions to Faculty Member:**  Please complete this form, and add percentages for each component of your profile of activities. **Separately, attach your USC formatted CV** and any other supporting materials to this document prior to your scheduled meeting with your Division Chief/Department Chair. Please address any questions you might have to your departmental administrator, or Office for Faculty Affairs, Advancement, and Inclusion (OFAAI) (2-1619). To add lines to tables: Right click on entire lowest line of table, select “insert”, select “rows below”  **Profile of Activities**: Percent time for faculty activity in scholarly activity, teaching and education, service, and clinical care must be agreed upon by both chair and faculty member. Faculty member should enter their estimate, and chair should review at meeting.  **Merit and Evaluation Scores:** Evaluation scores in a particular activity are assigned according to the guidelines below. Each evaluation score is weighted by percent time spent performing that activity. Weighted evaluation scores are combined to provide Overall Merit Score. Use decimals in your overall Merit Score. The Overall Merit Score is provided to the Dean.  **Instructions to Department Chair/Division Chief:**  Please schedule time to meet with each faculty member in your department/division and be prepared to go over the faculty member’s CV, performance review form, and any other supporting documentation. You will be responsible for providing the overall merit score as part of your FY25-26 budget submission. Therefore, **evaluations must be completed by** **the end of February 2025.** |

**USE THESE GUIDELINES TO DETERMINE EVALUATION AND MERIT SCORE**

|  |
| --- |
| **Evaluation Scores—USE DECIMALS!!!!** |
| A Score of “1” A score of 1 should be used for faculty whose overall work is not satisfactory. If someone does not perform teaching work adequately; has no peer-reviewed publication or grants, nor other objective demonstration of scholarship; and has service which is minimal or actually counter-productive, a decimal below 1, can be given (e.g., 0.75). If someone makes an adequate contribution in one of the areas of teaching, scholarship, or service, but the overall work still does not reach the satisfactory level, a decimal above 1 can be given (e.g., 1.25) A score in this range is a signal that further steps may be taken if the overall performance is not brought up to a satisfactory level. THIS FACULTY MEMBER NEEDS TO HAVE A DEVELOPMENT PLAN ACTIVELY PURSUED. |
| A Score of “2” - The faculty member is underperforming and could do better (e.g., the faculty member performs teaching work adequately, but has little, if any, scholarship; or has adequate scholarship but is not meeting teaching obligations adequately; and/or does not make an adequate service contribution. |
| A Score of “3” Faculty member performs teaching well, performs reasonable and expected amounts of scholarship and service. Overall a fine, meritorious, faculty member who meets all expectations. THIS SHOULD BE CLOSE TO WHAT MOST FACULTY RECEIVE. GREAT SCORE!!!!! |
| A Score of “4” - The faculty member performs beyond expectations in all areas of responsibility: performs clinical and/or teaching work with distinction, serves the community, publishes and performs research that is very strong, shows strong leadership and carries out valuable mentoring of others. To merit this score, more senior faculty should have a national or international presence, and demonstrate leadership both inside and outside the institution. OVERALL AN UNUSUALLY GREAT YEAR FOR A VERY STRONG FACULTY MEMBER. |
| A Score of “5” This score should be reserved for absolute superstars – people who have obtained large or complex grants, published prolifically in the best journals, are leaders in their field, winners of national awards, who perform teaching, mentoring and service responsibilities in an exemplary manner. This score should **rarely** be given.. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Merit Score Calculator: % of time X Score = WEIGHTED SCORE** | | | | | |
| **Category of Activity** | **% of time** | **Self- Score 1.0-5.0** | **Self -Weighted Score** | **Supervisor Score 1.0-5.0** | **Supervisor**  **Weighted Score** |
| Scholarship and Research | 0% | **0** | 0 | **0** | 0 |
| Faculty Development and Education | 0% | **0** | 0 | **0** | 0 |
| Clinical Care | 0% | **0** | 0 | **0** | 0 |
| Service, Administration, Leadership, Collaboration | 0% | **0** | 0 | **0** | 0 |
| **Composite Merit Score (SUM OF ALL WEIGHTED SCORES)** | **0**  **(100%)** | **SUM TOTAL:** | **0** | **0** | **0** |
|  |  |  |  |  |  |

**IF YOU PERFORM CLINICAL SERVICES: PLEASE INDICATE THE LOCATION AND PERCENTAGE OF YOUR TIME AT THAT SITE**

|  |  |
| --- | --- |
| **SITE** | **% OF CLINICAL TIME** |
| **LAGMC** |  |
| **Keck Medicine of USC** |  |
| **Verdugo Hills Hospital** |  |
| **CHLA** |  |
| **USC Arcadia Hospital** |  |
| **Henry Mayo** |  |
| **Student Health** |  |
| **Other: (specify)**  **1.**  **2.**  **3.**  **4.** |  |

**SUM SHOULD EQUAL THE PERCENT TIME LISTED IN THE MERIT SCORE TABLE ABOVE.**

**Example:**

**LAGMC 25%**

**Keck Medicine of USC 10%**

**Verdugo Hills 5%**

**40% Clinical Care**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty Name ID Number (On your ID badge)**

**ACCOMPLISHMENTS 2024**

**Many faculty profiles do not include effort in one of the following: clinical care, scholarship, service or education, depending upon their promotion track. Please ignore any section where no effort was expended.**

Self Supervisor

1. **Mentoring and Education:**      % **time Overall Mentoring Evaluation Score:**       **\_\_\_\_\_** 
   1. ***Teaching and Education Activities (To add lines to table, right click on “star” for table, Insert, Insert Row below)***

|  |
| --- |
|  |

* 1. ***Mentoring Activities/Programs***

|  |
| --- |
|  |

**Mentoring Committee (For Instructors or Assistant Professors)**

Do you have a mentoring committee?

If yes, please attach minutes/meeting notes from the mentoring committee’s most recent meeting.

**List of Mentees (All ranks)**

Provide names of faculty or trainees you are currently mentoring:

|  |  |
| --- | --- |
| Name | Department/Division |
|  |  |
|  |  |
|  |  |
|  |  |
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1. **Clinical Activities/Patient Care, if applicable:** % **time**

Self Supervisor

**Overall Clinical Evaluation Score:**      

* 1. ***Services Provided***

|  |
| --- |
|  |

* 1. ***Other Clinical Assignments***

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|  |

1. **Service/Administration/Leadership/Collaboration, if applicable:**      % **time**

Self Supervisor

**Overall Service Evaluation Score:**

* 1. **Identify service(s) provided in any of the following areas.**

|  |  |  |
| --- | --- | --- |
|  | Committee(s) | Position(s) |
| University |  |  |
|  |  |  |
|  |  |  |
| School |  |  |
|  |  |  |
|  |  |  |
| Department |  |  |
|  |  |  |
|  |  |  |
| Other |  |  |
|  |  |  |
|  |  |  |

* 1. **Identify any awards and local or national recognition you have received:**

|  |  |  |
| --- | --- | --- |
| **Award** | **Sponsoring Institution** | **Date** |
|  |  |  |
|  |  |  |

1. **Scholarship and Research, if applicable:**      % **time**

Self Supervisor

**Overall Scholarship and Research Evaluation Score: \_\_\_\_\_\_ \_\_\_\_\_**

**Overall Scholarship Evaluation Score:**      

* 1. ***Publications***

|  |  |  |  |
| --- | --- | --- | --- |
|  | # | # | # |
|  | Published | In Press | Submitted |
| Peer Reviewed |  |  |  |
| Book and Book Chapters |  |  |  |
| Other Publications |  |  |  |
| Abstracts |  |  |  |

***Additional Information***

|  |
| --- |
|  |

* 1. ***Active (New and Continuing) Grants***

|  |  |  |
| --- | --- | --- |
|  | # | Annual Total Direct Costs |
| Federally Funded |  | $ |
| Non-Federally Funded |  | $ |
| All Other |  | $ |

***Additional Information***

|  |
| --- |
|  |

* 1. ***Invited Lectures to other Universities, National or International Societies (Title, Location)***

|  |
| --- |
|  |

1. **Wellness, Professionalism and Citizenship—A discussion**

This part of the annual evaluation should be a discussion, and no numerical value should be scored..

The discussion should concern:

Wellness: Wellness on the part of the faculty member, is there undue stress, burnout, or other factors that are seriously affecting the ability of the faculty member to perform their job. Is there sufficient family or other personal support? Direct to resources available to help if necessary. If you are not sure of the resources, please contact OFAAI.

Professionalism—please discuss the items below to determine if the faculty member is meeting your expectations for professionalism and citizenship.

If there are concerns about professionalism, please take the next steps:

1. Are there any minor issues with professionalism that should be remediated, is the faculty member willing to work on improvement? If that is true, then the supervisor and faculty member should set reasonable goals that will be reviewed and evaluated, as needed, but at a minimum at the next year’s evaluation.
2. Have there been serious problems with the faculty member’s professionalism and citizenship? If there are serious concerns about professionalism and citizenship, please indicate so to the faculty member. However, for serious concerns, these should be documented separately, and should additionally be discussed with the Vice Dean for Faculty Affairs, Advancement, and Inclusion to provide guidance and resources available to assist.

***This part of the evaluation should be discussed during the 1:1 review.***

Some **potential guidelines** for the discussion of professionalism might include:

* Integrity/Ethics:  Faculty member is honest, is accountable for his/her actions, maintains confidentiality
* Self-Development:    Faculty member is able to reflect on his/her actions and make necessary changes to improve outcomes, solicits feedback and responds appropriately to constructive criticism
* Interpersonal skills:   Faculty member has good communicating and listening skills, builds strong relationships, behaves in a courteous, respectful and civil manner to others
* Dependability: Meets commitments, accepts accountability, remains calm under pressure
* Judgment:    Recognizes problems and responds appropriately
* Adaptability:  Adapts effectively to change, adjusts plans to meet changing needs
* Initiative:  Willingly tackles problems and takes on new responsibilities
* Productivity: Manages a fair workload, manages time well, volunteers for additional work, and is able to maintain productive focus

**Other activities:**

Please provide additional information (not covered above) about activities in which you have performed that demonstrate how you have contributed to the department, clinical service, or your field (examples—covered for colleagues who were ill or on medical leave, helped streamline department business practices, met with local professional colleagues with the object of increasing referrals, met with donors, performed outreach with the community, taught high school or elementary school children.)

|  |
| --- |
| **Activity:** |

**DISCUSS FUTURE PROFESSIONAL GOALS**

**Short Term Goals**

List your professional goals for each academic area as appropriate for the coming year. Be as specific as possible, and indicate how you will assess if the goals was accomplished (expected outcome). You should use SMART goals where possible <https://www.mindtools.com/pages/article/smart-goals.htm>

**Long Term Goals**

List your professional goals for each academic area as appropriate for the next 3-5 years. Again, indicate how you will assess if the goals was accomplished (expected outcome).

**Promotion (if applicable)**

Describe your efforts to make progress towards promotion (if applicable).

Has your mentor/chair, or a member of your department APT committee discussed your progress with you?

|  |  |  |  |
| --- | --- | --- | --- |
| Faculty Comments | | | |
|  | | | |
| Signature | | | |
|  |  |  |  |
| Faculty: |  | Date: |  |
|  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Chair/ Division Chief Review | | | | | | | | |
| Summary of Performance and Merit    Dr.       and I met to review academic progress, and discussed the following information:  Reviewed current and updated version of the faculty member’s CV  Reviewed faculty members current allotment of time for various activities  Discussed requirements for promotion on the faculty member’s track, if applicable  Reviewed the faculty member’s progress towards promotion  Identified areas to pursue to ensure progress towards promotion | | | | | | | | |
| Overall Merit Score\*: | | | | |  | |  | |
|  | | **\*Please use guidelines on page one when determining overall merit score.** | | | | | | |
| Reviewer Comments (PLEASE RETAIN A COPY AND PROVIDE A COPY TO THE FACULTY MEMBER) | | | | | | | | |
|  | | | | | | | | |
| Signatures | | | | | | | | |
|  |  | |  |  | |  | | |
| Division Head (if applicable): |  | |  | Date: | |  | |  |
|  |  | |  |  | |  | | |
| Department Chair: |  | |  | Date: | |  | |  |
|  |  | |  |  | |  | | |

**PLEASE SUBMIT A COPY OF THIS FACULTY REVIEW ALONG WITH THE FACULTY MEMBER’S CV TO THE OFFICE OF FACULTY AFFAIRS, ADVANCEMENT, AND INCLUSION (**[**KECKFA@MED.USC.EDU**](mailto:KECKFA@MED.USC.EDU)**) BY THE END OF FEBRUARY 2025.**