

UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE

Clinical Prefix Faculty
Appointment and Annual Reappointment Documentation of Teaching and Service
for Academic Year 20\_\_ - 20\_\_

Please complete this form and attach a current Curriculum Vitae.
Use the back of this form for providing written documentation or attach additional sheets as necessary.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Practice Specialty(ies): \_\_\_\_\_

UPSOM Faculty Title and Department: \_\_\_\_\_

The fundamental features of a Clinical prefix faculty appointment at UPSOM include participation in education, scholarly activities, or meaningful and ongoing service to the academic mission of UPSOM via administrative leadership, innovation, or community service.

Please document your educational, scholarly, and/or service contributions during the past academic year below.

I. TEACHING

A. Didactic teaching ("classroom" based teaching of a large or small group of students/residents/fellows/other trainees). For each teaching activity, please report the number of each type of learner, the number of contact hours and the subject matter of instruction. You may provide an average or estimate in the columns below.

Table with 5 columns: TARGET LEARNERS, Number of learners in each category, Number of contact hours per year, Evaluations available?, Subject matter. Rows include UPSOM students, Residents/fellows, Faculty colleagues, and Other learners (describe).

B. Clinical precepting (supervising a UPSOM student or UPMC-HS resident/fellow who is seeing patients in an outpatient or inpatient setting). You may provide an average or estimate in the columns below.

Table with 5 columns: TARGET LEARNERS, Number of half day sessions supervising/precepting, Number of learners in each category, Evaluations available?, Location of supervision (clinic, Emergency Department, inpatient, OR, etc.). Rows include UPSOM students, Residents/fellows, Faculty colleagues, and Other learners (describe).

C. Attach copies of teaching evaluations or other relevant documentation of teaching excellence.

II. SERVICE

Please describe the ways in which you have served the Academic mission of your Department or the UPSOM, describing the nature of the work and the amount of time spent annually:

A. Community Service

B. Participation/leadership/innovation in developing or improving quality in clinical or educational programs:

- C. Committee participation/leadership (UPSOM, Regional, National, etc.):
  
- D. Participation/leadership in developing practice guidelines/serving on advisory groups:
  
- E. Participation in Alumni Association or other service to UPSOM:
  
- F. Participation/leadership/innovation in community project development:
  
- G. Participation/leadership in research projects:
  
- H. Other (please describe):

**III. Scholarly Activity:**

**IV. Awards and Recognitions**

**V. COMMENTS AND SUGGESTIONS**

Use the back of this form or attach additional sheet(s) as necessary

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**VI. CHAIR'S ASSESSMENT**

\_\_\_ Exceeds minimum requirements \_\_\_ Meets minimum requirements \_\_\_ Does not meet minimum requirements

Chair Signature \_\_\_\_\_

Date \_\_\_\_\_