

**2019 Comprehensive Performance of Evaluation**

Use Microsoft Word to complete this form and utilize as much space as necessary below each heading, to provide the requested information. If you have no information for a topic, write "None" or "NA" under the heading. **Whenever dates are requested, list them in chronological order, beginning with the first and ending with the most recent. Please use Times New Roman 10 font.**

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| --- | --- | --- | --- | --- | --- |
| **Last Name:** |  | **First Name:** |  | **Degree:** |  |
| **Department:** |  |  |

**Present Title** (*Check one of the following*)**:** [ ] Associate Professor [ ] Professor

**This section is to be completed by the Office of Faculty Affairs***.*

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| Date tenure was granted: |  |
| Date of original hire at PLFSOM: |  |
| Date of initial appointment at present academic rank at TTUHSC or TTUHSC El Paso:  |  |
| Date of initial appointment at present academic rank in another academic institution (*if applicable*): |  |
| Date of last comprehensive performance evaluation review (*if applicable*): |  |

**Primary Area** *(Check one box only)***:**

 [ ] Teaching [ ] Clinical Service [ ] Scholarship

**Secondary area** *(Check one box only)***:**

 [ ] Teaching [ ] Clinical Service [ ] Scholarship [ ]  Academically-related public service

**Tertiary Area** *(Check one or more, if applicable. You may leave it blank if not applicable.)*

 [ ] Teaching [ ] Clinical Service [ ] Scholarship [ ]  Academically-related public service

I have read HSCEP OP 60.03, Comprehensive Performance Evaluation of Tenure Faculty [ ] Yes [ ] No

I have read HSCEP OP 60.03, Attachment A, PLFSOM Procedure for

For Comprehensive Performance Evaluation of Tenured Faculty [ ] Yes [ ] No

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| I understand that the deliberations of the Comprehensive Performance Evaluation Review Committee are confidential. I understand that I should not solicit any information about those deliberations from any member of that committee or anyone involved in the deliberations. I also understand that the results of committee deliberations serve as recommendations to the Dean. |
| Initials: |  |

# General Information

Whenever dates are requested, list them in chronological order, beginning with the oldest first and ending with the most current.

## A. Education

 List all earned and honorary college degrees that you have received (B.S., M.S., M.D., Ph.D., etc) and the dates, field of study, and name of institution with location for each. (To add additional rows, Right Click inside the table below > Click Insert> Click Insert Row Below or Insert Row Above)

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| **Degree** | **Date** | **Field** | **Institution and Location** |
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## B. Postdoctoral Education (Including Residencies and Fellowships)

List the postdoctoral education that you have completed. Give the title of your position (e.g. Postdoctoral Fellow), the beginning and ending dates, the source of funding (e.g. American Heart Association, Texas Affiliate), field, name of mentor, and name of institution and location for each. Underline those positions for which the applications were peer reviewed.

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| **Title of Position** | **Dates** | **Source of Funding** | **Field** | **Mentor** | **Institution****and Location** |
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## C. Honors

List the education and/or training honors you have received and the dates (for example, Phi Beta Kappa, 1985; American Heart Association Established Investigator, 2001).

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## D. Specialty and Sub-Specialty Board Certifications

List the specialty of certification and the name of each board or other professional organization by which you have been certified. Also, give the date for each (e.g. Pediatric Infectious Diseases, American Board of Pediatrics, 1990).

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## E. Society Memberships

1. Local (Elected/Non-elected)

Please identify each membership listed as elected or non-elected and year of election. (e.g. Member, El Paso County Medical Society, non-elected, 1995)

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2. Regional (Elected/Non-elected)

(e.g. Treasurer, Texas Medical Association, elected, 1985)

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3. National/International (Elected/Non-elected)

(e.g.; Member, American Medical Association, non-elected, 1980; Secretary, American Society of Microbiology, elected, 1982; Fellow, Infectious Diseases Society of America, elected 1994).

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## F. Positions Held

List each position (teaching, administrative, and other) you have held subsequent to completion of your postdoctoral education. Give beginning and ending dates and the institution and location of each position. If you were a member of the graduate faculty at another institution, give the dates of appointment and the name of the institution and location. If you held an academic appointment, give the appropriate dates and the name and location of the institution. If you were tenured at another institution, give the appropriate dates and name and location of the institution. Underline your academic appointments at TTUHSC or TTUHSC El Paso. Please include all academic appointments you are holing or you held at all institutions.

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# Teaching

**For all teaching sections below, only enter information for the previous six years.**

## A. Teaching Responsibilities

 Please refer to Section C of the PLFSOM Guidelines for Faculty Appointment, Tenure and Promotion

1. Teaching Responsibilities (Includes teaching of students, residents, fellows, continuing medical education, and/or ay public).

Provide number of hours of direct instruction or supervision per year; Separate by category of leaner (i.e. Medical Student, Resident or Fellow). Please use the suggested template to provide total number of direct instruction hours per year. (e.g. Medical Student; 40 hours, Resident, 100hours).

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| **Teaching** | **Hour/Year** |
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| **TOTAL:**  |  |

2. Teaching of Medical Students, Residents and Fellows

Topic and number of hours of instruction/supervision per year; Approximate number of students, residents or fellows impacted; Please use the suggested template; Submit no less than three (3) but no more than six (6) resident/student evaluation forms in Appendix A(1). (e.g. Anatomy of the central nervous system, 10 hours, 40 Medical Students. Lecture in Power Point, plus handout).

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| Topic | Activity Format | Hrs/Year | Teaching Materials | Audience (Number) | Institution/Comments |
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| TOTAL |  |  |   |  |

3. Continuing Medical Education

Please list the accredited continuing medical education programs you led or presented. Topic and number of hours of instruction per year; Approximate number of professionals impacted; Please use the suggested template; Submit no more than three (3) evaluations of CME activities presented by you in Appendix A(2).

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| Topic | Activity Format | Hrs/Year | Teaching Materials | Audience (Number) | Institution/Comments |
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| TOTAL |  |  |   |  |

4. Educational Activities for the Lay Public

Topic and number of hours of instruction per year; Approximate number of individuals impacted; Please use the suggested template;

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| **Topic** | **Activity Format** | **Hrs/****Year** | **Teaching Materials** | **Audience (Number)** | **Location/Comments** |
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| **TOTAL** |  |  |   |  |

## 5. Education Administration

List courses, clerkships, graduate programs, residency programs and fellowship programs you have directed and include the dates.

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## 6. Education Committees

List state, regional and national education committees on which you have served (e.g. residency review committees, National Board of Medical Examiners), the dates of your membership, and any offices you have held (e.g. Secretary).

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## B. Accomplishments in the Scholarship of Teaching

Local, regional, national/international: education awards or innovation in education

## 1. Innovations in Education

List new courses, residency programs, fellowship programs, workshops, laboratory exercises and other educational components you have developed and the dates they were initiated. Please include developing curricula, organizing new teaching programs, substantially improving established courses, integrating teaching activities within or between departments, developing or facilitating improvements in teaching techniques and methods of evaluation, developing or substantially improving teaching resources such as syllabi, manuals, testing procedures, web cases, work case examples, and other electronic resources, including the preparation and evaluation of standardized patients and similar resources.

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## 2. Education Recognitions/Awards

List teaching awards you have received, the conferring body, and the dates (e.g. Best Teaching Faculty Award, conferred by Medical Students Class of 2005, Texas Tech University Health Sciences Center School of Medicine, 2005).

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C. Mentoring of Learners

**Students, Residents, Fellows, Faculty and Others**

1. Undergraduate Students, High School Students and Other Individuals

Please use the suggested template to list the name, beginning and ending dates, and approximate number of hours/week of each undergraduate student, high school student or other individual for whom you served as a research advisor, and the name of the program (e.g. Howard Hughes, SABR, and Clark’s Scholars). Give the person's current title/position and location (if known).

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| --- | --- | --- | --- | --- |
| **Name** | **Dates** | **Hrs/Week** | **Program** | **Results or Comments** |
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| **TOTAL** |  |  |

2. Graduate students

Please use the suggested template to list the name of each student for whom you served as an advisor or Faculty Mentor. Underline the names of students for whom you served as Chairperson. Give the name of each student, the degree earned, the field of the student, the name of the department and institution where the degree was earned, and the date the degree was earned. Asterisk (\*) those students who did not complete writing their dissertation under your supervision. Give each student's current title/position and location (if known).

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| --- | --- | --- | --- | --- | --- |
| **Name** | **Date Degree Earned** | **Hrs/Week** | **Student****Field** | **Dept/****Institution** | **Comments** |
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| **TOTAL** |  |  |

3. Medical students

Please use the suggested template to list the name and beginning and ending dates of each medical student for whom you served as a research advisor or faculty mentor, and the name of the program (e.g. Medical Student Summer Research Program).

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| **Name** | **Dates** | **Hrs/Week** | **Program** | **Comments** |
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| **TOTAL** |  |  |

4. Postdoctoral fellows, research associates, residents, and fellows

Please use the suggested template to list the name and beginning and ending dates of each person for whom you served as an advisor or faculty mentor. Give each person's current title/position and location (if known).

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| **Name** | **Dates** | **Hrs/Week** | **Program** | **Comments** |
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| **TOTAL** |  |  |

5. Faculty

Please use the suggested template to list the name and beginning and ending dates of each faculty member for whom you served as an advisor or mentor. Give each person's current title/position and location (if known).

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| **Name** | **Dates** | **Hrs/Week** | **Program** | **Comments** |
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| **TOTAL** |  |  |

## D. Enhancement of Faculty Teaching Skills

List teaching academy programs, continuing education programs and workshops you have attended **to enhance your teaching skills** and include the dates.

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# Scholarship

 **For all scholarship sections below, only enter information for the previous six years.**

Please refer to Section D of the PLFSOM Guidelines for Faculty Appointment, Tenure and Promotion.

**Do not include works that are in “submitted” or “in preparation” status.**

## A. Accomplishments in the Scholarship of Discovery

Summarize in 100 words or less your most important **discoveries** and your **current scholarly activities or interests** including research, contributions to medical education, and patient care. Please submit no more than three (3) example publications of peer-reviewed scholarly works in Appendix B.

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##  1. Publications

For Sections 1-6, please list according to category: grants, clinical trials, lab research, publications, books, book chapters, monograph, abstracts, presentations, exhibits, patents, consultant, and manuscript reviewer, grant reviewer, etc. Give the complete citation of each published article or case report for which you are an author or co-author (chronological order, ending with the most recent). Place an asterisk (\*) before those that received peer review. Print your name in bold letters and underline the name of the person who submitted the article). Include the beginning and ending page numbers.

 a. Published articles and case reports

Give the **complete** citation of each published article or case report for which you are an author or co-author (in chronological order, ending with the most recent). Place an asterisk (\*) before those that received peer review. Give all of the authors' names exactly as they appear in the article or case report, print your name in bold letters and underline the name of the corresponding author (the person who submitted the article). Include the beginning and ending page numbers. Please use the format of the following example:

 Lukyanenko V, I Gyorke, TF Wiesner, and S Gyorke. (2001). Potentiation of Ca2+ release by cADP-ribose in the heart is mediated by enhanced SR Ca2+ uptake into the sarcoplasmic reticulum. Circ. Res. 89, 614-622.

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b. Articles and case reports in press

Use the same format as above, but give the date the article was accepted for publication. Place an asterisk (\*) before those that received peer review.

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c. Books, chapters in books, and monographs

Give the complete citation of each book, chapter in a book, or monograph for which you are an author or co-author (in chronological order, ending with the most recent). Give the authors' names exactly as they appear in the literature, print your name in bold, and underline the corresponding author. Use the format of the following examples for books and chapters:

 Bresnick, E, and A Schwartz. (1968). Functional Dynamics of the Cell, 482 pp., Academic Press, New York and London. Niemann, H. Molecular biology of clostridial neurotoxin. In: Alouf , JE and J Freer (eds). (1991). Sourcebook of Bacterial Protein Toxins, Academic Press, London, pp. 299-344.

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 d. Abstracts

Give the complete citation of each abstract for which you are an author or co-author (chronological order, ending with the most recent). Give the authors' names exactly as they appear in the literature, print your name in bold, and underline the presenter's name. **Place a pound sign (#) before any abstracts that were not published**. Use the same format as that for published articles and case reports. **Place an asterisk (\*) before those that received peer review.**

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 e. Exhibits and Productions

Describe any exhibits or productions for which you have been responsible (chronological order, ending with the most recent). Indicate which of these have won awards (e.g. the AMA Billings Silver Medal). **Place an asterisk (\*) before those that received peer review.**

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##  2. Invited Presentations

List the **invited** research presentations you have given at international, national, or regional meetings, symposia, workshops or Gordon Conferences, and invited research lectures (in chronological order, ending with the most recent).  **Underline presentations that took place at other institutions.**  Give the title of your presentation, the name of the meeting, symposium, workshop, Gordon Conference or institution, and the date. **Place an asterisk (\*) before those that received peer review.**

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##  3. Patents

List the titles, authors and dates of award and/or application of any patents to which you have contributed.

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##  4. Extramural Professional Service

In chronological order under each of the following headings, give the beginning and ending dates for each appointment as a regular or ad hoc member.

 a. Manuscript Reviewer for the Following Journals (Dates Not Required)

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 b. Consultant to Government Agencies, Private Industry, or Other Organizations

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 c. Officer or Committee Member of Scientific or PROFESSIONAL ORGANIZATIONS

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 d. Member of Research Grant Study Sections (e.g. NIH, AHA Western Review

 Consortium)

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 e. Member of Editorial Boards (e.g. Circulation Research)

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## 5. Grants to Support Scholarly Work

Under the categories listed below, list each grant or contract on which you were a principal investigator or co-investigator (not consultant) to support your current scholarly activities or interests including research and contributions to medical education, and/or patient care. Include the granting agency, grant number, beginning and ending dates, name of the principal investigator, title of the grant/contract, percent effort, and total direct costs for the duration of the grant. **Place an asterisk (\*) before any grant or contract that was peer-reviewed**. Please use the format of the following example: NIH R01 HL 34567; 07/01/98 – 06/30/03; John Doe (PI); Mechanisms of cardiac arrhythmias; 30% effort; $1,000,000.

1. Intramural Awards (e.g. seed grants)

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b. Extramural Awards

 i. Local but not from TTUHSC

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 ii. State and/or Regional

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 iii. National and/or International

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 c. Grants Reviewed But Not Funded

Give the priority scores and percentile scores (if available).

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 d. Grants Submitted and Under Review

Give the dates of submission.

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##  6. Sponsored Clinical Trials and Drug Studies

Supply the same information and use the same format as above for research grants.

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**B. Accomplishments in the Scholarship of Application**

Please list projects, contributions, funding awards, publications or established collaborative relationships with other disciplines, decision and policy-makers and communities aimed at applying theory to solve everyday problems. This part may include any dynamic engagement and/or the translation of new knowledge in practical interventions that either solves problems or improves the difficulties experienced by individuals and society. Creative intellectual work should not only be original and validated through peer review, but also be communicated in appropriate ways to have impact or significance for the greater public, beyond the discipline itself. Please use the format of the following example:

Enhancing the Practice of Evidence-Based Medicine at a County Hospital: Results of Two-Year Collaborative Project. Presented at the Annual Seminar of the Association of Program Director in Internal Medicine (APDIM), San Diego, 6-2002. Joe Hernandez; Barbara Winslow.

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## C. Accomplishments in the Scholarship of Integration

Please list or describe innovative approaches to integrating knowledge, making connections across disciplines, placing specialties in a larger context, illuminating data in a revealing way, and educating non-specialists through discipline-related work to bring new insight to bear on original research. Please use the format of the following example:

Web-Based Computerized Clinical Skills Assessment. John Bartlet, M.D., department of Internal Medicine, 2004. This web-based learning tool consists of 12 modules and 150 pre-tests and post-tests questions. The questions, which covered key topics of core competencies, were thoroughly referenced, researched and tested. They were adopted and endorsed by several residency programs in the country.

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**D. Recognitions/Awards for Accomplishments in Scholarship**

List recognition and/or awards you have received, the conferring body, and the dates (e.g. Dean’ Award for Young Investigator, PLFSOM Texas Tech University Health Sciences Center 2009).

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# Clinical Service

 **For all clinical service sections below, only enter information for the previous six years.**

Please refer to Section E of the PLFSOM Guidelines for Faculty Appointment, Tenure and Promotion

## A. Clinical Service Responsibilities

For each of the categories below, list the current site of practice, hours per week of attending and your service primary responsibilities as a service physician. Please use the format of the following example:

University Medical Center of El Paso, 20 hours, delivering direct inpatient care and supervising students and residents.

##  1. Clinical Services Including Consultations

 a. In-Patient Clinical Activity

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b. Out-Patient Clinical Activity

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 c. Telemedicine Activity

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##  2. Your Hospital Appointments

List your hospital appointments and the dates.

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## B. Clinical Service Productivities

The Business Office will provide the PLFSOM’s CFAPTA with RVUs/year and billings/year. For each of the categories below, list the number of patients you have seen during the past year and briefly provide any other specific information that will help the committee evaluate your practice.

1. In-patient

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2. Out-patient

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3. Telemedicine

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## C. Clinical Service Contracts

List any funds received to perform services for the city, county, or state (please indicate dollar amounts of contract and those actually received).

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## D. Other Accomplishments in Clinical Service

##  1. Clinical Leadership

List positions of leadership you have held, such as head of a clinical (e.g. surgical) team, director of a clinical service, head of a division, or chair of a clinical department, and give the dates. Please also include the other clinical service-related leadership and administrative activities, such as services to organizations for patients, their families and community groups; services related to the development, management, evaluation, and improvement of clinical services; services of committees related to clinical services, public health or community health service; external consulting or services, such as serving as an expert witness; service to professional clinical organizations as a clinical care expert or reviewer for clinical care/quality improvement/innovations; participation in the clinical affairs of a hospital or faculty group practice; leading or developing innovative new models of clinical care; and developing new clinical techniques or devices.

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##  2. Recognition or Awards

Briefly describe recognition you have received at the local, state, regional or national level for excellence in clinical activity as evidenced by: awards; requests to write reviews; invitations to speak at meetings, workshops or symposia; letters from experts in your field; institutional peer, resident or student evaluations; and patient surveys or letters. Provide no more than three (3) unsolicited letters or comments from patient satisfaction surveys in Appendix C.

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##  3. Innovation

Summarize in 100 words or less your role in the development of new clinical techniques, services, therapies, or health care delivery systems that have improved the health of the population you have served. Include how you evaluated the effectiveness (quality, utilization, access, cost, etc.) of the care being provided.

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# Academically-related Public Service

 **For all academically-related public service sections below, only enter information for the previous six years.**

Please refer to Section F of the PLFSOM Guidelines for Faculty Appointment, Tenure and Promotion

## A. Administrative Positions Held

For each of the following categories, list the organizations, task forces, committees or programs on which you have served, the beginning and ending dates of your service, any offices you held and whether you were elected, appointed or volunteered for that service (e.g. Admissions Committee, 1999-present, appointed).

1. Departmental

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1. Hospital

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1. Institutional (TTUHSC El Paso and its component schools)

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1. State and Regional

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1. National and International

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## B. Other Academically-related Public Service Accomplishments

##  1. Recognition

List service awards you have received and the dates.

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##  2. Innovation

List organizations, task forces, committees or programs you have initiated and the dates of establishment.

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##  3. Elected, Appointed or Voluntary Positions

For each of the following categories, list the organizations, task forces, committees or programs on which you have served, the beginning and ending dates of your service, any offices you held, and whether you were elected, appointed or volunteered for that position (e.g. El Paso chapter, American Heart Association, 1995-present, voluntary).

 a. Local

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 b. State and Regional

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 c. National and International

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# Appendices

 **For all sections below, only provide supplementing documents for the last six years.**

## A. Teaching Activities

1. Student/Resident Teaching

Submit between three and six resident/student evaluation forms.

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2. Continuing Medical Education

Submit no more than three evaluations of CME activities you have presented.

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## B. Scholarly Works

Provide no more than three (3) Internet links to your peer-reviewed scholarly work. If works are unavailable on-line, provide a scanned portable data file (pdf).

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## C. Clinical Service

Provide no more than three unsolicited letters from colleagues or grateful patients that speak to your clinical practice or comments from patient satisfaction surveys.

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## D. Personal Statement (optional)

Submit a personal statement no longer than two pages. This section is intended to capture any important information that is not otherwise reflected in other parts of this application.

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## A. Personal Statement (Continued)

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# Certification

I certify that, to the best of my knowledge, the information contained herein is true and correct.

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| **Signature of Applicant** |  | **Date** |

**Notice:** In accordance with decisions issued by the State of Texas Office of the Attorney General regarding privacy of documents, TTUHSC El Paso acknowledges and maintains that all materials collected or generated as part of the PLFSOM Comprehensive Performance Evaluation review file constitute medical peer review documents. As such, this confidential information is not available to others outside the Comprehensive Performance Evaluation review process, including the faculty applicant. The prohibition against disclosing medical peer review information includes, but is not limited to, the dossier, communications regarding the Comprehensive Performance Evaluation review process, peer evaluation forms, and recommendations by the CFAPTA, the Associate Dean for Faculty Affairs, the department chairs and the Dean respectively.