

- How to access the application: <u>https://faceval.som.umaryland.edu</u>
- Support Questions: <u>help@som.umaryland.edu</u>

The annual faculty performance evaluation is designed in parallel with the process for appointments, promotions, and tenure. Both processes are based around the following six domains: 1) research, 2) clinical, 3) education, 4) leadership and service, 5) innovation and 6) health equity and inclusive excellence. The goal is to provide consistency around institutional values, measures, and rewards. A formal and documented annual meeting between faculty and their Chairs/Directors is important for faculty to receive recognition of their accomplishments in areas of productivity, and secure constructive feedback and guidance on areas that need improvement.

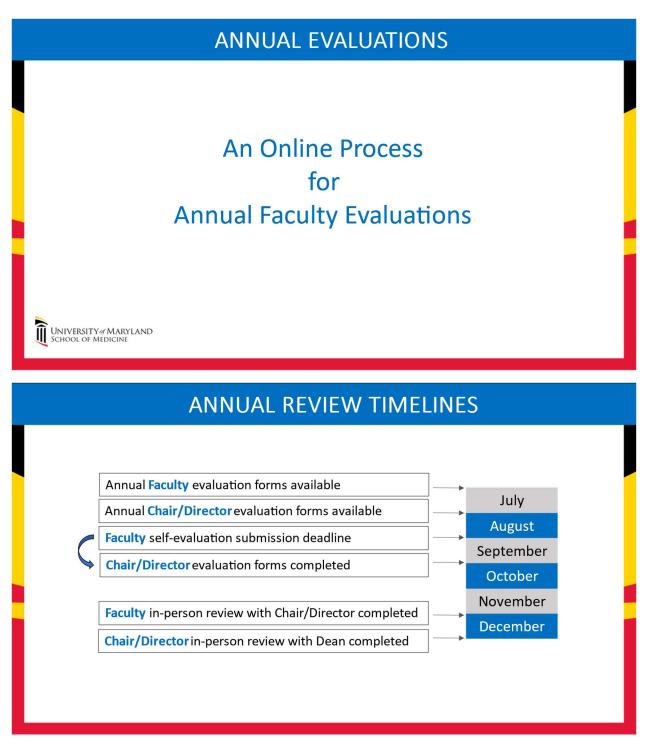
#### **Completing sections of the document**

- Faculty are expected to complete a minimum of 2 sections, which includes a self-designated main focus of either research, clinical, or education
- As a School of Medicine, every faculty member is required to complete the education section, whether or not it represents their main focus
- Although there is no requirement to complete every section, areas of Innovation and Health Equity and Inclusive Excellence are valuable strengths for some faculty, and the School of Medicine considers them vital to the academic mission of the institution
- There may be situations where information is applicable to more than one section; in such cases make your best decision and choose only one section to enter information.

#### Workflow Process

- 1. Faculty member submits an electronic version of their updated CV in the UMSOM format.
- 2. Faculty member fills out relevant sections and self-assesses annual accomplishments.
- 3. Chair/Director meets one-on-one with faculty member to review their self-assessment.
- 4. Chair/Director comments on mismatched evaluations in which Chair/Director determines improvement is needed.
- 5. Chair/Director completes final holistic evaluation, outlines any remedial action required, and signs document.
- 6. The evaluation includes discussion of readiness for promotion with or without tenure if appropriate.
- 7. Faculty member agrees with Chair/Director evaluation and signs the document or disagrees with Chair/Director evaluation and details why and signs the document.







## WORKFLOW FOR ONLINE ANNUAL FACULTY EVALUATIONS



Faculty granted access to evaluation form

Faculty complete evaluation form (in one or several sessions)

## EMAIL LINK SENT TO FACULTY MEMBER

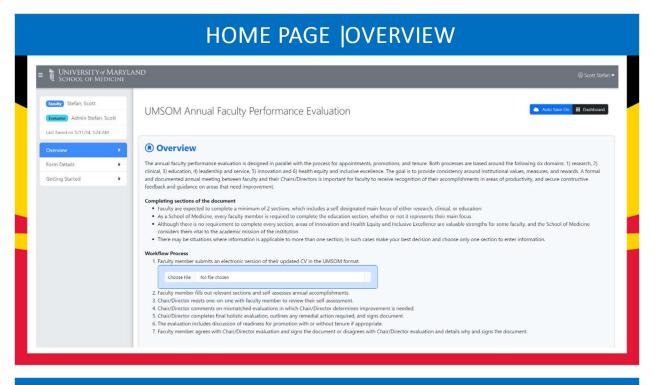
| Welcome           | to the School | of Medicine Annual   | <b>Review Application</b> |
|-------------------|---------------|----------------------|---------------------------|
| <b>V</b> CICOIIIC | to the school | of medicine / mindui | iteriew / ipplication     |

Below you will find a list of forms that have been assigned to you for completion. Click on an assigned item to begin.

You have 1 form assigned to you.

| Form  | Assigned         | Updated          | Status |
|---|------------------|------------------|--------|
| UMSOM Annual Faculty Performance Evaluation | 5/31/24, 3:23 AM | 5/31/24, 3:24 AM | New    |
| <b>†</b>                                    |                  |                  |        |
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## HOME PAGE |OVERVIEW

| Acolty Stefan, Scott<br>Evaluator Admin Stefan, Scott<br>est Saved on 5/31/24, 3:24 AM   | LΞ                     | E UNIVERSITY of MARYLA  | Anti-See Ch. 🗮 Destourd  |
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| Overview         Implementation           form Details         Implementation           Setting Started         Implementation | T<br>d<br>a<br>fe<br>c | Faculty       Stefan, Scott         Evaluator       Admin Stefan, Scott         Last Saved on 5/31/24, 3:24 AM         Overview | Is promotions, and tenure. Both processes are based around the following six domains: 1) research, 2)<br>elence. The goal is to provide consistency around initiational values, measures, and rewards. A formal<br>yro neelve recognition of their accomplishments in areas of productivity, and secure constructive<br>main focus of either research clinical, or education<br>whether or not it represents their main focus<br>Davidy and Induces Lecelence are values strengths for some faculty, and the School of Medicine<br>set make your best decision and choose only one section to enter information. |
|  |                        | Form Details  | rovement is needed.<br>Signs document.<br>private.<br>with Chair/Director evaluation and details why and signs the document.   |



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| Readity Stefan, Scott         | UMSOM Annual Faculty Performance Evaluation  |
| est Saved on 5/31/24, 3:24 AM | Workflow Process   |
| verview                       | 1. Faculty member submits an electronic version of their updated CV in the UMSOM format.   |
| etting Started                | Choose File No file chosen   |
|                               | There may be situations where informatic it applicable to more than one section; in such cases make your best decision and choose only one section to enter information.      Workflow Process      . Cooce He to file chosen      . Faculty member situations and efficiency of the UMSOM format:      . Choice He to file chosen      . Faculty member file out relevant sections and self-assesses annual accomplicationents.      . Chair/Director commets one one with faculty member to review their self-assessment.      . Chair/Director completes final holitics: evaluation in which Chair/Director determines improvement is needed.     . Chair/Director completes final holitics: evaluation in which Chair/Director determines improvement.      . The complete final holitics evaluation, cultime any remedial action regime, and signs the document.      . The completes final holitics the promotions with to "White There if appropriate.      . The complete regimes with Chair/Director evaluation and signs the document or disagrees with Chair/Director evaluation and signs the document or disagrees with Chair/Director evaluation and signs the document or disagrees with Chair/Director evaluation and signs the document or disagrees with Chair/Director evaluation and signs the document or disagrees with Chair/Director evaluation and signs the document or disagrees with Chair/Director evaluation and signs the document or disagrees with Chair/Director evaluation and signs the document or disagrees with Chair/Director evaluation and signs the document or disagrees with Chair/Director evaluation and signs the document or disagrees with Chair/Director evaluation and details why and signs the document. |

# HOME PAGE |GETTING STARTED

| Fronty Stefan, Scott<br>Evaluator Admin Stefan, Scott | UMSOM Annual Faculty   | Performance Evaluation                                  |   | Auto Save On III Dashboard |
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| Overview •  | and the second |   |   |                            |
| Form Details  | 1. Please indicate to the best of your<br>devote to each of the six domains of                                   | r ability the approximate time (%) you<br>f evaluation. | Thank you for completing this section.<br>Please complete the following sections. |                            |
| Research  | Area   | 0-100   | 1. Research<br>2. Clinical  |                            |
| I Clinical  | Research   | 50  | 3. Education<br>4. Leadership & Service   |                            |
| Education •   | Clinical   | 30  | 5. Innovation<br>6. Health Equity & Inclusive Excellence                          |                            |
| Leadership & Service                                  | Education  |   |   |                            |
| Innovation •  |  | 5   |   |                            |
| Health Equity & Inclusive<br>Excellence               | Leadership & Service   | 5   |   |                            |
|   | Innovation   | 5   |   |                            |
|   | Health Equity & Inclusive Excellence   | 5   |   |                            |
|   | Total  | 100%  |   |                            |
|   |  |   |   |                            |
|   |  |   |   |                            |
|   |  |   |   |                            |



# PROPORTIONING EFFORT ACROSS SIX POSSIBLE DOMAINS

| UNIVERSITY # N  | <b>A</b> ARYLA | ND  |       | 1. Please indicate to the best of your devote to each of the six domains of | ability the approximate time (%) you f evaluation. |
|---|----------------|---|-------|---|--|
|   | CINE           |   |       | Area  | 0-100  |
| Ficulty Stefan, Scott<br>Evaluator Admin Stefan, Sc<br>Last Saved on 5/31/24, 8:43 AM |                | UMSOM Annual Faculty Performance  |       | Research  | 50   |
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| Form Details<br>Getting Started   | •              |   |       | Education   |  |
| Research  | -              | Area  | 0-100 | Education   | 5  |
| Clinical  |                | Research  | 50    | Leadership & Service  | 5  |
| Education   |                | Clinical  | 30    |   | 3  |
| Leadership & Service  | 2              | Education   | 5     | Innovation  | 5  |
| Health Equity & Inclusive Excellence  |                | Leadership & Service  | 5     | Health Equity & Inclusive Excellence  |  |
| excellence  |                | Innovation  | 5     | meanin Equity & menusive Excellence   | 5  |
|   |                | 'n Equity & Inclusive Excellence  | 5     | Total   | 100%   |

## GETTING STARTED SELECTED DOMAINS ACTIVATED

|                                | [                             | Faculty Stefan, Scott          |     |  |
|--------------------------------|-------------------------------|--------------------------------|-----|--|
| ■ TUNIVERSITY # MARY           | LAND                          | Evaluator Admin Stefan, Sco    | ott | @ Scott Stefa  |
| Faculty Stefan, Scott          |                               | Last Saved on 5/31/24, 8:43 AM |     |  |
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| Overview                       | Getting     I. Please indica  | Form Details                   | •   |  |
| Getting Started                | devele to each                | Getting Started                | •   | Thank you for completing this section.<br>Please complete the following sections.<br>1. Research |
| Research  I Clinical           | Research                      | !Research                      | •   | 2. Clinical<br>3. Education<br>4. Leadership & Service   |
| Education                      | Clinical                      | !Clinical                      |     | 5. Innovation<br>6. Health Equity & inclusive Excellence   |
| Innovation                     | Education<br>Leadership & Sen | !Education                     |     |  |
| Excellence                     | Innovation                    | Leadership & Service           |     |  |
|                                | Health Equity & Ir            | !Innovation                    |     |  |
|                                | Total                         | ! Health Equity & Inclusive    |     |  |
|                                |                               | Excellence                     |     |  |



|   | RESEARCH DOMAIN  |
|---|--|
| = 🐧 UNIVERSITY#/MARYL   | • NDD © Scatt Status •   |
| Final Sector, | UMSOM Annual Faculty Performance Evaluation  |
| Overview     +       Form Details     +       Getting Starsed     +       Televach     +       Televach     +       Telacation     +       Telacation     +       Tensourion     +       Hearth Fourty & Inclusive<br>Excellence     +  | Research      Please select one.      The field is registed      Main Focio      Secondary Focia      Anaplicable      O      Publications  Publications  Publications  Deter test here.  Deter test here.                                       |
|   | 3. Funding Please copy from your CV all grant and contract applications submitted in the past academic year, and those currently funded and pending whether as PI, multi-PI, co-Investigator, or in other key personnel role.  Creter text News. |

#### RESEARCH DOMAIN SELECTING IF MAIN FOCUS UMSOM Annual Faculty Performance Evaluation Research Facility Stefan, Scott UMSOM Annual Faculty Performa Ivaluator Admin Stefan, Sco 1. Please select one. Last Saved on 5/31/24, 1:00 PM This field is required. Research 1. Please select one. Main Focus This field is required. Main Focus Secondary Focus Secondary Focus Clinical Not Applicable Not Applicable 2. Publications Please copy from your CV all manuscripts (publis reviewed, original data. Health Equity & 2. Publications Please copy from your CV all manuscripts (published or accepted) in the reviewed, original data. 3. Funding Enter text here.. Please copy from your CV all grant and contract multi-PI, co-Investigator, or in other key personr



## RESEARCH DOMAIN SELF-ASSESSMENT OF PERFORMANCE

| UNIVERSITY<br>SCHOOL OF M              | EDICINE  |   |  |   | ® Scott Stefan ♥           |  |  |  |
|--|----------|---|--|---|----------------------------|--|--|--|
| Faculty Stefan, Scott                  |          | UMSOM Annual Facu   | lty Performance Evaluati                                 | on  | 📥 Auto Save On 🖽 Dashboard |  |  |  |
| Evaluator Admin Stefar                 | n, Scott | 6. Other Research Accomplish                              | ents, such as induction into Honor !                     | Societies (in the past academic year)     |                            |  |  |  |
| last Saved on 5/31/24, 1:01            | PM       | Enter text here   |  |   |                            |  |  |  |
| Overview                               | •        | enter text here   |  |   |                            |  |  |  |
| Form Details                           |          |   |  |   | 4                          |  |  |  |
| Getting Started                        |          | 7a. Faculty Self-Assessment of                            | 7a. Faculty Self-Assessment of Research Accomplishments. |   |                            |  |  |  |
| Research                               | •        | This field is required.                                   |  |   |                            |  |  |  |
| Clinical                               |          | Exceeded Expectations                                     |  |   |                            |  |  |  |
| Education                              |          | Met Expectations  |  |   |                            |  |  |  |
| Leadership & Service                   |          | Needs Improvement   | 0  |   |                            |  |  |  |
| Innovation                             |          |   |  |   |                            |  |  |  |
| Health Equity & Inclusio<br>Excellence | ve 🖌     | 7b. If faculty member selected<br>This field is required. | needs improvement' please outline                        | what would help you succeed in this area. |                            |  |  |  |
|  |          | Enter text here   |  |   |                            |  |  |  |
|  |          |   |  |   |                            |  |  |  |

## RESEARCH DOMAIN SELF-ASSESSMENT OF PERFORMANCE

| UNIVERSITY & M<br>SCHOOL OF MEDIA      | LARYLAND<br>CINE                              | This field is required.        |                            |                   |
|--|---|--------------------------------|----------------------------|-------------------|
| Faculty Stefan, Scott                  | UMSOM Ar                                      | Exceeded Expectations          |                            |                   |
| (Evaluator) Admin Stefan, Sco          | 6. Other Research                             |                                |                            |                   |
| Last Saved on 5/31/24, 1:01 PM         | Enter text here                               | Met Expectations               |                            |                   |
| Overview                               | •   | Norda Incorrect                |                            |                   |
| Form Details                           | •   | Needs Improvement              | 0                          |                   |
| Getting Started                        | 7a. Faculty Self-A<br>This field is required. |                                |                            |                   |
| ! Research                             |   | 7b. If faculty member selected | 'noods improvement' places | outling what way  |
| ! Clinical                             |   |                                | needs improvement please   | e outime what wou |
| ! Education                            |   | This field is required.        |                            |                   |
| Leadership & Service                   | Needs Improvement                             |                                |                            |                   |
| I Health Equity & Inclusive Excellence | 7b. If faculty mer                            | Enter text here                |                            |                   |
| Excellence                             | Enter text here_                              |                                |                            |                   |
|  |   |                                |                            | h                 |
|  |   |                                |                            |                   |



| ■ UNIVERSITY # MAF<br>SCHOOL OF MEDICIN  | E  |  |                                       | ® Sco  |
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| Feculty Stefan, Scott                    | UMSOM Annual Fac   | ulty Performance Evalua                | tion                                  | 📥 Auto Save On 🗸 Mark Complete 🗮 Dash  |
| Evaluator Admin Stefan, Scott            | 2. Please list any services perf                         | ormed in the past academic year to     | address health disparities and impro- | e healthcare quality, delivery, and outcomes for   |
| Last Saved on 5/31/24, 1:03 PM           |  |  |                                       | vork and learning environments and support diver<br>ial work hours or be performed on a "pro bono" b |
| Overview •                               |  | ament of educational or training o     | athway programs to increase the dive  | sity of the biomedical workforce: development of   |
| Form Details                             |  | lest Baltimore population served b     |                                       | rticipation in community health care fairs providin  |
| Getting Started                          |  | baltimore population.                  |                                       |  |
| ✓ Research                               | Enter text here  |  |                                       |  |
| ✓ Clinical ►                             |  |  |                                       |  |
| ✓ Education ►                            | 3a. Faculty Self-Assessment of                           | Health Equity & Inclusive Excellent    | e                                     |  |
| ✓ Leadership & Service ►                 | This field is required.                                  |  |                                       |  |
| ✓ Innovation ✓ Health Equity & Inclusive | Exceeded Expectations                                    |  |                                       |  |
| Excellence                               | Met Expectations   | 0                                      |                                       |  |
|  | Needs Improvement  |  |                                       |  |
|  | 4. Please provide your Health<br>This field is required. | Equity & Inclusive Excellence goals    | for the upcoming academic year.       |  |
|  | Э С В I <u>Ш</u> <del>5</del>                            | 4, x <sup>1</sup> <b>b b b c c c c</b> | I≣  ≣ Standard \$ Times New F \$      | 2 <b>2 A</b> % % <b>- x</b> 40   |
|  | Test information   |  |                                       |  |

#### COMPLETION OF ALL CHOSEN DOMAINS SCHOOL OF MEDICIN Stefan, Scott Fac Auto Save On V Mark Complete U ator Admin Stefan, Scott ation Eval Faculty Stefan, Scott Evaluator Admin Stefan, Scott to address health disparities and improve healthcare quality, delivery, and outcomes for the medical workforce, create inclusive work and learning environments and support diverse s. These services may occur during official work hours or be performed on a "pro bono" basis 2. un po du Last Saved on 5/31/24, 1:03 PM Last Saved on 5/31/24, 1:03 PM Overview , Ex su me pathway programs to increase the diversity of the biomedical workforce; development of I by our School; or, development and participation in community health care fairs providing . Overview Form Details Getting Started Form Details . ✓ Research Getting Started . ✓ Clinical ✓ Education ✓ Research ₽ 3a Leadership & Service . Th ✓ Clinical ₽ ✓ Education • ✓ Leadership & Service ₽ Is for the upcoming academic year. Innovation ₽ ΕΞ ΙΞ Standard C Times New F C 2 C Λ % S − X Φ

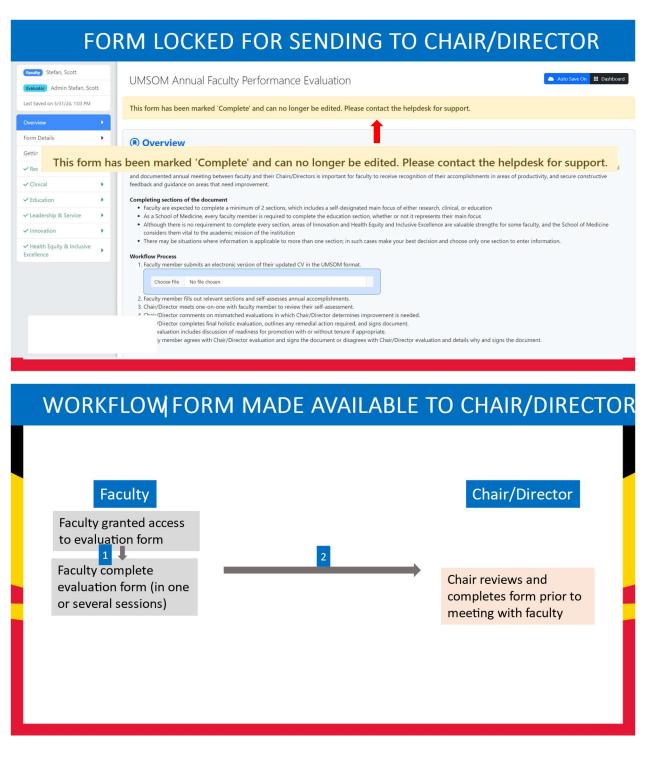


| SCHOOL OF MEDICINE                        |  |                   |  |   | ⑧ Scott Stefan <del>▼</del> |
|---|--|-------------------|--|---|-----------------------------|
| Faculty Stefan, Scott                     | UMSOM Annual Faculty F   | erformanc         | e Evaluation                           | Auto Save On 🗸 Mark 0                         | Complete III Dashboard      |
| (Evaluator) Admin Stefan, Scott           | 2. Please list any services performed  | n the past acad   | emic year to address health disparitie | s and improve healthcare quality, delivery, a | outcomes for                |
| Last Saved on 5/31/24, 1:03 PM            | underserved patient populations as a<br>populations of colleagues to achieve | ell as efforts to | diversify the medical workforce, crea  | te inclusive work and learning environment    | d support diverse           |
| Overview •                                | during personal time.<br>Examples may include: development                   |                   |  |   |                             |
| Form Details                              | summer youth programs for West Ba  |                   | Auto Save On                           | ✓ Mark Complete                               | Dashboar                    |
| Getting Started                           | medical screening of the West Baltim   |                   |  |   |                             |
| ✓ Research                                | Enter text here  |                   |  |   |                             |
| ✓ Clinical                                |  |                   |  |   | 4                           |
| ✓ Education ►                             | 3a. Faculty Self-Assessment of Health  | Fauity & Inclusi  | ive Excellence                         |   |                             |
| ✓ Leadership & Service ►                  | This field is required.  | Equity & metas    |  |   |                             |
| ✓ Innovation →                            | Exceeded Expectations  |                   |  |   |                             |
| ✓ Health Equity & Inclusive<br>Excellence | Met Expectations   | 0                 |  |   |                             |
|   | Needs Improvement  |                   |  |   |                             |
|   | 4. Please provide your Health Equity<br>This field is required.              |                   |  | nic year.<br>Times New F \$ 2 \$ A % S - X Ø  |                             |
|   | Test information   |                   |  |   |                             |
|   | inst mormation   |                   |  |   |                             |

# COMPLETION OF ALL CHOSEN DOMAINS

| Faculty Stefan, Scott                     | UMSOM Annual Faculty Performance Evaluation  |
|---|--|
| Evaluator Admin Stefan, Sco               |  |
| Last Saved on 5/31/24. 1:03 PM            | This form has been marked 'Complete' and can no longer be edited. Please contact the helpdesk for support.   |
| Overview                                  |  |
| Form Details                              | Overview   |
| Getting Started                           | The annual faculty performance evaluation is designed in parallel with the process for appointments, promotions, and tenure. Both processes are based around the following six domains: 1) resea   |
| ✓ Research                                | clinical, 3) education, 4) leadership and service, 5) innovation and 6) health equity and inclusive excellence. The goal is to provide consistency around institutional values, measures, and rewards. A and documented annual meeting between faculty and their Chairy/Directors is important for faculty to receive recognition of their accomplishments in areas of productivity, and secure construct  |
| ✓ Clinical                                | feedback and guidance on areas that need improvement.  |
| ✓ Education                               | Completing sections of the document<br>• Faculty are expected to complete a minimum of 2 sections, which includes a self-designated main focus of either research, clinical, or education  |
| ✓ Leadership & Service                    | As a School of Medicine, every faculty member is required to complete the education section, whether or not it represents their main focus   |
| ✓ Innovation                              | <ul> <li>Although there is no requirement to complete every section, areas of Innovation and Health Equity and Inclusive Excellence are valuable strengths for some faculty, and the School of Medic<br/>considers them vital to the academic mission of the institution</li> </ul>  |
| ✓ Health Equity & Inclusive<br>Excellence | There may be situations where information is applicable to more than one section; in such cases make your best decision and choose only one section to enter information.     Worldver Proces     . Faculty member solutions an electronic version of their updated CV in the UMSOM format.     Choose Fire I to file dosen     . Faculty member file out relevant sections and self-assesses annual accomplishments.     . Chair/Director meets one-on-one with faculty member for review their self-assessment.     . Chair/Director onestes one-one-one mismatched eduations in which Chair/Director drements in sected.     . Chair/Director completes final holdits; evaluation in addited factor frequired; and signs document.     . Chair/Director completes final holdits; evaluation, outlines any remedial action required; and signs document.     . Teculty member agrees with Chair/Director evaluation and signs the document or disagrees with Chair/Director evaluation and details why and signs the document. |







|   | WOR     | KFLOW                                     | ORM   | I MAD                        | e avai   | LABLE                | E TO     | CHA                | R/DI         | RECT         | OR |
|---|---------|---|-------|------------------------------|--|----------------------|----------|--------------------|--------------|--------------|----|
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|   | = Ta U  | NIVERSITY & MARYLAND<br>CHOOL OF MEDICINE |       |                              |  |                      |          |                    | ® Scott Ad   |              |    |
|   | = 11 sc | CHOOL OF MEDICINE                         | Welco | me to the School             | of Medicine Ann                                      | 12 Peview App        | lication |                    | Gr stort Ad  | THE SCHOOL   |    |
|   |         |   |       | w you will find a list of fo | orms that have been assi<br>on an assigned item to b | gned to you for comp |          |                    |              |              |    |
|   |         |   |       | You ha                       | ave 0 form assigned t                                | о уои.               |          |                    |              |              |    |
|   |         | # Form                                    |       | Assigned                     | Updated  |                      | Status   |                    | Action       |              |    |
|   |         |   |       | You have been as             | signed to review 1 fa                                | culty member(s).     |          |                    |              |              |    |
|   |         | Faculty<br>Stefan, Scott                  |       | UMSOM Annual                 | Form<br>Faculty Performance Evaluation               |                      |          | Status<br>Complete | Action       |              |    |
|   |         |   |       |                              |  |                      |          |                    |              |              |    |
|   |         |   |       |                              |  |                      |          |                    |              |              |    |
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|   | ≡ ÎÎ So | NIVERSITY & MARYLAND<br>CHOOL OF MEDICINE |       |                              |  |                      |          |                    | (8) Scott Ad | min Stefan • |    |
|   |         |   |       |                              |  |                      |          |                    |              |              |    |
|   |         |   | Relo  |                              | of Medicine Ann                                      |                      |          |                    |              |              |    |
|   |         | You                                       |       | w vou will find a list of fr |  | aned to you for comp | letion   | 5).                |              |              |    |

Form OM Annual Faculty Performance Eva

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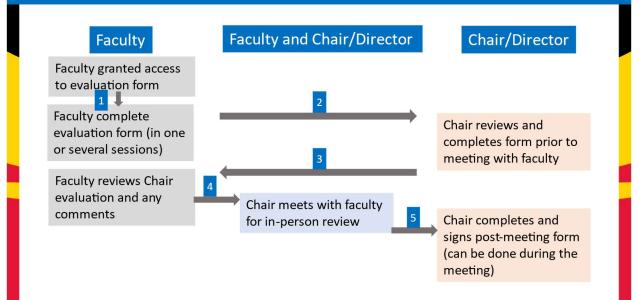
| E UNIVERSITY of MARYLAND © Sout Admin Sector •  |  |
|---|--|
| Status Scott         UMSOM Annual Faculty Performance Evaluation  |  |
| Admini Safa, Scott  |  |
| 6. Other Research Accomplishments, such as induction into Honor Societies (in the past academic year)                           |  |
| Form Details  |  |
| Getting Stand > 7a. Faculty Self-Assessment of Research Accomplishments. The field is regarded.                                 |  |
| T Clinical  |  |
| 1 Education   |  |
| Handership & Service x Needs Improvement  |  |
| 1 Imputation * 8. Please provide your research goals for current academic year.   |  |
| Heads Equity & Enclose Control your research groups for content watering your to content watering your to content watering your |  |
| 1 Could/Sirector Ownal   Test Info  Test Info   |  |
|   |  |
| Chair/Director Assessment of Research Accomplishments   |  |
| Lorended Expectations   |  |
| Mr (precisions O  |  |
| Needs Improvement   |  |
|   |  |
|   |  |
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# CHAIR/DIRECTORASSESS DOMAIN PERFORMANCE

| Faulty Stefan, Scott<br>(Swisser) Admin Stefan, Scott                          | UMSOM A   | Chair/Director Assessment of | Research Accomplishme |
|--|---|------------------------------|-----------------------|
| Last Saved on 5/31/24, 1.05 PM<br>Overview •<br>Form Details •                 | 6. Other Resear   | Exceeded Expectations        |                       |
| Getting Started  | 7a. Faculty Self-<br>This field is required.<br>Exceeded Expecta    | Met Expectations             |                       |
| I Education  I Leadership & Service  | Met Expectations<br>Needs Improveme                                 | Needs Improvement            |                       |
| I innovation  I Health Equity & Inclusive  Excellence I Chair/Director Overall | 8. Please provid<br>This field is required.<br>Test info            | 1                            |                       |
|  | Chair/Directo<br>Exceeded Expec<br>Met Expectation<br>Needs Improve | s O                          |                       |



## WORKFLOW CHAIR/DIRECTOR MEETS WITH FACULTY MEMB



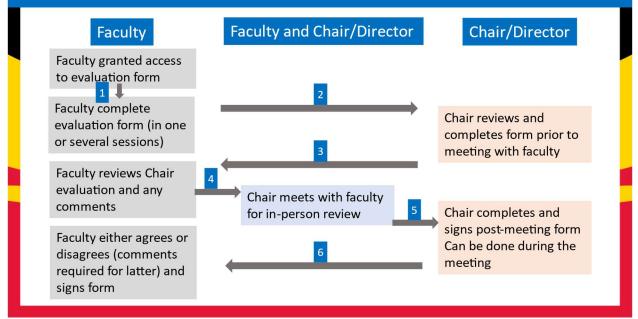
## CHAIR/DIRECTOR SIGNS OFF ON EVALUATION

| UNIVERSITY of<br>School of Mee            | JICTINE |                         | _                 |            |                        |                    |                  |               |                    |               |
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| Faculty Stefan, Scott                     |         | UMSOM Annu              | al Faculty P      | erform     | ance Evaluat           | ion                |                  | 📥 Auto Save C | n 🗸 Review Complet | III Dashboard |
| Evaluator Admin Stefan, S                 | Scott   |                         |                   |            |                        |                    |                  |               |                    |               |
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| Overview                                  | •       |                         |                   |            |                        |                    |                  |               |                    |               |
| Form Details                              | •       | Chair/Director Signate  | ure               |            |                        |                    |                  |               |                    |               |
| Getting Started                           | •       | Test Signature          |                   |            |                        |                    |                  |               |                    |               |
| ✓ Research                                |         | The Dept Chair/Institu  | ite er Center Di- | octor ch-  | uld trans their remain | about to represent | their cignature  |               |                    |               |
| ✓ Clinical                                |         | The Dept Chair/Institu  | ite or center Dir | ector shou | uid type their name    | above to represent | their signature. |               |                    |               |
| ✓ Education                               |         | Faculty member's agr    | eement with the   | Chair/Dire | ector assessment       |                    |                  |               |                    |               |
| ✓ Leadership & Service                    |         | Please select one.      |                   |            |                        |                    |                  |               |                    |               |
| Innovation                                | •       | This field is required. |                   |            |                        |                    |                  |               |                    |               |
| ✓ Health Equity & Inclusive<br>Excellence | • •     | Agree                   | 0                 |            |                        |                    |                  |               |                    |               |
| ✓ Chair/Director Overall                  |         | Disagree                |                   |            |                        |                    |                  |               |                    |               |
|   |         | Faculty Signature       |                   |            |                        |                    |                  |               |                    |               |
|   |         | The faculty member s    | hould type their  | name abo   | ove to represent the   | eir signature.     |                  |               |                    |               |



| Chair/Director Signature  Test Signature  Chair/Director Signature  The Dept Chair/Institute or Center Director should type their name above to represent their signat  Chair/Director Signature  The Dept Chair/Institute or Center Director should type their name above to represent their signat  Chair/Director Signature  The Dept Chair/Institute or Center Director should type their name above to represent their signat  Chair/Director Signature  The Dept Chair/Institute or Center Director should type their name above to represent their signature.  Faculty member's agreement with the Chair/Director assessment  Please select one.  This their enged.  Chair/Director assessment   | Extraction     Strick     St | CHI                          | 111                 |                         | ECTOF                    |                     |               |                 |              |          | ALU         |           |           |
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| Admin Stefan, Sortic   Section Standard   Chickling Standard   Chickli   | Admin Stefax, Sott         Last Socied NS(1/20, 110 PMI)         Overview         Form Details         Conview         Test Signature         The Dept Chair/Institute or Center Director should type their name above to represent their signature.         Conview         Conview         Conview         Conview         Conview         Faculty member's agreement with the Chair/Director assessment         Please select one.         Nation Registry & Industry         Conview         Conview         Conview         Conview         Conview         Conview         Conview         Conview  | ■ UNIVERSITY<br>SCHOOL OF ME | #MARYLA1<br>edicine | Test                    | Signature                |                     |               |                 |              |          |             |           |           |
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| Form Details     Chair/Director Signature       Getring Sorted     Test Signature       Cincal     The Dept Chair/Institute or Center Director should type their name above to represent their signature.       Cincal     The Dept Chair/Institute or Center Director should type their name above to represent their signature.       Viscal     Faculty member's agreement with the Chair/Director assessment       Please select one.     The facility member's agreement with the Chair/Director assessment       Viscalit fraging & Inclusive     The facility member's agreement with the Chair/Director assessment       Viscalit fraging & Inclusive     The facility member's agreement with the Chair/Director assessment  | Form Details     Chair/Director Signature       Getting Started     Test Signature       Messach     Test Signature       Cinical     The Dept Chair/Institute or Center Director should type their name above to represent their signature.       Visuation     Faculty member's agreement with the Chair/Director assessment       Visuation     Please select one.       Visuation     Tast field required.       Visuation     Tast field required.   | Last Saved on 5/31/24, 1:101 | PM                  |                         |                          |                     |               |                 |              |          |             |           | 5         |
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| Image: Clinical Clinic | Image: Classical Clastreadore Classical Classical Classical Classical Classical             | Getting Started              |                     | Test Signature          | :                        |                     |               |                 |              |          |             |           |           |
| Claudion     Faculty member's agreement with the Chair/Director assessment     Please select one.     Thorefore     Please select one.     That field is required.     Agree     Content  | Zeadership & Service                 Zeadership & Service               Faculty member's agreement with the Chair/Director assessment                 Zeadership & Service               Faculty member's agreement with the Chair/Director assessment                 Zeadership & Service               Tabs find a required.                 Visablin Equipty & Inclusive               Agree  | ✓ Research                   |                     |                         |                          |                     |               |                 |              |          |             |           |           |
| Index display & Service     Faculty member's agreement with the Chair/Director assessment       Please select one.     Please select one.       Introduction     This field is required.       Interfacility & Induction     Agree  | Instantian Service     Faculty member's agreement with the Chair/Director assessment       Please select one.     Please select one.       Instantian Service     The field is required.       Instantian Service     Instantian Service  | <ul> <li>Clinical</li> </ul> |                     | The Dept Chair/Ins      | titute or Center Directo | r should type their | name above to | represent their | r signature. |          |             |           |           |
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| Cooleroe  | V Health Equity & Inclusive , Agree   | ✓ Leadership & Service       | •                   |                         |                          | .,                  |               |                 |              |          |             |           |           |
| Excellence Agree C  | Excellence Agree O  | ✓ Innovation                 |                     | This field is required. |                          |                     |               |                 |              |          |             |           |           |
| ✓ Chair/Director Overall → Disagree   | V Dait/Director Overall   |                              | live .              | Agree                   | 0                        |                     |               |                 |              |          |             |           |           |
|   |   | ✓ Chair/Director Overall     |                     | Disagree                |                          |                     |               |                 |              |          |             |           |           |
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## WORKFLOW FACULTY MEMBER SIGNS OFF ON EVALUATION





| Faculty Stefan, Scott<br>(traustor) Admin Stefan, Scott<br>Last Saved on 5/31/24, 1:11 PM | UMSOM Annual Faculty Performance Evaluation  |
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| Overview •  | Chair/Director Signature   |
| Form Details  |  |
| ✓ Research  |  |
| ✓ Clinical ►  | The Dept Chair/Institute or Center Director should type their name above to represent their signature. |
| Education   | Faculty member's agreement with the Chair/Director assessment  |
| ✓ Leadership & Service ►  |  |
| ✓ Innovation ►  | > This field is required.  |
| ✓ Health Equity & Inclusive<br>Excellence   | Agree O  |
| ✓ Chair/Director Overall ►  | Disagree   |
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| Overview                                  |  | Faculty member's agree  | ement with the Chair/Dire | ector assessment    |
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| Form Details                              | Chair/Director Signature   | Please select one.      |                           |                     |
| Getting Started                           | Test Signature   | This field is required. |                           |                     |
| ✓ Research ►                              |  |                         |                           |                     |
| ✓ Clinical ►                              | The Dept Chair/Institute or Center Director should                     | Agree                   | 0                         |                     |
| ✓ Education ►                             | Founds - member's announcest with the Chair (Direct                    | Discourse               |                           |                     |
| ✓ Leadership & Service ►                  | Faculty member's agreement with the Chair/Direct<br>Please select one. | Disagree                |                           |                     |
| ✓ Innovation ►                            | This field is required.  |                         |                           |                     |
| ✓ Health Equity & Inclusive<br>Excellence | Agree O  |                         |                           |                     |
| ✓ Chair/Director Overall ♦                | Disagree   | Faculty Signature       |                           |                     |
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