**ANNUAL CAREER CONFERENCE TEMPLATE**

*The faculty member should fill out Section 1 of this form prior to meeting with the department chair, division chief, or designee.*

***SECTION #1***

**Date of Conference: Click here to enter text.**

Name: Click here to enter text. Degree(s): Click here to enter text.

Hospital Dept.: Click here to enter text. Division/Lab: Click here to enter text.

HMS Title: Click here to enter text. Hospital Title: Click here to enter text.

Preferred contact information (*Office/lab phone; email; mailing address)*

 Click here to enter text.

1. **a) \*What is your approximate allocation of work time at present? Please choose % effort or rank for each category.**

Patient Care Click here to enter text.

Teaching Click here to enter text.

Research Click here to enter text.

Admin/Committee Work Click here to enter text.

Other Click here to enter text.

**b) \*Teaching Hours for the period 7/1/[YEAR]- 6/30/[YEAR] were:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Hours Teaching Students in Courses** | **Hours** **Formal Teaching Residents, Fellows,** **Post-Docs** | **Hours Clinical Supervision and Training** | **Hours Research Supervision and Training** | **Hours Formal Teaching of Peers** **(e.g., CME)** | **Hours of Local Invited Presentation(s)** | **Hours****Mentoring****Trainees and Peers** | **Hours****Edu Admin and Service** |
| Click here to enter text. |  Click here to enter text. |  Click here to enter text. |  Click here to enter text. |  Click here to enter text. |  Click here to enter text. |  Click here to enter text. |  Click here to enter text. |

1. a) What were your 2-3 most important goals for last year?

 Click here to enter text.

b) List your 2-3 most significant accomplishments of last year:

 Click here to enter text.

1. **Academic and Career Accomplishments during this past year (Highlight on CV)**

**a)**

|  |  |
| --- | --- |
| **Please put an X under the “Yes” column if in the past year you have accomplishments in this area:** | **Yes** |
| Publications, guidelines, web resources, syllabi | [ ]  |
| Abstracts accepted or presented | [ ]  |
| Member of any committees or editorial boards, ad-hoc reviewer | [ ]  |
| Member of hospital/affiliate and/or HMS teaching academies | [ ]  |
| Honors and/or awards | [ ]  |
| Presentations, Visiting Professor lectureships | [ ]  |
| Courses taught | [ ]  |
| Grants, patents, support | [ ]  |
| Research or grant review panels, IRB | [ ]  |
| New diagnostic, surgical, technical skills | [ ]  |
| Administrative positions | [ ]  |
| Community service, outreach, or patient education | [ ]  |
| Activities contributing to diversity | [ ]  |
| Activities contributing to wellness | [ ]  |
| Other, such as course work, degree (MBA, MS, MPH), or global health project | [ ]  |

 **b) What institutional/departmental resources have helped you to achieve your goals?**

 Click here to enter text.

c) \*List your 2-3 goals for the upcoming year:

 **Click here to enter text.**

1. **Academic career aspirations**

 **Which of the following promotion criteria best describe your focus?**

 [ ]  Clinical Expertise and Innovation [ ]  Longer service (Instructors only)

 [ ]  Investigation [ ]  Unsure/ Undecided

 [ ]  Teaching and Educational Leadership

1. **Are we providing you the resources to succeed in your job?**

Click here to enter text.

1. **\*Do you understand the HMS promotion criteria for advancement in your career trajectory specified above?**

[ ]  Yes [ ]  No, please explain: Click here to enter text.

1. **Are there any activities in which you wish to spend more or less time?**

More time: Click here to enter text.

Less Time: Click here to enter text.

1. **Mentoring**

 **a) List your current mentors, if any, and how effectiveness could be improved.**

Name: Click here to enter text.

Comments: Click here to enter text.

Name: Click here to enter text.

Comments: Click here to enter text.

***b) Would you like help in identifying a mentor?*** [ ]  **Yes** [ ]  **No**

1. **List those you have mentored, if any.**

Name: Click here to enter text.

Comments: Click here to enter text.

Name: Click here to enter text.

Comments: Click here to enter text.

1. **We are interested in promoting work-life integration. Completion of this section is not required and is intended simply to generate a conversation about how you are doing overall and how the department/division may be able to support you.**

**Is there anything we can do to support your work-life integration?**

Click here to enter text.

***SECTION #2***

*At the conference, the department chair, division chief, or designee should fill out this portion of the form with the faculty member. Both individuals should sign and date below.*

1. **\*UPDATE ON ACADEMIC TRAJECTORY AND PROGRESS OR PLANS TOWARDS PROMOTION**.

**a) Check option that applies below. Please feel free to include additional descriptive text to this section.**

[ ]  Unable to assess at this time; faculty member in first term at rank.

[ ]  Promotion anticipated over the course of the new term.

[ ]  No promotion anticipated in the upcoming term because [STATE REASON]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**b) \*Future Career Advancement will require:**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \*Future support needed in the following area(s):
6. Additional Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Re-allocation of time and effort to teaching, clinical, scholarship and service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Resources and/or development programs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. In addition, I have provided specific counsel regarding:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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1. Additionally, I have reviewed teaching evaluations of this faculty member.

Comments, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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1. \*Please provide a brief summary of your discussion with the faculty member, including expectations and goals for career advancement and promotion. Please describe action steps for mutually agreed upon goals:

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

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**[ ]**  [FOR CURRENT FACULTY] This candidate is a faculty member in good standing with an appropriate hospital, Basic Science or Social Science Department, and/or HSDM appointment and associated credentialing, as relevant. [FOR ALL FACULTY, CURRENT AND FUTURE] To the best of my knowledge, other than as may be indicated herein, the candidate has not been sanctioned or disciplined by a medical school or other institution of higher education, a hospital, a state licensing board, the NIH, the FDA, or any other legal, regulatory, or institutional authority. There are no pending or closed investigations or other concerns known to me that raise questions about the candidate’s integrity, professionalism, competence, interactions with colleagues, or the quality of the candidate’s contributions as a member of the Faculty of Medicine of Harvard University.

[ ]  Concerns have been raised and are being addressed:

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

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**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Department Chair/Division Chief or Designee Date*

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

*Faculty Member Date*