

# Department of Radiology Mentoring Plan

Developed from the MUSC Mentor Leadership Council (August 2010)  
Revised by Radiology Mentoring Committee (August 2011)

## Introduction

The Department of Radiology seeks to recruit excellent faculty members and provide support and guidance so the individuals can have stimulating and productive careers. The goal of mentoring is to help these faculty members achieve academic success which include promotion. Junior faculty members are asked to select a senior faculty member to serve as a primary mentor. All assistant and associate professors should select one or more senior faculty member from the department or another appropriate area of the University to establish a mentoring relationship. The mentoring process is managed by a mentoring committee comprised of Drs. Gordon, Helpert, Conway, Ackerman and Costello.

## Department's Goal on Mentoring

In order to achieve promotion and tenure, the professional growth of junior faculty member is strongly supported and will be rewarded when they achieve their goals. This process must be documented so that each faculty member sees tangible evidence of that professional growth. In addition to an up-to-date curriculum vitae in the format required by the College of Medicine, portfolios of your research, teaching, and clinical accomplishments are important to develop and keep updated as you progress through the academic ranks.

## Description of Promotion and Tenure Process within the Department

To advance through the academic ranks the quality of the faculty member's individual scholarship is of critical importance, but depending on your track, more emphasis will need to be placed on a specific portfolio e.g., for academic investigators, the research portfolio is most important, whereas for a faculty member in a clinician educator track, the teaching portfolio is of primary importance. The typical components of each of these portfolios include but are not limited to the following:

### Academic Researcher Portfolio

1. Completion of educational requirements necessary for career in academic research
2. First authored original publications (with impact factor information if possible)
3. Senior authored original publications (indicate whether the first author was someone you mentored)
4. Co-authored original publications
5. Other publications, e.g., review papers, book chapters, textbooks
6. Career training grant awards
7. Independent grant awards as PI or Co-PI
8. Participation on grant review panels for Research Foundations or for NIH Study Sections
9. Grant awards as Co-investigator
10. Presentations of research at national / international meetings
11. Peer recognition for research activities including invitations to present at national/international meetings and other universities

### Clinician Educator Portfolio

A teaching portfolio includes documents and materials that show the scope, quality, and creativity of faculty members' teaching efforts, progress, and achievements<sup>1</sup>. Reflection is an integral part of the portfolio and shows how faculty members have integrated new learning with their teaching philosophy and performance.

The typical components of a teaching portfolio include the following:

1. Completion of educational requirements necessary for career in academic teaching including specialty board certification
2. Philosophy of teaching and learning
3. Teaching goals for student accomplishment
4. Teaching methods and evaluation strategies

Revised August 16, 2011

5. Participation in course and/or curriculum development
6. Engagement in the scholarship of teaching and learning (SoTL)
7. Evidence of teaching accomplishments
  - a) Description of types of different teaching activities such as formal courses, small group seminars, one-on-one tutorials, supervision of student research projects, chairing thesis or doctoral committees, and coaching manuscript preparation for students, residents, and fellows
  - b) Course materials (syllabi, readings, handouts, assignments, examinations). Samples of teaching innovation (simulation, educational technology)
  - c) Samples of manuscripts related to teaching and or educational activities
  - d) Student, resident and fellow evaluations of teaching
  - e) Teaching
    - i. Documentation of teaching activities including formal lectures, grand rounds, and continuing medical education
    - ii. Superior evaluations of teaching by rounds, and continuing medical education
    - iii. Superior evaluations of teaching students, residents, fellows, peers, course directors and department chairs
  - f) Audience evaluations of presentations at state or national meetings
  - g) Membership in departmental, college, university, society, community, state, regional, national and international committees or organizations related to teaching
  - h) First authored publications (papers, chapters, reviews, textbooks) related to teaching
  - i) Senior authored publications (papers, chapters, reviews, textbooks) related to teaching
  - j) Co- authored publications (papers, chapters, reviews, textbooks) related to teaching
  - k) Grant awards related to teaching
  - l) Presentations on teaching at national / international meetings
  - m) Leadership roles in teaching in appropriate department, college, or university
  - n) Honors and awards for teaching
  - o) Participation in teaching, seminars, academics locally and nationally
8. Mentoring achievements in teaching: individuals mentored, achievements of mentees in teaching arena, and where mentees are today
9. Memberships in university committees related to teaching – curriculum committee, promotions and tenure committee

### **Academic Clinician Portfolio**

1. Completion of educational requirements necessary for career as an academic clinician, including certification by appropriate specialty board
2. Evidence of a heavy clinical load
3. Evidence of excellence in high quality patient care
4. Development of innovative clinic practices i.e., new clinical services that the faculty member established or participated in e.g., telemedicine, new surgical technique
5. Evidence of organization of clinical services to provide an optimal setting for medical education and a data base for research
6. Evidence of excellence in clinical training of students, residents, and fellows
7. First authored publications (papers, chapters, reviews, textbooks) with impact factor information
8. Senior authored publications (papers, chapters, reviews, textbooks)
9. Co-authored publications (papers, chapters, reviews, textbooks)
10. Presentations at national or international meetings
11. Peer recognition for clinical activities including invitations to present at national / international meetings and other universities
12. Independent grant awards as PI or co-PI
13. Mentoring achievements: clinicians trained, achievements of trainees, and where trainees are today
14. Membership and involvement in professional and scientific organizations, and national recognition
15. Contributions to clinically oriented committees at department, college, university, community, state, regional, national and international levels
16. Leadership roles in clinical activities in appropriate department, college, or university

V. APPOINTMENT AND PROMOTION OF REGULAR FACULTY

A. ACADEMIC INVESTIGATOR (see Matrix - V-D for detailed list)  
ACADEMIC INVESTIGATOR/EDUCATOR

Productive high quality basic biomedical research is of paramount importance in this track. The quality of research and productivity are judged by multiple criteria, including the candidate's role in well-focused, significant research as a participant, project initiator or leader, as well as publication of results in peer-reviewed journals and presentation of peer-reviewed research talks. There should be evidence of the candidate's ability to prepare research protocols that receive high ratings from national funding agencies. The candidate should demonstrate a consistent record of funding. However, evaluation must take into account the fact that funding can be subject to variables that lie beyond the scientific and scholarly merits of the investigator.

All faculty members are expected to be involved in educational activities related to their discipline. Teaching activities include individual, small and large group instruction of medical students, graduate and postgraduate students, graduate medical and continuing medical education. When most of a faculty member's effort is devoted to teaching, and an unusual level of excellence has been demonstrated, or the teaching fulfills a particularly important need for the department and/or college, promotion should be under the Academic Investigator/Educator track.

Most faculty assigned to this track are in basic science departments and/or have a primary commitment to basic biomedical research. Basic scientists in clinical departments usually will be in this track. Physician faculty in clinical departments may function in this track and clinical, educational, and health care delivery research can be included. For physicians in this track the level of involvement in patient care may vary substantially.

*Under exceptional circumstances, promotions may be recommended when the candidate does not meet all of the basic criteria. These will be unusual cases.*

The specific criteria for appointment/promotion can be found in Matrix V-D.

B. ACADEMIC CLINICIAN (see Matrix - V-D for detailed list)

These faculty members are clinical scholars and scientists. This track is designed to recognize clinical faculty who have a strong commitment to research (basic biomedical, clinical, educational, health services). Research and teaching are of paramount importance in this track. Involvement in patient care is expected, but is not necessarily the primary obligation and should not override the faculty commitment to research and teaching. The quality of research and productivity are judged by multiple criteria, including the candidate's role in well focused, research as a participant, project initiator or leader, publication of results in peer-reviewed journals and presentation of peer-reviewed research. There should be evidence of the candidate's ability to consistently and actively participate in research protocols that receive high ratings from national funding agencies. However, evaluation must take into account the fact that funding can be subject to variables that lie beyond the scientific and scholarly merits of the investigator. The candidate's approach to clinical medicine often will lead them into one or more areas of clinical research. They share their knowledge gained from clinical practice and research by providing high quality teaching.

All faculty members are expected to be involved in educational activities related to their discipline. Teaching activities include individual, small and large group instruction of medical students, residents and fellows and continuing medical education. Graduate and postgraduate students may also be taught. Under specific circumstances, promotion on this track may be considered based predominantly on educational activities when the majority of a faculty member's effort is devoted to this role, and the

may be recognized experts with in-depth knowledge of the pathophysiology and management of disorders within their specialty. They develop special expertise about particular disorders usually in relation to their research activities.

*Under exceptional circumstances, promotions may be recommended when the candidate does not meet all of the basic criteria. These will be unusual cases.*

The specific criteria for appointment/promotion can be found in Matrix V-D.

C. CLINICIAN EDUCATOR (see Matrix - V-D for detailed list)

This track recognizes the clinician who carries a heavy clinical load and is actively involved both in undergraduate and graduate medical education. These faculty also may participate in research but this is not required for advancement. The clinician educator has major commitments to patient care and teaching.

These faculty members are clinical scholars involved in the scholarship of integration, application, and teaching. Scholarship of integration involves interpreting published research, integrating new clinical knowledge with previous concepts and selecting outmoded clinical concepts for discard. Scholarship of application tests new knowledge in clinical practice. Combining new knowledge with experience in clinical practices, they teach medical students, residents, and peers. They may have major interest in developing more effective teaching methods. Settings for education include the classroom, ambulatory clinics and offices, continuing medical education programs, diagnostic suites, operating rooms, and the hospital bedside.

Clinician educators must be involved in the discovery, organization, interpretation and transmission of new knowledge related to patient care, health care delivery, health care economics, professional ethics, medical legal issues or new educational methodology. They must participate in publications of some variety, but may or may not be an author on peer-reviewed papers in their field. However, their publications should influence the practice of clinical medicine at the regional and/or national levels. Clinician educators are not required to be principal investigators on research grants from national funding sources but are encouraged to participate in research as co-investigator, or a principal investigator on grants from local and regional funding sources.

Clinician educators are recognized clinical experts with advanced and in-depth knowledge of the pathophysiology and management of disorders within their general or specialty field. They may be sought as consultants in difficult cases and receive patients referred from a wide area. Faculty in this track must maintain licensure and certification to practice their specialty. They are expected to be recognized by election to local, regional, national and international scientific organizations in their specialty. They must maintain clinical privileges at one of the affiliated teaching hospitals.

*Under exceptional circumstances, promotions may be recommended when the candidate does not meet all of the basic criteria. These will be unusual cases.*

The specific criteria for appointment/promotion can be found in Matrix V-D.

D. V-D - Criteria Matrix Ranks and Tracks

R=Required S=Suggested

<b>COM FACULTY RANKS CRITERIA</b>				
<i>Under exceptional circumstances, promotions may be recommended when the candidate does not meet all of the basic criteria. These will be unusual cases.</i>				
<b>Professor</b>	<b>Academic Investigator</b>	<b>Academic Inv/Ed</b>	<b>Academic Clinician</b>	<b>Clinician Educator</b>
Continues to meet all the criteria for Associate Professor with major accomplishments in research, teaching, and/or clinical service	R	R	R	R
Distinguished career exemplifying scholarship. Excellence & productivity in research, outstanding success as a teacher, and/or outstanding service contributions are required. Involved in teaching activities, including formal lectures, grand rounds, and/or continuing medical education. (Leadership in interprofessional teaching and interdisciplinary research encouraged)*	R*	R*	R*	R*
Principal investigator on significant research grants	R	S	S	
Co-investigator on research grants.		R	R	
Direct involvement in research.	R	R	R	R
Key individual in training of students, post-graduates and mentorship of junior faculty	R	R	R	R
Serves as Course Director for one or more major courses		R		
Continues to carry a heavy clinical or teaching load		R		R
Continued publication of reviews, chapters, textbooks, peer reviewed papers, and/or innovative teaching materials (new curricula, educational programs, syllabi, video materials, computer programs, etc.) that influence the science and practice of medicine at the regional & national levels	R	R	R	R
Continued publication of important and original clinical and/or laboratory investigations with significant authorship.	R		R	
Publications with significant authorship since promotion to Associate Professor (line 1), and in total (line 2)	≥10 ≥30		≥10 ≥30	
Publications with authorship since promotion to Associate Professor (line 1), and in total (line 2)		≥5 ≥10		≥5 ≥10
National recognition, as evidenced by election to generalist or specialty societies, service on national committees, study sections, editorial boards, visiting professorships, and/or invitations to speak in CME courses.	R	R	R	R
Leadership roles in appropriate department, hospital and college		R	R	R

<b>Associate Professor</b>	<b>Academic Investigator</b>	<b>Academic Inv/Ed</b>	<b>Academic Clinician</b>	<b>Clinician Educator</b>
Continues to meet all the criteria for Assistant Professor with a record of achievement in research, teaching, and/or clinical service. (Participation in interprofessional teaching and inter-disciplinary research encouraged)*	R*	R*	R*	R*
Record of excellence in high quality patient care, teaching and/or research	R	R	R	R
Established independent investigator with major impact in planning/development of research project. Involved in teaching activities, including formal lectures, grand rounds, and/or continuing medical education.	R		R	
Principal investigator on significant research grants	R		S	
Co-investigator on research grants.		R	R	
Local, regional or national grant support for independent research or development of teaching methods, or health care delivery methods, or clinical care systems		S		S
Peer recognition for research activities including invitations to present work at other universities, workshops and scientific conferences.	R		R	
Direct involvement in research.	R	R	R	R
Organization of clinical services to provide a setting for medical education and a data base for clinical research.				R
Active in training of students and/or post-graduates.	R	R	R	R
Serves as Course Director for one or more major professional courses		S		
Important contributor to course development or course direction.		R		S
Superior evaluations of teaching by students, residents, peers, course directors, dept. chairs.	S	R	S	R
Nominated for or recipient of teaching awards.		S		S
Presentations at national/international meetings.	R	R	R	R
Continued publication of reviews, chapters, textbooks, peer reviewed papers, and/or innovative teaching materials (new curricula, educational programs, syllabi, video materials, computer programs, etc.) that influence the science and practice of medicine at the regional & national levels	R	R	R	R
Continued publication of important and original clinical and/or laboratory investigations with significant authorship.	R	R	R	
Total publications with significant authorship since last promotion	≥10		≥10	
Total publications with authorship since last promotion		≥5		≥5
Development of new teaching materials, such as curricula, educational programs, textbooks, syllabi, computer programs and video tapes		R		R
Established reputation inside and outside local institution as an authority in a clinical specialty or for leadership in primary care			S	R
Contributions to committees at department, college, university, community, state, regional, national and international levels	R Univ Level	R Univ Level	R State Level	R State Level
Leadership role in department and hospital as a section or division head, or program director			S	S
Active involvement in local and national professional organizations	R	R	R	R
Election to scientific organizations in discipline.	S	S	S	S

<b>Assistant Professor</b>	<b>Academic Investigator</b>	<b>Academic Inv/Ed</b>	<b>Academic Clinician</b>	<b>Clinician Educator</b>
Clear commitment to an academic career in research, teaching and/or clinical care.	R	R	R	R
Commitment to and potential for performing independent laboratory and/or clinical research.	R	R	R	
Receipt, active pursuit or development of the skills necessary to apply for local, regional and national grants.	R	R	R	
Developing skills for directing or contributing to publications related to research, teaching and/or clinical care. (Participation in interprofessional teaching and inter-disciplinary research encouraged)*	R*	R*	R*	R*
Active in training of students and/or post-graduates.	R	R	R	R
Strong interest in teaching .		S		
Contributions as first author on refereed publications.	R	R	S	
Contributions as author on refereed publications.			R	S
Capable of managing most clinical problems in the appropriate discipline, but may seek assistance from senior faculty when dealing with complex problems.			R	R
Carry a heavy clinical load				R
Establishing recognition through candidacy or membership in appropriate professional and scientific organizations.	R	R	R	R
<b>Instructor</b>	<b>Academic Inv</b>	<b>Academic Inv/Ed</b>	<b>Academic Cl</b>	<b>Clinician Ed</b>
Completion of educational requirements necessary to enter a career in academic research, teaching and/or clinical care.	R	R	R	R
Aptitude for an academic career based upon recommendations of mentors.	R	R	R	R
Career goal to function independently in an academic environment as an investigator, teacher, and/or clinician.	R	R	R	R
Developing experience with preparation of research protocols and grant applications.	R	R	R	
Demonstrated interest in teaching.	R	R	R	R
Early experience with preparation of publications and presentations related to research.	R	R	R	
Fulfilled educational requirements for certification by appropriate specialty board.			R	R
Demonstrated interest in high quality clinical care.				R

Revised: 2/18/10

## Departmental Resources

Department's resources for supporting faculty development:

1. Academic time - protected time for research or teaching
2. Personnel support - administrative assistants, research personnel
3. Departmental funds available for:
  - a. travel to scientific meetings, and purchase of books, journals or software.
4. Appointed lead mentor and access to the mentoring committee

It is also important for all faculty to be aware of two important faculty groups on campus that serve important organizational, support and advocacy roles for faculty:

**The Faculty Senate** is the representative body of the Medical University of South Carolina faculty ([http://academicDepartments.musc.edu/faculty\\_senate](http://academicDepartments.musc.edu/faculty_senate)). The Senate's recommendations reflect and advocate the faculty's collective interests to further the university's mission. The mission of the MUSC Faculty Senate is to represent the views, needs, and interests of faculty in the educational, research, and service programs of the university. One of the important roles of the Faculty Senate is arranging the New Faculty Orientation Program. This is a biannual event that includes a general welcome from key leaders at MUSC and breakout sessions detailing clinical, research, and teaching resources specific to MUSC. The Faculty Senate also provides Town Hall Meetings and Workshops several times a year to update the faculty on University Initiatives, Tenure and Promotion, and other relevant topics.

**The Women Scholars Initiative (WSI)** is a joint initiative of the Office of Academic Affairs and the Office of the President with a long-term goal of promoting careers of women faculty. This organization provides a monthly workshop series (recent topics include promotion and tenure, work/life balance, contract negotiation, financial planning, and establishing good mentoring relationships). Other events sponsored by the WSI include the annual Eminent Scholar Seminar and Award, which brings an eminent scientist to MUSC to talk about his/her work and visit with MUSC faculty members. Past Eminent Scholars include members of the National Academy of Sciences and the Howard Hughes Medical Institute. WSI sponsors the John R. Raymond Fellowship, an annual award made to a junior faculty member to be used towards building collaboration with a renowned expert (male or female) in her field. WSI also sponsors a number of peer mentoring events and roundtables. WSI events are open to all MUSC faculty. Learn more at <http://academicDepartments.musc.edu/womenscholars/index.htm>

The faculty handbook can be found at the site noted below for additional information:

[http://academicdepartments.musc.edu/faculty\\_senate/handbook/2011\\_Faculty\\_Handbook.pdf](http://academicdepartments.musc.edu/faculty_senate/handbook/2011_Faculty_Handbook.pdf)

## Establishing a mentor

All existing faculty at ranks lower than full professor should have a lead mentor, a mentoring plan and a formal agreement for the plan.

- Each faculty member should select a mentor. Ideally, this is someone in the same division but is not imperative. The mentor's role is to design a faculty mentoring plan for the mentee based on the department's resources and needs of the faculty.
- A successful mentoring plan provides guidance in several different areas including: advice in area of focus (e.g., research, teaching, administration, clinical care); professional development, which should include an active role for the mentor in promoting the career of the mentee (e.g., suggesting role for mentee on a grant review panel or scientific writing committee, introducing the mentee to leading experts in the field, etc); monitoring the progress of the mentee; helping to ensure academic promotion of the mentee at MUSC; academic career guidance; and psychosocial support.
- Meetings between the mentee and the mentor should occur at quarterly to review the mentee's updated curriculum vitae and Career Development Plan (CDP). An example of a CDP is provided in appendix 1.
- Evaluations should be completed by the mentor and the mentee on a semiannual basis. An example is provided in appendix 1 and 2.
- New hires will be assigned a senior faculty mentor who will come up with a career development plan. The letter of offer should indicate track and rank, % teaching, research and clinical workload. Administrative support and time for each of these efforts will be indicated. Mentoring support details will also be provided.

## **Metrics of Successful Mentoring**

Metrics that should be used to determine the effectiveness of the mentee – mentor relationship will depend on whether mentoring is related primarily to research, education, administration or clinical activities. However, it is possible that a mixture of these activities will be relevant to the mentee-mentor relationship. In such special cases, metrics from all such activities should be included.

### **Research-related metrics for determining the effectiveness of mentoring**

- number of grants submitted by mentee under the mentor's guidance
- number of these grants funded or the percentile rank of such grants
- number of original publications under the mentor's guidance
- importance of original publications under the mentor's guidance (e.g., impact factor, editorial written on paper)
- career development progress of mentee while guided by the mentor, e.g., presentation of research at national / international meetings
- a report of the Citation Index of all publications produced under the mentor's guidance

### **Teaching related metrics for determining the effectiveness of mentoring**

- teaching accomplishments of mentee under mentor's guidance, e.g., formal courses taught, course materials developed, innovative teaching methods developed
- number of education publications under the mentor's guidance
- importance of education publications under the mentor's guidance (e.g., impact factor, editorial written on paper)
- number of education grants submitted by mentee under the mentor's guidance
- number of these grants funded or the percentile rank of such grants
- career development progress of mentee while guided by the mentor, e.g., presentations at national / international meetings, invited presentations at meetings or other universities, membership in education committees in or outside of the institution, promotion of mentee
- honors and awards for teaching to the mentee under the mentor's guidance

### **Clinical related metrics for determining the effectiveness of mentoring**

- number of presentations at institutional, national, or international meetings by trainees (students, residents, and fellows) or junior clinical faculty under the mentor's guidance
- number of publications by trainees (students, residents, and fellows) or junior clinical faculty under the mentor's guidance
- a report of the Citation Index of all publications produced under the mentor's guidance
- innovative clinical care developed by junior faculty under mentor's guidance
- career development progress of trainees and junior clinical faculty while guided by the mentor, e.g., graduation from clinical training program of trainees and subsequent positions, invitations to junior clinical faculty to present at meetings or other universities, junior faculty participating as members in clinical committees in or outside of the institution, promotion of junior clinical faculty
- honors and awards for teaching to the junior faculty member under the mentor's guidance

### **Metrics to determine the overall effectiveness of the departmental mentoring plan should include:**

- surveys of faculty on their satisfaction with the plan and their job overall
- attrition of faculty within the department, especially junior and mid-level faculty
- promotion of faculty within the department
- a report of the Citation Index of all publications produced under the mentor's guidance
- number of successful mid-career awards for trained mentors NIH (K05, K07, or K24 grants)
- number of career development awards of mentees (e.g., K23, K08, KL2)
- total funding from all mentored activities
- total number of publications overseen by mentors
- an external review of the mentoring program by a senior member of the College leadership designated by the Dean every 3-5 years

## **Monitoring for Effectiveness**

The Department Chair is ultimately responsible for ensuring that all faculty members in the department are mentored successfully. The Chair should meet with each mentee at least annually to review the progress of the mentee and the effectiveness of the mentee – lead mentor relationship, and to ensure that areas of concentration facilitate the mentee's successful career development and departmental strategic plan.

**Revised August 16, 2011**

The department's internal promotions committee should also review the mentee's career development annually, list what is missing in the faculty members portfolio for promotion, and make specific recommendations about how to achieve promotion to the Chair (or faculty member directly).

**Appendix 1.**

**MENTORING PARTNERSHIP AGREEMENT  
DEPARTMENT OF RADIOLOGY**

We have agreed on the following goals and objectives as the focus of this mentoring relationship:

- to develop a dynamic reciprocal relationship fostering professional growth
- to work towards the development of a career development plan
- to introduce the Mentee to best practices in academic medicine

We have discussed the process by which we will work together, develop, and, in that same spirit of partnership, collaborate on the development of a work plan. In order to ensure that our relationship is a mutually rewarding and satisfying experience for both of us, we agree to:

- 1. Meet regularly. Our specific schedule of contact and meetings, including additional meetings, is as follows:**
  
- 2. We agree to look for multiple opportunities and experiences to enhance learning.** We have identified, and will commit to, the following specific opportunities for learning:
  
- 3. Maintain confidentiality of our relationship.** Confidentiality for us means that
  
- 4. Honor the ground rules we have developed for the relationship.** Our ground rules will be:
  
- 5. Provide regular feedback to each other and evaluate progress.** We will accomplish this by:

\_\_\_\_\_  
Mentor's Signature                      Date

\_\_\_\_\_  
Mentee's Signature                      Date

Source: Adapted from *The Mentor's Guide* by Lois J. Zachary. 2000 © by Jossey-Bass, San Francisco, CA.

**CAREER DEVELOPMENT PLAN (CDP)**  
**DEPARTMENT OF RADIOLOGY**  
**(Prepared by Mentee)**

**Instructions to Mentees:**

Please complete this form at least every 6 months and give a copy to your career mentor before your mentoring session. Attach an updated CV in the recommended format

This form also should be included in the packet provided to the Chair each year before your contract negotiation.

**Instructions to Mentors:**

Please review the mentee's CV and this CDP prior to meeting your mentee.

**Date:** \_\_\_\_\_

**Mentor Name:** \_\_\_\_\_

**Mentee Name:** \_\_\_\_\_

**Overall Self-Assessment**

**How are you progressing in your career development? Are you where you think you should be/would like to be? Why or why not? What are the helpful factors that have assisted you to this point? What are the barriers you have encountered?**

## **Academic Appointment**

Do you understand the expectations for your career advancement and promotion within the University? \_\_\_Yes \_\_\_No

If no, provide questions you have about career advancement and promotion at the University:

## **Current Professional Responsibilities**

List your major professional responsibilities and if you anticipate significant changes in the coming year:

## **Future Professional Goals**

### **Short Term Goals**

Initial visit: List your professional goals for the coming year.

Indicate how you will assess if the goal was accomplished (expected outcome)

Follow up visit: assess your progress for each goal to this point.

1. Goal:

Expected outcome:

2. Goal:

Expected outcome:

3. Goal:

Expected Outcome:

## **Long Term Goals**

List your professional goals for the next 3 to 5 years. Have these goals changed since we last met, and if so, in what way? What has prompted the change?

Indicate each goal, old, new, or revised, and how you will assess if the goals are accomplished.

1. Goal:

Expected outcome:

2. Goal:

Expected outcome:

3. Goal:

Expected Outcome:

### **Time allocation as estimated by Mentee:**

\_\_\_\_\_ % Teaching/training/providing mentoring

\_\_\_\_\_ % Research

\_\_\_\_\_ % Patient Care

\_\_\_\_\_ % Administration

\_\_\_\_\_ % Other Creative Professional Activity

**How (if at all) would you like to change this time distribution and how could you justify that change?**

**Are you satisfied with your personal-professional balance? If not—what are your plans for modifying how you spend your time?**

**Appendix 2. Mentor/Mentee relationship evaluation.**

**Part 1. TO BE COMPLETED BY MENTEE.**

**Mentee:** \_\_\_\_\_

**Mentor:** \_\_\_\_\_

<b>ITEM</b>	<b>YES</b>	<b>NO</b>
<b>1. The mentor is available on a regular basis and approachable.</b>		
<b>2. The mentor helps define goals</b>		
<b>3. The mentor has respect for the mentee</b>		
<b>4. The mentee has respect for the mentor</b>		
<b>5. The mentor is an appropriate role model for the mentee</b>		
<b>6. The mentor has a good understanding of the challenges presented to the mentee.</b>		
<b>7. The mentor has been helpful in guiding the mentee through the challenges presented</b>		
<b>8. The mentor provides both support and constructive criticism of the mentee.</b>		
<b>9. The mentee Maintains a portfolio of publications, lectures, clinical development, faculty/university service for periodic review with mentor(s) and annual review with Chair</b>		

**Appendix 3. Mentor/Mentee relationship evaluation.**

**Part 2. TO BE FILLED OUT BY MENTOR.**

**Mentee:** \_\_\_\_\_

**Mentor:** \_\_\_\_\_ **Check box if you are lead mentor [ ]**

<b>ITEM</b>	<b>YES</b>	<b>NO</b>
<b>1. The mentee is available on a regular basis and approachable.</b>		
<b>2. The mentee has developed a set of goals</b>		
<b>3. The mentor has respect for the mentee</b>		
<b>4. The mentee has respect for the mentor</b>		
<b>5. The mentee exhibits understanding of the requirements, policies, and procedures for promotion and tenure</b>		
<b>6. The mentee has a good understanding of the challenges presented to the mentee.</b>		
<b>7. The mentee has developed established relationship(s) with a mentor(s) in the areas of teaching, research, clinical service, and faculty development</b>		
<b>8. The mentee takes criticism/suggestions from the mentor and reacts appropriately</b>		