Faculty Evaluation Policy

Scope: All UW residencies and fellowships accredited by the Accreditation Council for Graduate Medical Education (ACGME) and sponsored by the UW School of Medicine (UWSOM). Non-ACGME accredited programs or programs accredited by the Commission on Dental Accreditation (CODA) may choose to utilize this policy.

Purpose: Establish UW GME expectations of faculty and highlight relevant ACGME Common Program Requirements (CPRs)\(^1\) for program directors to ensure faculty engagement in the education and supervision of residents and fellows (“residents”).

Policy: The program must have a process to evaluate each faculty member’s performance as it relates to the educational program at least annually [CPR V.B.1]. The program leadership must provide faculty members with feedback on faculty’s evaluations and contribution to the mission of the program at least annually. If a faculty member does not interact with residents, feedback is not required.

With regard to diverse operating environments, configurations, and program sizes, the program director must establish a reasonable and sustainable system to determine the effectiveness of the program’s faculty with regard to their role in the educational program. In a larger program, the program director may (1) want to leverage the existing leadership structure (e.g., section head, division head) to assist in providing faculty feedback; and (2) delegate responsibility to these leaders, yet remain accountable.

Faculty performance can be evaluated in a variety of ways, depending on the emphases and expectations of individual programs. The program or department must collect evaluation data from various sources of a program’s choice (e.g., the Residency Management System). It is strongly suggested that program directors use existing forms [e.g., a teaching portfolio in a department tenure and promotion document (or equivalent)] to present and highlight the ACGME faculty requirements. (See UWSOM Appointments and Promotions Guide.) Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans [CPR V.B.3]\(^2\).

Faculty Expectations/Requirements:

Faculty members must have a strong commitment and desire to provide residents with optimal education and work opportunities. Faculty members must (1) directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment [CPR V.A.1.a]; and (2) establish feedback as an expected and frequent educational routine. Evaluation must be documented at the completion of the assignment [CPR V.A.1.b)].

- Residency programs: For block rotations of greater than three months in duration, evaluation must be documented at least every three months [CPR V.A.1.b).(1)]. Longitudinal experiences, such as continuity clinic in the context of other clinical responsibilities, must be evaluated at least every three months and at completion [CPR V.A.1.b).(2)].
- Fellowship programs: For block rotations of greater than three months in duration, evaluation must be documented at least every three months [CPR V.A.1.b).(1)]. Longitudinal experiences, such as continuity clinic in the context of other clinical responsibilities, must be evaluated at least every three months and at completion [CPR V.A.1.b).(2)].
• One-year fellowship programs: Evaluations must be completed at least every three months [CPR V.A.1.b).(1)]^4.

Providing detailed feedback based on the Milestones ensures that residents progress along a trajectory to autonomous practice and encourages residents to monitor their own learning progress.

Core faculty members: Core faculty members must (1) have a significant role in the education and supervision of residents; (2) devote a significant portion of their entire effort to resident education and/or administration; (3) as a component of their activities, teach, evaluate, and provide formative feedback to residents [CPR II.B.4]; and (4) complete the annual ACGME Faculty Survey [CPR II.B.4.b].

Faculty Evaluation Data:

Faculty evaluation must include written, anonymous, and confidential evaluations by the residents [CPR V.B.1.b)] and a review of the faculty member’s:

• Clinical teaching abilities [CPR V.B.1.a]]

• Quality and frequency of feedback
  o Each program is encouraged to develop a mechanism to track quality and frequency of faculty feedback (e.g., using data in the Residency Management System).

• Engagement with the educational program [CPR V.B.1.a]]

• Participation in faculty development related to their skills as an educator [CPR V.B.1.a]]
  o Residency programs: Faculty members must pursue faculty development designed to enhance their skills at least annually: as educators; in quality improvement and patient safety; in fostering their own and their residents’ well-being; and, in patient care based on their practice-based learning and improvement efforts [CPR II.B.2.g).(1)-(4)]
  o Fellowship programs: Faculty members must pursue faculty development designed to enhance their skills at least annually [CPR II.B.2.g)]^3
  o One-year fellowship programs: Faculty members must pursue faculty development designed to enhance their skills [CPR II.B.2.f)]^4

• Clinical performance [CPR V.B.1.a]]

• Professionalism [CPR V.B.1.a]]

• Scholarly activities [CPR V.B.1.a]]
  o Research: research in basic science, education, translational science, patient care, or population health [CPR IV.D.2.a]]
  o Grants: peer-reviewed grants [CPR IV.D.2.a]]
  o Quality: quality improvement and/or patient safety initiatives [CPR IV.D.2.a]]
  o Reviews: systematic reviews, meta analyses, review articles, chapters in medical textbooks, or case reports [CPR IV.D.2.a]]
  o Curricula: creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials [CPR IV.D.2.a]]
  o Committees: contribution to professional committees, educational organizations, or editorial boards
  o Innovations: innovations in education [CPR IV.D.2.a]]

• Recognition

The scholarship should be disseminated through faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non-peer reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor [CPR IV.D.2.b).(1)]; peer-reviewed publication [CPR IV.D.2.b).(2)].

Program Directors’ Responsibilities:
Program directors should share performance information in the eight areas above—clinical teaching abilities, quality and frequency of feedback, engagement with the educational program, participation in faculty development, clinical performance, professionalism, scholarly activities, and recognition—with faculty and department chairs annually. It is important to acknowledge that faculty members may not excel in all areas of this evaluation and can be recognized for their unique strengths and contributions to educational programs.

The program director must develop and oversee a process to evaluate candidates prior to approval as program faculty members for participation in the program education and at least annually thereafter, as outlined in CPR V.B [CPR II.A.4.a].(4). In addition, the program director must have the authority to (1) approve program faculty members for participation in the program education at all sites [CPR II.A.4.a].(5); (2) remove program faculty members from participation in the program education at all sites [CPR II.A.4.a].(6); (3) designate faculty with broad knowledge of and involvement in the program as core faculty; (4) review core faculty’s level of involvement in the program annually; and (5) remove core faculty designation if their level of involvement decreases, including removal from the ACGME Accreditation Data System (ADS) profile.

Attachment:  Faculty Evaluation Guidelines

References:


2 One-year fellowship programs are exempt from this requirement.


Faculty Evaluation Guidelines

The following categories were developed by the UW GME Faculty Teaching Evaluation Task Force in 2016\(^1\) to guide programs in assessing core faculty. The categories are derived from the ACGME Common Program Requirements (CPRs)\(^2\) for annual faculty evaluation and the GME education team made minor revisions in 2019 to reflect the updated CPR requirements. The updated categories include faculty clinical teaching and supervision, quality and frequency of feedback, engagement with the educational program, mandatory participation in faculty development, clinical performance, professionalism, scholarship, and recognition. All categories could be integrated into an annual core faculty evaluation dashboard.

Faculty Evaluation Categories:

**Faculty clinical teaching abilities and supervision** can be demonstrated by:

- Average overall score of teaching ratings by residents over time (e.g., by quarter/year), including number of evaluations of faculty member at each time point (Suggest displaying with a graph based on data from the Residency Management System)
- Teaching ratings for specific composite-scales/sub-domains/individual items (e.g., “attitudes” “learning climate”) by residents over time (e.g., by quarter/year), including number of evaluations of faculty member at each time point.\(^3,4\) (Suggest displaying with a graph based on data from the Residency Management System)
- A single faculty assessment item chosen by program/department. For example,
  - Overall clinical effectiveness as measured by clinical knowledge item (i.e. averages from clinical peer evaluation instruments)
  - University of Michigan Global Rating Scale (GRS) in which residents “Rate the educational value of time with an attending physician.”\(^4\)
  (Note: A single item such as the GRS is a general indicator of performance; other performance assessments can indicate specific areas of strength or weakness.)
- Comparison with department/division/clinical service faculty averages or expected performance; could include a range(s) or other measures of variability (Could be a graph)
- “Other Teaching” outside program expectations can also be considered with:
  - Graph of an additional type of teaching or evaluation item/form, for example:
    - Clinical knowledge item average from a clinical peer evaluation form, or
    - Classroom teaching item/form, or
    - Simulation teaching evaluation form, or
    - Teaching of other learners (with evaluations)

**Quality and frequency of feedback** [Attentiveness to completing quality assessments of residents in a timely (within days) and thoughtful manner] can be demonstrated by:

- Average number of days to completion
- Percentage completed within designated period(s) of time (e.g., within hours, 14 days, 30 days. If faculty feedback from direct observations is to be documented, it must be completed within hours of the observation to ensure specificity, accuracy, and usefulness for the resident.)
- Number of direct observation / clinical assessments performed (e.g., CEX)
- Quality of comments on evaluation forms (e.g., the number or percentage of individualized, specific, behaviorally-based comments written to residents on assessment tools.)

**Engagement with the educational program** can be demonstrated by:

- yes/no or quantity:
  - Completion of the annual ACGME Faculty Survey
  - Participation in review and interviews of applicants
  - Serving on program committees (e.g., Clinical Competency Committee, Program Evaluation Committee, Curriculum Committee, or as a faculty advisor for a resident
• Participation as a faculty mentor for residents (e.g., mentoring residents for research or QI projects)
• Co-authoring papers/abstracts with a resident
• Attendance and participation at educational program retreats, faculty meetings, and/or conferences
• Regular participation in organized clinical discussions, rounds, journal clubs, and conferences
• Teaching and/or organizing resident didactics
• Other measures important to individual program/department

**Mandatory participation in faculty development** can be demonstrated by:

- **Residency programs:**
  - Pursuit of one on-line or in-person session (e.g., lecture, workshop, seminar) in all domains stipulated in the Common Program Requirements, at least annually. Four domains are identified in the CPR--to enhance faculty’s skills (1) as educators, (2) in quality improvement and patient safety, (3) in fostering their own and their residents’ well-being, and (4) in patient care based on their practice-based learning and improvement efforts *[CPR II.B.2.g]*

- **Fellowship programs:**
  - Pursuit of faculty development designed to enhance their skills at least annually *[CPR II.B.2.g]*

- **One-year fellowship programs:**
  - Pursuit of faculty development designed to enhance their skills *[CPR II.B.2.f]*

Faculty members can choose sessions provided by various units internally, including the GME Office, UW Center for Leadership and Innovation in Medical Education (CLIME), Office of Faculty Development, Continuing Medical Education (CME), or externally, including specialty professional organizations.

**Clinical performance** can be demonstrated by:

- Resident evaluation
- Peer evaluation
- Multi-rater/360-degree evaluation
- Objective, evidence-based, quantitative and/or qualitative clinical performance assessment tools of your program’s (or department’s) choice

**Professionalism** can be demonstrated by:

- Average score of GME required respect questions on resident evaluations of faculty compared with department mean
- Average score on 360-degree evaluation of faculty regarding respect to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation
- Number of disclosures of patient safety events in the PSN system
- Other measures important to individual program/department

**Scholarship** can be demonstrated by: (Items in this Scholarship section are identical to the items in the Faculty Scholarly Activity Template in the ACGME Accreditation Data System (ADS). Annual completion of ADS is mandatory. Data can be copied from ADS and pasted into here.)

- PubMed ID numbers (PMIDs): (List up to 4 PMIDs)
- Number of other publications [e.g., articles without PMIDs, non-peer reviewed publications, peer-reviewed publications which are not recognized by the National Library of Medicine, and activities related to item-writing (e.g., board examination questions)]
- Number of conference presentations (e.g., abstracts, posters, and presentations at international, national, state, or regional meetings)
- Number of other presentations (e.g., grand rounds, invited professorships), materials developed (e.g., computer-based modules, or work presented in non-peer review publications)
- Number of chapters or textbooks published
- Number of grants leadership (PI, C-PI, or site director roles)
- (Yes or no) Leadership or peer-review roles [active leadership role (e.g., serving on committees or governing boards) in international, national, state, or regional medical organizations or served
as reviewer or editorial board member for a peer-reviewed journal]

- [Yes or no] Formal courses: [responsible for seminars, conference series, or course coordination (e.g., arrangement of presentations and speakers, organization of materials, developing training modules for medical students, residents, and other health professionals (e.g., simulation)]. Program didactics and/or conferences are not considered formal courses.
- [Other categories identified in CPR IV.D.2.a) or relevant items to your program]

<table>
<thead>
<tr>
<th>Scholarship Domains</th>
<th>Mark All That Apply</th>
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<tbody>
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<td>Research</td>
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<tr>
<td>Innovations</td>
<td>innovations in education</td>
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<td>None of the above</td>
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</table>

The ACGME recognizes that there may be differences in scholarship requirements between different specialties and between residencies and fellowships in the same specialty.

**Recognition** can be demonstrated by:

- [Departmental/institutional/international recognition (e.g., awards by professional organizations, recognition of exemplary professionalism/role model, teaching awards and/or nominations, recognition as an educator/mentor)]

**References**

1. UW GME Faculty Teaching Evaluation Task Force 2016: Chair, Deborah Cowley, MD, Professor; Christopher Knight, MD, Associate Professor; Jan Carlile, PhD, Professor, SoM; Susan Johnston, EdD, Director of Education, GME; Theresa Steig, Program Administrator; Lauren Brown, MD, Resident.

**Resources**

If you need (1) references or information on dashboard implementation; or (2) support with respect to faculty evaluation or implementation of guidelines, contact UW GME Office.

- Residency Management System team: 206.221.4585 or 206.543.1079
- Director of Educational Quality Improvement: 206.685.0252
Annual Faculty Evaluation [academic year]

Faculty Name and Signature:

Program/Department:

Date:

The faculty and program leadership team must review the UW GME Faculty Evaluation Policy and Guidelines to understand the elements and scope of the annual faculty evaluation required by the ACGME.

** Program Leadership's Summary of Feedback

Evaluator Name/Position:

Evaluator Signature:

Date:
Faculty Clinical Teaching and Supervision:

Check the boxes of all the items that you are including in this evaluation.

☐ Average overall score of teaching ratings by residents over time (e.g., by quarter/year), including number of evaluations of faculty member at each time point (Suggest displaying with a graph based on data from the Residency Management System)

☐ Teaching ratings for specific composite-scales/sub-domains/individual items (e.g., “attitudes” “learning climate”) by residents over time (e.g., by quarter/year), including number of evaluations of faculty member at each time point.3,4 (Suggest displaying with a graph based on data from the Residency Management System)

☐ A Single faculty assessment item chosen by program/department.

  ☐ Overall clinical effectiveness as measured by clinical knowledge item (i.e. averages from clinical peer evaluation instruments)

  ☐ University of Michigan Global Rating Scale (GRS) in which residents “Rate the educational value of time with an attending physician.” (Note: A single item such as the GRS is a general indicator of performance; other performance assessments can indicate specific areas of strength or weakness.)

☐ Comparison with department / division / clinical service faculty averages or expected performance; could include a range(s) or other measures of variability (Could be a graph)

☐ “Other Teaching”: Outside program expectations. Graph of an additional type of teaching or evaluation item/form, for example:

  ☐ Clinical knowledge item average from a clinical peer evaluation form
  ☐ Classroom teaching item/form
  ☐ Simulation teaching evaluation form
  ☐ Teaching of other learners (e.g., medical students or nurses) (with evaluations)
  ☐ Others:

☐ Others:
For the items checked above, add data charts in boxes below.

This is an example data chart.
Please use evaluation data for one of the items checked above.

**Add more data charts as necessary.**

**OPTIONAL: Program Leadership Comments on Faculty Clinical Teaching and Supervision**
Quality and Frequency of Feedback:

☐ Average number of days to completion:

☐ Percentage completed within designated period(s) of time (e.g. within hours, 14 days, 30 days. If faculty feedback from direct observations is to be documented, it must be completed within hours of the observation to ensure specificity, accuracy, and usefulness for the resident.):

☐ Number of direct observation / clinical assessments performed (e.g. CEX):

☐ Quality of comments on evaluation forms (e.g., the number or percentage of individualized, specific, behaviorally-based comments written to residents on assessment tools.):

☐ Others:

** OPTIONAL: Program Leadership Comments on Completion and Frequency of Evaluations
Engagement with the Educational Program:

☐ Completion of the annual ACGME Faculty Survey

☐ Participation in review and interviews of applicants

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☐ Serving on program committees

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☐ Participation as a faculty mentor for residents (e.g., mentoring resident(s) for research or QI projects)

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☐ Co-authoring papers / abstracts with a resident

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<th>Name of Residents</th>
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<th>Paper/Abstract Titles</th>
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☐ Attendance and participation at educational program retreats, faculty meetings, and/or conferences

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<th>Dates</th>
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☐ Regular participation in organized clinical discussions, rounds, journal clubs, and conferences

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<th>Dates</th>
<th>Titles</th>
<th>Discussions/Rounds/Journal clubs/Conferences</th>
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☐ Teaching and/or organizing resident didactics

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<th>Dates</th>
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☐ Other measures important to individual program / department

** OPTIONAL: Program Leadership Comments on Engagement with the Educational Program

| | | | |
| | | | |
Mandatory Participation in Faculty Development:

Faculty members can choose sessions provided by various units internally, including the GME Office, UW Center for Leadership and Innovation in Medical Education (CLIME), Office of Faculty Development, Continuing Medical Education (CME), or externally, including specialty professional organizations.

☐ Residency program:
   Pursuit of one on-line or in-person session (e.g., lecture, workshop, seminar) in four domains stipulated in the Common Program Requirements, at least annually.

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<td></td>
<td>Skills as an educator</td>
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<td>Skills in quality improvement and patient safety</td>
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<td></td>
<td>Fostering well-being</td>
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<td></td>
<td>Patient care based on practice-based learning and improvement efforts</td>
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☐ Fellowship program:
   Pursuit of faculty development designed to enhance their skills at least annually [II.B.2.g)].

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☐ One-year fellowship program:
   Pursuit of faculty development designed to enhance their skills [II.B.2.f)]

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** OPTIONAL: Program Leadership Comments on Mandatory Participation in Faculty Development
**Clinical Performance:**

☐ Resident Evaluation [(number of evaluators: ), (periods: single year or duration (e.g., 2016-2019)]

☐ Peer Evaluation (number of evaluators: )

☐ Multi-Rater/360-Degree Evaluation (number of evaluators: )

☐ Objective, evidence-based, quantitative and/or qualitative clinical performance assessment tools of your program’s (or department’s) choice (number of evaluators: ): 

This is an example data chart. Please use evaluation data for one of the items checked above

** Add more data charts as necessary.

** OPTIONAL: Program Leadership Comments on Clinical Performance
**Professionalism:**

☐ Average score of GME required respect questions ["I was treated with respect by this individual."

"I observed others (students, residents, staff, patients) being treated with respect by this individual"] on residents evaluations of faculty compared with department mean

☐ Average score on 360-degree evaluation of faculty regarding respect to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation

☐ Number of disclosures of patient safety events in the PSN system

☐ Others: Other measures important to individual program / department

**Add more data charts as necessary.**

**OPTIONAL: Leadership Comments on Professionalism**
The ACGME recognizes that there may be differences in scholarship requirements between different specialties and between residencies and fellowships in the same specialty.

Items in this Scholarship section are identical to the items in the Faculty Scholarly Activity Template in the ACGME Accreditation Data System (ADS). Annual completion of ADS is mandatory. Data can be copied from ADS and pasted into here.

- PubMed ID numbers (PMIDs): (Enter up to four PMIDs)
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- Number of other presentations (e.g., grand rounds, invited professorships), materials developed (e.g., computer-based modules), or work presented in non-peer review publications:
- Number of chapters or textbooks published:
- Number of grants leadership (PI, Co-PI, or site director roles):
- (Yes or no) Leadership or peer-review roles [active leadership role (e.g., serving on committees or governing boards) in international, national, state, or regional medical organizations or served as reviewer or editorial board member for a peer-reviewed journal]:
- (Yes or no) Formal courses: [responsible for seminars, conference series, or course coordination (e.g., arrangement of presentations and speakers, organization of materials, developing training modules for medical students, residents, and other health professionals (e.g., simulation). Program didactics and/or conferences are not considered formal courses]
- Other categories identified in [CPR IV.D.2.a)] or relevant items to your program;
- Dissemination through faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non-peer reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor; peer-reviewed publication.

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** OPTIONAL: Program Leadership Comments on Recognition and Scholarship

Please explain briefly:

** OPTIONAL: Program Leadership Comments on Recognition

** Recognition:

Departmental/institutional/national/international recognition (e.g., awards by professional organizations, recognition of exemplary professionalism/role model, teaching awards and/or nominations, recognition as an educator/mentor

☐ Teaching awards: , nominated or awarded by ; Date

☐ Recognition as : by ; Date

** OPTIONAL: Program Leadership Comments on Recognition