

ANNUAL CAREER CONFERENCE for MGH FACULTY

Faculty member should fill out this form prior to meeting with the Chief or Division Chief. The completed form and an updated C.V. should be brought to the meeting.

Date of Conference: _____

Name: _____ **Degree(s):** _____

Hospital Dept: _____ **Division/Lab:** _____

HMS Title: _____ **Hospital Title:** _____

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

1) Please rank the following activities according to your present commitment (1 – most, 5 – least).

- Patient Care _____
- Teaching _____
- Research _____
- Admin/Committee Work _____
- Other _____

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

b) List your 2-3 most significant accomplishments for last year.

3) Please attach your CV with these sections highlighted:

Current activities in the following areas-

ADMINISTRATIVE

- Administrative title
- Committees (MGH and External)

OTHER PROFESSIONAL POSITIONS

- Study sections: NIH or other peer reviewed groups
- Positions in professional societies

RESEARCH

- Current grant support
- Current research activities
- Inventions
- Patents applied for
- Patents issued

TEACHING

- Formal presentations within MGH
- Lectures/presentations: local, national, international
- HMS courses
- Clinical Teaching with residents, fellows, and medical students
- Other

MENTORING/ADVISING OF OTHERS

- Names and Current Positions

CLINICAL

- Procedural (case volume)
- Inpatient Consultative
- Inpatient/Direct Responsibility
- Outpatient Responsibility
- Other

PUBLICATIONS (highlight the previous year only)

4) Academic career aspirations:

Which of the following area of excellence do you think you meet?

- Teaching and Educational Leadership Clinical Expertise and Innovation Investigation I am not sure

5) Do you understand the HMS promotion criteria for advancement in your area of excellence specified above?

- Yes No, please explain

6) Are we providing you the resources to succeed in your job?

7) Are there any activities in which you wish to spend -

More time: *specify*

Less Time: *specify*

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

Name: _____

Comments: _____

Name: _____

Comments: _____

Would you like help in identifying a mentor? Yes No

9) List those you have mentored, if any.

Name: _____

Comments: _____

Name: _____

Comments: _____

10) List your 2-3 goals for the upcoming year.

11) Are you interested in leadership opportunities?

- Yes, please elaborate No

12) Is there something you are doing or would like to do in your research or clinical practice that is innovative that we should consider/discuss as you think about your career?

13) a) What specific activity(ies) do you do that brings you particular satisfaction?

b) What are the opportunities to increase this activity (these activities) over the next year?

At the conference, the Chief or Division Chief should fill out this portion of the form with faculty member.

Future Considerations (e.g. Career/Opportunities/Professional/Retirement/Transitions):

- 1) _____
- 2) _____
- 3) _____
- 4) _____

The considerations above will require:

Additional training:

Re-allocation/Reduction of time and effort to teaching, clinical, scholarship and service:

Resources:

Referral to others (e.g. Benefits Office, Employee Assistance Program, etc.):

In addition, I have provided specific counsel regarding:

Is there anything else that is affecting you that you would like to discuss?

Both the faculty member and the Chief/Chief Designee should sign and date below.

Signed:

Department Chair or Designee

Date

Faculty Member

Date