

# 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

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

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

**More time:** *specify*

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**Less Time:** *specify*

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**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.**

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**11) Are you interested in leadership opportunities?**

- Yes, please elaborate       No

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**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?**

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

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

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*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:**

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

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**Resources:**

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

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**In addition, I have provided specific counsel regarding:**

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

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

**Signed:**

\_\_\_\_\_  
*Department Chair or Designee*

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

\_\_\_\_\_  
*Faculty Member*

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