

**CAREER PLANNING CONFERENCE**

**PART 1. TRACKING SHEET (TO BE COMPLETED BY MSO OR DESIGNEE)**

**Faculty member** \_\_\_\_\_

**Academic Title** \_\_\_\_\_

**Clinician-educator**       **Clinician-scientist**       **Researcher**

**Current Rank and Step** \_\_\_\_\_

**Next academic action** \_\_\_\_\_

**Date dossier is due to Department for next academic action** \_\_\_\_\_

**External letters needed for next academic action?** Yes  No

**Administrative Assistant responsible for assisting faculty member in preparing CPC** \_\_\_\_\_

**Date of meeting with MSO (or designate) to prepare financial information** \_\_\_\_\_

**Date all materials due to faculty leader conducting CPC** \_\_\_\_\_

**Date of CPC** \_\_\_\_\_

**Faculty leader conducting CPC** \_\_\_\_\_

**Title:** Division Chief ,      Other, specify \_\_\_\_\_

**PART 2. PAST YEAR'S ACCOMPLISHMENTS (TO BE COMPLETED BY FACULTY MEMBER)**

**TEACHING ACTIVITIES** (complete all that apply)

**MEDICAL STUDENT TEACHING** (e.g. CSW, Doctoring, Preceptorship, other formal courses)

<u>Term/Year</u>	<u>Course Name</u>	<u>Enrollment</u>	<u>Other Participants</u>	<u>Evals Rec'd?</u>
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**CLINICAL TEACHING** (e.g. wards, consult service, outpatient clinics)

<u>Term/Year</u>	<u>Site/Rotation</u>	<u>Enrollment</u>	<u>Other Participants</u>	<u>Evals Rec'd?</u>
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**OTHER TEACHING ACTIVITIES** (e.g. grand rounds, lectures, morning report, other)

<u>Term/Year</u>	<u>Title of Activity</u>	<u>Enrollment</u>	<u>Other Participants</u>	<u>Evals Rec'd?</u>
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**CREATIVITY-SCHOLARLY ACTIVITIES**

**PUBLICATIONS:**

Medline Citation or full citation if not on Medline (include all authors, bold or underline CPC participant's name)

**MANUSCRIPTS SUBMITTED:**

Full title. Include all authors, bold or underline CPC participant's name. Indicate where submitted.

**MANUSCRIPTS IN PREPARATION:**

Full title. Include all authors, bold or underline CPC participant's name.

**BOOK CHAPTERS:**

Full citation, (include all authors, bold or underline CPC participant's name)

**OTHER CREATIVE ACTIVITIES** (e.g. development of training programs for health professionals, community oriented programs, teaching programs, brochures with regard to specialty or area of interest, collaborative input to research activities, information systems, clinical guidelines or pathways)

**GRANTS (CLINICIAN-SCIENTISTS AND RESEARCHERS ONLY)****RESEARCH OR EDUCATIONAL GRANTS SUBMITTED IN PAST YEAR BUT NOT YET FUNDED**

<u>Title</u>	<u>Agency or Foundation</u>	<u>Date submitted</u>	<u>PI (Yes/No)</u>	<u>Proposed amount Total (1<sup>st</sup> year)</u>	<u>Score (percentile)</u>
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**RESEARCH OR EDUCATIONAL GRANTS AWARDED IN PAST YEAR**

<u>Title</u>	<u>Agency or Foundation</u>	<u>Start date</u>	<u>PI (Yes/No)</u>	<u>Awarded amount Total (1<sup>st</sup> year)</u>	<u>Duration (years)</u>
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**CONTINUING RESEARCH OR EDUCATIONAL GRANTS**

<u>Title</u>	<u>Agency or Foundation</u>	<u>Start date</u>	<u>PI (Yes/No)</u>	<u>Awarded amount Total (1<sup>st</sup> year)</u>	<u>Duration (years)</u>
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**UNIVERSITY SERVICE** (include administrative roles)DescriptionPeriod of Service**OTHER ADMINISTRATIVE RESPONSIBILITIES** (e.g., program director, clinical service director)DescriptionPeriod of Service**COMMUNITY SERVICE AND OUTREACH ACTIVITIES** (e.g. lectures to community groups, schools, churches, etc.)DescriptionPeriod of Service**SCHOLARLY-EDITORIAL-PROFESSIONAL ACTIVITIES** (e.g., serving as a reviewer or editor for a journal, Serving as a committee member or as an officer of a scholarly or professional organization, or providing professional services to such organizations)DescriptionPeriod of Service**HONORS AND SPECIAL RECOGNITION RECEIVED**DescriptionDate(s)

**CLINICAL ACTIVITIES (CLINICIAN-EDUCATORS ONLY)**

2007-2008			2008-2008 (to date)		
RVUs	50 <sup>th</sup> PCTL	PCTL Range	RVUs	50 <sup>th</sup> PCTL	PCTL Range

**PROGRESS TOWARDS MEETING LAST YEAR'S GOALS**

Last years goals

Progress towards achieving goal

**PART 3. CAREER PLANNING (TO BE COMPLETED BY FACULTY MEMBER [LEFT SIDE] BEFORE CPC AND BY DIVISION CHIEF OR DESIGNEE [RIGHT SIDE] AT TIME OF CPC**

**Faculty member's responses** (any specific concerns will be discussed in the CPC)

**Division Chief or Representative comments**

1. Who provides your administrative support (administrative assistant)?
2. Do you have any specific concerns about your administrative support?
3. Who provides your clinical support (PSR)? (CE & CS only)
4. Do you have any specific concerns about your clinical support? (CE & CS only)
5. \* Who is your primary mentor?
6. \* Do you have any specific concerns about your primary mentor?
7. \* Who are your secondary mentors?
8. \* Do you have any specific concerns about your secondary mentors?
9. Do you have any specific concerns about your your research support (submitting grants, grants and financial management, access to core resources)? (CS & Researchers only)
10. Are there any barriers to creativity/scholarly activities?
11. If last year's goals have not been accomplished, what impediments have hampered reaching your goals?
12. How can the Division/Department help you overcome these impediments?
13. Are there additional issues that you would like to discuss?

\* for Junior faculty only  
 CE=Clinician-educator  
 CS=Clinician-scientist

**PART 4. GOALS FOR UPCOMING YEAR (TO BE COMPLETED JOINTLY BY FACULTY MEMBER AND CHIEF [OR DESIGNEE] AT TIME OF CPC)**

**GOALS**

**TIMELINE**

**PART 5. FINANCIAL INFORMATION (TO BE COMPLETED BY FACULTY MEMBER AND MSO OR DESIGNEE) AND SALARY NEGOTIATION (TO BE COMPLETED BETWEEN FACULTY MEMBER AND DIVISION CHIEF OR DESIGNEE)**

**Note:** The process for establishing a total negotiated salary (TNS = X + Y) for the next academic year is a three step process. It begins with a meeting between the Division Chief or his/her designee and the faculty member. In this meeting the ability of each faculty member to fund a requested TNS and the associated academic financial obligations is documented. The next step is the submission of the proposed TNS to the Executive Chair. The final step is the submission of the proposal to the Dean/Provost. The Executive Chair will view individual requests in light of the faculty member's ability to support the requested TNS and the academic financial obligations associated with it. The Executive Chair will also consider the financial condition of the division requesting the TNS. Similarly, the Dean/Provost will review the request in light of the Department's overall financial condition. The TNS only becomes final after approval of the Department's budget (which includes the TNS for individual faculty) by the Provost/Dean.

**Compensation History**

Previous 2007-2008	Current year 2008-2009	Proposed for 2009-2010
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TNS

Guaranteed Z

**Total Compensation**

Benefits

Dept tax

Div basic budget contribution

**Total Obligation**

**Funding (current and proposed years only)**

- State
- Medical Center
- Dean's Office
- Federal
- Foundations
- Industry
- Clinical income
- Department
- Consulting
- Other

**Available funds for 2009-2010 salary support**

**Anticipated 2009-2010 surplus or deficit**

**PART 6. OVERALL SUMMARY OF PROGRESS AND COMMENTS (COMPLETED BY DIVISION CHIEF OR DESIGNEE AT CPC)**

Future advancement will require:

\_\_\_ Continued progression in the areas of teaching/clinical and creative activities

\_\_\_ Improved performance in teaching/clinical activities

\_\_\_ Improved performance in creative activities

\_\_\_ Other

Comments:

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Signature – Division Chief (Designee)      Date

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Signature – Faculty Member      Date

**PART 7. POST CPC COMMENTS BY FACULTY (TO BE COMPLETED BY FACULTY MEMBER AND RETURNED TO MSO)**

1. Were you satisfied with your CPC?
2. If not, what could have been improved?
3. Were there career planning issues that you did not feel comfortable discussing at the CPC?
4. If yes, would you like to have another CPC with a senior department leader?

**Return entire report to Executive Chair's Office, 37-120 CHS, MC: 173617, no later than December 12, 2008.**

**PART 8 DEPARTMENT CHAIR APPROVAL (ENTIRE CPC REVIEWED BY EXECUTIVE CHAIR)**

**COMMENTS BY EXECUTIVE CHAIR:**

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**APPROVED BY EXECUTIVE CHAIR**

**OTHER ACTION BY EXECUTIVE CHAIR, \_\_\_\_\_**

Signature of Executive Chair: \_\_\_\_\_

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