

**Department of Psychiatry
Procedures for the Annual Review of
Faculty with Primary Appointments in the Department**

Last updated August 9, 2023

Approved by Executive Committee: September 27, 2023

A. Background

Our faculty are best served when they receive ongoing feedback on their performance and career growth. Therefore, the Department will conduct an annual performance evaluation (subsequently referred to as “Annual Review”) of each paid, non-affiliate faculty member and of each clinical adjunct faculty member with primary appointment in the Department of Psychiatry. This includes faculty on the Tenure, CHS and CT Tracks at all ranks. This procedure is consistent with UWSMPH Faculty Performance Review Policies 80.90 and 80.95.

B. Procedures

Each faculty member shall be reviewed annually by the Department Chair or by his/her designee, unless delayed because the faculty member is on a leave of absence or sabbatical. Annual Reviews will evaluate performance with respect to the individual’s job description and responsibilities and SMPH standards of professional behavior as stated in the SMPH Bylaws. Annual Reviews will include mutually agreed upon goals for the next year. Failure of a reviewee/reviewer to comply in a timely manner will be reported to the dean or department chair and may result in disciplinary action. An attestation of completion of the annual reviews shall be provided annually by the chair or chair’s designee or the SMPH dean or dean’s designee.

1. Associate and full Professors undergoing Post-Promotion or Post-Tenure Review

A Post-Promotion Review or Post-Tenure Review (as described in the Department’s *Procedures and Criteria for Post-Promotion Review of Faculty on the CHS and CT Tracks* and *Procedures and Criteria for Post-Tenure Review of Faculty*) has a similar function to an Annual Review. The Post-Promotion Review or Post-Tenure Review is sufficient to provide the faculty member with feedback, and the faculty member does not need to undergo a separate Annual Review. Note that, for the four years between Post-Promotion or Post-Tenure Reviews, faculty will need an Annual Review, as described below.

2. Associate Professors being reviewed for promotion to full Professor

An Associate Professor who is being considered for promotion to full professor will undergo an extensive review process through the Executive Committee, which is sufficient to provide the faculty member with feedback, and the faculty member does not need to undergo a separate Annual Review. This applies to the academic year during which the Executive Committee votes on approving promotion.

3. Assistant Professors being reviewed for promotion to Associate Professor

An Assistant Professor who is being considered for promotion to Associate Professor will undergo an extensive review process through the Executive Committee, which is sufficient to provide the faculty member with feedback, and the faculty member does not need to undergo a separate Annual Review. This applies to the academic year during which the Executive Committee votes on approving promotion.

3. Clinical Adjunct Faculty Members

Each year, Clinical Adjunct Faculty Members must submit a “Documentation of Clinical Adjunct Faculty Activities” and an attestation of professionalism in order to maintain their clinical adjunct faculty appointment. The Department Chair or Vice Chair for Faculty Development will review each form and provide feedback to the faculty member as needed.

4. All other faculty

All other faculty will undergo an Annual Review. The Department Chair will appoint designees to conduct Annual Reviews as follows:

- A CT Track Annual Review Committee consisting of two or more CT Track Associate Professors or Professors will conduct the annual review of each CT Track faculty member.
- A CHS Track Annual Review Committee consisting of two or more CHS Track Associate Professors or Professors will conduct the annual review of each CHS Track faculty member.
- A Tenure Track Annual Review Committee consisting of two or more Tenure Track Associate Professors or Professors will conduct the annual review of each Tenure Track faculty member.

The Department Chair will conduct the reviews of the members of the three Annual Review Committees.

The timeline for each review will be:

- a. The Department will notify each faculty member to be reviewed by March 1. At least two months’ notice will be given before the review is conducted. The notification will include the date when materials are due, which member of the Annual Review Committee will lead the review, and the criteria being used for the review (section C).
- b. Each faculty member will submit the following materials by April 1:
 - i. Updated curriculum vitae
 - ii. List of clinical, educational, research, service or other activities in the last academic year (July of prior year to current date)
 - iii. Proposed goals for the following academic year (July of this year to June of following year)
 - iv. In addition, the Department will provide to the reviewer(s) a copy of the most recent Post-Tenure or Post-Promotion review

- c. Each Committee will review the faculty in their respective tracks and develop a consensus opinion regarding each faculty member's performance, as per the criteria in Section C below.
- d. The primary reviewer will by May 1 complete an annual review form that covers the following topics:
 - i. Review of faculty member's performance with respect their job description and responsibilities
 - ii. Review of goals for the following academic year
 - iii. Attestation to SMPH standards of professional behavior, as stated in SMPH bylaws
 - iv. If relevant, review of ABPN Continuing Certification status, and plans for maintaining certification
 - v. If relevant, violations of incomplete chart policy
 - vi. Review of teaching evaluations
 - vii. Whether or not the faculty member is meeting expectations
 - viii. For Assistant Professors in each of their first three years, whether the faculty member is on the correct track
 - ix. For CT Track Assistant Professors in their fifth year and beyond, readiness for promotion to Associate Professor (for CHS Track and Tenure Track Assistant Professors, this is assessed by the respective Promotion Oversight Committees)
 - x. For Associate Professors, whether the faculty member should be considered ready for promotion to Professor
- e. The Department Chair will review the annual review form and may endorse or change the Annual Review Committee's determination of whether or not the faculty member is meeting expectations. The Department Chair will provide a written summary of the Annual Review to the faculty member by June 1, and a copy will be placed in her/his personnel file. The Department Chair will also sign and submit to Central Operations a report attesting to completion of the annual review. The Department Chair will offer the faculty member the opportunity to meet in person to discuss the review. The faculty member may choose to agree or disagree with the determination of whether or not the faculty member is meeting expectations. The faculty member may write a response to the review; this response will be placed in her/his personnel file.
- f. The Department Chair will address any concerns about the faculty member's performance directly with the faculty member, or may bring concerns to the attention of the Executive Committee. The Executive Committee will review the Annual Reviews of: (i) Assistant Professors each year and (ii) CHS and CT Track Associate Professors and Professors when they are due for reappointment.

C. Criteria for Annual Reviews

As per the UWSMPH *Faculty Performance Review Policy* (80.90): "Annual reviews will evaluate performance with respect to: a. the individual's job description and responsibilities; and b. UW SMPH standards of professional behavior as stated in the SMPH Bylaws." In addition: "Annual reviews will include mutually agreed upon goals for the next year."

Specifically, for tenured faculty:

1. It is expected that faculty will have continued productivity with respect to academic scholarship. This should include components of the following:
 - a. first or senior author publications in high quality peer review journals and/or authorship of books,
 - b. continuous grant funding (or continuous attempts to obtain grant funding), or
 - c. other evidence of continued scholarly activities (e.g., invited research lectures, abstracts/posters presented at research conferences; research awards and honors).
2. It is recognized that those faculty with significant clinical responsibilities will have these responsibilities considered when evaluating their scholarly productivity.
3. It is expected that faculty will participate in Departmental and SMPH committees or have other evidence of service activities.

For CHS faculty:

1. It is expected that faculty will demonstrate continued productivity with respect to:
 - a. educational activities (e.g., administering educational program, implementing innovative curricula, or disseminating educational outcomes)
 - b. clinical activities (e.g., creating or directing a clinical service, being recognized as a thought leader in a clinical area, or involvement in the leadership of professional medical associations), or
 - c. research (for example, first or senior author publications, or other activities)
2. It is expected that faculty will participate in Departmental or SMPH committees or have other evidence of service activities.

For CT faculty:

1. It is expected that they will continue to demonstrate excellence with respect to clinical care and will continue to participate in (and receive excellent reviews of) teaching activities.
2. It is expected that faculty will participate in Departmental or SMPH committees or have other evidence of service activities.

Additionally, faculty with clinical duties will be expected to have clinical performance at or above the community standard, as evidenced by:

1. Absence of concerns by peers or Department leadership about the quality of patient care, and
2. Timeliness of charting and meeting other documentation/regulatory requirements, and
3. Absence of excessive complaints by patients.
4. Maintaining board certification, if relevant.