

UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE

Volunteer Clinical Faculty  
Appointment and Reappointment Documentation of Teaching and Service  
for Academic Year 2007-2008

Please complete this form and attach a current Curriculum Vitae.  
Use the back of this form for providing written documentation or attach additional sheets as necessary.  
*If you are a Volunteer Clinical Faculty member and a member of University of Pittsburgh Physicians( UPP), you must also complete the UPP Clinical Faculty Performance Evaluation.*

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

Practice Specialty(ies): \_\_\_\_\_

UPSOM Faculty Title and Department: \_\_\_\_\_

I. TEACHING

A. Didactic teaching ("classroom" based teaching of a large or small group of students/residents)

1. Total number of direct contact hours of didactic teaching (lecturing, facilitating small group sessions, grand rounds, etc.): \_\_\_\_\_
2. For each activity included in the total teaching contact hours indicated above, please report the date and place of the activity, the amount of time, the number and level of students/residents taught, the type of teaching modality (e.g., lecture, small group, seminar), and specific subject matter of instruction.
3. Attach copies of teaching evaluations and/or other relevant documentation of teaching excellence.

B. Clinical precepting (supervising a UPSOM student or UPMC-HS resident/fellow who is seeing patients in an outpatient or inpatient setting)

1. Total number of half-days spent supervising students/residents: \_\_\_\_\_
2. Total number of UPSOM students precepted: \_\_\_\_\_
3. Total number of UPMC-HS residents precepted: \_\_\_\_\_
4. Please indicate number of half-days of supervision for each student/resident precepted
5. Attach copies of teaching evaluations and/or other relevant documentation of teaching excellence.

II. SERVICE

Please describe the type of service including specific names of committees, projects, or initiatives; amount of time spent in meetings; preparation time; impact of work; and other pertinent factors. Use the back of this form or attach additional sheet(s) as necessary

III. COMMENTS AND SUGGESTIONS

Use the back of this form or attach additional sheet(s) as necessary

\_\_\_\_\_  
\_\_\_\_\_

VI. CHAIR'S ASSESSMENT

\_\_\_ Exceeds minimum requirements \_\_\_ Meets minimum requirements \_\_\_ Does not meet minimum requirements

Chair Signature \_\_\_\_\_

Date \_\_\_\_\_