



Guidelines and Resources for Faculty Annual & Periodic Reviews

Annual Reviews

Per [policy](#), units are to continue to conduct annual reviews. OAA strongly recommends TIU heads to gather information from faculty about the impacts of the COVID-19 pandemic on their work. OAA also strongly recommends TIU heads to document each faculty member's percentage of effort across teaching, research and creative inquiry, service/engagement, and practice in the annual review letter. In recognition of workload impacts of faculty modifying modes of instruction due to COVID-19, faculty responsibilities for calendar year 2021 may have been adjusted to increase the relative proportion of effort focused on instruction. For example, if a faculty member's normal responsibilities consisted of 40% teaching, 40% research and creative inquiry, and 20% service/engagement, the proportion associated with teaching may have increased to 50%, with proportional decreases in research and creative inquiry, and service/engagement. The attached COVID statement guidelines can be used by faculty to support their documentation of impacts from the pandemic.

Statement to Include in All Annual Review Letters

Given these extraordinary times and while remaining committed to recognizing and rewarding high standards of excellence in our teaching, research, and service mission areas, it is important for units to be mindful of and to approach faculty evaluations for the academic year with a creativity, flexibility, and understanding that generally has not been necessary to consider in previous evaluations. In doing so, units also need to recognize the unique contributions faculty are making to addressing the COVID-19 pandemic both on and off campus. We strongly encourage that the following (or similar) statement be included in the annual review letter for each faculty member.

I/We acknowledge that the extraordinary circumstances caused by the coronavirus (COVID-19) pandemic may have caused disruptions to faculty in their teaching, research/scholarship/creative activity, and service goals during 2021. I/We also acknowledge that these challenging circumstances have resulted in many of our faculty making unique contributions to address the pandemic. Moreover, many faculty are facing additional challenges related COVID-19 such as health concerns, extra caregiving duties, and financial troubles, which are personal matters and thus not typically included in annual file narratives. Nonetheless, we recognize that such issues are important and have had a significant impact on many of you.

Peer Evaluation of Teaching

Units are to continue to conduct peer evaluations of instruction following their departmental/college guidelines. Resources for conducting online teaching evaluations are available from the Associate Deans for Faculty Affairs in each college, the Drake Institute for Teaching and Learning, and the Office of Distance Education and eLearning.

Student Evaluation of Instruction

SEIs continue to be administered to students, and all faculty, graduate students, and staff who taught were [provided language](#) to use in their review materials. In addition to these steps, OAA recommends that TIU heads and/or promotion and tenure committee chairs review all SEI comments and follow-up with faculty to review how they will be used in the review process as well as how to use the feedback provided to improve instruction. Faculty needing additional support in analyzing their SEI comments are encouraged to reach out to the Drake Institute for Teaching and Learning.

Flexibility in Workload Assignments

The COVID-19 pandemic has resulted in faculty experiencing a range of challenges. As noted in the university's [statement on flexibility at work](#), TIU heads are encouraged to use flexible strategies regarding instructional and service assignments for faculty. Changes to faculty assignments (whether temporary or permanent) are to be documented through the annual review process.

COVID Statement for Inclusion in Annual Review Materials

Faculty are again invited to add an optional statement to their annual review materials regarding the impact of the COVID-19 pandemic on their research, teaching, service, and clinical service. For some faculty, the pandemic has created new research and teaching opportunities; for others, the pandemic has closed off active lines of research, shifted the balance of work toward teaching, and/or increased caregiving responsibilities. The COVID-19 statement offers faculty an opportunity to reflect on both positive and negative impacts, as relevant, and to highlight achievements that may not be otherwise visible (e.g., redirecting research to accommodate travel restrictions). The goal of the statement is to contextualize professional accomplishments and challenges related to the pandemic for internal audiences. Whether in this statement or in some other way, faculty are encouraged to create a record of the impacts now, while they are fresh. The inclusion of this statement provides faculty with an opportunity to detail disruptions to their activity experienced through no fault of their own, to explain the ways in which they adapted to overcome these, and to note how these adaptations represent a form of productivity during this period.

The level of detail regarding specific causes of the impacts is left to the candidate's discretion. For example, faculty members may include information about how personal situations affected their work, but they only need to state the nature of the circumstances (e.g., medical, bereavement, family responsibilities) and are not expected to include details. Alternatively, faculty stating that they were unable to work or worked at a reduced capacity during a specified period of time due to medical reasons is sufficient for the impact of the circumstances to be taken into consideration. Statements should be no more than 750 words and may be organized into sections based on relevant evaluative categories (research, teaching, service, clinical service) or may be organized instead according to changes in one or more evaluative areas as they relate to changes in others. Below, examples of impacts are provided in each category.

RESEARCH

- Increased productivity that may not be sustained (i.e., shouldn't represent a new annual expectation)
- Decreased productivity that may be sustained beyond the pandemic. In this instance, faculty are encouraged to describe their current plans for re-establishing their work, appreciating that these plans will need to be flexible.
- Shifts in research focus
- The establishment of new lines of research associated with the pandemic
- Loss of research time due to lab closures
- Closures of research collections
- Travel restrictions
- Budgetary constraints
- Delay in enrollment of patients into clinical trials

TEACHING

- Increased time on course preparation
- Development of new courses or new course materials
- Changes in student evaluations associated with new instructional modalities
- Professional development through teaching-related workshops or trainings
- Increased mentoring of students
- Increase time spent accommodating students who were impacted by COVID-19

SERVICE

- Increased mentoring of faculty colleagues
- Reduced time to engage in service to professional organizations
- Increased service specifically related to the pandemic
- Reduced availability for community partnership opportunities

CLINICAL SERVICE

- Clinic closures and reduced and/or different case load
- Increased case load
- Increased time addressing safety needs related to clinical training (students, residents, interns) and client/patient interactions
- Reduced clinical productivity due to patient concerns about safety
- Increased time on clinics and clinical administrative responsibilities due to staffing issues (quarantine, child/elder care, schooling) and/or call-backs
- Decreased ability and time to work up clinical cases for case-studies and house-officer (residents/interns) training
- Reduced clinical operations capacity
- Reduced support in working up and educating patients due to absence of students and residents
- Reduced communication with team members resulting in extra time required to gather information individually regarding patients