**Please select:**

New ARCDr. <Professional Staff's name>’s copy

Change in Role Category O Schulich School of Medicine & Dentistry’s copy

Change in Percentages UWO Department of <enter department>’s copy

Change in Expectations City-wide Medical Affairs’ copy and/or Performance Indicators

**Academic Role Category – Clinician Administrator**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** | Dr. |  |  |  | |
|  | | (first name) |  | (last name) | |
| **Primary Department:** | |  |  | **Division:** |  |
|  | |  |  |  | (if applicable) |
| **Program:** | |  |  |  |  |
|  | | (if applicable) |  |  |  |
| **Appointment Rank:** | |  |  | **Effective Date:** |  |
|  | |  |  |  |  |

**Clinician Administrator:**

Clinical academic whose major role is in administration. The administrative role(s) may be academic and/or clinical, and often includes a medical leadership role(s). Maintenance of competence in another (previous) role category (e.g. Clinician researcher) may be incorporated into role description.

**Pre-Requisites** {*check the applicable boxes below to acknowledge the Faculty member has the pre-requisites}*

* Training in health care administration and/or leadership is expected, before or concomitant with undertaking the administrative role

**Note**: For sample Performance Indicators, please refer to the *Sample Performance Indicators* document.

|  |  |  |  |
| --- | --- | --- | --- |
| **Role Component** | **% Range** | | **Actual %** |
| Clinical Service\* | 15-40% | |  |
| **Expectations & Performance Indicators** | | | |
| **Expectations:**  **Performance Indicators:**  \*If applicable, the total above is inclusive of \_\_\_\_\_\_% of Clinical Service Teaching, up to a maximum of 20% | | | |
| **Role Component** | **% Range** | | **Actual %** |
| Teaching | 10-30% | |  |
| Clinical Service Teaching: \_\_\_%  (not part of overall total and up to a maximum of 20%) | | | |
| **Expectations & Performance Indicators** | | | |
| **Expectations:**  **Performance Indicators:**   * Will complete above expectations with a mean score of 4.5/5 or higher on a 7-point Likert scale, or similar score on agreed upon equivalent scale, with positive evaluations by trainees, students and peers. | | | |
| **Role Component** | **% Range** | | **Actual %** |
| Research | 0-30% | |  |
| **Expectations & Performance Indicators** | | | |
| **Expectations:**  **Performance Indicators:** | | | |
| **Role Component** | **% Range** | | **Actual %** |
| Administration | 40-75% | |  |
| **Expectations & Performance Indicators** | | | |
| **Expectations:**  **Performance Indicators:** | | | |
| **Role Component** | **% Range** | | **Actual %** |
| Health Care Leadership / Role Model / General | 5-30% | |  |
| **Expectations & Performance Indicators** | | | |
| **Expectations:**   * Demonstrate the hospitals’, Schulich School of Medicine & Dentistry’s and Western University’s Code of Conduct at all times and hold others in portfolio accountable to maintain the Codes of Conduct   **Performance Indicators:**   * Demonstrate awareness and engagement in the Faculty Wellness Program at Schulich and review of the Faculty Member’s own wellness at their annual CDP meeting per Schulich’s Faculty Wellness Framework | | | |
| **Total Percentage (This total not to exceed 100%)** | | **/100%** | |

***By signing this form, both the Chair/Chief and professional staff member are in agreement of the above and that the appropriate resources are available to meet the outlined role components.***

**Signatures:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

Professional Staff Print Professional Staff Signature Date

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

Department Chair/Chief Print Department Chief Signature Date

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

Division Chair/Chief Print Division Chair Signature Date