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| --- | --- |
| **Name:**  **Current Rank:**       *(If applicable)*  **Years in Rank:**       (*If applicable)* | **Review Period**: July 1, 2021-June 30, 2022  **Leader:** |

*Please discuss the individual’s disclosure of outside interests and licensed intellectual property. If they have not completed or need to update their outside interest’s disclosure for these items, they may contact the Conflict of Interest Office via* [*COIDisclosures@wakehealth.edu*](mailto:COIDisclosures@wakehealth.edu)*, 336-716-9300 or the Atrium Health Enterprise Corporate Compliance hotline:* **844-587-0825.**

**Section 1: Accomplishments & Goals**

**Instructions:** Based on your roles and responsibilities, capture your key accomplishments and goals in the categories outlined below while also noting your goals for the following year. ***Note***: Entering a goal in each category is not required. Personal goals should have measurable accountabilities and generally not to exceed 3 total.

|  |  |  |
| --- | --- | --- |
| **Category** | **FY22 Key Accomplishments**  **(*Align with FY21 goals from last APR*)** | **FY23 Goals** |
| **1. Clinical** |  |  |
| **2. Education** |  |  |
| **3. Scholarship & Research** |  |  |
| **4. Administrative** |  |  |
| **5. Extramural**  **Service** |  |  |
| **6. Professionalism** |  |  |

**Section 2: Atrium Health Culture Commitments**

Select one of the Atrium Health *Culture Commitments* outlined below and share how you excelled in demonstrating the commitment.

* *We create a space where all Belong*
* *We Work as One Team to make great things happen*
* *We earn Trust in all we do*
* *We Innovate to better the now and create the future*
* *We drive for Excellence – always*

**Section 3: Summary**

1. What achievements would you like to highlight this year?

2. How can your leadership/department/Atrium Health support you in achieving your goals and eliminate any barriers?

**Please attach your CV (or alternate documentation of key achievements) and highlight additions in academic year 2022 (optional for non-faculty physicians).**

**Leader Commentary**

**Exceptional Performance Areas:**

**Developmental Areas (if applicable):**

**Follow up (if applicable):**

**Physician Leader/Chair’s Comments**:

**Section 4: Signatures**

**By clicking on this box, I, insert name, acknowledge that a performance discussion has occurred. Individual acknowledgment does not imply agreement with the contents of the document.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** | Click here to enter a date. | **Individual’s Signature:** |  |
|  |  |  |  |
| **Date:** | Click here to enter a date. | **Physician Leader**  **Chair, Professional Development & Academic Affairs**  **Chair’s Signature** |  |