**KINGDOM OF SAUDI ARABIA**

**IBN SINA NATIONAL COLLEGE FOR MEDICAL STUDIES**



**STAFF PORTFOLIO**

**(2022 – 2023)**

**Staff Name:**

**Department Name:**

**Introduction**

**The Staff Portfolio (SP) consists of eight sections defined by their purpose at ISNC (to be filled annually and submitted to respective department head/chairmen)**

Section 1: Personal Details

Section 2: Teaching

**Section 3: Professional development activities**

Section 4: Research and Scholarly Activity

Section 5: Review, evaluate and reflect on your performance in Service

Section 6: Self Evaluation and comments

**Section 7: Head of Department comments**

Section 1: Personal Details

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| --- | --- | --- |
| **1.1 Personal Details** | | |
| **Name** |  | |
| **Title**  **(eg. Prof., Assoc. Prof, Asst. Prof., Dr., Lecturer, Teaching Assisstant)** |  | |
| **Program** |  | |
| **Department** |  | |
| **Employee Number** |  | |
| **Telephone Number Ext** |  | |
| **Mobile number** |  | |
| **Email Address** |  | |
| **1.2: Qualifications, Awards, Memberships** (Achieved this academic year) | | |
| **1.2 A: Qualifications** (most recent first) | **Qualification** | **Institution (if relevant)** |
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| **1.2 B: Awards** (most recent first) | **Description** | |
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| **1.2 C: Memberships** (most recent first) | **Description** | |
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Section 2: Teaching

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| **2.1 Teaching**  Fill in actual hours spent in scheduled award-related teaching (list most recent first). For each semester, include a ‘Total’ line, summing the total contact hours across all courses for that semester. | | | | |
| **Year/ Semester** | **Program**  **Course Code & Name** | **Credit Points/Units** | **Your total formal classroom contact hours in this course per semester. Do not include preparation time.** | **Notes – Indicate the class size. Show contact hours by teaching mode (lecture, seminar, tutorial, practical, laboratory, clinical, other). If you team teach, list role (eg coordinator, lecturer, tutor) and percentage contribution.**  **.** |
| **Semester - I** |  |  |  |  |
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| **Semester -II** |  |  |  |  |
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**Section 3: Professional development activities**

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| --- | --- | --- |
| **3.1: Workshop, Training programs attended (most recent first)** | | |
| **Sl. No.** | **Title** | **Place & Date** |
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**Section 4: Research and Scholarly Activity**

**Kindly provide the details of research and scholarly activities information through link** [**https://forms.office.com/r/TgaRb0WMdC**](https://forms.office.com/r/TgaRb0WMdC)

# Section5: Review, evaluate and reflect on your performance in Service.

**Review -** identify and describe your service activities across the three forms of service: service to ISNC, service to the community, and service to your profession

**Evaluate** – provide evidence to indicate the nature and extent of the impact of your activities.

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| **Commitments**  Describe your commitments in Service | **Evaluation**  Evaluate the quality of your work (in terms of process and outcomes) using evidence. Quality refers to the merit and impact of your service. | **Reflection**  Reflect upon your service commitments and the major past, present and future themes of your work. |
| **5.1: Service to ISNC** | | |
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| **5.2: Service to the community** | | |
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| **5.3: Service to your profession** | | |
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**Section 6: Self Evaluation and comments**

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| **Strength** |  |
| **Areas of improvements** |  |
| **Action Plan for Improvement** |  |

**Additional Section: Peer Evaluation and comments (if any)**

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**Section 7: HoD Evaluation and comments**

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| **Strength** |  |
| **Areas of improvements** |  |
| **Improvement Plan** |  |

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| --- | --- | --- |
|  | **Signature** | **Date** |
| **Employee’s Name:** |  |  |
| **Department Chairman Name:** |  |  |