**KINGDOM OF SAUDI ARABIA**

**IBN SINA NATIONAL COLLEGE FOR MEDICAL STUDIES**



**STAFF PORTFOLIO**

 **(2020 – 2021)**

**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

|  |
| --- |
| **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)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |
| **1.2 B: Awards** (most recent first) | **Description** |
|  |
|  |
|  |
| **1.2 C: Memberships** (most recent first) | **Description** |
|  |
|  |
|  |

Section 2: Teaching

|  |
| --- |
| **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** |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Semester -II** |  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Section 3: Professional development activities**

|  |
| --- |
| **3.1: Workshop, Training programs attended (most recent first)** |
| **Sl. No.** | **Title** | **Place & Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Section 4: Research and Scholarly Activity**

|  |
| --- |
| **4.1: General Information** |
| **ORCHID ID** |  |
| **Google Scholar ID** |  |
| **Researchgate ID** |  |
| **4.2: Research** |
| **4.2 A: Ongoing research projects within or outside ISNC for the current year*****Note:******-\**** *ISNC-RC: ISNC-Research Center registration number, IRRB: Institutional Research Review --Board Approval Number.**- \*\*Please mention the name of approving board/committee if not approved by the ISNC’s IRRB**- \*\*\*Please Indicate* ***√*** *against ongoing research projects outside ISNC in collaboration with other research group, individual, institution, multicenter research, etc.* |
| **S. No**  | **Title** | \* **ISNC-RC and or IRRB number** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| **4.2 B: Completed Research Projects within or outside ISNC*****Note:******- \**** *ISNC-RC: ISNC-Research Center registration number, IRRB: Institutional Research Review Board Approval Number**- \*\*Please Indicate* ***√*** *against completed research projects outside ISNC in collaboration with other research group, individual, institution, etc.* |
| **S. No**  | **Title and** \* **ISNC-RC and or IRRB number** | **Title of resulting conference presentation and or publication**  |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| **4.3 : Scholarly Activity** ***Note ISNC accepts the following as scholarly activity:****1. Peer review of research project proposals* *2. Peer reviewed publications**3. Text book author/co-author**4. Mentoring undergraduate student research**5. Conference oral, poster presentations**6. Chairing scientific sessions in conferences**7. Patient and community education projects**8. Editorial Board membership.**9. Organizing panel discussions.**10. Curriculum development (at Program, institution level)**11. Participation in program review**12. Preparation of PBL cases, Clinico-pathologic Conference.**13. Developing assessment score, plan and tools**14. Organizing clinical discussions.* *15. Organizing and chairing Journal Clubs, role play**16. Teaching and learning support activities in the form of Web based learning and teaching solutions**17. Organizing/membership in scientific conference committees*  |
|  |
| **4.3 A (i): Research Publications of the current reporting year (with or without ISNC affiliation)*****Note:*** * *“Current reporting year” means: the publication from June of previous calendar year to May of the current calendar year.*
* *Please write your publications details in VANCOUVER SYSTEM of referencing ONLY.*
* *Written acceptance of manuscripts submitted for publication can be included in the list down below (please mention the name of journal, month of publication and indexing information).*
* *Include publications with both ISNC and non-ISNC affiliation.*
* *Indicate* ***\**** *against publications with ISNC affiliation.*
* *Indicate* ***√*** *against publications with ISNC students/interns as co-author/s.*
 |
| **S. No** | **Article details in Vancouver System of Referencing**  | **Indexing information** |
|  |  |  |
|  |  |  |
| **4.3. A (ii) : Citations (publications of the past year/s with ISNC affiliation only)*****Note:**** *Publications of the “Past Year/s”: means all past publications with ISNC’s affiliation, except publications of the “Current Reporting Year.”*
* *Mandatory to include ALL PAST publications with ISNC affiliation.*
* *Please add more rows below if necessary.*
* *Citations to be checked on Google scholar; date of citation check to be mentioned.*
 |
| **No** | **Title of publication** | **Number of Citations** | **Date Checked** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4.3 B : Books/chapter Published** |
| **S. No**  | **Title of book/chapter** | **Publisher’s name and date** |
| **1** |  |  |
| **2** |  |  |
| **4.3 C :** **Mentoring undergraduate student research** ***Note the following can be considered:*** * *Supervising student/interns’ research (course embedded or otherwise).*
* *Supervising student/interns’ conference presentation (oral/poster).*
* *Supervising student/interns’ journal club preparation.*
* *Supervising, counselling student/intern in writing, reviewing publication manuscript.*
* *Advising, counselling student/intern on helping, choosing suitable journal for publication.*
 |
| **S. No** | **Type of undergraduate research activity** | **Level/year of undergraduate students under your mentorship.** | **Number of students involved** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4.3 D : Guide for scholarly research activities (PhD supervising external to ISNC, if any)** |
|  |
| **4.3 E : Manuscripts reviewed (In peer-reviewed journals):** |
| **S. No** | **Title of manuscript reviewed** | **Name of Journal** |
|  |  |  |
|  |  |  |
|  |  |  |
| **4.3 F : Peer review of research project proposals (Blind peer-review of ISNC’s research projects)****Note:** *Please include the research projects you may have revived as proposal writing overseeing team member, or as a invited member to the institutional research review board meeting, invited expedited reviewer, etc.* |
| **S. No** | **Title of the research project reviewed**  | **Protocol identification number** |
|  |  |  |
|  |  |  |
| **4.3 G : Conference attendance, oral, poster presentations** |
|  | **Title, forum, date** |
| **Conference attended** |  |
| **Keynote speaker** |  |
| **Invited guest speaker** |  |
| **Oral presentation** |  |
| **Poster presentation** |  |
| **Chairing scientific sessions in conference** |  |
| **Seminars etc.** |  |
| **Faculty development programs (on research related topics)** |  |
| **Chairing scientific session (conference/seminar/journal club etc.)** |  |
| **4.3 H : Any other Scholarly activities not enlisted above** |
| **S No** | **Details of activity** |
|  |  |

# 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.

|  |  |  |
| --- | --- | --- |
| **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** |
|  |  |  |
|  |  |  |
| **5.2: Service to the community** |
|  |  |  |
|  |  |  |
| **5.3: Service to your profession** |
|  |  |  |
|  |  |  |

**Section 6: Self Evaluation and comments**

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

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

|  |
| --- |
|  |

**Section 7: HoD Evaluation and comments**

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

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