**LSUHSC SCHOOL OF MEDICINE - NEW ORLEANS**

**ANNUAL REVIEW AND PLANNING INSTRUMENT FOR FACULTY**

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| **Name:** John Doe, III  |  **Calendar Year Reviewed:** 20yy |
| **Department:** Department of Internal Medicine | **Division:** Pulmonary/Critical Care |
| **(and/or) Center:**  |  **Initial Hire Date:** mm/dd/yy  |
| **Current Academic Track:** Tenure or Non-tenure | **Current Academic Rank:** Associate Professor |
| **If Tenure, year tenured or year to be reviewed:** 20yy**If Non-tenure:** [ ] **Full time** [ ] **Part time** |  **Years at Current Rank:**  |

**Assessment of Time and Effort Distribution:** (indicate percent effort on an averaged basis for the review year)

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| --- | --- | --- |
|  | % of Total Effort | Roles/Responsibilities |
| Clinical |  |  |
| Research |  |  |
| Education |  |  |
| Administration/Service |  |  |

 **100%**

1. **EducationAL accomplishments**:
2. Professional Awards and Honors:

1. Teaching Responsibilities - Lectures/Talks/Workshops:(describe course, quantity of time (date, hours, number of sessions), and level of learner (student, resident, fellow, faculty))

 Undergraduate Medical Education/Graduate School (includes UME and GBS):

 Graduate Medical Education (including morning report, journal club, etc.):

 Medical Education at the local, regional, national level:

1. Educational Scholarly Products: (curriculum development, education publications)

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| **D. Students Trained/Mentoring Responsibilities** |
| Are you a Program Director?[ ] **Yes** [ ] **No**  | Program Name:  | # of Residents:  |
| Are you a PI on a Training Grant?[ ] **Yes** [ ] **No**  | Grant:  | # of Trainees:  |
| Name(s) of Trainee(s) for which you are directly responsible | Trainee Type (e.g., grad., med., resident, postdoc., fellow) | Months/Year |
| 1.  |  |  |
| 2.  |  |  |
| 3. |  |  |

1. **Research/ Scholarly Activity accomplishments**:
2. Awards and Honors:
3. Presentations or Invited Seminars (Include title, type (e.g. societal, scientific, educational, departmental or grand rounds) and location.
4. Grant Review Panels: (specify Study Section Identifier (e.g., ZRG1 02A-J); CSR, Institute or Other Agency and period of service (e.g., March 13-14, 2022)
5. Editorial Boards:

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| **E. NIH Grants**  |
| Grant Identifier(e.g., DA019625) | Grant Title | Role (PI, Co-PI, Co-I) | Years(e.g., 09-14) | Annual Amount(direct + indirect) |
| 1. **Active:**
 |  |  |  |   |
| 1. **Pending:**

   |  |  |  |  |
| 1. **Not Funded:**

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| **F. Non-NIH Grants, Contracts, or Clinical Trials**  |
| Identifier | Total # | Type and Sponsor | Years(e.g.,‘09-’14) | Total Amount of Grant Award |
| 1. **Active:**
 |  |  |  |  |
| 1. **Pending:**

   |  |  |  |    |
| 1. **Completed:**

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| **G. Thesis or Dissertation Committees** |
| Name(s) of Trainee | Department | Degree Type (e.g., Ph.D. or Ph.D./M.D.) | Completion Date  |
| 1.  |  |  |  |
| 2.  |  |  |  |

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| **H. Publications (specify the number ONLY)** |
|  | Peer Reviewed (#) | Non-Peer Reviewed (#) |
| 1. Abstracts: a. Principal author (first or last)

b. Co-author  |  |  |
|  |  |
| 1. Articles: a. Principal author (first or last)

b. Co-author |  |  |
|  |  |
| 1. Chapters or Monographs a. Principal author (first or last)

b. Co-author  |  |  |
|  |  |
| 4. Textbooks |  |  |

1. List Publications and Titles for Articles, Chapters, and Textbooks (*Optional*):

**3. Clinical AND ADMINISTRATIVE SERVICE accomplishments:**

(e.g. clinical service, clinical leadership roles, Best Doctors designation, clinical committees, etc.)

1. Awards and Honors:

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| **B. Clinical Service**  |
| Hospital or Clinic Name | Clinical Care (½ days/wk.) | Procedures or Surgery (½ days/wk.) | Staff(wks./yr.) | Call(wks./yr.) | PatientVisits/yr. | RVUs | Director-ships |
| 1. Hospital:
 |  |  |  |  |    |  |  |
| 1. Clinic:

   |  |  |  |  |    |  |  |

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| **C. LSUHSC Committee Service** |
| Committee (begin with institutional or hospital committees, then school, and end with departmental)  | Role (member or leader) | Term or Years of Service | Appointed or Elected |
|  |  |  |  |
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1. LSUHSC Administrative Roles:
2. Service in Local, State, National and International Professional Organizations:
3. Community Service: (List service activity/Organization name and hours/year involved)

**4. PROFESSIONAL AND LEADERSHIP DEVELOPMENT**

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| **A. Professional Development Activities** |
| **Would you like to further your professional development in a particular area?** [ ] **Yes** [ ] **No** | **If so, in what area?** [ ] **Research** [ ] **Teaching** [ ] **Service** [ ] **Administration**[ ] **Health Care and Systems Admin.** [ ] **Prof. Organ./Societies** [ ] **Other**  |

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| **B. Leadership Development Activities** |
| **Would you like to know more about leadership positions in the SOM?** [ ] **Yes** [ ] **No** | **If so, what type of leadership position?** [ ] **Committee Service** [ ] **UME Admin.** [ ] **GME Admin.** [ ] **Health Care and Systems Admin.** |

1. Briefly describe of this year’s professional or leadership activities (include sponsoring organization, hours and year attended).

**5. REFLECTION**

1. Please reflect on your teaching, research or service accomplishments. What are areas in which we can help?
2. What are you most proud of? (Recognition from patients, teaching, mentoring, research, service, administration, community service, committees, etc.)

**6. PERSONAL GOALS**

(clinical, education, scholarship, administration, professional/leadership development).

Please specify your action plan to achieve these goals.

A. Prior years’ goals and progress made on each goal:

1.

2.

3.

B. Specific goals for next academic year

1.

2.

3.

C. Long range professional and career goals

**NUMERICAL SELF-ASSESSMENT OF OVERALL ACADEMIC PERFORMANCE:**

(1: definitely not meeting expectations, 4: satisfactory achievement of expectations and 7: definitely exceeding ***all*** expectations)

[ ]  **1** [ ]  **2** [ ]  **3** [ ]  **4** [ ]  **5** [ ]  **6** [ ]  **7**

[ ]  **CHECK HERE TO REQUEST A MENTORING COMMITTEE FOR INDIVIDUALIZED CAREER SESSIONS (ICS)**

***SECTION BELOW IS FOR USE BY UNIT HEAD ONLY***

**Unit Head’s Overall Evaluation of Faculty Member’s Performance and Professional Development**

SUMMARIZE ACCOMPLISHMENTS AND AREAS FOR IMPROVEMENT in each of the four domains, as applicable: Clinical and Administrative Service (including patient care), Teaching, Research/scholarship and Professionalism. All faculty should have some comment regarding professionalism.

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**Unit Head’s Numerical Assessment of Faculty’s Overall Academic Performance:**

(1: definitely not meeting expectations, 4: satisfactory achievement of expectations and 7: definitely exceeding ***all*** expectations)

[ ]  **1** [ ]  **2** [ ]  **3** [ ]  **4** [ ]  **5** [ ]  **6** [ ]  **7**

[ ]  **CHECK HERE TO INDICATE THE REVIEW OF THIS ARPIF**

 **Date of Review:**

[ ]  **CHECK HERE TO INDICATE THAT AN UPDATED CV WAS ALSO RECEIVED FOR THIS FACULTY MEMBER**

[ ]  **CHECK HERE IF THIS FACULTY MEMBER HAS REQUESTED AN INDIVIDUALIZED CAREER SESSION**

[ ]  **CHECK HERE IF YOU WOULD LIKE TO RECOMMEND AN INDIVIDUALIZED CAREER SESSION FOR THIS FACULTY MEMBER**