**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:** |

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| **A. Professional Awards or Honors** |
| 1. |
| 2. |
| 3. |
| 4. |

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| **B. Teaching Responsibilities** | | | | | |
| Course Name/Number | School (e.g., SOM, SOD, SON) | Director (yes/no) | Students  (#) | Lect.  hrs./yr. | Contact  hrs./yr. |
| 1. |  |  |  |  |  |
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| **C. 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. | |  |  |
| 4. | |  |  |
| 5. | |  |  |

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| **D. 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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| **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. Grant Reviews – specify below** | | |
| Study Section Identifier  (e.g., ZRG1 02A-J) | Specify CSR, Institute or Other Agency | Period of Service  (e.g., March 13-14) |
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| **H. Inventions/Patents/Intellectual Property Development – specify below** | | | |
| Patent Number | Title or Brief Description of Technology | Provisional Years | Final Patent Awarded |
| 1. |  |  |  |
| 2. |  |  |  |

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| **I. Presentations or Invited Seminars** | | | |
| Title of Presentation or Seminar | Type (e.g., societal, scientific, educational, departmental or grand rounds) | National  (city, state) | International (city, country) |
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| **J. CME Presented or Attended** | | |
| Title of CME | Role (participant, moderator, or organizer) | Location |
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| **K. Editorial Posts and Activities** | | | |
| Journal or Editorial Board | Role (reviewer or editor) | Manuscripts (Reviews/yr. or Assign./yr.) | Other (e.g., special editor ) |
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| **L. 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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| **M. Clinical Service** | | | | | | | |
| Hospital or Clinic Name | Clinical Care  (½ days/wk.) | Procedures or Surgery  (½ days/wk.) | Staff  (wks./yr.) | Call  (wks./yr.) | Patient  Visits/yr. | RVUs | Director-ships |
| 1. Hospital: |  |  |  |  |  |  |  |
| 1. Teaching Hospital: |  |  |  |  |  |  |  |
| 1. Clinic: |  |  |  |  |  |  |  |
| 1. Office: |  |  |  |  |  |  |  |

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| **N. Community Service** | |
| Service Activity/ Organization Name | Hours/Year Involved |
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| **O. 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** | |
| Society or Sponsoring Organization (ASPET, APS, AAMC, SACS-COC, etc.) | Brief Description of This Year’s Activities | | Hours/Year Involved |
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| **P. 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.** | |
| Sponsor or Sponsoring Organization (AAMC, SACS-COC, society, etc.) | Brief Description of This Year’s Activities | | Hours/Year Involved |
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| **Q. 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 |  |  |
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| 1. Chapters or Monographs a. Principal author (first or last)   b. Co-author |  |  |
|  |  |
| 4. Textbooks |  |  |

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

**Progress Made on Your Prior Goals**

**(**If applicable, outline specific organizational features that facilitated or hindered your progress)

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| Goals Prior Year | Progress Made |
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## Specific Goals for Next Academic Year

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| Goals | Plans To Implement including any Resources Needed |
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**Long Range Professional and Career Goals**

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| Goals | Plans To Implement including any Resources Needed |
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**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 Evaluation of Faculty Member’s Performance and Professional Development**

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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**