**LSUHSC SCHOOL OF MEDICINE - NEW ORLEANS**

**ANNUAL REPORT AND PLANNING INSTRUMENT FOR**

**DEPARTMENTS/DIVISIONS/CENTERS**

|  |  |
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| **Unit:** Internal Medicine | **Calendar Year:** 20yy |
| [ ]  **Department (check one)** [ ]  **Division** [ ]  **Center** | **Date of Last IUR:** 20yy**Date of Last EUR:** 20yy |
| **Faculty: #FT**  **#PT**  **#Adjunct**  |  **Staff: #FT**  **#PT**  | **Trainees: #Graduate**  **#Residents**  **#Fellows**  |

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| **A. Professional Awards or Honors of Unit** |
| Faculty Member(alphabetical listing) | Award or Honor |
| Doe, John |  Dr. Allen A. Copping Award for Excellence in Teaching  |
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| **B. Teaching Responsibilities of Unit** |
| Course Name/Number | School (e.g., SOM, SOD, SON) | Director (name) | Students(#) | Lect. (hrs./yr.)  | Contact(hrs./yr.) |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
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| **C. Students Trained/Mentored by Unit** |
| Do you have a Residency Program?[ ] **Yes** [ ] **No**  | Program Director’s Name:  | # of Residents:  |
| Do you have a Training Grant?[ ] **Yes** [ ] **No**  | Principal Investigator’s Name/Dept.:  | # of Trainees:  |
| Faculty Member w/ Trainee or Mentee(alphabetical listing) | Trainee Name  | Type (e.g., graduate, medical, postdoctoral fellow) |
| Doe, John | 1. 2. 3. 4.  |  |
|  | 1. 2. 3. 4.  |  |
|  | 1. 2. 3. 4.  |  |
|  | 1. 2. 3. 4.  |  |
|  | 1. 2. 3. 4.  |  |
|  | 1. 2. 3. 4.  |  |

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| **D. Thesis or Dissertation Committees of Unit** |
| Name(s) of Trainee | Mentor’s Name\Department | Degree Type (e.g., Ph.D. or Ph.D./M.D.) | Completion Date |
| 1.  |  |  |  |
| 2.  |  |  |  |
| 3.  |  |  |  |

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| **E. NIH Grants in the Unit**  |
| Faculty Member w/ Grant(alphabetical listing) | Grant Disposition | #’s by Role(funded) | # of Grants Carrying through Year | # of Grants Ending this Year | Annual Amount(direct + indirect) |
| Doe, John | 1. # Funded: 3
2. # Pending: 1
3. # Not Funded: 1
 |  PI: 1Co-PI: 2  Co-I: Other: Co-I: Other: |  3 |  1 | $150,000 |
|   | 1. # Funded:
2. # Pending :
3. # Not Funded:
 |  PI: Co-PI:  Co-I: Other:   |  |  |  |
|   | 1. # Funded:
2. # Pending :
3. # Not Funded:
 |  PI: Co-PI:  Co-I: Other:  |  |  |  |
| **Totals:** |  3 |  1 | $150,000 |

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| **F. Other Grants in the Unit (Government/Foundation/Industry)** |
| Faculty Member w/ Grant(alphabetical listing) | Grant Disposition | #’s by Role | # of Grants Carrying through Year | # of Grants Ending this Year | Annual Amount(direct + indirect) |
|  | 1. # Funded:
2. # Pending :
3. # Not Funded:
 |  PI: Co-PI:  Co-I: Other:  Co-I: Other: |  |  |  |
|   | 1. # Funded:
2. # Pending :
3. # Not Funded:
 |  PI: Co-PI:  Co-I: Other:  |  |  |  |
|   | 1. # Funded:
2. # Pending :
3. # Not Funded:
 |  PI: Co-PI:  Co-I: Other:  |  |  |  |
| **Totals:** |  |  |  |

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| **G. Unit Faculty Serving on Grant Review Committees – specify below**  |
| Faculty Member Serving(alphabetical listing) | Specify CSR, Institute or Other Agency | Period of Service(e.g., March 13-14) |
|  | 1.2.3.4. | 1.2.3.4. |
|  | 1.2.3.4. | 1.2.3.4. |
|  | 1.2.3.4. | 1.2.3.4. |

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| **H. Inventions/Patents/Intellectual Property Development – specify below**  |
| Faculty Member(alphabetical listing) | Total # | Patent Number and Technology | Provisional Years | Final Patent Awarded |
|  |  | 1.2.3. |  |  |
|  |  | 1.2.3. |  |  |
|  |  | 1.2.3. |  |  |
|  |  | 1.2.3. |  |  |

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| **I. Presentations or Invited Seminars by Faculty in Unit** |
| Faculty Member(alphabetical listing) | Meeting Type (society, scientific, educational, or developmental) | Role (participant, moderator, or organizer) | National(city, state) | International(city, country) |
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| **J. CME Presented or Attended by Faculty in Unit** |
| Faculty Member(alphabetical listing) | Role (participant, moderator, or organizer) | Location |
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| **K. Editorial Posts and Activities of Faculty in Unit** |
| Faculty Member(alphabetical listing) | Journal or Editorial Board | Role (reviewer or editor) | Manuscripts (Reviews/yr. or Assign./yr.) | Other (# ) |
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| **L. LSUHSC Committee Service by Faculty in Unit** |
| Faculty Member(alphabetical listing) | Committee (begin with faculty on 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 Services Provided by Faculty in Unit**  |
| Faculty Member(alphabetical listing) | # Clinical Sites for that Faculty Member | Total½ days/wk. ofClinical Care | Total½ days/wk. ofProced. or Surg. | Total wks./yr. Staffing | Total wks./yr. of Call | Total PatientVisits/yr. | Total RVUs | # Director-ships |
|  | Hospitals:TeachingHospitals:Clinics:Offices: |  |  |  |  |  |  |  |
|  | Hospitals:TeachingHospitals:Clinics:Offices: |  |  |  |  |  |  |  |
|  | Hospitals:TeachingHospitals:Clinics:Offices: |  |  |  |  |  |  |  |
|  | Hospitals:TeachingHospitals:Clinics:Offices: |  |  |  |  |  |  |  |

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| **N. Involvement of Unit Faculty in Community Service**  |
| Faculty Member(alphabetical listing) | Service Activity/ Organization Name | Hours/Year Involved  |
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| **O. Professional Development Activities** |
| Faculty Member(alphabetical listing) | 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** |
| Faculty Member(alphabetical listing) | 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 by Unit Faculty (specify the number ONLY)** |
| Faculty Member(alphabetical listing) |  Peer Reviewed Abstracts Articles Textbooks/ChaptersPrincipal Co-author Principal Co-author Principal Co-author |  Non-Peer ReviewedAbstracts Articles Textbooks/Chapters |
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List Publications and Titles for Articles, Chapters, and Textbooks (*Optional*):

***FINANCIAL SECTION BELOW SHOULD BE POPULATED DIRECTLY FROM THE MISSION-BASED BUDGET FOR YOUR UNIT***

**FINANCIAL INDICATORS**

|  |  |  |
| --- | --- | --- |
|  | Prior FY | Current FY |
| Revenue |  |  |
| Expenses |  |  |
| Net Cash Flow |  |  |

**REVENUE**

|  |  |  |
| --- | --- | --- |
|  | Prior FY | Current FY |
| Teaching Medical Students SGFs |  |  |
| Administration SGFs |  |  |
| External Research Grants |  |  |
| Contracts |  |  |
| Public HCN Payments to Unit |  |  |
| Private HCN Payments to Unit |  |  |
| Other |  |  |
| **TOTAL REVENUE** |  |  |

**PERFORMANCE INDICATORS**

|  |  |  |
| --- | --- | --- |
|  | Prior FY | Current FY |
| % of Total Expense on Medical School Teaching SGFs |  |  |
| % of Total Expense on External Research Grants Administration SGFs |  |  |
| % of Total Expense on External Sponsored Funding Source |  |  |
| % of Total Expenses on HCN Sources |  |  |
| Revenue Per Total Faculty FTE |  |  |
| Expenses per Total Faculty FTE |  |  |
| (Unclass + Class FTEs) per (Faculty + Other Academic FTEs Ratio |  |  |
| Resident Coordinators per (Residents + Fellows) Ratio |  |  |

**FTE INDICATORS**

|  |  |  |
| --- | --- | --- |
|  | Prior FY | Current FY |
| Faculty |  |  |
| Other Academic |  |  |
| Unclassified |  |  |
| Classified |  |  |

**Progress Made on Prior Goals for the Unit**

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

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| --- | --- |
| Goals Prior Year | Progress Made  |
|  |  |

## Goals for the Unit over Next Academic Year

* Make sure you include potential opportunities for Additional/ New Revenue

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| Goals for Next Year | Plans To Implement including any Resources Needed |
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**Mid-Range (3-5 year) Goals for the Unit**

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**Date of Most Recent Internal Unit Review (IUR):**

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

|  |  |
| --- | --- |
| Recommendations Made by IUR Committee | Progress Made Towards Recommendations |
|  |  |

**Date of Most Recent External Unit Review (EUR):**

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

|  |  |
| --- | --- |
| Recommendations Made by EUR Committee | Progress Made Towards Recommendations |
|  |  |

**NUMERICAL SELF-ASSESSMENT OF UNIT BY UNIT HEAD:**

(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 FACE-TO-FACE CONSULTATIVE SESSION (CS) WITH THE DEAN**

**TO REVIEW THE SUBMITTED DATA:** [ ]  **(optional)**

***SECTION BELOW IS FOR USE BY THE DEAN ONLY***

**Dean’s Comments about Unit’s Performance and Stated Goals**

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**Dean’s Numerical Assessment of Unit’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 THAT THIS ARPID HAS BEEN REVIEWED**

 **Date of Review:** mm/dd/yy

[ ]  **CHECK HERE TO INDICATE THAT ALL THE ARPIFs FOR THE UNIT WERE RECEIVED AND ON FILE**

**MOST RECENT YEAR OF IDEA CENTER SURVEY ON UNIT HEAD:** 20yy

[ ]  **CHECK HERE TO INDICATE IDEA CENTER SURVEY HAS BEEN REVIEWED**

**Unit Classification by Dean**

(select only one)

[ ]  **Unit Proceed** – unit to follow scheduled periodic academic unit review (PAUR) – every 4y. IUR; 8y. EUR

[ ]  **Consultative Session (CS)** requested with Unit Head ***– see below***

[ ]  ***Off-cycle* Internal Unit Review (IUR)** initiated ***– see below***

[ ]  ***Off-cycle* External Unit Review (EUR)** initiated **– *see below***

***SECTION BELOW IS FOR USE BY THE DEAN ONLY***

**CONSULTATIVE SESSION (CS):**

**Reason for CS:** [ ]  **UNIT HEAD REQUESTED**

[ ]  **DEAN REQUESTED.**

|  |
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| **Reason:** |

[ ]  **REQUIRED BASED ON INTERIM LEADERSHIP OF UNIT**

[ ]  **REQUIRED BASED ON UNIT HEAD’S INITIAL APPOINTMENT (FIRST TWO YEARS)**

**DATE OF CS:**

**Minutes and Action Items from CS:**

**Off-Cycle INTERNAL UNIT REVIEW (IUR):**

**Dean’s recommendations regarding IUR Committee members and/or IUR Chair:**

**Date Unit Head notified of IUR: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Off-Cycle EXTERNAL UNIT REVIEW (EUR):**

**Dean’s recommendations regarding EUR Faculty:**

**Date Unit Head notified of EUR: \_\_\_\_\_\_\_\_\_\_\_\_**