**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. | Contacthrs./yr. |
| 1.  |  |  |  |  |  |
| 2.  |  |  |  |  |  |
| 3.  |  |  |  |  |  |
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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.  |  |  |  |
| 3.  |  |  |  |

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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:
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| 1. Pending:

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| 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:
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| 1. Pending:

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| 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.) | PatientVisits/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  |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

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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 |  |  |
|  |  |
| 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**