**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. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |

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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: 1  Co-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 | Total  ½ days/wk. of  Clinical Care | Total  ½ days/wk. of  Proced. or Surg. | Total wks./yr. Staffing | Total wks./yr. of Call | Total Patient  Visits/yr. | Total RVUs | # Director-ships |
|  | Hospitals:  Teaching  Hospitals:  Clinics:  Offices: |  |  |  |  |  |  |  |
|  | Hospitals:  Teaching  Hospitals:  Clinics:  Offices: |  |  |  |  |  |  |  |
|  | Hospitals:  Teaching  Hospitals:  Clinics:  Offices: |  |  |  |  |  |  |  |
|  | Hospitals:  Teaching  Hospitals:  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/Chapters  Principal Co-author Principal Co-author Principal Co-author | | | | | | Non-Peer Reviewed  Abstracts 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)

|  |  |
| --- | --- |
| 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.**

|  |
| --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_**