**NAME:**

**Purpose:** The Annual Faculty Review is used as an opportunity to celebrate faculty successes, develop mechanisms for continued success, and provide guidance and feedback for professional advancement. *Please understand that the more accurate the information you provide the more productive and meaningful your review will be.* Thank you for your thoughtful reporting efforts.

1. ***CURRICULUM VITAE***

Please submit an updated CV, in School of Medicine P&T format, when you submit this report.

Reference website: [P&T Resources | Faculty Affairs and Development (virginia.edu)](https://faculty.med.virginia.edu/facultyaffairs/advancement/pandt/pt-resources/)

1. ***ADMINISTRATIVE SERVICE & ACTIVITIES***
2. **ADMINISTRATIVE ACTIVITIES**
   1. **Current Appointments/Roles (Including % effort for each role)**

*Directions: Please report relevant percent effort types per role:*

*% Clinical Effort % Teaching Effort % Scholarly Effort*

*% Administrative Effort % Other Purchase Service Agreement Activities Effort*

* + - **Division**
    - **Department**
    - **School of Medicine**
    - **Health System**
    - **University (UVA/UPG)**
    - **Other**
  1. **Administrative Initiatives**

\*Note: Include topic and timeframe, and brief descriptive narrative

* 1. **\_\_\_\_\_\_\_ Number of staff reporting to you**
  2. **\_\_\_\_\_\_\_ Number of faculty reporting to you**

1. **PROFESSIONAL COMMITTEE SERVICE (Including Scientific & Teaching), COUNCILS, SPECIALTY SOCIETIES AND ORGANIZATIONS**
   1. **Scientific Program Committees**

*(ie. RSNA; Include your role & note any committees you chair)*

* 1. **NIH Study Sections**

*(Include your role & note any committees you chair)*

* 1. **Society/Council/Legislative/Organization - International**

***(Include your role & note any committees you chair)***

* 1. **Society/Council/Legislative/Organization – National/Regional**

(*Include your role & note any committees you chair)*

1. **Society/Council/Legislative Organization – State/Regional**

*(Include your role & note any committees you chair)*

1. **Society/Council/Legislative/Organization – Local/Area**

*(Include your role & note any committees you chair)*

1. **School of Medicine/Health System/UPG/University**

*(Include your role & note any committees you chair)*

1. **Department/Division-Level**

(Include your role & note any committees you chair)

*\*Note: Be sure to include education committees in this section.*

1. **OTHER PROFESSIONAL & SERVICE ACTIVITIES**

(eg. Board service, society/org leadership roles/offices, program/session coordination, service roles other than committee work, etc.)

* 1. **Society/Council/Legislative/Organization - International**

*(Include your role.)*

* 1. **Society/Council/Legislative/Organization – National/Regional**

*(Include your role.)*

1. **Society/Council/Legislative Organization – State/Regional**

*(Include your role.)*

1. **Society/Council/Legislative/Organization – Local/Area**

*(Include your role.)*

1. **School of Medicine/Health System/UPG/University**

*(Include your role.)*

1. **Department/Division-Level**

*(Include your role.)*

1. ***SCHOLARLY ACTIVITIES***
2. **BIBLIOGRAPHY**

**PEER-REVIEWED**

Note: Where appropriate, use \* to designate trainees, use ~ to designate corresponding authorship, and use ^ to indicate presenters.

* 1. **Peer-Reviewed Papers/Publications between April 1, 2022 – March 31, 2023**

**and Impact Factor** \*Note: Do not include manuscripts that are in press, accepted, or submitted.

* 1. **Peer-Reviewed Papers/Publications that are in press or accepted**

**between April 1, 2022 – March 31, 2023** \*Note: Please differentiate.

* 1. **Peer-Reviewed Papers/Publications that have been submitted**

**between April 1, 2022 – March 31, 2023**

**NON PEER-REVIEWED**

Note: Where appropriate, use \* to designate trainees, use ~ to designate corresponding authorship, and use ^ to indicate presenters.

1. **Non Peer-Reviewed Papers/Publications – published April 1, 2022 – March 31, 2023**
2. **Non Peer-Reviewed Papers/Publications – in press or accepted between April 1, 2022 – March 31, 2023** \*Note: Please differentiate
3. **Non Peer-Reviewed Papers/Publications – submitted between April 1, 2022 – March 31, 2023**

**BOOKS/BOOK CHAPTERS**

* Note: Identify invited chapters
* Note: Where appropriate, use \* to designate trainees, use ~ to designate corresponding authorship, and use ^ to indicate presenters

1. **Book chapters published between April 1, 2022 – March 31, 2023**
2. **Books published between April 1, 2022 – March 31, 2023**

**SHORT COMMUNICATIONS, EDITORIALS, COMMENTARIES, & LETTERS TO THE EDITOR**

Note: Where appropriate, use \* to designate trainees, use ~ to designate corresponding authorship, and use ^ to indicate presenters

1. **Published between April 1, 2022 – March 31, 2023**
2. **In press or accepted between April 1, 2022 – March 31, 2023**

\*Please differentiate

1. **Submitted between April 1, 2022 – March 31, 2023**

**PUBLISHED, PEER-REVIEWED ABSTRACTS, POSTERS & TECHNICAL/EDUCATIONAL EXHIBITS**

Note: Where appropriate, use \* to designate trainees, use ~ to designate corresponding authorship, and use ^ to indicate presenters.

There is now a separate section for reporting presentations that were not published.

1. **Published peer reviewed abstracts between April 1, 2022 – March 31, 2023**
2. **Published peer reviewed posters between April 1, 2022 – March 31, 2023**

\*Titles and co-authors

1. **Published peer reviewed technical/educational exhibits between April 1, 2022 – March 31, 2023**

**DIGITAL, ONLINE, & AUDIO-VISUAL PUBLICATIONS: April 1, 2022 – March 31, 2023**

Note: Include authors, contributors, title, purpose, description, duration, medium or format, URL if available.

Note: Where appropriate, use \* to designate trainees, use ~ to designate corresponding authorship, and use ^ to indicate presenters

1. **EDITORIAL ACTIVITIES**
2. **Journal Editorships/Associate Editorships**
3. **Journal Guest Editorships**
4. **Journal Editorial Board Service**
5. **Book/Manuscript Reviews (Including book/journal title)**
6. **RESEARCH ACTIVITIES**
   1. **Financial Resources (Grants & Contracts)**

**Note: Do not include unfunded research efforts in this section. Report UREs in #2 below.**

* + 1. **Active grants for which you are Principal Investigator, Co-Principal Investigator or site PI**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Title** | **Agency (NIH, State, Foundation, Internal, Industry)** | **Your**  **% effort** | **UVa Direct Costs** | **UVa Total Costs** | **If industry, percent of total recruitment achieved** | **Start Date** | **Expected end date** |
|  |  |  |  |  |  |  |  |
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* + 1. **Active grants for which you are a Co-Investigator**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** | **Agency (NIH, State, Foundation, Internal, Industry)** | **PI** | **Your**  **Percent effort** | **Start Date** | **Expected end date** |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Proposal Title** | **Your Role:**  *PI*  *Co-PI*  *Site PI*  *Co-I* | **Agency (NIH, State, Foundation,**  **Internal, Industry)** | **Submission Date** | **Approximate Date of Review** | **Result of Review:** *Funded,*  *Pending funding, Not funded, Pending review* | **NIH only**  **Priority Score/ percentile, or date of review** | **UVa Direct Costs** | **Your % Effort** |
|  |  |  |  |  |  |  |  |  |
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* + 1. **Grants submitted (list as PI, co-PI, site PI, or co-I) between April 1, 2022 – March 31, 2023**
  1. **Active Unfunded Research Efforts**
  2. **Areas of Research Interest**
  3. **Research Collaboration/Team Science (Grants, papers, or other collaborations with faculty from other departments or UVA schools)**

*Title, Dates, % effort, current year direct costs, current year indirect costs, funding organization or publication name*

1. **Current Projects/Programs (Including new research programs or expansion of current research programs)**
2. **Research Operations Enhancements**
3. **Inventions: April 1, 2022 – March 31, 2023**
   1. **Issued Patents**
   2. **Full Patent Applications Filed**
   3. **Provisional Patent Applications Filed**
   4. **Disclosed Inventions**
4. **Registerd Copyrighted Materials: April 1, 2022 – March 31, 2023**
5. **Licensing Activity: April 1, 2022 – March 31, 2023**
6. **Other, Not Included Above**
7. **\_\_\_\_\_\_\_\_# of Patients Involved in Clinical Trials**
8. **\_\_\_\_\_\_\_\_# of Investigator Initiated Clinical Trials**
9. **PEER REVIEWED SCIENTIFIC PRESENTATIONS**

**April 1, 2022 – March 31, 2023**

Note: Where appropriate, use \* to designate trainees and use ^ to indicate presenters

1. **Scientific Abstract Presentations**
2. **Poster Presentations**
3. **Technical/Educational Exhibit Presentations**
4. **VISITING PROFESSORSHIPS & INVITED ROLES**

**(Grand Rounds, Invited Lectures, Workshops & Other Professional Meeting Roles)**

* 1. **Visiting Professorships between April 1, 2022 – March 31, 2023**
  2. **Grand Rounds & Invited Lectures between April 1, 2022 – March 31, 2023**

\*Note: Please include both internal and external lectures and list specific talk titles and organization.

1. **Workshop/Session Presenter/Moderator/Panelist between April 1, 2022 – March 31, 2023**
2. **OTHER FACTORS WHICH YOU FEEL SHOULD BE CONSIDERED**

(IE. Research equipment, consignments, undergraduate education, etc.)

1. ***CLINICAL ACTIVITIES***
2. **CLINICAL SERVICES FOR WHICH YOU ARE RESPONSIBLE (April 1, 2022 – March 31, 2023)**

\*Note: Include description and % clinical effort

1. **PATIENT CARE & CLINICAL PRODUCTIVITY (April 1, 2022 – March 31, 2023)**
   1. **Work RVUs vs. AAARAD Benchmarks (%)**

*Dr. Matsumoto will share this data with you during your review. You do not need to seek and report it here.*

* 1. **Outpatient Clinic Visits**

1. **CLINICAL/OPERATIONAL ENHANCEMENTS (April 1, 2022 – March 31, 2023)**
   1. **New Clinical Programs**
   2. **Clinical Program/Service Expansion**
   3. **Operational Enhancements**
2. **MULTIDISCIPLINARY CLINICAL TUMOR BOARDS OR ROUNDS (eg. PICU):**

**April 1, 2022 – March 31, 2023** \*Note: List name and frequency

1. **CALL COVERAGE (July 1, 2022-March 31, 2023)**
2. **\_\_\_\_\_\_ Total # of Weeknights (Monday-Thursday)**
3. **\_\_\_\_\_\_ Total # of Weekends (Friday-Sunday)**
4. **Holidays** (Source: UVA Health System calendar of clinic holiday schedule)

\_\_\_\_\_\_\_ New Year’s Day

\_\_\_\_\_\_\_ Martin Luther King, Jr. Day

\_\_\_\_\_\_\_ Memorial Day

\_\_\_\_\_\_\_ Juneteenth

\_\_\_\_\_\_\_ Independence Day

\_\_\_\_\_\_\_ Labor Day

\_\_\_\_\_\_\_ Thanksgiving Day

\_\_\_\_\_\_\_ Day after Thanksgiving

\_\_\_\_\_\_\_ Christmas Day

\_\_\_\_\_\_\_ **Total # of holidays covered**

1. **CLINICAL QUALITY INITIATIVES**
   1. **Please describe your Quality Improvement (QI) project for FY21. Then, describe what QI projects you plan to do for FY22.**
   2. **Other quality projects/initiatives**
2. ***TEACHING/EDUCATIONAL ACTIVITIES***

Include Basic Science, Practice of Medicine, Clerkship, Physical Diagnosis/Tutorials; describe any new programs to which you have contributed.

1. **CLASSROOM, ONLINE, DIDACTIC LECTURE, SEMINAR, CLINICAL/CASE CONFERENCE OR TEACHING LABORATORY: April 1, 2022 – March 31, 2023**
   1. **UNDERGRADUATE, GRADUATE & POST-DOC**

\*Note: Indicate new/repeated, lecture title/topic/course number, prep time in hours, duration

* 1. **RESIDENT/FELLOW**

\*Note: Indicate new/repeated, lecture title/topic/course number, prep time in hours, duration

* 1. **OTHER AUDIENCES**

(Eg. Technologists, APPs, nurses, staff colleagues, multidisciplinary, industry, insurance companies, community, etc.) \*Note: Indicate new/repeated, lecture title/topic/course number, prep time in hours, duration.

1. **CLINICAL TEACHING (In clinic, procedure room, or reading room; at bedside or on rounds)**

**April 1, 2022 – March 31, 2023** \*Note: Indicate which location, audience type and description.

1. **CLINICAL TRAINEES**
2. **JOURNAL CLUBS LED**

\*Note: Indicate articles reviewed.

1. **CURRENT RESEARCH CONCERNING TEACHING: April 1, 2022 – March 31, 2023**
2. **DEVELOPMENT OF TEACHING CURRICULUM, RESOURCES &/OR METHODS:**

**April 1, 2022 – March 31, 2023**

(Includes program development, evaluation methods or program supervision methods, other teaching materials)

1. **FORMAL STUDY TO IMPROVE TEACHING ABILITIES: April 1, 2022 – March 31, 2023**

\*Note: Indicate activity type, title/name, duration.

1. **OTHER EDUCATIONAL CONTRIBUTIONS/SERVICE NOT NOTED ELSEWHERE**
2. ***ADVISING & MENTORING/COUNSELING ACTIVITIES***
3. **FORMAL ADVISING & MENTORING ACTIVITIES: April 1, 2022 – March 31, 2023**

Including dissertation committees, graduate thesis advisory or director roles, advising/mentoring of junior faculty, peers or colleagues, etc.; please provide the below-noted data points, per advisee or project, and be sure to indicate the following advisee types where relevant:

Pre-doctoral students

Doctoral/Post-doctoral students

Post-doctoral Fellows on training grants

Post-doctoral Fellows in funded fellowships

Unfunded Post-doctoral Fellows

Medical Scientist Training Program students

Medical Student Summer Research Program students

Use these reporting fields:

**Date(s)**

**Advisee Name(s)**

**Advisee Type/Affiliation**

**Your Role**

**Activity/Project Title/Topic**

**Description**

**Outcome(s)**

1. **COUNSELING ACTIVITIES: April 1, 2022 – March 31, 2023**

Please provide the noted data points, per advisee or group topic, for those you’ve counseled, including professional colleagues, trainees, students, etc.

**Date(s)**

**Advisee Name(s)**

**Advisee Type/Affiliation**

**Your Role**

**Activity/Project Title/Topic**

**Description**

1. Were you a Summer Medical Leadership Program faculty participant during this past summer?

YES NO

If yes, please provide details of your session as appropriate:

1. ***ENDOWED PROFESSORSHIPS, HONORS, AWARDS, & RECOGNITION***

**April 1, 2022 – March 31, 2023**

*\*Note: Include both major and internal – i.e. positive comments and compliments from patients, staff, referring physicians, etc.*

1. **ENDOWED PROFESSORSHIPS**
2. **NATIONAL/INTERNATIONAL HONORS/AWARDS/RECOGNITION**
3. **STATE/REGIONAL HONORS/AWARDS/RECOGNITION**
4. **LOCAL/AREA HONORS/AWARDS/RECOGNITION**
5. **INSTITUTIONAL HONORS/AWARDS/RECOGNITION**
6. **DEPARTMENTAL HONORS/AWARDS/RECOGNITION**
7. **INTERNAL RECOGNITION**

(i.e. letters of recognition from patients, referring physicians, etc.)

1. ***LEAVE TIME AWAY FROM THE DEPARTMENT***

**(July 1, 2022-March 31, 2023)**

1. **\_\_\_\_\_\_\_ Total number of academic days assigned**
2. **\_\_\_\_\_\_\_ Number of meeting/professional development days used**
3. **\_\_\_\_\_\_\_ Number of vacation days used**
4. **\_\_\_\_\_\_\_ Number of maternity/paternity leave days used**
5. **\_\_\_\_\_\_\_ Number of sick days used**

**\_\_\_\_\_\_\_ TOTAL NUMBER OF DAYS AWAY FROM THE DEPARTMENT**

1. ***PROFESSIONAL & BUSINESS DEVELOPMENT, COMMUNITY SERVICE, AND***

***CAREER ACHIEVEMENT GOALS***

1. **\_\_\_\_\_ Number of CME credits earned: April 1, 2022 – March 31, 2023**

**Requirement:** Please submit a detailed list of your CME credits to Terry Crow to include: Course name, date, and # of CMEs. Specific lecture titles are NOT required. Please contact Terry Crow for assistance. This documentation is not needed in the Chair’s Office.

1. **PROFESSIONAL DEVELOPMENT ACTIVITIES**

Eg. Leadership in Academic Matters [LAM] or other leadership training, Promotion & Tenure Sessions, department development or institutional lectures

1. **RELEVANT COMMUNITY SERVICE**

Eg. Miscellaneous activities that have enhanced your professional development or the growth, improvement and/or visibility of the department, such as volunteer work at the Free Clinic, Day of Caring, community service, diversity initiatives, Albemarle Medical Society, Radiology interest groups, etc.

Use these reporting fields:

**Activity Name**

**Duration**

**Frequency**

1. **BUSINESS DEVELOPMENT**

\* Include purpose, description, new revenues, and ROI

1. **ACHIEVEMENTS AND GOALS**
   1. **Briefly describe what you consider your major achievements this year:**
   2. **Goals: List at least three professional/academic goals for the coming year:**

**Goal 1:**

**Goal 2:**

**Goal 3:**

* 1. **Describe your 3-5 year goals, and describe what steps you will take this year towards achieving these goals:**
  2. **How can the department help you succeed in achieving the goals you described in items 2 & 3 above?**
  3. **Additional comments:**

1. ***COMMENTS FROM THE CHAIR***
2. ***ACKNOWLEDGMENT***

Your signature indicates your acknowledgement of having discussed your annual review and teaching evaluations with the Department Chair.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Faculty Member Date of Review

***(Leave blank until your meeting)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Department Chair Date of Review