

## Faculty Annual Activity Reporting and Career Planning

### Calendar Year \_\_\_\_: Spring, Summer, Fall

**Faculty Member Name:** \_\_\_\_\_

**Faculty Rank:** \_\_\_\_\_

**Administrative Rank (if applicable):** \_\_\_\_\_

**Department (check as applicable):**      ☐ Pharmaceutical Sciences      ☐ Pharmacy Practice

The Faculty Annual Activity Reporting and Career Planning collects annual data on the various professional activities of full-time faculty members at the School of Pharmacy. The reporting covers the areas of teaching, research and service and is aimed at capturing all information in these areas of faculty work, duties and responsibilities and assist in career planning and advancement. It also provides faculty members with the opportunity to reflect on their own work and accomplishments during the past year and share their professional plans and goals for the upcoming year with the Department Chair. Faculty members will complete the information below wherever applicable with accuracy and necessary details, and share them electronically and confidentially with his/her Department Chair. **This document should be completed by all School faculty members by May 31.**

### TEACHING

Criteria used in the assessment of teaching include:

- **Load:** number of: students, courses, and contact hours, as well as teaching settings: didactic (lectures), laboratory, and experiential education (clerkships)
- **Quality:** student evaluations, annual faculty self-report (evaluating his/her teaching efforts), administrative evaluation (review of course syllabus and sample exams)
- **Innovation:** student comments in evaluations, faculty self-report, and review of course syllabus (e.g., new course development; major course improvements; educational material development; introducing novel teaching methods)
- **Other:** serving as course coordinator or as moderator or instructor in interprofessional education (IPE), course assessment, teaching evaluations

**Didactic Teaching (Note: one lecture hour = 50 minutes of contact hours)**

Course #	Contact hours	Course credits	Credit share	# students/class	Semester	Coordinator (Yes/No)
<b>Total credits of didactic teaching/year</b>						

**Laboratory Teaching (Note: one lab hour = 100 minutes of contact hours)**

Course #	Contact hours	Course credits	Credit share	# students/class	Semester	Coordinator (Yes/No)
<b>Total credits of lab teaching per year</b>						

**Experiential Education (Clinical Faculty Only) (Note: contact hours = actual number of hours spent with each student on site per rotation block)**

Rotation #	Course #	Contact hours	Credit share	# students per rotation	Semester	Coordinator (Yes/No)
1						
2						
3						
4						
5						
6						
7						
8						
9						

**Interprofessional Education (IPE):** indicate your role as a session moderator or instructor for IPE (do not include here your service as IPE workgroup member)

IPE session title	IPE session date(s)	Role/Comments

**Course Assessment:** indicate whether you completed and reported all direct and indirect (specify) assessment and evaluation requirements for the didactic and experiential courses that you taught during the past year

Course #	Course section title	Direct/ Indirect	Semester	Completed (Yes/No)	Provide reason(s) why you did not complete

**Teaching Innovation:** write a short paragraph on any innovative or additional educational development activities that you developed this year such as: new course development, major course improvements, educational materials development, or introducing novel teaching methods

**Teaching Evaluations:** provide the average scores on student evaluations and include all student comments from all didactic and laboratory teaching and experiential education

Course #	Semester	Average score	Student comments

**Comments:** write a short paragraph commenting and clarifying student teaching evaluation scores and comments from all didactic and laboratory teaching and experiential education

**Self-reflective Narrative on Teaching:** write a short narrative reflecting on the past year's own teaching philosophy; and teaching quality, strengths, weaknesses, accomplishments, and challenges; and plans and goals for next year

## RESEARCH

Criteria used in the assessment of research include:

- **Type of publications and scientific presentations** (in-print, in-press, submitted): peer-reviewed original research; peer-reviewed review articles; books and book chapters; case reports; editorials; commentaries; letters to the editor; book reviews; scientific abstracts; research presentations (poster and podium); non-peer reviewed publications; lay press reports; other educational material
- **Grants:** source; title; start and end dates; faculty member role (principal, co-investigator); direct cost amount (for one year); status (funded, not funded; under review)
- **Other:** patents and license agreements issued or applied or any other research activity not listed above

**Articles:** list all articles and indicate the type (i.e., peer-reviewed original research; peer-reviewed review; case reports; editorials; commentaries; letters to the editor; book reviews; other: specify), status (i.e., in-print, in-press, submitted), and your role (e.g., primary or secondary investigator, corresponding author; other role: specify) on articles during the past year

Citation (for in-print or in-press)/title (for submitted)	Type	Status	Role	Journal Impact Factor

**Books and Book Chapters:** list all books and book chapters and indicate the status (i.e., in-print, in-press, submitted) and on your role (e.g., editor; primary, secondary, or corresponding author; other role: specify) on publications

Book or Book Chapter title	Status	Role	Book Publisher

**Scientific Presentations:** list all scientific presentations and indicate the type (i.e., podium, poster, or invited presentation, or other: specify)

Presentation title	Type	Presentation venue	Dates

**Non-Peer Reviewed Publications, Lay Press Reports, and other Educational Material:** list all types (i.e., non-peer reviewed publications; lay press reports; other educational material: specify) and indicate the status (i.e., in-print, in-press, submitted) and on your role on publication (e.g., editor; primary, secondary, or corresponding author; other role: specify)

Publication title	Type	Status	Role	Journal Impact Factor

**Grants:** list all types of grants and related information and indicate their status (i.e., new, active or submitted)

Project title	PI Name	Co-investigators	Funding source	Direct/Indirect/Total amount (\$)	Start/End dates	Status

**Patents and License Agreements:** list and detail any new patents and license agreements

**Other research activity not listed above:** list and detail any other research activity that was not addressed above

**Self-reflective Narrative on Research:** write a short narrative reflecting on this year's own research productivity, quality, strengths, weaknesses, accomplishments, challenges, and plans and goals for next year

## SERVICE

Criteria used in the assessment of service include:

- **Committee Service:** School/Department, University, Hospital
- **Pharmacy Practice:** practice site and service; direct activities such as: participation in health care team rounds; patient monitoring, counseling and interventions; indirect activities such as: developing policies, procedures, protocols, and treatment algorithms that improve health and/or raise standards of care; in-services; drug information
- **Supervisory Services:** supervisory activities such as oversight of services (e.g., clinical coordination; director of service/program; implementing new program or practice site), oversight of laboratories
- **Student Services:** professional advising and mentoring, advising to student organization, recruitment, admissions (P1 and P4) interviews, hooding ceremony and White Coat ceremony
- **Faculty Services:** mentoring
- **School Meetings:** attendance of School and Department meetings
- **Professional Development Workshops:** attendance and participation in workshops
- **Editorial Services:** journal and book reviewer, abstract reviewer, editorial boards
- **Presentations:** invited presentations at local, national and advanced international professional meetings; featured presentations at grand rounds
- **Consulting:** any type of professional consulting within area of expertise
- **Other Services:** service to national international professional organizations; community service; fundraising and alumni activities
- **Honors, Awards, Professional Fellowships, Board Certification, and other Recognitions**

**Committee, Subcommittee or Taskforce Service within the School:** list the names of School-based standing and ad hoc committees and subcommittees and taskforces that you served on, with the respective role (i.e., chair, secretary, member, or other: specify)

Committee/Subcommittee/Taskforce name	Role

**Committee, Subcommittee or Taskforce Service within the University:** list the names of University-based standing and ad hoc committees and subcommittees and taskforces that you served on, with the respective role (i.e., chair, secretary, member, or other: specify)

Committee/Subcommittee/Taskforce name	Role

**Committee, Subcommittee or Taskforce Service within the Hospital:** list the names of Hospital-based standing and ad hoc committees and subcommittees and taskforces that you served on, with the respective role (i.e., chair, secretary, member, or other: specify)

Committee/Subcommittee/Taskforce name	Hospital Name	Role

**Pharmacy Practice (Clinical Faculty only):** indicate the practice site name and its location, and list the site activities that you provided during the past year with the average number of patients followed and hours spent on site per month during the past year

Practice site name/location	Services provided	# patients followed/month	# hours/month

**Supervisory Services:** list any supervisory activities such as oversight of services such as clinical coordination (i.e., clinical services coordinator, not a clinical course coordinator), director of service or a program, implemented new program or practice site, supervised a laboratory, or other: specify

**Student Services:** indicate whether you participated in the admission interviews to P1 and P4 years, student professional advising and PharmD students mentoring, and advising to student organization, provide the names of your student advisees and mentees wherever applicable, and provide reason(s) as to why you could not participate in any of the below listed student services

Student Services	Students Names	Participated (Yes/No)	Provide reason(s) why you did not participate
Advising			
PharmD students mentoring			
Recruitment (e.g., YOU@LAU)			
P1 admission interviews			
P4 admission interviews			
Hooding Ceremony			
White Coat Ceremony			
Commencement exercises			
Other: specify			

**Faculty Services:** indicate whether you participated in official Faculty mentoring following the Faculty Member Development Plan and provide the names of Faculty mentees wherever applicable

Faculty Mentoring	Faculty Members Names

**School Meetings:** indicate whether or not you attended of the School General and Departmental meetings and provide reason(s) as to why you could not attend any of the meetings

School Meetings	Date	Attended (Yes/No)	Provide reason(s) why you did not attend
General Faculty meetings (list all)			
Departmental meetings (list all)			

**Professional Development Workshops:** indicate whether or not you attended the School-planned professional development workshops during the past year

Workshop name	Date	Attended (Yes/No)	Provide reason(s) why you did not attend

**Editorial Services:** list all services and your role (i.e., journal, book, or abstract reviewer; service on editorial boards; or other: specify)

Editorial service	Role



**Invited Presentations:** list all invited professional presentations at local, national, regional and international professional venues such as meetings, Grand Rounds, or other: specify

Venue name	Date

**Consulting:** list any professional consulting that you provided to companies, organizations, groups, or other (specify), indicate the total time spent on each consultation, and whether or not remuneration was received

Company/Organization/Group name	Total hours spent/consultation	Remunerated (Yes/No)

**Other Services:** list all services provided to national and international professional organizations including offices held and committee work (do not report memberships) and indicate your role (i.e., chair, member, president, board of directors member, fundraising and alumni activities, or other: specify)

Committee/Organization name	Role

**Honors, Awards, Professional Fellowships, Board (re-)Certification, and other Recognitions:** list any honors, professional fellowships, board certification/recertification, or other: specify

Honors/Awards/ Recognitions	Description	Granting source	Date

**Self-reflective Narrative on Service:** write a narrative reflecting on this year's own service activity, accomplishments, challenges, plans and goals for next year. Faculty administrators will also comment on their administrative activities, leadership roles and functions during the past year and their plans for the next year

## ALLOCATION OF EFFORT

Of your full-time at the School of Pharmacy, indicate your overall percent effort in the following categories of teaching, research and service

Teaching	Research	Service	Total percent effort
			100%

## NARRATIVE AND COMMENTS

Elaborate on any information and include matters that were not covered above that you want to discuss with the Department Chair

Indicate how the Department and/or School may support you in your professional work and career advancement

## CERTIFICATION OF ACCURACY

I, the undersigned, *[Faculty Member Name]*, certify that all the information provided in this document is accurate and true to the best of my knowledge. I realize that this information is important to assess my performance as a faculty member and for my professional development and career planning. I also realize that this information will be confidentially retained in my records at the School of Pharmacy. Any misrepresentation of facts, exaggeration or embellishment of achievements may constitute cause for verification, review and action as appropriate.

Faculty Member Signature \_\_\_\_\_ Date (*day/month/year*) \_\_\_\_\_