

Stony Brook University Medical Center Faculty Annual Report

Percent FTE= (Clinical= %) (Research= %) (Teaching= %) (Admin= %)

MISSION AREA A: CLINICAL ACTIVITIES

Type and Location of Activity (eg Consultations inpatient, Procedures outpatient, Surgery OR etc)	Volume past year	National benchmark for volume	Total RVU past year	National benchmark for RVU (prorated to percent clinical effort)	Net collections
Grand Total					

Additional Comments:

MISSION AREA B: RESEARCH ACTIVITIES(SEVEN SECTIONS)

1. Publications:

Type: Letter to editor, case report, case series, review article, original article

Invited or peer reviewed?

Where published:

Impact factor of journal (if available)

Citations (if available)

2. Presentations:

Type: Workshop, long or short platform presentation, poster, other

Invited or peer reviewed?

Where presented:

Purpose of the presentation:

3. Evidence of disseminated use of intellectual product:

Description of product

Where was it adopted?

Other departments within institution

Other institutions

Evidence of how it was adopted

4. Grants:

Project Title	Agency to which you applied	Your role	Requested amount	Successful or not

5. Current Research Activities:

Activity Title	Brief description, scope and context	Your role	Funding source, effort and amount	Evidence of quality/impact

6. Mentoring Activities

Name/Role of mentee or advisee	Dates of mentoring/ advising	Number of years you invested in relationship	Their role/position during the time you were their mentor/advisor	Your role and what you taught them	Their current position	Their significant achievements*

7. Other Information:

Special Awards (source, type)

Professional Reviewing/Moderating/Editor activities at National Level (eg study sections, grants/abstract reviews etc)

Professional Development in Research:

MISSION AREA C. EDUCATIONAL ACTIVITIES (SIX SECTIONS)

Section I: Teaching (this section is REQUIRED)

Your own teaching activities

Activ #	Year(s) Taught*	Title or topic of activity	Teaching strategy and context	Total teaching hours/yr for this activity	Type of learner	Total # learners/yr for this activity
1						
2						
3						
4						
Grand Total						

Assessment of Learners

Activity Number	Title or topic of activity	Evaluation context (e.g., # and type of learners, frequency of activity)	Your role in learner evaluation: development implementation analysis/synthesis	Evaluation methods and process

Evaluation of your teaching

Activity number	Who and how many evaluated you? (e.g., 25 learners, 2 peers or educational experts)	Describe the process for evaluating your teaching	List evaluations/ evaluation summaries included in Appendix XX:

Section II: Curriculum Development

Check N/A if not applicable

CURRICULUM DESCRIPTION(S)				
Activity number	Curriculum topic and type (e.g. clerkship module, residency longit experience, fellowship research component)	Type and # of learners per yr	Scope of implementation (dept, instit, regional, national, intern'l)	Your degree of responsibility (leader or contributor)

Section III: Mentoring/Advising

Check N/A if not applicable

Name of mentee or advisee	Dates of mentoring/ advising	Number of years you invested in relationship	Their role/position during the time you were their mentor/advisor	Your role and what you taught them	Their current position	Their significant achievements*

Section IV: Educational Leadership/Administration

Check N/A if not applicable

LEADERSHIP AND MEMBERSHIP ROLES				
Title of program/course(s) that you direct	Dept/ Instit'l	Regional	National/ Intern'l	Duration in years
1.				
2.				
3.				
Name of educational committee(s) that you lead				
4.				
5.				
6.				
Name of educational committee(s) on which you are a member				
7.				
8.				

Section V: Other Information

Check N/A if not applicable

Educational Grants: (source, amount, your role)

Educational Awards (source, type)

Professional Reviewing/Moderating/Editor activities at National Level (eg study sections, grants/abstract reviews etc)

Professional Development in Education:

Section VI: Educational Scholarship

Check N/A if not applicable

Publications:

Type: Letter to editor, case report, case series, review article, original article

Invited or peer reviewed?

Where published:

Impact factor of journal (if available)

Citations (if available)

Presentations:

Type: Workshop, long or short platform presentation, poster, other

Invited or peer reviewed?

Where presented:

Purpose of the presentation:

Evidence of disseminated use of the product:

Description of product

Where was it adopted?

Other departments within institution

Other institutions

Evidence of how it was adopted

MISSION AREA D: ADMINISTRATION (THREE SECTIONS)

Section I: Organizational Accomplishments

List organizational accomplishments **with evidence of quality/impact** in the following categories (education and mentoring are included under the education section of the annual report)

1. Organizational accomplishments supporting clinical/patient care functions
2. Organizational accomplishments supporting research
3. Organizational accomplishments supporting community service

Examples: developing a new clinical service, meeting JCAHO standards, increased community access, health policy issues, acquiring funds from agencies, serving as a research site for a multi center clinical trail, sustaining high scholarly productivity of the organization (quantity, quality and scholarly dissemination),

Accomplishment	Brief description, scope and context of activity	Your specific role(director, coordinator)	Evidence of quality/impact (with benchmark data if possible)

Section II: Leadership and Management Accomplishments

List leadership accomplishments **with evidence of quality or impact** in the following categories

1. Adopting new program priorities
2. Implementing new strategies for attaining program priorities
3. Establishing partnerships with other depts./organizations
4. Structuring programs through arranging positions and functions
5. Developing/revising operational systems, policies and procedures
6. Motivating and developing faculty and staff

Examples: Creating new school based clinics, establishing a five year plan, establishing interdepartmental partnerships, meeting budget targets, establishing annual review process, initiating new organizational structure etc

Accomplishment	Brief description, scope and context of activity	Your specific role(director, coordinator)	Evidence of quality/impact (with benchmark data if possible)

Section III: Committee Activities

Name of Committee	Type of Committee(Deptal, Hospital, SOM, SUNY)	Task of Committee	Your role	Significant results/accomplishments