

Faculty Activity Report

Reporting Period: January 1, 2019 - December 31, 2019

Q1	Last Name:
	First Name:
Q2	Email:
Q3	Academic Title(s):
Q4	Administrative Title(s):
Q5	School: (Select all that apply)
	o College of Dental Medicine (CDM)
	o Mailman School of Public Health (MSPH)
	School of Nursing (SoN)
	 Vagelos College of Physicians and Surgeons (VP&S)
Q6	Please specify the academic unit in which you hold your primary appointment:
Q7	Joint / Interdisciplinary Appointments:



Q8 Area o	f Focus. If on the "at CUMC" track, please indicate your area(s) of focus.					
Primary	Secondary N/A					
	Applied Health Care or Public Health					
	Education					
	Investigation					
Q9 Please	check all of the activities below in which you have made contributions this past year.					
0	Education					
0	Grant support & Patents					
0	Clinical Care/Public Health Interventions					
0	Administrative Leadership and Academic Service					
0	Publications					
0	Presentations					
0	Honors and Awards					
0	Professional Organizations and Societies					
	IONAL CONTRIBUTIONS ately by category and whether at a local, regional, national, or international level.					
Include da	Include data such as learner evaluations communicating the quality of educational contributions, if possible.					
Examples	t Teaching/Precepting/Supervising. include lecturing, facilitating small groups, clinic attending, and bedside teaching. be and scope (i.e., contact hours) of teaching, type and number of learners, and					



Q11 Advising and Mentorship. Examples include graduate student, postdoctoral researcher, medical student, resident, fellow etc. Include nature of advising/mentoring, name of mentee, current status of mentee, and mentee accomplishments, when possible.
Q12 Educational Administration and Leadership. Examples include directing or teaching a course, clerkship, training program, or chairing curriculum task force. Include scope (i.e., contact hours), leadership role, and nature of the program.
Q13 Instructional/Education Materials Used in Print or Other Media. Examples include curricula, syllabi, tutorial classes, teaching exhibits, simulation programs, web-or CD-based educational material, training videos. Please add any links or website URLs that include materials. Include month(s), scope (i.e., contact hours), type of product/innovation type of learner, your contribution, intended audience, and how the material is used. If publishes in print, include citation.



	4 Community Education. amples include medical journalism and media presentations.				
Exa	Continuing Education and Professional Education. mples include community health lecturer, organizer of/participant in health outread ude nature of the activity, scope (i.e., contact hours), type and number of learners,				
GRA	ANT SUPPORT & PATENTS				
Hav List	S Active Research Funding. The you been awarded any grants or other funding in the past year? The separately by category. Include dates, grant title, name of granting institution/organt number, direct support funds, and your role. Include the PI if other than yourself.				



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	mitted, but Not Fur		year that were	not funded?		-
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	ents. <i>I received any pat</i> e	ents in the past	year? Include	all inventors, t	title of inventio	on, pa
9 Pat ve yo mber. ——		ents in the past	year? Include	all inventors, t	title of inventio	on, pai
we yo mber.						-



CLINICAL CARE AND/OR PUBLIC HEALTH INTERVENTIONS

/pe o	of activity, level of activity, e.g., sessions, days or hours per week or month.
xam level level of inn	Clinical or Public Health Innovations. ples include novel approaches to diagnosis, treatment, or prevention of disease, opment and application of technology to clinical and population health care, and opment of models of care delivery. Include time of innovation launch, title/location ovation, your role, short description of the influence of the innovation on clinical or practice management.
xam	Clinical and/or Public Health Administration and Leadership. ples include inpatient safety initiatives, clinical programs, clinical and practice histration, procedural innovations, developing clinical care protocols/pathways.



Q24 Additional Clinical or Public Health Service Activities. Examples include public health or community medical service, medical care delivered international sites, telemedicine, medical journalism, innovative partnerships. Include and description of activity/program.		
ADMINISTRATIVE LEADERSHIP AND ACADEMIC SERVICE		
Q25 Academic Service. Please include involvement on local, regional, or national/international committ activities. Include month(s), your role, type of activity, name of committee, and institution or organization.		
Q26 Administrative Leadership at CUIMC, CU, or NYP. Please include involvement on CUIMC, CU, or NYP committees or service acti month(s), your role, title (if applicable), type of activity, name of committee, and organization.		



PUBLICATIONS

- Number publications in reverse chronological order by category below.
- Include manuscripts that have been submitted or in preparation.
- Provide: Complete title of publication; Name of journal; Year of publication; Volume; Issue Number; Inclusive pagination (e.g., 444-459).
- Include all authors in the sequence in which they appear. Reordering of authors, omission of names, or the use of *et al.* is not permitted.
- Bold your name wherever it appears in the author list.
- Indicate with an asterisk (*) publications for which you are a senior author.
- Indicate if you are a co-first-author with an annotation.

Q27	Peer-Reviewed Research Publications in Print or Other Media.	
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Q28	Other Peer-Reviewed Publications in Print or Other Media.	
	mples include clinical guidelines and reports. Describe the type of material, provid	e citati
	oplicable), and clarify how the material is used locally, regionally, nationally or	
inter	nationally. Describe your contribution.	
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Q29	Reviews, Chapters, Monographs, Editorials.	
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	Books/Textbooks for Medical or Scientific Community. cate whether you were author or editor.
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Ų3 I	Case Reports.
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Q32	Letters to the Editor.
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Q33	Other Non-Peer-Reviewed Publications in Print or Other Media.
	mples include proceedings of professional meetings, published abstracts or posters
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ples include publications in which faculty members are formally acknowledged butions.	tor their - -
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nvited and/or Peer-Selected Presentations at Regional, National, and International categories include grand rounds, hospital lectures, seminars, presentations assional meetings, being panelist or moderator. Number presentations, in reverse chronological order, by regional, national, assigned.	s at
international level, and by category, as applicable.	
	SENTATIONS Invited and/or Peer-Selected Presentations at Regional, National, and International ple categories include grand rounds, hospital lectures, seminars, presentations assional meetings, being panelist or moderator. Number presentations, in reverse chronological order, by regional, national, a international level, and by category, as applicable. Include for each presentation your role, title of presentation, name of organizations.



HONORS AND AWARDS

List separately by category and whether at a local, regional, national, or international le	evel.
Q36 Have you received any professional awards or honors in the past year? Include month received and name of awarding institution or organization.	
PROFESSIONAL ORGANIZATIONS AND SOCIETIES	
List separately by category and whether at a local, regional, national, or international le	evel.
Q37 Memberships and Positions. Have you been elected or become a member of professional societies in the past year	r?
Q38 Editorial Board.	
Have you been elected to an editorial board in the past year?	



Q39	Consultative.	
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Q40	Journal Reviewer.	
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Q41	Other.	
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PRC	DFESSIONAL DEVELOPMENT	
Exar	Did you receive any professional development training in the past year? In the past	rovide
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GOALS

	is for discussion with your divisional/departmental leadership.	
Plea be p	Long-Term Goals. Asse provide a few specific goals you wish to achieve in the long term (3-5 years) the pertinent to your academic development. Describe your goals and plans for contribute areas.	
•	5 Revised Goals. ase provide any revised/additional goals in this section <u>after</u> review meeting takes	place.



TOPICS FOR DISCUSSION

Q46 Please provide any issues or topics you would like to discuss items may be addressed in the review meeting.	s with your reviewer. These
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Q47 Primary Reviewer	
Last Name:	
First Name:	
Email Address:	
Q48 Secondary Reviewer(s)	
Name & Email 1:	
Name & Email 2:	

Once you have entered, reviewed, and confirmed your answers, please email this document to your reviewer(s) so that a face-to-face review meeting can be scheduled.



Date Report Submitted:		
Face-to-Face Review Meeting Date:		
Reviewer Name:		
Reviewer Comments:		