

UNC Eshelman School of Pharmacy

2019 Annual Faculty Activity Report & 2020 Career Planning Document

I. 2019 Annual Faculty Activity Report

DEMOGRAPHICS

PID:

Email:

Name (First, Middle, Last):

- Division:**
- Chemical Biology and Medicinal Chemistry (CBMC)
 - Pharmacotherapy and Experimental Therapeutics (DPET)
 - Practice Advancement and Clinical Education (PACE)
 - Pharmacoengineering and Molecular Pharmaceutics (DPMP)
 - Pharmaceutical Outcomes and Policy (DPOP)

Faculty Rank:

- Professor
- Associate Professor
- Assistant Professor
- Instructor

Appointment Series:

- Tenure Track
- Clinical Track
- Research Track
- Professor of the Practice

For courses in which you directed or taught in 2019, briefly summarize findings from your course / instructor evaluation and be prepared to share your evaluations with your Division Chair.

Describe any pedagogical innovations that you introduced into your course(s) in 2019 (e.g., new classroom technologies, new active learning approaches, new assessment strategies) and any reflections you may have regarding the experience.

Total number of faculty development programs in education attended in 2019:

List educational research conferences you attended at the school, national, or international level in 2019.

ADVISING, PRECEPTING, AND MENTORING (names, titles, and other details should appear in CV)

Faculty Programs	Number of Faculty		
	As Advisor/Mentor	As Program Director	N/A
Faculty Mentoring/Campbell Mentoring			
External Faculty Mentoring			

PharmD Program	Number of Learners		
	As Advisor/Mentor	As Program Director	N/A
PharmD Assigned Advisees			
Research and Scholarship in Pharmacy (RASP) Students			
Other Research (including longitudinal track in APPE program)			
Student Organizations (list number of student organizations)	# of organizations	# of organizations	
Post-Graduate Programs	As Advisor/Mentor	As Program Director	N/A
PGY1 Residents			
PGY2 Residents			
Resident Projects			
Residents in Teaching Certificate Program			
Post-Doctoral Fellows			
Other Programs	As Advisor/Mentor	As Program Director	N/A
Undergraduate Student Mentoring			
Young Innovators Program (YIP)			
Other: _____			

PharmD Experiential and Residency Programs	Number of Learners				
	As Preceptor	As Site Coordinator	As Advisor/Mentor	As Program Director	N/A
Immersion					
APPE					
PGY1 Residents					
PGY2 Residents					

Graduate Program	Number of Students					
	Assigned Advisees	As Major Advisor	As Committee Member	As Committee Chair	As Program Director	N/A
MS students						
PhD students						

PUBLICATIONS (for the period of January 2019 – December 2019)

Peer-reviewed, published:

Total number of **peer-reviewed manuscripts⁺ published** in 2019 _____ or N/A
Published as first author _____ or N/A
Published as senior author _____ or N/A
Contains data generated from an EII Award _____ or N/A

Total number of **peer-reviewed book chapters published** in 2019 _____ or N/A
Published as first author _____ or N/A
Published as senior author _____ or N/A

Total number of **peer-reviewed abstracts published/presented** in 2019 _____ or N/A

Peer-reviewed, accepted and in press as of December 2019:

Total number of **peer-reviewed manuscripts⁺ accepted and in press** as of December 2019 _____ or N/A
Contains data generated from an EII Award _____ or N/A

Non-peer-reviewed, published:

Total number of **non-peer-reviewed publications** in 2019 _____ or N/A
Abstracts published/presented _____ or N/A

Submitted and under review as of December 2019:

Total number of **manuscripts, book chapters, other articles** submitted and under review as of December 2019 _____ or N/A

*Peer-reviewed manuscripts include any form of peer-reviewed paper (e.g., original research, review articles)

Manuscripts (e.g., original research, reviews), Book Chapters, and Other Articles that have been submitted and are under review

Please complete the table below. *Note: This information is typically not included on a CV, so is requested here.* Published and accepted/in press manuscripts should appear on the CV, so are not necessary to list on this form. Space is provided for 10 titles. If you have more than 10, space is provided for you to briefly summarize additional works at the end of the table.

Title, Journal	Your Role (select from drop-down menu)

Title, Journal	Your Role (select from drop-down menu)

If you have more than 10, briefly summarize the focus of the work and/or your role on the papers:

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PATENTS, INVENTION DISCLOSURES, LICENSE AGREEMENTS, AND CLINICAL TRIALS (details should appear on CV)

Total number of patents issued in 2019 _____ or N/A
Number based on data generated, in whole or part, from an EII award _____ or N/A

Total number of patent applications (non-provisional, U.S. only) in 2019 _____ or N/A
Number based on data generated, in whole or part, from an EII award _____ or N/A

Total number of invention disclosures in 2019 _____ or N/A
Number based on data generated, in whole or part, from an EII award _____ or N/A

Total number of license agreements in 2019 _____ or N/A
Number based on data generated, in whole or part, from an EII award _____ or N/A

Please list the partners for these license agreements:

Total number of IRB-approved clinical trials initiated in 2019 _____ or N/A

Total number of new companies established in 2019 _____ or N/A
Number based on data generated, in whole or part, from an EII award _____ or N/A

Total number of copyrights approved in 2019 _____ or N/A
Number based on data generated, in whole or part, from an EII award _____ or N/A

INVITED PRESENTATIONS AND LECTURES (titles and other details should appear on CV)

Total number of invited presentations or lectures **at regional or state meetings** in 2019 _____ or N/A

Total number of invited presentations or lectures **at national professional meetings (in US)** in 2019 _____ or N/A

Total number of invited presentations **at professional meetings held at international locations** in 2019 _____ or N/A

Total number of invited presentations or lectures **at other universities** in 2019 _____ or N/A

Total number of invited presentations or lectures **at other venues** not listed above (e.g., foundations, companies) in 2019 _____ or N/A

SERVICE

School

Total number of **committees** in 2019 on which you served as: **member** within the **School** _____ or N/A
chair/leader within the **School** _____ or N/A

Total number of **task forces, advisory teams, or working groups** in 2019 on which you served as: _____ or N/A
member within the **School** _____ or N/A
chair/leader within the **School** _____

University or Hospital

Total number of **committees** in 2019 on which you served as: **member** within the **University or Hospital** _____ or N/A
chair/leader within the **University or Hospital** _____ or N/A

Total number of **task forces, advisory teams, or working groups** in 2019 on which you served as: _____ or N/A
member within the **University or Hospital** _____ or N/A
chair/leader within the **University or Hospital** _____

State

Total number of **committees** in 2019 on which you served as: **member** within the **state** _____ or N/A
chair/leader within the **state** _____ or N/A

Total number of **task forces, advisory teams, or working groups** in 2019 on which you served as: _____ or N/A
member within the **state** _____ or N/A
chair/leader within the **state** _____

Nationally or Internationally

Total number of **committees** in 2019 on which you served as : **member nationally or internationally** _____ or N/A
chair/leader nationally or internationally _____ or N/A

Total number of **task forces, advisory teams, or working groups** in 2019 on which you served as: _____ or N/A
member nationally or internationally _____ or N/A
chair/leader nationally or internationally _____

Grant Study Sections

Total number of **grant study sections** in 2019 on which you served _____ or N/A

Please list any service to the Division, School, UNC Hospitals, University, State, Profession, or Other (e.g., School recruitment events, editorial boards) that is not on your CV, including if you served in a leadership role. If all service commitments are highlighted on your CV, you may skip this section.

HONORS AND AWARDS (should not include elected appointments to committees or offices/positions held within associations)

Total number of **university** honors and awards received in 2019 _____ or N/A

Total number of **state** honors and awards received in 2019 _____ or N/A

Total number of **national** honors and awards received in 2019 _____ or N/A

Total number of **international** honors and awards received in 2019 _____ or N/A

Have you been awarded fellow status in any professional association at any point in your career? Yes or No

CERTIFICATIONS (certification titles, dates, and other details should appear in CV)

Are you **currently** certified by the Board of Pharmacy Specialties? Yes No N/A

Do you **currently** have added qualifications in board certification through the Board of Pharmacy Specialties? Yes No N/A

Do you **currently** hold additional certifications? Yes No N/A

If yes, please list here:

PHARMALLIANCE

What grants did you apply for/receive through PharmAlliance collaborations?

What publications did you publish with PharmAlliance collaborators?

What conference presentations did you have with PharmAlliance collaborators?

What other activity were you involved with this year regarding PharmAlliance?

GRANTS, CONTRACTS, AND UNFUNDED RESEARCH PROJECTS (include all grants, contracts, and unfunded research projects for 2019)

Please complete the following three tables for: (1) grants/contracts submitted and pending, (2) grants/contracts submitted and not funded, and (3) active research projects that are not funded. For each of the three categories, space is provided for 10 entries. If you have more than 10, space is provided for you to briefly summarize additional grants/contracts at the end of each table.

Note: This information is typically not on CVs, so it is requested here. We are unable to pull this information for all faculty prior to the annual reviews with your chair. Active grants that are funded should appear on the CV, so are not requested here.

1. Submitted in 2019 and Pending

Title	Funding Agency	Your Role (select from drop-down menu)	Your % Effort	Approximate Estimate of Total Direct Costs

Title	Funding Agency	Your Role (select from drop-down menu)	Your % Effort	Approximate Estimate of Total Direct Costs

If more than 10, please indicate **total** number of **grants and contracts that have been submitted and are pending:**

Comments about additional grants/contracts:

2. Submitted and Not Funded in 2019

Title	Funding Agency	Your Role <small>(select from drop-down menu)</small>	Your % Effort	Approximate Estimate of Total Direct Costs	Score <small>(enter N/A if not applicable)</small>	Percentile <small>(enter N/A if not applicable)</small>

Title	Funding Agency	Your Role (select from drop-down menu)	Your % Effort	Approximate Estimate of Total Direct Costs	Score (enter N/A if not applicable)	Percentile (enter N/A if not applicable)

If more than 10, please indicate **total** number of **grants and contracts that have been submitted and not funded:**

Comments about additional grants/contracts:

3. Current Research Projects That Are Not Funded

Title	Your Role (select from drop-down menu)	Your % Effort

If more than 10, please indicate **total** number of **current research projects that are not funded**:

Comments about research projects:

OTHER ACCOMPLISHMENTS

Please use the space below, if needed, to offer additional comments about other accomplishments during the year not necessarily reflected here or on your CV.

II. 2020 Career Planning Document

AREAS OF SCHOLARSHIP

Please indicate your primary area of scholarship (with a “1”) and, if a secondary focus applies, indicate this accordingly (with a “2”).

Discovery: _____

Education: _____

Application: _____

SALARY FUNDING SOURCES

Current Sources of Funding for Faculty Salary and Anticipated Changes / Goals for 2020

Note: This information can be found at: <https://ecrt.unc.edu/ecrt/initWelcome.action>. Once logged in, click the “Continue” button. You will see a circular diagram. Below the circular diagram click on “View My Effort.” We ask that you simply review this information at this time. Please be prepared to share and discuss this information with your chair, where appropriate. You may want to print this off and take to your meeting with you.

AREAS OF FOCUS

Percent Effort Devoted to Various Areas (should total 100%)

Areas of Focus	Estimated % Effort for 2019	Estimated % Effort for 2020
Teaching		
Service		
Patient Care		
Research/Scholarship		
Administration		
TOTAL		

Accomplishments, Challenges, and Future Goals

For each relevant *area of focus* listed below, please comment on your greatest accomplishments (2019), challenges encountered (2019), and future goals (2020). Provide explanations or indicate not applicable, where appropriate.

AREA OF FOCUS	GREATEST ACCOMPLISHMENTS (2019)	CHALLENGES ENCOUNTERED (2019)	FUTURE GOALS (2020)
<i>Teaching</i>			
<i>Service</i>			

AREA OF FOCUS	GREATEST ACCOMPLISHMENTS (2019)	CHALLENGES ENCOUNTERED (2019)	FUTURE GOALS (2020)
<i>Patient Care</i>			
<i>Research/Scholarship</i>			

AREA OF FOCUS	GREATEST ACCOMPLISHMENTS (2019)	CHALLENGES ENCOUNTERED (2019)	FUTURE GOALS (2020)
Administration <i>(e.g., Director, Assistant/Associate Dean, Residency Director, Chair, Vice Chair)</i>			
Other			

Faculty Development Needs – Future Goals (2020)

Please identify any needs you have from your Chair or the School to achieve your goals in 2020.

LONG-TERM GOALS

Please list your key goals for the next 3 to 5 years.

1.
2.
3.
4.
5.

Faculty Development Needs – Long-term Goals

Please identify any needs you have from your Chair or the School to achieve your long-term goals over the next 3 to 5 years.

REFLECTION ON LAST YEAR'S REVIEW

Please outline any issues raised during last year's review and how these were addressed in 2019.

1.
2.
3.
4.

NOTE: The following section should be completed by the faculty member **after the 2019 annual faculty-chair review meeting**. The chair will have an opportunity to review and sign off on the entire document prior to final submission.

III. COMMENTS AND GUIDANCE OBTAINED FROM CHAIR DURING THIS YEAR'S REVIEW

AREAS OF FOCUS (FEEDBACK OBTAINED FROM CHAIR)

Teaching	
Service	
Patient Care	
Research/Scholarship	
Administration	
Other	

LONG-TERM GOALS (FEEDBACK OBTAINED FROM CHAIR)

Thank you for completing the 2019 Annual Faculty Activity Report and 2020 Career Planning Document.

Please enter the total amount of time (in hours) it took you to complete this document: _____ hours

Please provide any comments or suggestions for improving this document and/or process. The feedback provided last year was very helpful in refining this year's document and process. Your continued feedback will be helpful in refinements for next year.

FEEDBACK PROVIDED THROUGHOUT 2020

The following table provides a place to document feedback provided to the faculty member by the chair throughout the year.

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