**UW PediatricsDEPARTMENT OF PEDIATRICS**

**ANNUAL FACULTY PROGRESS REPORT**

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| **PURPOSE: This report is intended to showcase the major accomplishments of your work in the past calendar year, assist in goal-setting for the coming year(s), and highlight alignment with your long-term professional goals. You can complete each section in either narrative or bullet format. Your Division Head will provide detailed feedback in each applicable section or in the summary at the end of the document.** | | | | | | |
| **Please submit an updated CV along with your Annual Progress Report (UW NetID required for links):**   * **Updated CV (in** [**UWSOM format**](https://www.peds.uw.edu/sites/default/files/faculty-promotions/INSTRUCTIONS%20-%20UWSOM%20CV%20v2.pdf)**)**    + [**CV Formatting Tool**](https://www.peds.uw.edu/sites/default/files/faculty-promotions/TEMPLATE%20-%20CV%20Formatting%20Aid%20with%20Gridlines%20v2.docx) | | | | | | |
| **FACULTY NAME** |  | | **DIVISION** | |  | |
| **FACULTY RANK** |  | | **FTE** | |  | |
| **PATHWAY**  **(select one)** | **Clinician-Scholar  Faculty-Scientist**  **Research Faculty  Academic Clinician**  **Professorial Teaching** | | | | | |
| **DATE OF MANDATORY PROMOTION**  **( For current assistant professors on CS, FS and RF tracks)** | | |  | | | |
| **DATE OF LAST PROMOTION/APPOINTMENT**  **(For all other tracks and ranks)** | | |  | | | |
| **Period of Report: January 1, 2023 through December 31, 2023** | | | | | | |
| **GOALS FOR THE COMING YEAR(S)** | | | | | | |
| ***A. What were your goals last year and what is your progress towards reaching them? What has helped you to progress, and what barriers have you encountered? What are your goals in the next year? What would help you achieve them? Do you feel you are on track for promotion (if applicable)?*** | | | | | | |
| FACULTY: | | | | | | |
| DIVISION HEAD: | | | | | | |
| ***B. What are your professional goals for the next 5 years?*** | | | | | | |
| FACULTY: | | | | | | |
| DIVISION HEAD: | | | | | | |
| **CLINICAL CARE** | | | | | | |
| ***Summarize your overall clinical responsibilities and clinical FTE, including inpatient and outpatient attending, and consultations. Highlight clinical successes and impact and plans for the coming year.*** | | | | | | |
| FACULTY: | | | | | | |
| DIVISION HEAD: | | | | | | |
| **TEACHING** | | | | | | |
| ***Summarize your overall teaching activities including bedside teaching, lectures/workshops (local/regional/national) and mentoring of students and trainees. Give insight into activities not visible on your CV (e.g., discuss number of presentations and focus, but do not copy and paste CV listings).*** | | | | | | |
| FACULTY: | | | | | | |
| DIVISION HEAD: | | | | | | |
| **MENTORING YOU HAVE DONE** | | | | | | |
| ***List the individuals for whom you serve as mentor and include the areas in which you are mentoring (e.g., research; career; describe other). Feel free to attach table or list if already prepared. Who have you helped in the past year?*** | | | | | | |
| FACULTY: | | | | | | |
| DIVISION HEAD: | | | | | | |
| **MENTORING YOU HAVE RECEIVED** | | | | | | |
| ***List individual(s) who serve as your mentor (inside and outside the Department) and the number of times in which you met. List faculty serving on your scholarly oversight committee (SOC) or development oversight committee (DOC) and the frequency of your meetings this past year. How were your mentor(s) helpful to your progress in the past year? What barriers have you encountered?*** | | | | | | |
| ***Do any of your mentors deserve special recognition? Please follow this*** [***LINK***](https://forms.office.com/Pages/ResponsePage.aspx?id=W9229i_wGkSZoBYqxQYL0rq0oJ8-zC9Bg2GYspiIr-FUQk1BQzBFRFdFTFBRWTdQNVRKVzlMOUUzNi4u) ***to nominate them for the Department of Pediatrics Faculty Mentor Award.*** | | | | | | |
| FACULTY: | | | | | | |
| DIVISION HEAD: | | | | | | |
| **REGIONAL/NATIONAL/INTERNATIONAL ACTIVITIES & LEADERSHIP** | | | | | | |
| ***Summarize new and on-going activities in the past year.*** | | | | | | |
| FACULTY: | | | | | | |
| DIVISION HEAD: | | | | | | |
| **ADMINISTRATION/SERVICE** | | | | | | |
| ***If you have significant administrative responsibilities, summarize the nature of these responsibilities and administrative FTE. Provide the name of the person(s) in the organization to whom you are accountable. Summarize the local activities in which you have provided service to your Division, the Department, the School of Medicine and/or the Public (committees, volunteer, task forces).*** | | | | | | |
| FACULTY: | | | | | | |
| DIVISION HEAD: | | | | | | |
| **RESEARCH/SCHOLARLY ACTIVITY** | | | | | | |
| ***If applicable, summarize your research program and scholarship over the past year. Clearly state your research/scholarly focus. Provide information on grants for which you have applied and grants that are planned in the next year, as well as publications in press. Funded grants, publications and meeting abstracts should appear in your CV and not be listed here.*** | | | | | | |
| FACULTY: | | | | | | |
| DIVISION HEAD: | | | | | | |
| **PROFESSIONALISM** | | | | | | |
| ***Please describe how you have exhibited professionalism in your clinical practice, education, administration, and research activities Examples can include how you demonstrate respect toward others both in direct and indirect interactions, inspire trust in patients, colleagues and staff, on-time billing and documentation, etc.*** | | | | | | |
| FACULTY: | | | | | | |
| DIVISION HEAD: | | | | | | |
| **CONTRIBUTIONS TO DIVERSITY, EQUITY, INCLUSION & ANTI-RACISM** | | | | | | |
| ***Summarize how your work addresses diversity, equity and inclusion, whether it be clinical care, teaching, research, administration, personal development or advocacy. See email attachment for list of potential activities.*** | | | | | | |
| FACULTY: | | | | | | |
| DIVISION HEAD: | | | | | | |
| **DIVISION HEAD SUMMARY** | | | | | | |
| ***Provide an overall summary of faculty member’s progress over the past year. Include highlights from above sections, assessment of trajectory and progress toward promotion (if applicable).*** | | | | | | |
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| **DIVISION HEAD ACKNOWLEDGEMENT OF COMPLETION** | |  | | **DATE** | | Click here to enter a date. |
| **CENTER DIRECTOR SUMMARY** | | | | | | |
| ***Brief statement of faculty member’s progress over the past year including assessment of trajectory and progress toward promotion (if applicable). If needed, also mention any areas that require additional emphasis or attention by faculty member or Division head.*** | | | | | | |
|  | | | | | | |
| **CENTER DIRECTOR ACKNOWLEDGEMENT OF COMPLETION** | |  | | **DATE** | | Click here to enter a date. |
| **CHAIR / VICE CHAIR SUMMARY** | | | | | | |
| ***Brief statement of faculty member’s progress over the past year including assessment of trajectory and progress toward promotion (if applicable). If needed, also mention any areas that require additional emphasis or attention by faculty member, Division HEAD and/or Center Director.*** | | | | | | |
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| **CHAIR/VICE CHAIR ACKNOWLEDGEMENT OF COMPLETION** | |  | | **DATE** | | Click here to enter a date. |
| **FACULTY ACKNOWLEDGEMENT** | | | | | | |
| ***Your acknowledgement below attests to confirmation of completion of faculty sections of the document and discussion/meeting with your division HEAD.*** | | | | | | |
| **FACULTY ACKNOWLEDGEMENT OF COMPLETION** | |  | | **DATE** | | Click here to enter a date. |