SECTION 07: Teaching
Rosalia Misseri, MD
Candidate for Promotion to Professor

Documentation of Teaching	Location
Teaching statement	Candidate's Statement
Teaching load	CV& Annual review form—this section
Peer evaluation of teaching	Chairman's letter
Student/house staff evaluation of teaching	Chairman's letter & MH evaluations—this section
Evidence of student learning	Chairman's letter
Evidence of scholarly dissemination	References in CV
Evidence of undergraduate or graduate student research or mentoring	Candidate's Statement & CV
Evidence of quality of course development or innovation efforts	Candidate's Statement & CV
Evidence of teaching development efforts	Candidate's Statement & CV

INDIANA UNIVERSITY SCHOOL OF MEDICINE
ANNUAL FACULTY REVIEW
NARRATIVE FORM
For Time Period: ___1/2015____ - ____12/2015___

Faculty Name: Rosalia Misseri, M.D.
Date of Review: 2-4-16
Department/ Regional Center:

Instructions: In advance of the annual meeting, faculty members should complete Sections A-E; be prepared to discuss Section F; and complete the faculty self-assessment portion of Section G. The chair, center director, or designee will complete the remaining sections at or after the annual review meeting.

A: Teaching
Comment on your accomplishments, strengths, areas for improvement, and/or obstacles you have encountered:
Devised Urology curriculum for third year students.
Continue to teach residents and fellows in OR, clinic and on wards.
Limited exposure to medical students.

B: Research/Scholarship (presentations, publications, grant awards and submission, etc.)
Comment on your accomplishments, strengths, areas for improvement, and/or obstacles you have encountered:

Publications – July 2014-December 2015

Adolescent Varicoceles and Infertility.
Casey JT, Misseri R.
Endocrinol Metab Clin North Am. 2015 Dec;44(4):835-42. doi: 10.1016/j.ecl.2015.07.007. Epub 2015 Aug 24. Review.
PMID: 26568496

QUAlity of Life Assessment in Spina Bifida for Children (QUALAS-C): Development and Validation of a Novel Health-Related quality of Life Instrument.
Szymanski KM, Misseri R, Whittam B, Yang DY, Raposo SM, King SJ, Kaefer M, Rink RC, Cain MP.
Urology. 2015 Oct 8. pii: S0090-4295(15)00929-2. doi: 10.1016/j.urology.2015.09.027. [Epub ahead of print]
PMID: 26456744

Vitamin B12 deficiency in patients after enterocystoplasty.
Keenan A, Whittam B, Rink R, Kaefer M, Misseri R, King S, Cain M.
J Pediatr Urol. 2015 Oct;11(5):273.e1-5. doi: 10.1016/j.jpurol.2015.04.026. Epub 2015 Jun 19.
PMID: 26165193

Current opinions regarding care of the mature pediatric urology patient.
Szymanski KM, Misseri R, Whittam B, Large T, Cain MP.
J Pediatr Urol. 2015 Oct;11(5):251.e1-4. doi: 10.1016/j.jpurol.2015.05.020. Epub 2015 Jun 21.
PMID: 26148437

QUAlity of Life Assessment in Spina bifida for Adults (QUALAS-A): development and international validation of a novel health-related quality of life instrument.
Szymanski KM, Misseri R, Whittam B, Raposo SM, King SJ, Kaefer M, Rink RC, Cain MP.
Qual Life Res. 2015 Oct;24(10):2355-64. doi: 10.1007/s11136-015-0988-5. Epub 2015 Apr 12.
PMID: 25863685

Bladder stones after bladder augmentation are not what they seem.
Szymanski KM, Misseri R, Whittam B, Lingeman JE, Amstutz S, Ring JD, Kaefer M, Rink RC, Cain MP.
J Pediatr Urol. 2015 Sep 25. pii: S1477-5131(15)00343-5. doi: 10.1016/j.jpurol.2015.06.021. [Epub ahead of print]

PMID: 26455637

Statistical interpretation, Re: "Further analysis of the Glans-Urethral Meatus-Shaft (GMS) hypospadias score: Correlation with postoperative complications".
Szymanski KM, Hubert KC, **Misseri R**, Whittam B, Kaefer M, Rink RC, Cain MP.
J Pediatr Urol. 2015 Sep 21. pii: S1477-5131(15)00336-8. doi: 10.1016/j.jpurol.2015.08.004. [Epub ahead of print] No abstract available.
PMID: 26429599

Is renal scintigraphy necessary after heminephrectomy in children?
Strine AC, Whittam BM, **Misseri R**, Kaefer M, Rink RC, Karmazyn B, Cain MP.
J Pediatr Urol. 2015 Aug 4. pii: S1477-5131(15)00286-7. doi: 10.1016/j.jpurol.2015.06.013. [Epub ahead of print]
PMID: 26279101

Long-term outcomes of catheterizable continent urinary channels: What do you use, where you put it, and does it matter?
Szymanski KM, Whittam B, **Misseri R**, Flack CK, Hubert KC, Kaefer M, Rink RC, Cain MP.
J Pediatr Urol. 2015 Aug;11(4):210.e1-7. doi: 10.1016/j.jpurol.2015.05.002. Epub 2015 May 30.
PMID: 26071074

A comparison of the Monti and spiral Monti procedures: A long-term analysis.
Whittam BM, Szymanski KM, Flack C, **Misseri R**, Kaefer M, Rink RC, Cain MP.
J Pediatr Urol. 2015 Jun;11(3):134.e1-6. doi: 10.1016/j.jpurol.2014.12.013. Epub 2015 Mar 25.
PMID: 25936690

Long-term renal functional outcomes after primary gastrocystoplasty.
Hubert KC, Large T, Leiser J, Judge B, Szymanski K, Whittam B, Kaefer M, **Misseri R**, Rink R, Cain MP.
J Urol. 2015 Jun;193(6):2079-84. doi: 10.1016/j.juro.2014.12.088. Epub 2015 Jan 3.
PMID: 25562446

Assessing health related benefit after reconstruction for urinary and fecal incontinence in children: a parental perspective.
Strine AC, **Misseri R**, Szymanski KM, Kaefer M, Rhee AC, Hillier K, Rink RC, Cain MP.
J Urol. 2015 Jun;193(6):2073-8. doi: 10.1016/j.juro.2014.12.089. Epub 2015 Jan 3.
PMID: 25562445

Mortality after bladder augmentation in children with spina bifida.
Szymanski KM, **Misseri R**, Whittam B, Adams CM, Kirkegaard J, King S, Kaefer M, Rink RC, Cain MP.
J Urol. 2015 Feb;193(2):643-8. doi: 10.1016/j.juro.2014.07.101. Epub 2014 Jul 27.
PMID: 25072178

Ultrasound diagnosis of multicystic dysplastic kidney: is a confirmatory nuclear medicine scan necessary?
Whittam BM, Calaway A, Szymanski KM, Carroll AE, **Misseri R**, Kaefer M, Rink RC, Karmazyn B, Cain MP.
J Pediatr Urol. 2014 Dec;10(6):1059-62. doi: 10.1016/j.jpurol.2014.03.011. Epub 2014 May 2.
PMID: 24909606

Multicystic dysplastic kidney: is an initial voiding cystourethrogram necessary?
Calaway AC, Whittam B, Szymanski KM, **Misseri R**, Kaefer M, Rink RC, Karymazn B, Cain MP.
Can J Urol. 2014 Oct;21(5):7510-4.
PMID: 25347379

Refluxing ureteral reimplantation: a logical method for managing neonatal UVJ obstruction.
Kaefer M, **Misseri R**, Frank E, Rhee A, Lee SD.
J Pediatr Urol. 2014 Oct;10(5):824-30. doi: 10.1016/j.jpurol.2014.01.027. Epub 2014 Feb 28.
PMID: 24850437

Long-term fate of the bladder after isolated bladder neck procedure.
Whittam B, Szymanski K, **Misseri R**, Carroll A, Kaefer M, Rink R, Cain M.
J Pediatr Urol. 2014 Oct;10(5):886-91. doi: 10.1016/j.jpurol.2013.12.022. Epub 2014 Jan 25.

PMID: 24517903

C: Service (department, school, university, discipline, patients, community)
Comment on your accomplishments, strengths, areas for improvement, and/or obstacles you have encountered:
Fellowship director
Member women in medicine IUSM
Organizing committee 3rd world congress of spina bifida
Member Spina Bifida Urology Guidelines Committee
Membership coordinator SPU
Member OR Policy committee
Member Clinical competence committee --pediatric urology
Member physician engagement committee-Riley
Adolescent Section editor Journal Pediatric Urology

Need more university, school involvement

D: Professionalism/Citizenship
Comment on your accomplishments, strengths, areas for improvement and/or obstacles you have encountered in the following areas:

- Ability to make those he/she serves the top priority
- Respect for privacy and confidentiality
- Communication effectiveness
- Overall professionalism
- Sense of ownership of his/her work
- Commitment to his/her colleagues

E: Goals and Professional Development
Outline your specific goals and professional development plans for the coming year (include goals in each of the mission areas in which you have responsibility)
Compile dossier for promotion, coordinate first comprehensive "transitional" urology fellowship

F. Percent Effort in Applicable Mission Areas (Note: There should be mutual understanding between each faculty member and his/her chair or director about effort allocations and expectations in all applicable areas. These should be reviewed each year during the annual faculty review.)

__10%___ Research _50%____Patient care

__30%___ Education __10%__ Administrative/institutional service

G. Overall Evaluation [REQUIRED FOR ALL FACULTY]

TEACHING (choose one):	Well-below expected performance in education	Below expected performance in education	Meets expectations	Above expected performance in education	Well-above expectations; gifted educator

Self-Assessment			x		
Chair/Director/ Designee Assessment				X	

SERVICE (choose one):	Well-below expectations in quantity and/or quality	Below expectations in quantity and/or quality	Meets expectations	Above expectations in quantity and/or quality	Well-above expectations in quantity and/or quality; exceptional service
Self-Assessment				x	
Chair/Director/ Designee Assessment				X	

PROFESSIONALISM (choose one):	Exhibits a pattern of unprofessional behavior	Exhibits some lapses in professional behavior	Meets expectations	Exhibits high standards of professional behavior	Exemplar of professional behavior
Self-Assessment				x	
Chair/Director/ Designee Assessment				X	

SCHOLARSHIP/ RESEARCH (choose one):	Well-below expectations in productivity and/or quality	Below expectations in productivity and/or quality	Meets expectations	Above expectations in productivity and/or quality	Well-above expectations in productivity and/or quality; highly productive and prolific
Self-Assessment			x		
Chair/Director/ Designee Assessment				X	

OVERALL Evaluation (choose one):	Unsatisfactory	Satisfactory	
		With Improvements Needed	Maintain
Faculty Self-Assessment			x
Chair/Director/ Designee Assessment			X

H. Chair Summary/Narrative (If performance is below expectations in any area, this section must include a summary of the rationale and the improvements needed. Note that faculty can be assessed as below expectations in one or more mission area and be given an overall satisfactory evaluation with improvements needed.)

Rosalia has done a good job developing a national/international reputation in transitional care for pediatric urology. I believe she is ready for advancement to professor.

I. Faculty Response to Chair Assessment and Summary/Narrative (optional)

J. Signatures

Chair/ Unit Director:
Date: 2/4/16

Primary Committee Chair:
(Optional, but recommended for tenure-track faculty)
Date:

Missoni

Faculty Member:
Date: 2/4/16

The original of this Annual Review is on file in the Department Chair/Director's Office and a copy has been sent to the faculty member on the following date:

medhub

INDIANA UNIVERSITY

Aggregate Evaluation Report - Resident Evaluation Of Faculty Member

Generated: 06/21/2016 7:08am EDT

Evaluation: **Faculty Evaluation Form**
Target: **Misseri, Rosalia**

Date Range: **07/01/15-06/21/16**
Responses: **18**

Please rate the program faculty member in the following areas. Unsatisfactory =Several behaviors performed inadequately or missed (ratings 1, 2, or 3) Satisfactory =Most behaviors performed acceptably (ratings 4, 5, or 6) Superior = All behaviors performed very well (ratings 7, 8, or 9)

	Unsatisfactory			Satisfactory			Superior			Insufficient Contact	
	1	2	3	4	5	6	7	8	9	N/A	Avg (Std):
1. Interest in teaching					11.11%		22.22%	27.78%	38.89%		**7.83** (1.3)
2. Ability to teach surgical technique					5.56%		33.33%	22.22%	33.33%		**7.82** (1.1)
3. Ability to teach research technique					5.56%		11.11%	11.11%	11.11%	61.11%	**7.57** (1.3)
4. Commitment to the educaitonal program					11.11%	5.56%	22.22%	27.78%	33.33%		**7.67** (1.3)
5. Ability to motivate				5.56%	5.56%	5.56%	27.78%	33.33%	22.22%		**7.44** (1.3)
6. Approachability					11.11%		5.56%	22.22%	61.11%		**8.22** (1.3)
7. Receptiveness to questions					11.11%		5.56%	33.33%	50.00%		**8.11** (1.2)
8. Clinical knowledge					11.11%		11.11%	44.44%	33.33%		**7.89** (1.2)
9. Scholarly and research activities					5.56%			22.22%	16.67%	55.56%	**8.00** (1.2)
10. Overall value to the residency program					11.11%		5.56%	38.89%	44.44%		**8.06** (1.2)

11. COMMENTS:

One of the most approachable and engaging members of the pediatric staff at Riley. She is an invaluable asset to the residency program and an excellent teacher in the operating room.

Dr. Misseri goes above and beyond to teach the residents and help them succeed. Working around her, she makes you strive to be a better resident and physician.

One of the best overall Riley staff

A big resident advocate at Riley. Always willing to help and teach. Very caring and have always felt she has really cared for each resident and fellow that she works with and wants to see them succeed. Makes you feel comfortable and involves you in cases at level appropriate areas.

great asset to the program and school; excellent teacher and mentor, approachable and a good role model

excellent faculty member, an asset to the residents and the department. she is approachable, receptive and goes out of her way to teach, on the floor, in clinic and in the or. remains patient with residents struggling in the or, which is important, especially early in