This document is designed to help you understand the promotion process in the Faculty of Medicine & Dentistry at the University of Alberta. Please read this document carefully and make note of the sections that apply to your specific circumstance.

You will need to submit the following documents to the Department of Medicine:

1. CV in Department of Medicine standard format (see page 16)
2. Teaching Dossier in Department of Medicine standard format including copies of student evaluations (see page 21)
3. Narrative letter outlining your accomplishments (see page 9)
4. Letter from your Divisional Director summarizing your application package
5. Contact information for 8 external referees who can be contacted to provide letters addressing your suitability for promotion. You must not have had any formal working or mentoring relationship with those you put forward as referees. The Chair will contact the referees directly to request the letters (see page 30)
6. Include up to 5 examples of “works of scholarship”
7. If your job description contains > 30% Research, “works of scholarship” should be your best papers.

Once the Academic Evaluation Committee (AEC) has met, you will receive written feedback in regard to your package and will have the opportunity to make any necessary changes to your application package prior to its submission to the Faculty Evaluation Committee (FEC). A letter from the Chair will become part of the package that is submitted to the FEC.

Templates for the Department of Medicine standard format CV and teaching dossier can be found under Quick Links on the Tenure Track Promotions page, in the “For Faculty & Staff” section of the Department of Medicine website. You will also find examples of narrative letters for your reference.

For more information including timelines, please see the Table of Contents on the next page.
Table of Contents

Timelines for Promotion .......................................................... 4

Documentation for Promotion .................................................. 7

Sample Narrative Letter .......................................................... 9

Sample Curriculum Vitae .......................................................... 16

Guide to Producing an Education Dossier and Using the Annual Report Form .................................................. 21

External Referees ................................................................... 30

LINK: The Faculty Promotion Process

LINK: FEC Guidelines

LINK: Faculty Agreement
Timeline for Tenure and Promotion of Full-Time Faculty  
Department of Medicine (DoM), University of Alberta  

(For Specific Dates of the Timeline and Promotional Material Checklist, see page 6)

<table>
<thead>
<tr>
<th>Date</th>
<th>Action Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Year</td>
<td>The DoM identifies the names of all faculty eligible for tenure hearing, promotion to Full Professor and for second probationary appointments.</td>
</tr>
<tr>
<td>Early January, Current Year</td>
<td>The Chair’s office contacts each Division Director via email to provide a list of those faculty members within each division to be considered for tenure and promotion to Associate Professor, those eligible for promotion to Full Professor and those undergoing third year review. Division Directors may identify additional individuals.</td>
</tr>
<tr>
<td>Early January, Current Year</td>
<td>Faculty members going forward for tenure and promotion to Associate Professor, those eligible for promotion to Full Professor and those undergoing third year review are contacted by the Chair’s office via email. Faculty members are provided with current FEC guidelines, the promotions process is explained and the required documents for promotion packages are outlined.</td>
</tr>
<tr>
<td>Mid-February – mid-March, Current Year</td>
<td>Division Directors review narrative letter and referee lists and provide names of additional referees if needed (not applicable for third year review).</td>
</tr>
<tr>
<td></td>
<td>Division Directors provide a letter of support.</td>
</tr>
<tr>
<td>Mid-March, Current Year</td>
<td><strong>Deadline to submit all promotion packages (including third year review) to the DoM.</strong></td>
</tr>
<tr>
<td>Late-March, Current Year</td>
<td>Promotion packages will be uploaded electronically for the members of the AEC.</td>
</tr>
</tbody>
</table>
## Timeline for Tenure and Promotion of Full-Time Faculty

Department of Medicine (DoM), University of Alberta

<table>
<thead>
<tr>
<th>Date</th>
<th>Action Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Late-April, Current Year</td>
<td>AEC meets to consider all applications for tenure and promotion and review third-year packages.</td>
</tr>
<tr>
<td>Early - Mid May, Current Year</td>
<td>Chair informs applicants of any recommendations for improvement to their promotion packages following the meeting of the AEC.</td>
</tr>
<tr>
<td>End of June, Current Year</td>
<td>Chair DoM submits the list of applicants for promotions to the Faculty of Medicine &amp; Dentistry.</td>
</tr>
<tr>
<td>Mid to End of June, Current Year</td>
<td>Chair’s office contacts referees for each applicant and requests a referee letter (n/a for third year review).</td>
</tr>
<tr>
<td>July to August, Current Year</td>
<td>Referee letters received (n/a for third year review).</td>
</tr>
<tr>
<td>August to September, Current Year</td>
<td>Chair prepares detailed letters of support to the Dean for each promotion and tenure applicant.</td>
</tr>
<tr>
<td>Late November, Current Year</td>
<td>FEC meets to consider all tenure hearings and promotions.</td>
</tr>
<tr>
<td>July 1st, Following Year</td>
<td>Recommended promotions and tenure take effect.</td>
</tr>
</tbody>
</table>
Timeline

Early January - Eligible faculty contacted

January - Complete update of CV/teaching dossier and highlights of narrative letter

February-March – Assemble all remaining materials and meet with DD to review narrative letter and referee list

March 15th - deadline to submit promotion package

Late March - promotion packages provided to AEC

Late April - AEC meets to review packages

Early to mid-May - applicants informed of suggested improvements for their package

Late-June - Chair DoM submits list of promotion candidates to FoMD

June 1st - deadline to submit revised promotion package

September – Chair prepares letters of support, which is included with Promotion materials for FEC

Late-November - FEC considers all tenure hearings and promotions

Late-November – Faculty members receive letter from the Dean

July 1st of Following Year – Recommended promotions and tenure take effect

Promotion Checklist

CV
Revised according to standard format
If applicable
   Clinical Services Dossier
   Administrative Services Dossier
   Added to Package

Teaching Dossier
Completed according to standard format
   Added to package

Narrative Letter
Completed according to standard format
Reviewed by Division Director
≥ 30% research? Identify 5 best papers
1 copy of each of your 5 best papers
   Added to package

Letter from Division Director (DD)
Letter received
   Added to package

List of Referees
Use provided template, below
   Full Professor - contact information for 8 external referees (use Template)
   Tenure & Associate Professor - contact information for 4 internal referees & 6 external referees (use Template)
Reviewed by Division Director
   Added to package (in Word format)

COMPLETE PACKAGE
   Updated CV
   Narrative Letter
   Teaching Dossier
   Letter from DD
   Letter from Chair*
   List of Referees
   Submitted by March 15th

*The Chair’s letter will be added after the package is submitted – you do not need to request this letter.
Documentation for Promotion

Prepare your documentation well ahead of time; this material may be the only source of information regarding your career achievements for many on the Department’s Academic Evaluation Committee and on the Faculty Evaluation Committee (FEC).

Ask your divisional director and/or your mentor to review your documentation and provide recommendations for improvement.

Make sure you have your material submitted on time; evaluation committees operate like grant panels – if it isn’t in on time, it does not get considered or does not get the attention it deserves.

Narrative Letter

► 2-4 pages in length

► At the beginning of the letter, state the promotion you are seeking and your current job description percentages. If there has been a major change in job description in the last three years, make that clear.

► Report your major academic and clinical accomplishments since your appointment or last promotion and devote an equivalent percentage of the letter as reported in your job description i.e. If your job description is 70% clinical education start with that and do not use 70% of your letter to address the 30% of your job description.

► Be specific; do not use terms such as “most of the time”, “usually”, “one of the best” etc. Do not self-embellish or deprecate - just the facts! And, in as objective a fashion as possible.

► Outline objectively your role in each endeavour. Use numbers such as evaluations, rankings, awards whenever possible to document.

Curriculum Vitae

► When reporting research funding, include the dates of the awards, the amounts and note your contribution (i.e., PI, local PI etc).

► Clearly separate abstracts from papers in your publication lists.

► Record an abstract only once; if the abstract was both published and presented, record only the published information.

► Clearly separate peer-reviewed publications from non-peer-reviewed publications.

► If your job description is 50% or more research, include copies of your best five papers; if your research is less than 50% of your job description, do not include copies of papers.

Invited presentations are ones external to your division and department. They do NOT include divisional presentations or Medical Grand Rounds

► Do not include testimonial letters from students or patients.

Dossiers

► The teaching dossier should be formatted in a manner that is easy to read – test it on someone before submitting. A Faculty-approved version and guide to what should be included can be found at the site of the Division of Studies in Medical Education: http://education.med.ualberta.ca/ScholarshipSupport/DSME/Pages/default.aspx (go to the bottom of the page).

► Ensure the teaching dossier includes all your teaching activities including CME and distinguished from continuing self-education.

► Record all evaluations from students, residents and CME participants.
► Do not attach all the evaluation forms, letters from students, etc.; they should be summarized for easy reading but the originals should be kept in your files and available if the material in the dossier is challenged.

► If presenting a Clinical Services Dossier, ensure that major clinical accomplishments and innovations are included. A preparation guide is available from the Director of Administrative Services and can be found on the Department’s web site under Career Development.

► If you have a major administrative role, it is recommended that you consider including an administrative dossier; a guide to preparing one is available from the Director of Administrative Services or the web site.

Referees

► Any referees you and/or your divisional director identify should not be people who have supervised or mentored you in the past (see page 30).

► Choose referees carefully – look for someone who will give a positive, comprehensive overview of your career and who is likely to recommend promotion.

► Faculty Members being considered for promotion must not contact the referees directly.

Divisional Director Reference Letter

► 2-3 pages in length

► Highlight the applicant’s career accomplishments

► Outline the applicant’s unique contributions to the Division, Faculty, AHS, community

What Not to Include

Though you need to be thorough in presenting your documents, it is important to avoid having too big a package such that those on the FEC get frustrated by its length. Therefore, you should include in your teaching dossier a summary of all supporting documents you have on file in case they are required for review or verification. For example, keep on file but do not submit:

► Congratulatory letters from course coordinators, block leaders, Department Chair, Dean, etc.

► Details of evaluations – they should be summarized in the Teaching Dossier

► Course manuals or syllabi

► Monographs

► Slide or PowerPoint presentations

► Published material other than research papers

► Letters from patients.

► Testimonials from students

► Papers submitted but not accepted.
June 16, 2011

Dr. B.G. Merry
Chairman,
Department of Medicine
University of Alberta
Edmonton, Alberta
T6G 2B7

Dear Dr Merry:

Re: Dr. Allison Jones
Consideration of Tenure and Promotion to Associate Professor of Medicine

In July XXXX, I joined the Department of Medicine as an Assistant Professor in the Division of xxx. I understand that I am now eligible for consideration of tenure with its associated promotion to Associate Professor. I am thus submitting my request for such consideration. My job description entails:

- clinical practice-teaching (25%),
- clinical practice non-teaching (25%),
- research (30%)
- teaching (10%), and
- administration (10%).

In the last 5 years, I have achieved a number of successes which I would like to summarize in support of my application:

Clinical Practice Activities (teaching [25%] and non-teaching [25%] job description):

As an cccologist, I provide consultation services at the University of Alberta Hospital to diagnose and manage tertiary diseases referred from across Western and Northern Canada. I have established recognition as a provincial and national physician leader resource in YYY diseases and epidemiology. On an international level, I was the only Canadian faculty to be invited to lecture at the University of South Carolina, Sixth Annual Antiviral Chemotherapy symposium.

I also serve on the international editorial board of P Journal, Electronic Media, Adis International Inc. On a national level, I presented and served as an executive member on the National Consensus Panel on PPP in 1999, which produced the Canadian Association (CASL) Consensus document, an ongoing resource for care across Canada. In 2003, I will be assuming a leadership role as the co-organizer and co-chair for the Canadian Consensus Conference sponsored
by Health Canada, on behalf of YYY. There is planned publication of a report, which will serve as an important national reference resource for provincial payers and health care providers on the delivery of care.

I have been involved with a number of other national health initiatives. I have presented and served on the Canadian Consensus Panel for Management of RRR in 2000. This resulted in a published Consensus Statement, which has been distributed to physicians nationwide. In addition, I was the only adult gastroenterologist (aside from co-chair) to receive repeat invitations to present and serve on this Consensus Advisory Board in 2001 and 2002. I have also presented proposals for national protocols on “XXX” and “YYY” at the Canadian Study Group Meetings in 1999 and 2001, respectively. This is the forum where all national policies for XXX are formulated. Lastly, I was a contributing member for the Internet Knowledge Workshop for the Canadian Network in 2002, responsible for the content and development of an innovative and comprehensive patient information website on XXX and YYY diseases.

My national reputation has led to invitations to lecture at the national XXX Symposia at Canadian XXX Week in 2000 and 2003. This meeting represents a national forum and Canada’s premier XXX disease meeting. I was one of only two WWW consultants to be invited as a speaker at the KKK Workshop at the Canadian GGG Society Annual Meeting co-sponsored by Health Canada in 2003. I was the only speaker from the University of Alberta to be invited amongst other recognized national experts on FFF to lecture at the Canadian SSS Foundation National Conference in 2002. This is the first annual national symposium for the Canadian Foundation with a large target audience of patient groups and health providers. I have also presented at Medical Grand Rounds in Quebec City, Saskatoon and Winnipeg.

On a provincial level, I have successfully led the development and introduction of local and provincial XXX programs for both physicians and the community. These programs have significantly changed and improved the quality of care for patients across the province. As medical advisor for the Edmonton Community XXX Project, co-sponsored by the Canadian XXX Foundation and Capital Health Authority, I provided input and direction for the goals and focus of this project. I produced three CME events for primary care givers to assist in the identification of XXX in the community and delivery of YYY care. In addition, I developed and hosted a radio phone-in educational series on XXX diseases directed to the community. At the request of the Capital Health Authority I developed a “Management Algorithm,” which accompanies every positive result sent to primary care physicians in the Capital Health Authority.

As Co-Chair of a joint effort of key Provincial XXX experts I led the development of the Alberta Treatment Guidelines for Alberta Health and Wellness in 1999. This initiative resulted in provincial formulary funding of therapy for XXX infection, which has been estimated to affect a significant number of Canadians. In 2003, with the licensing of ZZZ I again served in an expert advisory capacity to the Clinical Drug Services and Evaluation of Alberta Blue Cross. This has resulted in Alberta being the leader, as one of the earliest province to grant provincial formulary status for this important therapy. At the request of Alberta Health and Wellness, I served as the Chair for a Special Steering Advisory Committee and Budget. I led the development of a
confidential report submitted to the Provincial Health Minister. It is anticipated that this report will serve as the blueprint for revolutionary changes to care delivery in the province. I created the Clinical Management Algorithm, which serves as the clinical portion of the Provincial Laboratory Testing Guidelines for Alberta.

I was an invited medical advisor on Alberta Expert Review Panel, College of Physicians and Surgeons of Alberta, and contributed to the drafting of Practice Guidelines in Alberta. Lastly, I have regular requests for lectures from other medical and paramedical professional groups and patient-oriented organizations. I also receive regular requests for consultations and advice from the Internal Medicine group in Grande Prairie and other outreach communities such as Peace River and Fort McMurray via telephone, letters, and facsimiles.

I have demonstrated ongoing commitment to my continuing education and maintenance of competence by exceeding the MOCOMP requirements each year (2000: 205 hours; 2001: 298 hours; 2002: 400 hours).

Teaching Activities (clinical teaching [25%] and teaching [10%] job description):

In July 2000, I assumed the position as Program Director for the XXX Residency Training Program, after serving as the site coordinator from 1999-2000. Since my term, there have been many positive and innovative changes with the program. There has been dramatic growth in program size from 1 resident to a peak of 12 post-graduate trainees (7 core subspecialty residents, 1 AHFMR clinical fellow, and 4 fellows). I have implemented a number of innovations in the core residency program curriculum. These include restructuring of the long-term continuity fellow’s outpatient clinic, to allow for comprehensive and follow-up care experience, lacking in the previous structure. For the first time, the fellows have the opportunity to deliver ongoing follow-up care for patients for the entire 2 years of their clinical training. There has been active incorporation of CANMEDS roles into Academic Half-Day, and revision of the weekly Noon Rounds to have multidisciplinary focus and involvement. I created and developed a formal chief fellow position to foster and groom leadership potential for residents.

Formal protocols and processes are developed to keep pace with the tremendous growth of the training program. These include a formal protocol on “graduated responsibility for residents” on call, a formal teaching evaluation process to provide feedback on rotation and staff performance, and a 3-Year Research Time Line to provide guidance on the research aspect of the residency, towards professional development for an academic career.

I established a novel program extension from 2 core years to “2 core years plus 1-2 research fellowship years”, which is unique amongst all the Canadian training programs. There has been co development (with Dr. EEE, Unit Director) of a fellowship program with completion by two fellows in June 2003 with successful job placement. Ongoing efforts are underway for development of new advanced clinical and research fellowships in O., P., and Q. These are again, novel advanced training programs unique amongst other training programs in Canada.
The profile of the training program has continued to increase with my term as program director. This has been further enhanced by development of an "information" centre for the residency program on the Divisional website to provide easy access and “24/7” information on the training program to interested external candidates and professional groups. There has been increasing desirability and profile (local and national) of the residency program at the University of Alberta, as evidenced by the large number of applicants each year to the program during my term (from 13 applicants in 2000 to 25 applicants in 2003). For 2010/11, our program will represent the second largest training program in Canada, behind University of Toronto. In addition, our program has continued to have 100% success rate at the Specialty Certification Examination by the Royal College of Physicians and Surgeons of Canada since its inception more than 20 years ago. The majority of graduates from our program continue to be recruited to academic positions (Dr. HHH by University of Alberta, Dr. MMM by University of British Columbia, and Dr. BBB by University of Calgary).

Together with Dr. NNN (U of Calgary), we have resurrected and expanded the annual Western Exam in 2001. This is a formal written/oral examination, modeled after the Royal College Specialty Certification Exam. It is the only one of its kind, and has received extremely favorable feedback from the participants on its usefulness in enhancement of examine-ship and identification of areas for self-study. Expansion has occurred, from the initial 2 institutions (Universities of Alberta and Calgary) to participation by all 4 Western Canadian training programs. In collaboration with Dr. BBB (U of Calgary), we are planning the First Annual Alberta Fellow Research Retreat to precede the Alberta Society Meeting in September 2011. This will again be the first of its kind in Canada, to provide a forum to share and cultivate research interests and collaborations amongst residents. On a national level, I have been invited to serve as a member on the Royal College Examination board for 2011, with active roles in exam development and candidate examination and evaluation.

I have served as major research supervisor for 1 summer student and 4 medical residents, with exceptional outcomes and awards for the trainees. Ms. Wrrr was a summer student whose abstract was selected for presentation at the Canadian Disease Week meeting 2009, Canada’s premier meeting. Dr. Pxxx was an internal medicine resident from University of British Columbia who completed a research elective with me. He has since completed his training, and has presented the results of his study at the American Association Annual Meeting and Canadian Disease, both of which are premier international and national meetings for the specialty. His research has earned him the prestigious CCC Award for First prize at UBC Medical Research Day, and publication in OOO in 2002. I have also co-supervised Dr. Lxxx during her medical residency (current first year resident in WWW), and her project has earned her First prize (oral presentation) in the U of A Medical Resident Research Day 2008. It was also one of 12 posters chosen as Clinical Posters of Distinction at Canadian Diseases Week 2003, and the manuscript is currently in preparation. For 2010, I have had supervisory requests from Drs. Xxxx and Yyyy, both of whom are current residents in Internal Medicine at the University of Alberta. In addition, I am serving on the Masters Supervision Committee for Pxxx.
My teaching skills have consistently been rated to be superior to excellent. Formal evaluations of course and clinical teaching have consistently been superior to excellent (3.38/4, 3.67/4, 4/4, 4.8/5, 4.1/5, 4.9/5, 4.5/5, 4.6/5, 4.8/5; records on file). Indirect compliments on my teaching skills are sup- ported by the large number of medical students and internal medicine residents who have requested my Ambulatory Clinic Preceptorship (additional to their designated rotation; 9 Medical Students, 10 Internal Medicine Residents), and invitation to participate in Academic Half Days for residents in Internal Medicine, Family Medicine, and Critical Care Medicine.

I have demonstrated superior performance by frequent requests for continuing medical education and objective evaluations have ranked my presentations in the top 10%. Since 1998, I have given 65 CME’s or lectures (14 CME’s at University of Alberta, 24 CME’s in Alberta, 7 public lectures, 4 radio broadcasts, 3 Grand Medical Rounds outside of Alberta, 12 lectures nationally and 1 lecture inter- nationally). Where these educational events have been objectively evaluated, I have been rated as superior to excellent (U of A Grand Rounds: 4.8/5 overall; Grande Prairie CME: “Perfection”; Internal Medicine Advance: 4.8/5; USCF Antiviral Conference: 4.58/5, “best speaker”).

Research Activities (30% job description):

To enhance my research skills, I successfully completed a Master’s of Science in Epidemiology at the prestigious Harvard School of Public Health during my appointment. This is accomplished via intensive, consolidated course work over 2 summers in Boston, and the completion of a successful re- search thesis, entitled “Prevalence and predictive factors for bone disease in XXXX”. This degree was started after my appointment, and completed while I was fulfilling my other duties.

Since my appointment as Assistant professor I have co-authored seven peer-reviewed manuscripts, three invited reviews, one book chapter and 18 abstracts. I was the first author of one of the first papers (American Journal 1999; 106:315-22; IF = 6.11) to examine the physiology effects of VVV on hhh in pp patients. I was co-first author in 2 papers. The first was a class project during my Masters studies with 2 of my peers, in a meta-analysis on the efficacy of therapy for infection after trans- plantations (Transplantation Proceedings 2001;33:1870-2; IF = 0.57). The second study (Canadian Journal of AAA 2002; 17:25-9; IF = 1.37) was the first to examine the interests, attitudes and practice patterns of Canadian cccologists in XXX diseases. It provides insights and evidence on which future planning on subspecialty training goals and needs can be based. I was the senior author on Dr. AA’s study (Transplantation 2002;8:945-51; IF = 3.03), which represents the first successful collaborative investigator-initiated research effort between the Alberta and British Columbia Programs. More importantly, it demonstrated the significant prevalence and identified the predictors for late acute rejection, a condition that has previously been under-estimated.

I am actively involved in clinical trials research. To date I have been co-principal investigator in two international clinical trials (total grant money $40,070). One of these trials is a seminal study of globulins in the prevention of XXX recurrence. Although the results are negative, it is one of the most cited abstracts in recent international meetings on AASW as a landmark study. A similar, larger
multicentre NIH-sponsored trial is currently underway. I am also a co-investigator in over 34 other clinical trials within the Division.

In addition to my clinical trials research, I am involved in investigator-initiated peer reviewed research in disease and health outcomes. I was the Principal Investigator in 2 studies: New Investigator Grant from Canadian Foundation in 1998 ($29,700) entitled “An in vivo study for the role of the core element in genome replication”; and University of Alberta Hospital Foundation in 1998 ($17,500) study the “Effect of Combination Therapy on Health Related Quality of Life”. I am co-Principal Investigator (with Dr. YRY, MMM, and JKL) of the AHFMR Health Research Fund in 2002 ($98,433/2 years) entitled “The Determinants of the Direct Medical Costs”. I was invited to be a Steering Committee member, for a Correctional Centres Project (Dr. TT, $89,5000/2 years) entitled “Delivery of Therapy in Correctional Centers of Alberta”. I am a Researcher of the CFI for Excellence for Research (Dr. D $3,705,603/4 years).

I have demonstrated superior performance by being invited to participate in key national research initiatives. I was invited to participate in the closed Medical Research Council “Research Priorities Workshop” in 1999. This is a crucial “think-tank” meeting during which the national research agenda was drafted, and resulted in a written report submitted to the Minister of Health of Canada, to pro- vide guidance on research funding for the MRC/Health Canada Initiatives. I have been invited by the Canadian Association to serve on the Canadian Study Group to foster collaborative clinical research in the country. It is a first attempt at drafting a national research agenda for XXX diseases.

I have been invited to serve as member on a number of research evaluation committees. I have served as a grant reviewer for a number of granting agencies including Canadian Foundation, Canadian Association of XXX, Physicians Services Incorporation Foundation (Ontario), and Health Sciences Centre Foundation (Manitoba). I have served as studentship reviewer for the Canadian Foundation and Canadian Association of GHF on an annual basis. I have served as journal reviewer for several journals, usually on repeated basis (Canadian Journal, Canadian Family Physician, Canadian Medical Association Journal, Canadian Infectious Diseases, Canadian Journal of Public Health, Clinical Investigative Medicine). I have served on the editorial board on the e-journal, Journal Advances. Lastly, I have served as a judge for a number of research competitions (Clinical Faculty Research Award Competition, Department of Medicine, U of A (2002, 2003); Postgraduate Student Poster, Department of Medicine Research Day, U of A (2002); Summer Studentship Research Poster Competition, Faculty of Medicine, U of A (2002)).

Administration Activities (10% job description):

The clinical aspect of my service to the profession and discipline at a National and Provincial Level has already been detailed in the Clinical Practice Activities Section above. However, I have contributed to my profession nationally with many other services. I have been a member of the Education Committee, Canadian Foundation since 2001. This committee has been responsible for the editorial and review of all public education material on the XXX websites, and consists of 2 hour-teleconferences every 1-2 month since its inception in 2001. (http://www.ca/default.asp). I serve as
a member (2001/2002-present) on the Education and Membership Committees for the Canadian Association. The former committee is responsible for reviewing and granting studentships on behalf of this association each year. In 2002, I was invited to serve on the Executive Council for the same organization, which is responsible for steering the agenda and vision for this national organization representing academic interests in Canada.

At a University and Hospital level, my services (other than those already mentioned in previous sections) include being a Practice Oral and OSCE Examiner for the Department of Medicine and Division. I have been an interviewer for the CARMS Internal Medicine Match for the Department of Medicine. I have served on the Alberta Committee, Council of Program Directors, Postgraduate Medical Education Council, Research Committee for Department of Medicine and Internal Medicine Residents, Quality of Care Committee, and MD Admissions Committee for the Faculty of Medicine. I have also served as a mentor for the Phase I Medical Student Support Group and the Medical Resident Mentorship Program.

Additional information on my academic activities can be found in my curriculum vitae, summary of accomplishments, and clinical and teaching dossiers. I believe that I have met the criteria to be considered for tenure and promotion to Associate Professor of Medicine.

In closing, I would like to thank you for the support and encouragement that you have provided.

Sincerely yours,

Frrrr, Saaaaa MD, FRCPC

cc. Division Director
Sample Curriculum Vitae

**CURRICULUM VITAE**

Prenom Surname, M.D., F.R.C.P.(C)

(updated March 17, 2011)

**Current Appointment:**
Assistant Professor of Medicine
University of Alberta, Faculty of Medicine and Dentistry
Business Address: 8440-112th Street Edmonton, AB Canada
T6G 2G3
Phone: (780)-555-5555
FAX: (780)-555-5555
Citizenship: Canadian

**Education and Training:**
1990-1994   B.Sc. (Biology), University, City, Country
1994-1998   M.D., University, City Country
1998-2001   Resident, Core GIM, Hospital, City, Country
2001-2003   Clinical Subspecialty Resident, Hospital, City.
2003-2006   Research Fellow, University, City, Primary Supervisor:

**Licensure and Certification:**
1998   Licentiate of the Medical Council of Canada (# xxxxx)
2002   Fellow of the Royal College of Physicians of Canada (Internal Medicine #xxxx)
2003   License, College of Physicians and Surgeons of Alberta (#0xxxx - current)

**Academic Appointments:**
2005-2006   Instructor in Medicine, University, City, Country
2006-Present   Assistant Professor of Medicine, University of Alberta, Edmonton, Canada
Hospital Appointments:

2006 – Present  Attending Physician and Full-time Medical Staff, AHS, University of Alberta Hospital, Edmonton, Alberta

Leaves:

04/2007-10/2007  Parental Leave

Awards/Honours:

1990    Alberta Rancher Association Scholarship
2006    Teacher of the Year Award XXXXX
        This award is presented by the Medical Students .......
2008    Prestigious International Award for Subspecialty
        This award is presented once yearly by the American Society of X after nomination and peer-review.

Professional Memberships and Administrative Activities:

Memberships:

2004    Member, Royal College of Physicians of Canada
2006    Member, International Society of Subspecialty
2007    Member, American Society of Physiology

Grant Review, Advisory Committees, Scientific Societies:

2008-Present  Heart and Stroke Foundation, Alberta Branch, Biomedical Research
             Grant Committee
2009-2010    Organizing Committee for the 2010 Subspecialty conference “title”

Editorial Activities:

Current  Review Activities: American Journal of Physiology, subspecialty;
             Journal of Biological Chemistry; New England Journal of Medicine,
             Circulation Research,
Institutional Administrative and Leadership Contributions:

Major Committees:

2006-2010 Human Ethics Committee, University of Alberta etc
2010 – present Division of Subspecialty, Research Committee

Teaching Contributions:

Advisees:

2006-2008 Prenom Nom, M.D;
Research Fellow “Title of Research Project”
Funding: AHFMR
My Role: Primary Supervisor
Current position: Assistant Professor, University, City, Country

2008 - Present Prenom Nom, M.Sc. Graduate Student PhD program in
Experimental Medicine

Classroom Instruction:

2006-2008 DMED514 Small Group Facilitator, University of Alberta,
Edmonton, AB
2008-Present Core Lectures in subspecialty:

CME Instruction:

2009 Subspecialty Grand Rounds: “Title”, University of Alberta
Sept 18, 2009

Clinical Instruction and Supervision:

2006-Present Attending Physician, subspecialty, University of Alberta Hospital,
Edmonton, Alberta, Canada

Global Medical Education Initiatives.
Clinical Contributions:

Current Clinical Service (University of Alberta Hospital):
In-Hospital Consultation/Attending in Subspecialty, 8 weeks/ year
Outpatient Clinic in Subspecialty: 1 half day per week

Clinical Innovation, Outreach and Global Health Initiatives:

2006-present  Developed a new clinic for the continuous care of patients with Chronic pain in the you know what. This care paradigm has Reduced wait times for surgery in the Zone by X%. The care Paradigm has been adopted by the University of Texas. A letter commenting on the dissemination of this work is attached in the appendix.


Research Grants:

Currently Active Grants:

03/2006-09/2013  CIHR Operating Grant #MOP xxxxx: Title: “Title title title”
Role: Principal Investigator
Total Budget: CAN$: 500,000

07/2010-06/2012  Subspecialty Foundation of Canada Biomedical Research Grant.
Title:
Role: Co-Investigator (Mycolleague Surname, P.I.)
Total Budget: Can $100,000 (25,000 to Myown Surname)

Completed Grants (past 5 years)

Title
Role: Principal Investigator
Total Budget: Can $ 160,000.

Publications:

Peer-Reviewed Original Research (trainees directly supervised by me are underlined):


etc, etc

Invited Reviews and Editorials:

Etc

Book Chapters:

Etc

Online-Only Publications, Monographs and Other:

Abstracts:

Author, Author, Author, Title of the Abstract, Meeting Name, Location and date.

Citation: (if published)

Presented: Oral Podium Presentation, or Poster Presentation.

Invited International Scientific Presentations:

2004 “Title”. – Keynote speaker, Meeting Title, Location, Date.

Invited National Scientific Presentations:

Invited Local/Regional and CME Presentations:
Guide to Producing an Education Dossier and Using the Annual Report Form

Preamble

This is the first edition (2010) of an electronic Education dossier that is produced in part by the Annual report, and undoubtedly it will be revised on the basis of user feedback. The Annual report, in turn, only started collecting some of the data imported into this document since 2009, so that data from prior years must be manually entered in the tables provided in dossier or in free text. With each year of use of the new Annual report, there will less need for manual entry. As a general rule teaching data (see section 2a) from the previous 5 years is the most pertinent. This can save a lot of manual data entry work for faculty members who have been teaching for many years!

Please note that any revisions and edits that you make to the document outputted by the Annual Report must be saved by you, as these changes will not occur in the annual report forms, and therefore, will not be saved elsewhere. So please keep your revised copy in a safe place! When you finally submit your Annual report you can include the revised Education dossier as a word file. You can also cut and paste sections from this saved document into the final version of this year’s or next years’ Education dossier. See the end of this guide for details.

1. Teaching and Educational Philosophy

In 500 words or less, outline your education and teaching philosophy and views about learners, learning and teaching. Examples of statements of objectives from specific course objectives may be included. You may choose to note the changes you expect or are trying to accomplish in your teaching and how your course contributes to the students’ achievements in their university programs. Your reflection on the consistency amongst your teaching philosophy, goals objectives, teaching strategies and ways to evaluate students may be entered here or in Section 5.

2. Participation, Contribution and Leadership in Teaching and Education

Enter the proportion of your job description that is devoted to educational activities. (We hope to auto-fill this for users in the 2011 report)

Then list your activities and contributions in the following format:

a) Teaching, Supervising and Advising Learners

Classroom based teaching, or Workplace based teaching
Entries for these 2 sections will include

- Type of teaching
- Start date/End date
- Learner’s Special circumstances
- Total half days spent
- Evaluation scores
- Notes

Undergraduate, Graduate, Post-graduate student and Post Doctorate supervision, entries will include:

- Your Role
- Name of Trainee
- Name/program
- Start-end dates
- Degree to be received
- Special circumstances

b) Assessment

Formative assessment

This refers to the assessment and feedback you have provided during your teaching and supervision activities. Formative assessment is the gathering of information about student learning during the progression of a course or program and the provision of feedback so that the learner can modify their learning approach. An example would be reading the first lab reports of a class to assess whether some or all students in the group need a lesson on how to make them succinct and informative. You may wish to use some of the following questions as a guide.

Do you give learners formative assessments and feedback on a regular and timely basis? If applicable, do you fill out and submit requested formative assessment forms on a regular and timely basis?

Do you give feedback to learners that:

- is objective and accurate, being based on observed behaviors rather than inferred beliefs or values?
- Is actionable and specific, limited in amount per encounter and focused on issues the learner can control?
- Is constructive and is focused on agreed upon objectives and goals?
- Identifies and validates current strategies and behaviors that are being done well or suggests alternatives to apply for future improvements?
- In non-normative (comparing learners)
Additionally, do you demonstrate and role model professional development and self-reflection by:

- Regularly asking learners or supervised students for feedback on your teaching or supervision?
- Using reflective techniques, based on self, peer or learner assessment of your teaching or supervision, to change or consolidate your instructional or supervisory methods and strategies?

**Summative assessment**, entries will include

- Type of summative assessment
- Domain
- Your role
- Start/End date
- Notes

Summative assessment is the gathering of information at the conclusion of a course, program or undergraduate career to improve learning or to meet accountability demands. When used for improvement, it has an impact on the next cohort of students taking the course or program. Summative assessment can also encompass review of courses and programs, admission interviewing and remediation. Activities such as the analysis of student final examination performance in a course, to see if certain specific areas of the curriculum were less well understood than others, or being an OSCE examiner, an external examiner either for MSc/PhD students from this or other Universities, or as part of a licensing or progress examination, or being an external reviewer for a program would all be reported here.

c) **Educational publications, presentation and products**

Educational products, entries will include:

- Type
- Domain
- Your role
- Scope
- Release date/Update date
- Peer reviewed

Enter here any products of scholarship of discovery, integration or application that have not already been entered in the publication section. A product may be a document, computer program, audio-visual resource, examination tool, innovation or invention. Products become important and scholarly work when the following are present:

- The product is objective based in that it addresses an important need or task or process in teaching, assessment, self-direct learning, faculty development or research
• The methodology used to make the product is of appropriate and high quality
• The product is disseminated for the sharing and use by others, the method of dissemination involves routes other than standard publication in journals and books; the nature and scope of dissemination may include engagement, uptake and use with departmental, faculty, regional, national or international organizations.
• Whenever possible, the product is peer reviewed

These products should be prepared specifically for teaching. If you hand out a review you wrote for a medical journal to those taking a course from you (and it may be an entirely appropriate handout) it should not be listed, but if you prepare material specifically to help students in that course, then it should be listed.

When recording your products (especially innovations) include a brief narrative account of the impact of its dissemination and use. If possible, provide data that bear on whether the innovation was a success or not. This makes the significance of the product more apparent. Conversely, trivial changes listed in this section will detract from, rather than enhance the impression left with the reader!

**Educational Publications**, entries will include:

Record here published articles on teaching or education. Include research articles, reviews on teaching methodology and also (although they will carry less weight) any letters or opinions which have been published.

- Type
- Peer reviewed
- Your Authorship status
- Title Journal Publish date Volume Issue Page range

For 2010, the ARO will export all of your publications. Delete those that are not related to education. We hope to have a “tag” system for the 2011 report that will result in only educational publications being exported to this form.

**Educational Presentations**, entries to include:

List here any invited talks on educational matters. Presentations that you have given for the continuous professional learning of others should be recorded here (not CPL that you have received: record that under the Continuous Professional Learning section). You should only list workshops that are specifically for teaching or other educational activities. Teaching workshops that
you have presented may be within your own Faculty, in the University at large or in association with another organization. Make clear who the sponsor of the workshop is.

**Educational research funding**, entries will include:

- Internal/external teaching development, Grants, Fellowships, Research grants

3. **Documentation of Results of Teaching and supervision**

   **A. Results (statistics) of Student Evaluation (see section 2A)**

   While you are not obligated to provide any information about numerical student assessment, if you supply no numerical data, some may conclude that they are uniformly unfavorable.

   **B. Commentary from student feedback**, (notes sections of CBT or WPST or free text entry).

   These can be helpful, but it is important that you include all the comments, not just the favorable ones, together with a note that all comments have been included. Unless this note is added, people may assume that you have selected the most supportive comments. The student comments are most useful for providing us with information as to our own strengths and weaknesses so that we can be more effective instructors and they are not necessary for summative purposes such as promotion or tenure. On the other hand, if you have received a lot of glowing comments, by all means include them as Appendix I. If you have not kept copies of student evaluations, then your Chair, course director or general office may be able to help.

   **C. Objective indicators of student progress**, entries to include:

   - Student Name
   - Year of graduation
   - Degree received
   - Current position and Institution

   Include the success achieved by your selected trainees, graduate students, postdoctoral fellows, residents etc. either while under your supervisor or subsequently. This is a chance to boast about the successes of those who have trained with you! It is an indicator of your skill at graduate training either in research or in clinical practice. If ‘x’ received awards for teaching, research or clinical practice, or rapid promotion to a senior position, this suggests success. You may also list any co-authored publications by your current trainees in which they are first author. Just as the case in the publication section entries should include type of publication, whether or not it was peer reviewed, title, journal name, publication date, and volume issue and page range.
E. Peer-observed sessions and commentary

Try to get a written assessment of your teaching from the course director, your Department Chair or some other credible individual to include in this section. Available evidence suggests that evaluation of presentation by peers corresponds very closely to evaluation by students and peer review but students are not always in a position to judge the appropriateness of content. If the letter itself does not explain why the referee is an appropriate and unbiased judge of your teaching you should append a brief note explaining this. If you are interested in taking part in peer-observed session as a user or provider, please contact DSME at 780.492.6776 for details.

F. Awards and Recognition, entries will include:

- Type
- Scope of recognition
- Who Conferred by
- Description including terms of reference

List only awards specifically for teaching, or role modeling or mentoring related to education. An award given for a paper on educational research would be included, but one for research in your scientific or medical discipline would not be listed here but in your curriculum vitae.

4. Activities to Support and Improve Your Teaching and Learning

A. Continuous professional learning activities for you, entries will include:

- Date
- Type
- Scope
- Notes and descriptions

This pertains to continuous professional learning that you have received or undertaken for yourself, rather than what you have given to others (record CPL that you have given to others under the presentation section). You should only list workshops that are specifically for teaching. For example attendance at a CME workshop on new advances in the management of A, should not be listed, but a workshop on improving the education of medical residents, should be listed.

B. Administrative activities to support and improve teaching and learning of others, entries will include:

- Start date/end date
- Activity
• Your role
• Scope
• Notes and Description

List here committee work, course directorships and so on. An exception to this is committee or administrative activities that related to summative evaluation (i.e. being a member or a chair of an oral examination board or thesis defense committee. Such activities and contributions will be listed in the summative evaluation activities section.

C. Teaching Methods and Strategies

This section applies to any activities or commitments directed to the development or integration or revision of teaching methods and strategies for the Faculty, including changes you have made in your teaching and supervisory activities in response to feedback and self-reflection.

Please note that the continuous development of your own teaching methods and strategies, accomplished thorough workshops and instruction of others, is an integral part of good teaching methodology and may be addressed in the continuous professional learning section of this report.

You may use the following elements as a guide when entering your descriptions.

• Methodologies developed or integrated
• Type of teaching or supervisory activity addressed (classroom based lecture series, classroom based small group session series, Gilbert’s Scholars, work-place based clinical clerkship, etc.
• Domain (UME, PGME, MCC, etc.)
• Your role : developer, integrator, reviewer
• Response to feedback or self-reflection
• Date created/released/integrated

D. Peer-observation of other peer activities

List any activities in which you have formally observed the teaching of another peer and given formative feedback to them. Examples of such activity include the UTS group under Dr. David Cass and the Integrated Clinical Clerkship preceptor observation activities using the POPTT assessment and feedback form. You should list the names of those you observed, as well as the venue in which the teaching and observation occurred (bedside/large classroom, etc.). If you are interested in taking part in peer-observed sessions as a user or provider, please contact DSME at 780.492.6776 for details.
E. Objectives Development

This section applies to any activities or commitments directed to the development or integration of objectives in the curricular development of teaching series, blocks, or courses. Note that the development of individual lecture or session educational objectives is part of good teaching methodology and may be addressed in the teaching methods and strategies section of this report. You might use the following elements as a guide when entering your descriptions:

Methodologies used
Type of activity or contribution such as classroom based lecture or small group session series, Gilbert’s Scholars, or Work-place based clinical clerkship
Domain (UME, PGME, MCC etc)
Your role (Developer, Integrator, Reviewer, etc)
Date created/released/integrated

5. Overall Reflections on Teaching and Learning (free text)

This section should reference your overall philosophy and goals of teaching education and discuss whether you have achieved them. It should include your successes and where you feel that your major contributions to teaching have been made, but additionally your failures and the events from which you learned.

6. Future plans (free text)

You should indicate what you would like to do in the future to further development of your teaching skills and educational contributions. This may include short-term, within the next year and long term, 2-5 years goals related. This is an important section, particularly because it can provide you with valuable insights and allow you to better align your activities to your goals.

Acknowledgements

This guide has been adapted from teaching dossier guides previously distributed by Dr. David CooK and by the University Teaching Services (now the Centre for Teaching and Learning).

Appendix: Manually entering and Saving data in the Education Dossier

The Education dossier is a Microsoft word output of all data entered into the Annual report that is pertinent to educational activities and productivities. It can be used to help you create and submit an electronic or hard copy of your educational dossier.

It is important for you to note the following.
1. For a number of sections, (for example teaching sections), the Annual report “export” to the Education dossier will only contain data entered by you in 2009 or 2010. Consequently, if you wish to enter data from earlier years you will have to enter it manually into the tables of the Word document.

2. Adding free text or new data to the tables in the Word document does not enter this data into contain any new entries you had made into the Annual report, it would not include any changes you had made on the previous generated Word document. Consequently, you will need to save the Word document on your computer to save any additions you have made. Practically it is best to complete your Annual report before completing your Education dossier. However, if you want to simultaneously work on the free text sections of the report, or back fill tables with data before 2009, you can do the following:

1. Generate a copy of the Education dossier
2. Enter free text sections
3. Enter data into table sections. To use the same format, go to the table into which you wish to enter data and right-click your mouse with the cursor over the “report” year column. Choose” insert” then “insert rows” from the menu. A new formatted row will be produced for your use, either above or below the existing row, depending on your selection.
4. Save all your changes in the Word file. Once you have finalized entering data into your annual report, then generate a new copy of the Education Dossier. You can then cut and paste the information from the old saved “working copy” to the new document-which will become the document you can submit.

How to cut and paste into tables:

Select (highlight with mouse) the material from the old file table to be copied. Right click on your mouse and select “copy”. Go to the section (row) of the table that you wish to add the material. Create as new row as per instructions in #3. Right click with mouse cursor over the left end of the row and choose “paste cells”.

5. Save an e-copy for next year to expedite data entry. With each year the “data legacy” of the annual report will increase, reducing the amount of manual entry required.
External Referees

Characteristics of External Referees

- Referees will be contacted by the Department of Medicine Chair’s office
- Faculty Members being considered for promotion must not contact the referees directly
- Referee list must include (use provided template – see page 6):
  - Referee’s full name
  - Rank
  - Institution affiliation
  - Email address
  - Phone number
- Characteristics of Referees:
  - Must be tenured (if seeking Tenure and promotion to Associate Professor)
  - Must be Full Professor (if seeking promotion to Full Professor)
  - Must not be a former mentor (see template for details)
  - Must not be a personal friend
  - Must not be a current collaborator
  - Ideally from a more highly ranked University than the University of Alberta
  - For promotion to Full Professor, 3 referees must be international