Department of Oncology Mentorship Manual 2014
Faculty of Medicine & Dentistry: Academic Mentorship Manual

Introduction

Roles and responsibilities
- Mentoring, Mentor, Mentee
- Qualifications, roles, and expectations for mentors, mentees and mentorships

Program Details
- Selecting mentors and mentees
- Duration of mentorships
- Frequency, Recording, and reporting of mentorship meetings

Components of professional development
- Objectives and Suggested topics for initial meetings
- Developing relationships
- Setting Career Goals and Ensuring alignment with the FOMD mission
- Teaching and the Scholarship of Education
- Research and the Scholarship of Discovery
- Clinical Practice and Scholarship
- Administration and the Scholarship of Leadership

Tailoring the mentorship experience
- Mentoring clinical educators, innovators, and teaching faculty
- Mentoring research scientists and clinical scientists

Recognition and Reward of Mentorship

References and Resources
- References and readings
- Workbook for meetings and reports
- Workshops for mentoring
- The ABCs of scholarship (include the grids that have been produced)
- Departmental Academic Evaluation committees
- Promotion, Tenure, merit recognition and reward by the Faculty Evaluation committee
- FEC guideline link
- Contact list of academy of mentors and FD committee members
Introduction

This manual is based on best-available practice evidence from the literature, as well as advice from our own faculty on how to be a good mentor. The manual also draws on the work and recommendations provided by the 2012 University of Alberta Sub-committee of the Teaching, Learning and Technology Council (TLAT) “Mentoring for new Faculty at the University of Alberta”. The existing evidence for the “best practice” for mentoring and developing mentorship programs is inconsistent and inconclusive, with typical limitations of small study sample sizes, and the use of anecdotal versus experimental data. However, a lack of evidence for benefits of mentoring is not synonymous with evidence against benefit. A reference and resource list is provided at the end of the document.

What is mentorship?

Mentorship may be defined as a personal relationship in which a more experienced and knowledgeable person (the mentor) helps a less experienced person (the mentee) benefit from their experience and knowledge (Berk et al, 2005). Within the FoMD a mentor is a faculty member with useful experience, knowledge, skills and wisdom offers advice, information, guidance, support and opportunity to a more junior faculty member and thereby assists their professional development. In a more global sense, mentorship helps junior faculty to adopt academic values, manage an academic career, and establish and maintain a productive network of colleagues (Bland et al, 1990).

The mentor must be willing to unconditionally develop a relationship of mentorship that can range from informal and short term to structured and long term. Mentorship is a multifaceted, complex, and context-based activity that may take different forms and be achieved employing diverse methods of delivery. However, five elements are key to the success of any mentorship relationship (Jacobi, 1991).

1. It focuses on achievement or acquisition of knowledge.
2. It consists of:
   a. emotional and psychological support
   b. direct assistance with career and professional development
   c. role modeling (Shulman, 2010)
3. It is reciprocal, where both mentor and mentee derive emotional and tangible benefits.
4. It is personal in nature, involving direct interaction.
5. It emphasizes the mentor’s greater experience, influence and achievement within a particular organization.

Two additional principles merit discussion:

1. No one can be all things to all people. One may be a great mentor for one person and less so for another. A mentee may require a change of mentorship over time as mentoring needs change, or more than one mentor may be required at a given time. This is sometimes referred to as a “mosaic model” of mentoring. (Luckhaupt et al, 2005)
2. There is great value in having impartial “external review” of one’s performance, progress, and plans. Although a given mentorship may well provide this, mentorship is intended to augment but not supplant other potential sources of such review and feedback, such as research, educational, clinical, and administrative leads and experts (Covey, 1989). Indeed mentorship may be seen as part of a continuum of support, guidance, feedback and resources provided by many processes and people including academic task-based workshops (such as teaching workshops), orientation, tenure and promotion preparedness programs, and singular (dyad) or multiple (mosaic) mentor-mentee relationships.

The objective of mentorship in the Faculty of Medicine and Dentistry is to guide junior faculty members in their professional development by helping them:

- establish and develop a research program
- develop and enhance their teaching skills
- effectively manage clinical and administrative responsibilities
- if on tenure track, to obtain tenure and first promotion
- be a respected member of the University community
- gain recognition and respect in the broader scientific and/or clinical community
- fully exploit career development opportunities (Bachrach, 2005)

Senior faculty members and the Faculty itself may also benefit from what is described as the “benefit triad” (Boice 1992; Fagenson 1989; Greying and Rhodes 2004; Lannkau and Scandura 2002; Reich 1986; McNellis 2004; Otto 1994; and Luna and Cullen 1995). Benefits may include satisfaction from assisting new colleagues, improving managerial skills, keeping abreast with new knowledge and techniques, increased stimulation from new and creative faculty members, enhanced status and self-esteem, increased stability and social health of the organization, increased faculty commitment to their profession and the FoMD, and capacity building for future organizational leadership.

Mentors also benefit from guidance and support and each Department within the FoMD is expected to have a Mentorship Director. The Mentorship Director could have a related role such as Graduate Coordinator but should usually be distinct from the Chair or divisional director of the Department to avoid conflicts of interest. The Mentorship Director would work with the Chair of the Department to ensure that Mentor/Mentee relationships are properly constituted and working. However, under certain circumstances where Chairs or divisional directors appear to be the most suitable mentors, they should be allowed to assume these roles.

Although providing mentorship implies a considerable commitment, the effort is worth it. Mentoring a young faculty member through the first 5-6 years of academic life can be extraordinarily satisfying and stimulating.
Roles and Responsibilities

In the FOMD, the Mentor should be:

- a more senior member of the academic staff. This could include an associate or full professor faculty member in the tenure or Clinical Academic Associate track, or more senior Faculty Service officers
- Interested in and committed to the ideals of the mentorship process
- Well established and experienced within the relevant academic community or general interest area of the mentee
- Thoroughly familiar with the current Department and Faculty organization, academic procedures and sources of external academic support or the interest and ability to source this knowledge
- Willing and able to freely provide expertise, resources and source material in the particular field
- Willing and able to provide constructive criticism and promote best performance from mentee

The Mentor is expected to:

- Meet with mentee at least twice per year to discuss career goals and progress and to annually indicate that such meetings have occurred by submitting a report to the Department Chair. (see below). In addition the mentor and mentee should be available for occasional ad hoc meetings that may be required to address time sensitive issues or exigencies.
- Maintain strict confidentiality regarding information that is shared. Content many be shared with the Mentorship Program Director, the Division director, the Department Chair, the Institute Director or any other person only with the mutual and written consent of both mentor and mentee.
- Assist the mentee in adapting to the cultural norms of academic and scholarly life (Brown, 1999)
- Assist the mentee in focusing their goals and timing of career development plans and ensuring alignment with their job description. (Caniano et al, 2004)
- Assist mentee with strategies to develop the specific skills relevant to their academic area
- Challenge the mentee to expand their abilities and to accept new participatory, contributory, and leadership responsibilities within their job description (Aukerly et al, 2011)
- Provide networking opportunities and introductions to key institutional leaders, and promote exposure of the mentee within the institution
- Provide a safe and non-judgmental environment where the mentee can freely voice frustrations, doubts, and concerns
- Role model and offer of guidance regarding professional competence and behavior (Shulman, 2010)
- Aid in preparing for academic watersheds such as promotion
- With the mentee’s permission, advocate on their behalf
- Be receptive to the mentee’s constructive and consolidative feedback on the nature and value of the relationship (Morzinski et al, 1994)
• Receive a Positive annual evaluation of mentor by mentee
• Contribute to a collegial, enjoyable and productive relationship

As mentioned previously, mentors may be unable to fulfill all of these needs by themselves for every mentee. In such instances they should help to link the mentee with other mentors (the mosaic model of mentorship) or orientation activities, task based experts or support workshops, and Faculty development programs that can address these particular needs.

If the above expectations are not met or the relationship is unfulfilling on either individual’s part, reassignment will occur. The mentee will have an identified mentor until promotion to Associate professor.

In the FOMD, the Mentee should be:

• Interested and committed to the ideals of the mentorship process
• Willing to accept responsibility for their career development.
• Regularly engaged in honest self-assessment
• Willing to commit time and energy to mentorship relationship and make time for at least two meetings per year

The Mentee is expected to:

• Maintain strict confidentiality regarding information that is shared
• Meet with the mentor at least twice a year to discuss career goals and progress and to annually indicate that such meetings have occurred. In addition the mentee (and mentor) should be available for occasional ad hoc meetings that may be required to address time sensitive issues or exigencies.
• Set goals and timetables for completion of projects and invite reflections on progress towards them. These action plans can be reviewed at each mentorship meeting (Lewellen-Williams et al, 2006)
• Identify barriers to the achievement of goals and offer potential solutions.
• Be receptive to suggestions, advice, and constructive and consolidative feedback (White, 2009)
• To listen to and ask questions of the mentor (Farrell et al, 2004)
• Be open about thoughts and feelings, and provide constructive and consolidative feedback to the mentor on what works and what doesn’t. (Schor et al, 2011)
• Report on the annual report form that meetings have taken place
• Contribute to a collegial, enjoyable and productive relationship (Zerzan et al, 2009)
Program Details

Selecting Mentors

The goal of our Faculty is to ensure that all incoming Assistant Professors and Associate Professors without tenure and faculty service officers (FSO) have a mentor within the FoMD (Cappell, 2010). Many departments have an established process of assigning mentors for incoming faculty, and this is often done by the Chair of the Department, in consultation with the Divisional Director and Faculty member. The mentor should not normally be the Chair of the department or Director of the Division where the Faculty member holds his/her appointment. However, under certain circumstances where these individuals appear to be the most suitable mentors, they should be allowed to assume the role of mentor. In some cases two mentors might be appropriate, for example of a new faculty member’s job description spans two very different areas of research or clinical practice or is filling a role that is not normally performed in a particular department or division. The new faculty member must be comfortable with the mentor chosen, in order to establish a good mentoring relationship, and they have the right to oppose those choices that are not working (see next section).

Duration of Mentorships

The initial term for the mentor assignment should be for one year and renewable. This will be enough time to determine if both the mentor and mentee are satisfied with the arrangement (Farrell et al, 2004). Should either the mentor or mentee not be satisfied with the mentoring relationship, either can choose not to renew the mentoring relationship and a selection of a new mentor should proceed. If after one year, both the mentor and mentee are agreeable to renewal, the term should be renewed and remain in place at least until the promotion of the mentee to Associate Professor with tenure. Mentorship in the domain of discovery scholarship such as salary awards and operating grants will however, continue as deemed appropriate by the Department Chair and Institute Director. As strong collegial bonds can often formed through the mentoring process, the mentoring relationship may continue on an informal basis after promotion with tenure. In some instances, a team-based mentorship with several concurrent mentors may be most appropriate to enable a full scope of mentorship. Regardless, it is important that all the faculty members will have an identified mentor until promotion to Associate Professor (Sekerka et al., 2003).

If at any point during this period expectations are not met on either part, reassignment is suggested. It is understood that some mentoring relationships will not be sustained as some would be predicted not to work, through no fault of either individual, but because a cooperative and synergistic relationship does not form.

Frequency, Recording, and Reporting of Mentorship Meetings

The expectation is that the mentor and mentee meet on a regular basis (at least twice a year) to discuss the progress and goals of the mentee’s career development (Leslie et al, 2005). This would be a minimum requirement and it would be encouraged that informal meetings occur once per month, particularly early after the initial appointment since the first two years are very important.
for the future success of the faculty member (Truong et al, 2012). The mentor should initiate the first meeting by contacting the mentee and asking them to identify, prioritize, and record their expectations and the goals they would set to meet those expectations. This self assessment should be communicated to the mentor prior to the meeting to give time to the mentor to identify goals that the mentee may have missed, assess priorities, and to think of strategies to assist the mentee in achieving those goals.

Meetings should be conducted in confidence; their content may only be discussed with the Divisional Director or Department Chair (or any other person) with the mutual consent of both the mentor and Faculty member. A mentorship workbook to help guide the content and structure and reporting of these meetings is included in the appendix.

The mentor will be asked to confirm to the Department Chair by letter that discussions of professional development have taken place; the mentor will be invited to bring any concerns or suggestions to the Chair’s attention but only with the agreement of the Faculty member. Since discussions are meant to be confidential and the topics of discussion could be of a sensitive nature, detailed reporting of the meetings to the chair or other individuals is not recommended (Connor et al, 2000).

It is suggested that all Assistant or Associate Professors prior to tenure would record the name(s) of their mentor(s) in the mentorship section of the FOMD Annual Report, as well as the number of meetings with the mentor that have taken place in the previous calendar year.
Components of Professional Development

Objectives and Suggested Topics for Discussion at Initial meetings

An effective mentor uses their professional and academic career as a model to display the qualities of honesty, professional and personal integrity, accessibility, approachability, motivation, supportiveness, and encouragement (Merrill et al, 2010). An effective mentor also listens well and creates an atmosphere in which the mentee feels comfortable talking about anything that affects his or her career. One of the ways to accomplish this is to meet frequently in a variety of settings. The approach to creating a bond with the mentee is dependent upon the personalities of the individuals and initially upon the personal preferences of the mentor. (Donovan et al, 2009) Here are some ideas:

a. A monthly lunch at a restaurant near the University.
b. If the mentee is from outside of Edmonton, introducing the mentee (and his or her family) to some of the cultural, artistic and sports activities available to them in the city and its surroundings; for example cross-country skiing in the river valley, Oilers hockey, the various golf courses, the large range of theatre and performing arts in Edmonton, orientation to the downtown or Old Strathcona, a day trip to Elk Island National Park or Fort Edmonton, or dinner with spouses in one of Edmonton’s many fine restaurants.
c. Sharing some of your own experiences as a young academic, particularly those you would not like to see your mentee repeat. Perhaps sharing educational projects, or processes, or grant reviews or articles that were not initially successful and what you did to address that.
d. If you participate in some regular exercise, inviting your mentee to join you. Not only is this a means to facilitating communication, it makes the point that exercise is an important part of wellness.
e. Identifying your mentee’s strengths, expertise and interests and expressing an interest in learning from them. The literature stresses that successful mentoring is the result of a two-way learning and support process (Marshall, 1998).
f. Helping the mentee gain some insight into Faculty, Department, University and regional health politics. This will foster awareness and a sense of belonging.
g. Making the mentee aware of the Faculty Agreement and of the AASUA and their roles in promotion and tenure issues and the life of the University.
h. Sharing strategies for time management and work/life balance (Ramanan et al, 2004)

Here are some suggestions for providing your mentee with networking opportunities and introductions to key institutional leaders, and promote exposure of the mentee within the institution:

a. Raise awareness about various committees within the faculty and the commitment required by them. Encourage participation, as administrative service plays an important role in reaching requirements for tenure and promotion.
b. Encourage awareness of various funding opportunities (internal and external) and the ethics review board processes.
c. Encourage participation in local journal clubs and scholarly meetings
d. Encourage participation in academic and professional societies

11/09/2012 8
e. If you are hosting an established visiting speaker, make sure your mentor has an opportunity to meet with them.

f. Seek opportunities for your mentee to be invited to other institutions

g. Encourage your mentee to attend Faculty council meetings on a regular basis

What follows is a list of suggested topics for discussion at initial meetings. The list is not exhaustive but is meant to help initiate discussions. These topics are aligned with the Faculty Evaluation Committee (FEC) guidelines for promotion. Although specific topics will vary depending on the mentee’s of academic appointment and relative time distribution for the various activities and contributions, over time all of the domains relevant to the mentee’s job description need to be addressed as part of the mentoring process.

**Setting Career Goals and Ensuring Alignment with the FOMD Mission**

The mentor should schedule a meeting with the mentee no later than two months after the mentee starts her or his position (Chew, 2000; Garman, 2001). Prior to the first meeting, the mentee should be asked to perform a critical self-assessment to identify their career goals, and as objectively as possible, analyze their current progress towards them (Sargent et al, 2006). This will involve (at least implicitly) an assessment of their time-management skills. At the meeting, the mentor and mentee should review this assessment together, along with the criteria for career advancement, and the mentee should identify specific short, midterm and long term goals to meet those requirements (McKenna & Pugno, 2006). This is an excellent way to begin a good mentorship relation. If the mentee is unable to identify specific goals (e.g. “to successfully deploy and achieve the following outcomes for a particular clinical innovation” or “to contribute to the curriculum revision of course XXX” or “to publish two papers in high impact journals within the first three years of my appointment”), then the mentor must help the mentee to work on this. If the mentee has a scientific mentor, it might be useful for the three of you to meet to set goals and then meet perhaps every six months to check progress toward achieving them. Specific goals are critical to a successful and well aligned career (Jones & Tucker-Allen, 2000).

The mentor and mentee should jointly and annually review the guidelines for Promotion and Tenure to ensure alignment and trajectory are maintained (Pololi et al, 2002). This manual’s appendix contains a brief summary of the materials and documentation needed for evaluating eligibility for promotion and tenure, both at your department’s mandatory year three Academic Evaluation committee review of the mentee, and at the Faculty Evaluation Committee (FEC) meetings. The evaluation criteria, application process and deadlines may be viewed in greater detail in the FEC guidelines manual (link) and FOMD Promotions and Tenure workshop handout materials (https://aro.med.ualberta.ca).

Generally, at all meetings, time management strategies should be reviewed. Encourage the setting (and keeping) deadlines to avoid last minute efforts and the misalignment that follows such persistent patterns of short term immediacy. Also encourage the mentee to keep their academic portfolio information and documents current and regularly reviewed (Manning, 2009). These include:

- Current curriculum vitae
- Current Education dossier
• Teaching contributions including peer-review and learner evaluations
• Graduate student supervision
• Educational contributions to objectives, curriculum and summative assessment
• Publications
• Presentations
• Other products and processes of scholarship
• Peer reviewer activities
• Educational contributions to objectives, curriculum and summative assessment
• Publications
• Presentations
• Other products and processes of scholarship
• Peer reviewer activities
• Administrative and other services
• Awards and recognition
• Names of potential referees (internal and external to FOMD) for letters of recommendation for promotion and tenure.

The mentor can use this information to provide more pertinent advice and guidance. Examples include how to prepare a CV, education dossier and annual report that highlight the importance and scholarship of these activities and contributions, strategies for effectively managing peer review activities (i.e. when to serve on grants panels and editorial boards and how to balance this with other commitments), and steps to gain local national and international recognition (publication, attendance at meetings, hosting visits from prominent academicians). Links to guides on how to best prepare the Annual report, an Education dossier, and tenure and promotion application packages are located in the appendix.

Teaching and the scholarship of education

Where a new academic staff member has a significant time commitment to education, the mentor should try to determine if there is sufficient protected time to ensure scholarly success (Cappell, 2009). If getting adequate protected time is a problem, the mentor can alert the divisional director or the Department Chair or the Director of Career Development. For appointments with a significant education component (equal to or more than 20% of the job description), see the "Mentoring the clinical educator and innovator" section below.

The mentor can provide:

• guidance on how to work with the divisional director or department Chair to define educational responsibilities that align with the time allotted in the job description educational activities and contributions and with the skills and interests of the faculty member (Wasserstain et al, 2007)
• guidance and support to identify strategies and resources for enhancing teaching mastery appropriate for the particular learner environments, and make preparation of teaching material more efficient and effective. The mentor should encourage the mentee to have peer-review of their teaching (Sargent et al, 2006).

Research and Scholarship of Discovery

Where a new academic staff member has a significant time commitment to research, the mentor should try to determine if there is sufficient protected time to ensure research success. If getting
adequate protected time is a problem, the mentor can alert the divisional director or the Department Chair or the Director of Career Development. For appointments with a significant research component, see the section “Mentoring the clinical scientist and the research scientist” below.

The mentor can provide:

- Opportunities to network with other colleagues in similar areas of interest. The mentor can be an excellent resource to the new faculty member for identifying others on campus with similar research interests and who may be interested in scientific collaboration (Dolan et al, 2010).
- Assistance to promote or enhance research and scholarly activities. These include:
  - Advice and guidance on establishing and maintaining a research program
  - Advice and support for Grants and Grant writing
- Strategies for developing ideas for research proposals, when and where and how to apply for grants, as well as advice on the preparation of trainee award applications. Mentors could be requested to provide peer review of grant application through with the FOMD internal review program
- Strategies for effective communication of research results (Publications and other research outputs)
- Strategies on how to target the most appropriate scientific audiences, and how to respond productively to requests for revisions and rejections of manuscripts

Clinical Practice and Scholarship

The mentor can provide:

- Support to define clinical innovations and scholarship activities that will support tenure and promotion. A worksheet to assess and guide the scholarship of a clinical innovation is included in the appendix.

- Assistance to the mentee in addressing expectations of clinical activities that exceed time allotted in the job description, to promote the balance clinical activities with other academic activities (Caniano et al, 2004).

Administration and the Scholarship of Leadership

The mentor can provide:

- Advice to the mentee on what committee memberships are appropriate for junior faculty (McKenna et al, 2011). Well aligned committees increase the mentee’s local visibility, competence and understanding in areas pertinent to their career goals (Sargent et al, 2006). Examples include some graduate student, departmental education and research committees, and search and selection committees. These all provide important insights into the development of research, educational, and clinical programs and are appropriate even for new faculty. However, curriculum planning and strategic planning committees, admission committees, institutional review committees, and other committees requiring extensive time
commitments and significant systemic perspective and experience, should be the responsibility of more senior faculty. The topics under discussion in these committees typically require many meetings and can absorb a significant amount of time.

- Encouragement for attendance at divisional departmental and institute meetings and retreats.

- Guidance on how to select committees that align with the interests of the mentee, including
  - Responsibilities and obligations of committee membership
  - How to determine the appropriate level of administrative activities consistent with the time committed to this activity
  - Determine when it is appropriate to consider potential leadership roles

- Guidance on how to improve leadership capabilities, and how to document administrative contributions and leadership participation (Ackerly et al, 2011).
Tailoring the Mentorship Experience

Mentoring the Clinician Educator and Innovator

Identify appropriate teaching assignments. Encourage the mentee to have peer-review of their teaching (Sargent et al, 2006).

The mentee should identify academic objectives and assign priority. Objectives for the clinical educator include researching ways to enhance teaching skills and develop assess and revise educational objectives, curriculum, methods of evaluation:

- Determine how to work with the divisional director /department Chair to define educational responsibilities that align with the time allotted in the job description educational activities and contributions and with the skills and interests of the faculty member (Lindemann et al, 1995).
- Identify strategies and resources for enhancing teaching mastery appropriate for the particular learner environments
- Offer to observe the mentee in various teaching environments and then discuss the events with the mentee in a positive, constructive way (Schor et al, 2011).
- Advise on serving on supervisory and examination committees
- Discuss how to approach scholarship in medical education and optimize opportunities for involvement. The mentor can assist the mentee in identifying teaching activity that can be studied and in discussing possible research approaches to these topics.
- Assist the mentee in identifying specific educational roles, projects, innovation strategies and research projects. Appropriate educational roles for junior faculty might include departmental written and OSCE examination coordinators, and clinical site principle teaching physicians.
- Identify potential educational collaborations, organizations, and networking for the mentee
- Help the mentee identify the various publications which serve teachers in medicine such as Academic Medicine, Medical Education, and Teaching and Learning in Medicine. Encourage manuscript writing by helping with the organization of ideas, management of writing time, and selection of appropriate journals, and converting teaching activity and research to published papers.

Mentoring the Research Scientist and the Clinical Scientist

The mentee should identify research and scholarship activities most appropriate for their academic appointment and assign priority (Cappell, 2009). Objectives for clinical educators include researching ways to enhance teaching skills and develop, assess, and revise educational objectives, curriculum, and methods of evaluation.
Establishing laboratory and research programs

- Assist with the identification of a timeline to establish research projects, pursue funding, and identify grant deadlines. New academics are frequently unfamiliar with preparing grant applications, and the sources of research funding available to them, and in particular, internal start-up or pilot project funds. The processes for having ethics and grant applications approved internally are complex and time consuming. Review mechanisms for internal vetting of proposals, and determine internal reviewers (one major, several minor reviewers, major reviewer need not be the mentor). Offer to read over the grant application well ahead of the deadline. These actions will increase the chances for success (Dolan et al, 2010).
- Provide advice and guidance on establishing and maintaining a research laboratory. This could include: discussions on how to determine staffing requirements appropriate to the research program; how to recruit, interview and hire staff including technical personnel; how to identify, establish and maintain collaborations; how to motivate group members and deal with laboratory members that are not performing up to expectations; and how to manage personal conflicts and other difficult situations that may arise within research groups.
- Consider the eventual number of personnel required to sustain the desired size of the mentee’s research lab, including the expansion to recruitment of post-doctoral fellows.
- Discuss how to attract and keep graduate students including appropriate supervisory committee membership and timelines for graduate student development through training programmes. This is important because many junior faculty members have little experience in training graduate students. An excellent resource is the Faculty of Graduate Studies Research: fgsr-professional-dev-bounces@mailman.srv.ualberta.ca; on behalf of; Polziehn, Renee [renee.polziehn@ualberta.ca]
- Review protocol approvals for biohazard, radiation safety, ethics, etc.
- Encourage the mentee to sit on graduate student committees, department research committees, and search committees. These all provide important insights into the development of research programs and are appropriate even for junior faculty.

Ensuring dissemination of knowledge

- Evaluate the mentee’s publications to date and the experimental plan(s)
- Schedule an oral presentation of work in progress at least 3 months before any grant deadline
- Encourage presentations at appropriate national and international scientific meetings
- Encourage hosting seminar speakers and meetings with other speakers
- Review strategies to keep abreast with the current research in the mentee’s field
Recognition and Reward of Mentorship

For any mentoring program to succeed there must be recognition of the considerable time and effort required by mentors. The FOMD annual report has a section in which you may enter any mentoring activities (as mentor or mentee). Such recorded data are recognized as important contributions when reviewed by your divisional director, Chair or Department head and at FEC.

Mentoring is also recognized by departmental and Faculty basic research and clinical Tier I and II annual awards. A list of specific departmental and faculty mentorship awards is included in the appendix. The terms of reference and nomination guide for faculty mentorship awards may be viewed at:

http://www.med.ualberta.ca/Home/Research/Awards/Mentoring/index.cfm

Finally, the workshops that you and your mentees attend are a great way to receive community support and recognition.
### The Mentor's Workbook for Meetings and Reports: Helping Mentors Help Mentees

This sheet can be used during a meeting with a mentee to record issues and plans such that both mentor and mentee are always alert to what needs to be done next. Some of this form may only apply to research oriented staff or to clinical teachers but will be applicable generally to both. As a mentor, you may wish to expand this form on your own according to your own experiences.

Review of the academic goals of the mentee in each domain. If this is the first or second meeting, have the mentee make up the list and write them down. For each goal, identify key steps and milestones in reaching the goal by the desired date, and estimate the point at which the mentee is in this process (on schedule, ahead, behind) any key issues that may be hindering the ability of the mentee to achieve his or her goals. These may include academic, administrative, or social barriers. For each issue, the mentor and mentee should agree on some steps to overcoming the barriers with the mentor agreeing to facilitate these steps. Finally, list any items that both the mentor and mentee agree should be brought to the attention of either the Department Chair or Divisional Director or both.

<table>
<thead>
<tr>
<th>Name of Mentor ______________________</th>
<th>Name of Mentee ____________________</th>
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</thead>
<tbody>
<tr>
<td>Date of mentee's last appointment __________</td>
<td>Date of 3rd year AEC review ________</td>
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<tr>
<td>Date of Meeting: _____________________</td>
<td>Date of last meeting _______________</td>
</tr>
<tr>
<td>Eligible to begin promotion consideration _______</td>
<td>for promotion to take effect ________</td>
</tr>
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</table>

Mentee's Position Description (%): Education ( ) Research ( ) Clinical ( ) Administrative ( )

Key issues discussed:

1. Education: Achievements Goals

2. Research: Achievements Goals

3. Clinical: Achievements Goals

4. Administrative: Achievements Goals

5. Review of *Curriculum Vitae* and suggestions for improvement:

6. Other comments (continue over if necessary):

Scheduled date and location of next meeting: ________________________

Signatures: ____________________________________________________________

11/09/2012
Faculty of Graduate Studies and Research (FSGR) Resources Sources for Faculty Development

FGSR offers workshops for faculty who are engaged in graduate student education. Several workshops are held every year geared to different roles (for example graduate coordinator, new supervisors etc). The topics that are covered may include: how students are admitted to graduate school, funding and scholarships, and supervision and mentorship. ([fgsr-professional-dev-bounces@mailman.srv.ualberta.ca; on behalf of; Polziehn, Renee [renee.polziehn@ualberta.ca])

The Learning Shop runs workshops and seminars for faculty regarding graduate student supervision, grant writing and more. See: [http://www.learningshop.ualberta.ca/LearningShop.do](http://www.learningshop.ualberta.ca/LearningShop.do)

The Graduate Teaching and Learning Program is a newly established program based on the old University Teaching Program geared towards getting graduate students some theory and practice in the skill of teaching. Many of the seminars that are coordinated by FGSR are useful for faculty as well as students. To subscribe to the listserve and receive updates on seminars, go to [http://www.mailman.srv.ualberta.ca/mailman/listinfo/fgsr-professional-dev](http://www.mailman.srv.ualberta.ca/mailman/listinfo/fgsr-professional-dev)

A concentrated block of seminars and workshops are usually held at the beginning of term (Sept and January). Many of these sessions deal with practical aspects of teaching and are very useful. Offerings are not limited to these two time periods as new seminars are offered throughout the term.

The Center for Teaching and Learning offers a series of workshops on teaching as well as practical sessions to teach faculty how to use Moodle, the new learning management system at the University of Alberta and also at the Faculty of Medicine & Dentistry. For more information please consult: [http://www.ctl.ualberta.ca/](http://www.ctl.ualberta.ca/)
Promotion, Tenure, Merit Recognition and Reward by the Faculty Evaluation Committee: https://aro.med.ualberta.ca

Promotion and Tenure Preparation Workshops: lisa.soulard@ualberta.ca

Guide to Producing an Education Dossier: https://aro.med.ualberta.ca
References


Table of Contents

PART I  EVALUATION OF FACULTY

A. Introduction
B. General Guidelines
C. Performance Standards
   a. Teaching
   b. Research/Scholarship Expectations
   c. Administration
   d. Clinical Practice
D. Merit Increments
E. Tenure and Promotion to Associate Professor
F. Promotion to Professor
G. Contested Cases and Appeals
H. Sabbaticals

PART II  EVALUATION OF FACULTY SERVICE OFFICERS (FSOs)

A. Introduction
B. Performance Standards for Faculty Service Officer Ranks
C. Merit Increments
D. Continuing Appointment
E. Promotion
F. Documentation Required
PART I  EVALUATION OF FACULTY

A.  INTRODUCTION

Under the AAS:UA and University of Alberta Faculty Agreement and the FSO Agreement, and in keeping with the University of Alberta’s Policies and Procedures Manual regarding Faculty Evaluation Committees (FECs), each Faculty is required to publish guidelines to assist its Department Chairs and the Faculty Evaluation Committee (FEC) in their deliberations regarding merit increments, awarding of tenure, and promotions. These guidelines provide parameters for the assessment of acceptable and unacceptable academic performance for individual Faculty members, including the category of performance classed as “unacceptable academic performance” (Article 14). The 2006 FEC guideline document represents a modification of the 1996 version and was developed after wide internal consultation and examination of similar national and international documents.

The Faculty of Medicine and Dentistry is a unique and complex environment, and thus requires skilled individuals who perform a variety of functions. Each Faculty member will have a written job description outlining his/her University responsibilities with clearly defined expectations for teaching, research/scholarship, administration, and clinical practice (if applicable). It is expected that the job description outlining the explicit roles, responsibilities, and duties upon which the Faculty member’s performance is judged will be reviewed annually as it represents the joint agreement between the Faculty member and the University. Changes in job description are negotiated by the Faculty member with the Department Chair and are approved by the Dean.

While scholarly work requires diligence, discipline and industry, scholarship refers to the discovery, integration, application, translation, and dissemination of knowledge. The Faculty expects the latter to be reported in peer-reviewed form and/or documented in communication vehicles for the purposes of application, public dissemination and/or translation into practice. It is such scholarship that will represent the standard for evaluation of merit.

Each Faculty member should normally have some responsibilities in each of the categories of teaching, research/scholarship, and administration. Faculty members with clinical skills (e.g. physicians, dentists, dental hygienists, medical physicists) will also have clinical duties. Responsibilities will be discharged according to the Faculty member’s job description with, at least, adequate performance in each category. Performance will be assessed using objective criteria whenever possible. The expectations for performance will increase with increasing rank and be commensurate with the Faculty member’s seniority. Performance criteria for various job categories (e.g. teaching, research) are provided in this document to guide the Chair and Faculty member during the review process. Although the Chair (and/or designate) is expected to provide career guidance to the Faculty member, the responsibility for performance ultimately rests with the Faculty member.

The Faculty of Medicine and Dentistry is committed to the values of scholarship; respect; compassion and caring; integrity; excellence; partnership; and stewardship and has defined behavioral expectations in a Code of Conduct. The Faculty embraces the concept of life-long learning and professional development. Beyond expert knowledge or skilled practice in a given field, there is the expectation that each Faculty member will demonstrate professional behaviors including altruism, collaboration and teamwork, responsibility and accountability, and leadership in all areas of work. Each Faculty member is expected to provide mentoring to those he/she supervises including trainees. All Faculty members are expected to be role models in the Faculty environment.

Each Faculty member is expected to provide some administrative service to his/her discipline, the Department/Faculty/University and the Hospital/Health Authority (if applicable) which is considered an aspect of faculty citizenship. Extra-Faculty activities unrelated to the Faculty member’s discipline or academic position are optional and though encouraged as a facet of community citizenship will not be considered as a basis for merit considerations, tenure, or promotion.

B. GENERAL GUIDELINES

FEC MEMBERSHIP AND AUTHORITIES

FEC considers the performance of all academic members in the Faculty except that of the Dean and Department Chairs. Departmental Chairs are evaluated by the Dean and the Dean by the Provost. FECs do not evaluate the performance of APOs (see 4.0 Policies and Procedures Manual regarding Faculty Evaluation Committees (FECs) August 2005). Clinical faculty, at times referred to as part-time faculty, are evaluated within their respective departments.

The composition of FEC shall be: the Dean (as Chair), all Department Chairs, and at least two tenured Faculty members elected by Faculty Council. Ideally, at least one elected representative shall be present at meetings of FEC although quorum shall be 80% of the committee membership. Decisions shall be decided by a majority of those present. The Dean, as Chair of FEC, votes only in the event of a tie.

PERFORMANCE REVIEWS

On an annual basis, each Faculty member's progress will be reviewed by the Department Chair and FEC based on Article 7 (University Responsibilities), Article 8 (Supplementary Professional Activities) and Article 13 (Faculty Evaluation). At appropriate times after the initial appointment, each Faculty member will be considered for tenure and/or promotion (Article 12). If a Faculty member is granted one or more leaves during a probationary period and, if the length or type of leave is such that it materially affects the performance on which the Faculty member is to be assessed, the probationary period shall be extended for one or more years. This extension shall be made by the Vice-President (Academic) on the recommendation of the Dean following consultation with the Department Chair and the Faculty member. It is the responsibility of the Chair and FEC to ensure that the Faculty member is not disadvantaged by such leave(s). Part time continuing tenure track appointments of less than 1 FTE (full time equivalent) will be evaluated based either on proportionally reduced expectations or with an extension of the probationary period(s). The standards of performance are not changed. A special conditions agreement will be negotiated with the Department Chair and Dean pre-employment or, if a change from full time, at least one year before the Faculty member's case is heard at FEC.

In the Faculty of Medicine and Dentistry, annual reviews of performance will be based on job description and contributions in the following categories: teaching, research/scholarship, administration, and clinical practice (if applicable). Except under unusual circumstances and in the case of FSOs, the minimum research and teaching contributions for any academic appointment should each constitute at least 10% of the assigned duties.

In addition to the Annual Faculty Report, which follows a precisely defined format, objective documentation addressing the Faculty member's contributions may include formal and informal feedback from students, peers, or supervisors; for those Faculty members who are also members of interdisciplinary teaching and/or research groups (e.g. institutes, centres), input from team members outside the Department and/or Faculty will be considered. Administrative contributions may include but are not limited to policy development, major administrative or curricular portfolios, the organization of special events or activities, search and selection committee participation/organization, and/or commitments to major infrastructure proposals or fundraising. It is the responsibility of the Faculty member to provide the appropriate documentation to the Chair.

For the Faculty of Medicine and Dentistry, the period of performance review shall be the calendar year January 1 to December 31.
C. PERFORMANCE STANDARDS

These standards outline guidelines for evaluation in each of the categories of teaching, research/scholarship, administration, and clinical practice. They serve to define minimally acceptable and unacceptable performance and provide examples of “superior” and “below expectation” performance. For tenure and promotion considerations, acceptable/satisfactory performance will be expected in all categories defined in the job description with superior performance in one or more of the components, most often the category accounting for the majority of the job description. Faculty members can perform above expectation in any or all components. It is understood that the range of contributions can be broad with overlap between the elements of teaching, research/scholarship, administration and/or clinical practice.

a. TEACHING

The evaluation of teaching performance will be conducted in accordance with the standards outlined and be influenced by the percentage weighting of teaching in the Faculty member’s job description. Each Faculty member is expected to have a teaching component to the job description (minimum 10%) and is expected to engage in regular professional development for the purpose of enhancing their teaching skills. It is expected that each newly appointed Faculty member will attend at least one teaching enhancement workshop within their first two years of appointment. Documentation of faculty development activities will be requested in the Annual Faculty Report. A teaching dossier will be expected to accompany each Faculty member’s curriculum vitae. Teaching shall include educational efforts directed at undergraduate, postgraduate and graduate students, as well as peers.

1. Superior Performance

A Faculty member would have demonstrated superior performance by sustained performance exceeding expectations in multiple categories of teaching activities including didactic lectures, small group or patient-based learning, bedside clinical teaching seminars, and/or research training. Examples of superior performance include evaluations in the top 10%, nominations and/or receipt of one or more local or national teaching awards, contributions to course and/or curriculum development and development and/or participation in professional development activities focusing on medical, dental, or biomedical education. Included would be recognition of teaching talent by selection to a major educational administrative portfolio such as Assistant or Associate Dean for undergraduate education, postgraduate education and/or continuous professional learning; directorship of a graduate training, residency, or fellowship program; coordination of an undergraduate teaching block in the medical/dental curriculum or an undergraduate course in another Faculty (e.g. Science); or chairing of a major Faculty, departmental or hospital education-related committee.

Superior educators will have published education-related research or experiences in prestigious medical/dental education journals, presented papers or posters at national and international education meetings and encouraged trainees in these endeavors. They will be regular and/or invited participants in the Faculty’s continuous professional development efforts and/or actively participated in Faculty departmental or divisional continuing medical education events.

Leadership in the educational realm shall be considered a measure of superior performance and include activities as identified above but also the development, implementation and/or evaluation of innovative teaching methods. Superior teachers shall be identified by their role-modeling impact as evidenced by unsolicited testimonials from peers or trainees. They will have accepted formal or informal mentorship relationships with students, postgraduate trainees or junior faculty. They may have been nominated and/or received one of the Faculty’s two annual awards for excellence in mentoring. They will have been recognized as
a superior teacher by invitations to participate as an educator in the Faculty's Teaching Enhancement Workshops (TEWs).

2. **Acceptable/Satisfactory Performance**

A Faculty member would have met expectations by demonstrating consistently satisfactory performance in all teaching activities. This would include fulfillment of their assigned teaching duties within the context of their job description; satisfactory evaluations of their teaching activities by students; participation in formal evaluations of students such as examination question development, OSCE supervision and/or oral examinations; and demonstrated commitment to personal professional development of their teaching skills by participation in a teaching enhancement workshop. Abstract presentations at educational meetings and participation in local professional development efforts are expected if the individual has a significant clinical educator/administrator role or if they are more senior educators.

3. **Below Expectations**

A Faculty member would have demonstrated performance below expectation in their teaching activities by inconsistent teaching evaluations with several below average scores; a lack of commitment to professional development in the area of teaching; and/or a paucity of requests by students, residents or other postgraduate trainees for supervision. There will be inadequate evidence of scholarly contributions to local or national educational endeavors.

4. **Unacceptable Performance**

A Faculty member would have demonstrated unacceptable performance by consistent under-performance in their teaching activities and duties as evidenced by an unwillingness to participate in teaching activities such as undergraduate lectures, small group seminars, clinical bedside teaching, postgraduate supervision, OSCE examinations, or practice oral examinations; consistently poor evaluations of teaching activities such as didactic presentations; poor evaluations of clinical or research trainee supervision; failure to participate in continuing medical/dental education; or no evidence of scholarly contributions to educational endeavors.

Documented unprofessional or unethical behavior in the teaching role would be considered unacceptable, as would unresponsiveness to recommendations for professional development of teaching or supervisory skills.

b. **RESEARCH/SCHOLARSHIP EXPECTATIONS**

The evaluation of research/scholarship performance will be conducted in accordance with the standards outlined and will be influenced by Faculty member’s rank and the percentage weighting of research/scholarship in the Faculty member’s job description.

All Faculty members are expected to allocate a minimum of 10% of their time to research/scholarship. The maximum possible time allocation is 90% as all Faculty members are also expected to allocate at least 10% of their time to teaching.

For individuals with a substantial time allocation to teaching in their job description, scholarship may be represented not only by publication but also by activity enhancing pedagogical advances including implementation and evaluation of innovative teaching methods and the creation of tools or programs to further student and faculty development efforts. The activities will have been publicly shared, critiqued, and reviewed according to accepted standards. It may include the development of educational workshops, web-based courses, curricular enhancements or standards for application.
For the purposes of the evaluation of Research Performance, time allocations for research have been divided into three groups based on whether research/scholarship is 10 to 30%, 31 to 60%, or 61 to 90% time allocation in the Faculty member’s job description.

In multi-authored publications, grant submissions or position papers, Faculty members are expected to delineate their individual contribution to the work.

**Time Allocation to Research/Scholarship - 10 to 30%**

To meet expectations of the Faculty of Medicine and Dentistry, a Faculty member who has a 10 to 30% time allocation for research will be able to provide evidence of two or more of the following:

1) **Research or Scholarship Productivity** - This will involve peer-reviewed publications including abstract presentations at scientific meetings, multi-authored papers, book chapters or review articles, that may be in either paper or electronic format; if the Faculty member is a clinician or administrator it will involve presentations at relevant educational or organizational meetings (e.g. Association of Faculties of Medicine of Canada - AFMC, Royal College of Physicians and Surgeons of Canada - RCPSC, Canadian Association of Medical Education – CAME).

2) **Research Funding** - This will involve peer-reviewed funding in collaboration with others internal or external to the Faculty of Medicine and Dentistry, participation in design and execution of sponsored clinical trials, or contract research.

3) **Research Mentoring** – This will involve contributions to the successful supervision of students in the medical and dental undergraduate programs or in residency or graduate programs for the purpose of creating scholarly work; contributions to graduate supervisory committees; participation in summer student research supervision; or resident research supervision.

4) **Research Administration** – This will include membership on research committees such as local grant panels, or administrative service as an external reviewer of grants and journal articles. For clinicians this may include participation in ethics review, involvement in clinical trials administration or participation on hospital committees related to research activities.

5) **Research Dissemination** – This will include presentations at local, provincial, or national meetings.

**Time Allocation to Research/Scholarship - 31 to 60%**

To meet expectations of the Faculty of Medicine and Dentistry, a Faculty member who has 31 to 60% time allocation for research/scholarship will be able to provide evidence of contributions to three or more of the following:

1) **Research Productivity** - This will involve multiple peer-reviewed publications annually that include articles in journals considered prestigious in their field of endeavor, major reviews, or books and book chapters that may be in either paper or electronic format.

2) **Research Funding** - This will involve a role as principal investigator (PI) or co-investigator in one or more peer-reviewed operating grant awards; as PI or co-investigator in the design and execution of sponsored clinical trials, or in major contract research. For educators this will include success in securing educational or faculty development funding from local or national bodies such as the RCPSC.

3) **Research Mentoring** - This will involve the successful research supervision of students in the medical and dental undergraduate programs, and/or in residency, graduate or post-doctoral programs; and/or membership on graduate supervisory committees.

4) **Research Administration** – This will include leadership roles (in accordance with rank) in the Faculty of Medicine and Dentistry research endeavors such as senior administrative positions; creation and development of research groups and centres; membership on research committees such as national and international grant panels; work as an external reviewer of grants and journal articles; or membership on editorial boards of scientific or major educational journals.
5) **Research Dissemination** – This will include presentations at local, provincial, national or international meetings.

**Time Allocation to Research/Scholarship– 61 to 90%**

To meet expectations of the Faculty of Medicine and Dentistry, a Faculty member who has a 61 to 90% time allocation for research will be able to provide evidence, at a level commensurate with academic rank, of contributions to all of the following:

1) **Research Productivity** - This will involve multiple and/or seminal publications annually in journals considered prestigious in their field of endeavor, major reviews, or books and book chapters that may be either in paper or electronic format.

2) **Research Funding** - This will involve the successful acquisition and role as principal investigator in one or more peer reviewed operating grant awards. Individuals in this category are expected to compete successfully for renewal awards. Except under unusual circumstances such as an external salary or endowed chair, Faculty members will be expected to successfully compete for external peer-reviewed salary awards and renewals at a level commensurate with academic rank.

3) **Research Mentoring** - This will involve the successful mentoring of postgraduate trainees in graduate or postdoctoral training programs as well as membership on graduate supervisory committees.

4) **Research Administration** - This will involve acceptance of leadership roles in the Department, Faculty, and/or hospital’s research endeavors at senior administrative levels such as Director of a research group or centre, administrative service as an external reviewer of grants and journal articles, or membership on editorial boards of scientific journals and/or membership on national/international research groups and committees.

5) **Research Dissemination** - This will involve invited research presentations at national and international academic institutions or meetings.

**Research/Scholarship Performance Standards:**

1. Performance will be judged to be “Superior” when it exceeds expectations. There will be evidence of:
   
   - a substantial record of research productivity with either a landmark paper in a prestigious international journal or multiple papers in high-impact journals that make a significant impact on the field
   
   - a consistent successful record of funding in the form of multiple peer-reviewed national or international grants with substantial funding
   
   - receipt of peer-reviewed salary awards or renewals at a level appropriate for academic rank
   
   - a significant leadership role in obtaining major peer-reviewed or industrial funding for group research activities
   
   - recognition in the form of a major national or international award or invitation to present a keynote address at a major meeting with national or international participation
   
   - exceptional administrative service such as serving as Chair or Deputy Chair of a grant review panel or editor of a high-impact journal
2. Performance will be judged to be “Satisfactory” when it meets expectations. There will be evidence of:

- continued publication productivity in respected journals in the field
- success at obtaining adequate funding to support the Faculty member’s work
- in accordance with rank, an established or emerging national/international reputation with invited presentations
- invitations to serve on national committees, grant review panels, or as a journal reviewer

3. Performance will be judged to be “Below Expectations” when it fails to meet expectations. There will be evidence of:

- a record of low publication output, in accordance with job description, over a number of years
- lack of or inadequate research funding
- few or no research trainees over a number of years

4. Performance will be judged to be “Unacceptable” if there is insubstantial research productivity in accordance with the job description. There will be evidence of:

- no publications over a number of years
- lack of research funding with no annual attempts to obtain funding
- failure to provide a supportive environment and adequate supervision for trainees; this may be evidenced by trainees being unable to achieve their planned academic goal (e.g. PhD or Master’s) in a reasonable time frame despite commitment and industry on the part of the trainee
- substantiated deceptive or unethical practices; or academic misconduct

C. ADMINISTRATION

Each Faculty member is expected to provide some administrative service to his/her discipline, the Department/Faculty/University, or the Hospital/Health Authority (if applicable). Administrative service to the discipline includes leadership responsibilities for professional societies (e.g., holding office, chairing committees, organizing meetings), responsibilities for review of research proposals (e.g., ad hoc external reviews, grants panels, site visits, advisory committees) and/or review of research publications (e.g., article reviews, editorial boards). Administrative service to the Department/Faculty/University or Hospital/Health Authority includes membership and/or chairing of committees; coordination of teaching blocks, multidisciplinary courses, graduate programs, or residency training programs; and/or leadership positions (e.g., Department Chair, Associate/Assistant Deans, Divisions Directors, Program Directors). Administrative service to the public in a Faculty member’s professional capacity includes communication of expertise to government, lay audience education and voluntary professional services. Extra-Faculty activities unrelated to the Faculty member’s discipline or academic position and representing community citizenship are encouraged but optional and will not serve as the basis for merit consideration, tenure, or promotion.
1. **Superior Performance**

Examples of superior administrative contributions can be related to research or education and include contributions to the discipline such as serving as Chair of a grants panel or site visit, serving as editor of a high-impact journal, organizing a major national or international conference, or serving as president of a professional organization; recognition by receipt of a service award from a professional society would be considered meritorious. Superior performance in administration to the Department/Faculty/University or Hospital/Health Authority would be recognized by effective leadership in coordination of teaching programs, chairing major committees, developing significant new educational or clinical initiatives, or effectively discharging senior administrative positions.

2. **Acceptable/Satisfactory Performance**

A Faculty member would have met expectations for satisfactory performance in administrative service to the discipline by *ad hoc* review of research proposals and articles; serving on a grants panel, editorial board or conference organizing committee; or holding office or committee membership in a professional organization. Satisfactory administrative performance to the Department/Faculty/University or Hospital/Health Authority would include serving on teaching, administrative and/or quality-assurance committees; participating in policy development; and/or organizing departmental/service-unit functions. For a Faculty member whose job description is >30% research, some administrative service to the discipline (e.g., journal or grant reviews, service on grant panels, a research ethics board and/or office in professional societies) is expected.

3. **Below Expectation**

A Faculty member would be judged to have performed below expectation in relation to administrative contributions by consistently failing to participate in discipline-related activities; by making minimal contributions to the organizational efforts of the Department/Faculty/University or Hospital/Health Authority; and/or by frequent absences from the department/service or its unit meetings.

4. **Unacceptable Performance**

Unacceptable performance would include refusal to participate in at least one Department/Faculty/University or Hospital/Health Authority committee; to peer review journal articles or grant applications; or to contribute to quality assurance efforts. It would include being asked to withdraw from a review or other committee for ethical reasons (e.g., breach of confidentiality); inadequate supervision of a program resulting in loss of accreditation; or the provision of inaccurate information to the public.

**d. CLINICAL PRACTICE**

Each Faculty member for whom clinical service represents a portion of the job description is expected to maintain at least an “acceptable” evaluation in this category. The Faculty member must abide by the professional standards of his/her discipline. Individuals with a clinical component to their job description of over 30% are encouraged to submit a clinical dossier describing their time commitments to ambulatory care, inpatient ward care, and consultative activities as well as innovative patient care delivery, processes, or devices. They should report the introduction of new programs, patient education and quality improvement activities. Objective peer and patient evaluations such as the Alberta PAR (Physician Assessment Report) Program could be included.

All clinicians will be expected to provide evidence of their efforts related to maintenance of competence either via the Maintenance of Certification (MOC) program of the RCPSC, Maintenance
of Proficiency (Mainpro) program of the College of Family Physicians of Canada or other nationally recognized professional evaluation systems.

Four levels of clinical practice performance are recognized:

1. **Superior Performance**

   The Faculty member would be judged to have demonstrated superior performance in the area of clinical practice when he/she has achieved substantive recognition at a national or international level as a leader in his/her clinical area of expertise or as an important resource to academic and government agencies. This could be exemplified by the introduction of a new procedure, program or device; discovery of a new diagnostic or therapeutic strategy; and/or leadership efforts resulting in improved quality of care, reduced medical error or cost effectiveness. Exceptional recognition by patient groups or peers for exemplary patient care and/or clinical services would be indicative of superior performance. Collegiality, cooperativeness, and willingness to mentor junior faculty would be important behavioral attributes. The Faculty member would be considered by their peers to be a role model of professional integrity.

2. **Acceptable/Satisfactory Performance**

   Satisfactory performance represents the standard of care expected within the Faculty of Medicine and Dentistry and is represented by effective patient care and/or clinical service and management of patient problems and/or clinical responsibilities on a day-to-day basis. It is the expectation that each Faculty member would be recognized as a local expert in his/her area of expertise. The Faculty member will not have had upheld any formal complaints about them to the Department, Hospital or regulatory/licensing body and would have demonstrated active participation in a regular maintenance of competence program.

3. **Below Expectation Performance**

   A Faculty member assessed as performing below expectation would have demonstrated difficulties in performance of their clinical duties such as delays or failures to complete medical records or other documents; have had substantiated complaints filed about their communications with patients, families and/or colleagues; and/or would have failed to behave in a collegial manner and/or experienced significant or repeated conflicts with trainees or peers. They would have demonstrated less than expected attention to maintenance of competence activities.

4. **Unacceptable Performance**

   A Faculty member in this category would have demonstrated egregious errors or behaviors. This would include any form of substantiated unethical or unprofessional behavior, failure to maintain competence, persistent failure to complete medical records or other documents, and/or persistent failure to communicate effectively with patients, families and/or colleagues. Persistent, unjustified and significant deviation from generally-accepted practice guidelines, particularly after efforts of a remedial nature have been suggested or provided would indicate that this categorization is appropriate. No evidence of activity dedicated to maintenance of competence would warrant such a designation.

D. **MERIT INCREMENTS**

Each Faculty member will be assessed annually regarding his/her contributions to teaching, research/scholarship, administration, and clinical activities (if applicable) in accordance with their formal job description. Expectations for acceptable and superior performance increase with rank and seniority. Merit increments are earned by achievements, contributions and significant professional development during the year under review and are not awarded automatically. When appropriate, a
cumulative assessment over a period of several years may be considered to increase the merit increment by 0.5, e.g. for a Faculty member who has consistently performed somewhat better than expected for rank. FEC will ensure that significant achievements are recognized in the year under review (i.e. the year in which they occurred). Multiple previous extra increments will not mitigate against the award of extra merit recognition in the year under review.

In assessment of teaching, it is recognized that course loads may fluctuate between years, and that consideration of performance over more than one year may be used by the Chair to assist FEC in the overall evaluation.

In assessment of research publications, submitted articles will not be considered and merit increments will be assessed on papers published in the print form of the journal during the year under review. If electronic publication (e-pub) occurs in the year under review with the print form of the journal occurring in the following year, the publication will be counted in the following year. It is recognized, however, that research productivity may fluctuate from year to year and that publication history and “in press” articles may be used by the Chair to assist FEC in the overall evaluation. Electronic publications, web and CD based teaching modules, governmental position or policy papers and clinical practice guidelines shall be considered scholarly work with merit assessed by their academic impact. Faculty members are expected to indicate their individual contributions to multi-authored publications or group research grants

I. Merit Increments

Acceptable  One-half merit increment

When the Faculty member’s performance demonstrates a significant deficiency in at least one area of evaluation or overall performs below average for rank but remains within acceptable range.

Good  One merit increment

When the Faculty member performs competently in all evaluation categories according to his/her job description, and professional development is at an acceptable level expected for rank.

Superior  One and one half merit increments

When the Faculty member has performed significantly better than average for rank, normally achieving a superior rating in at least one category, i.e. teaching, research/scholarship, administration, or clinical practice.

Outstanding  Two, two and a half, or three merit increments

When the Faculty member has made exceptional achievements during the year, or has achieved a superior rating in two or more categories. This level of achievement is likely to be seen in less than 1% of the Faculty members in any given year.

II. Zero Increment

Four different categories of zero increment are identified in the Faculty Agreement (13.22). When a Chair recommends and/or FEC awards a zero increment, the designation attached to the increment (i.e., a - d) shall be identified in all meetings and correspondence relating to the award.
0a. Rank Ceiling

“That maximum grid salary for rank has been reached and standards for promotion have not been met, but performance is acceptable notwithstanding.”

0b. Acceptable Lack of Progress

“That performance requirements for an increment have not been met but performance is acceptable notwithstanding;” – e.g. a Faculty member may have had a non-productive year due to serious illness, leave/absence (e.g. parental leave or sabbatical leave).

0c. Unable to Evaluate

“That academic performance while on authorized leave could not be properly evaluated;”

e.g. if a Faculty member is on sabbatical leave and did not file an Annual Report with the Chair.

0d. Unacceptable

“That academic performance is unsatisfactory and unacceptable;” – e.g. the Faculty member performs assigned duties incompetently or significantly below average for the rank held, has breeched the Faculty’s Code of Conduct, or his/her professional development has ceased. An “unacceptable” evaluation of any of teaching, research/scholarship, administration or clinical practice (Section C- Performance Standards) warrants consideration of a 0d recommendation.

E. TENURE AND PROMOTION TO ASSOCIATE PROFESSOR

For Faculty members who are employed under the AAS:UA - Faculty Agreement, the acquisition of tenure is a critical academic step. The granting of tenure normally coincides with promotion to Associate Professor. Faculty members whose professional contracts are with affiliated institutions (e.g. the Alberta Cancer Board’s Cross Cancer Institute) and thus not eligible for University tenure, are considered by FEC for promotions by the same criteria and following the same timelines. Each candidate for tenure will be evaluated according to his/her job description and the criteria outlined in Section C (Performance Standards) of this document and will normally require, at a minimum, acceptable/ satisfactory achievement in each of the categories of teaching, research/scholarship, administration and clinical practice (if applicable). The granting of tenure is “based on an indication that the staff member is and will in future be capable of contributing effectively as a staff member given the performance, while on probation, in the responsibilities of a staff member (under Article 7 of the Agreement).” Unlike the situation with promotion from Associate Professor to Professor for which a staff member must apply to FEC, a decision regarding tenure and promotion to Associate Professor is made by FEC after consideration of a recommendation by the Department Chair. Each Faculty member who becomes eligible for tenure shall be so informed in writing at least three months prior to the tenure/promotions meeting of the FEC and must be advised by the Department Chair in writing at least two months before the meeting of the intended recommendation of the Chair. If the Chair’s review indicates that the recommendation will not support the candidate’s tenure, the Chair shall discuss this with the Faculty member and indicate the areas in which improvement is required. The Chair shall also inform the Faculty member of the procedures for contested hearings (Section G - Contested Cases and Appeals).

Timing

(See AAS:UA Agreement, Article 12)

A newly appointed Faculty member will normally be given a probationary appointment as an Assistant Professor for two successive periods. Tenure, which may be considered anytime after the conclusion of the first probationary period (four years), is normally considered in the final twelve months of the second probationary period (two years). The Faculty member may request an extension of the probationary period for parental leave, absence due to illness, or secondment. If
there has been a significant change in the Faculty member’s job description, an extension of the probationary period may be requested. In circumstances such as parental leave(s), a Faculty member may request more than one extension of the probationary period. It is the responsibility of the Chair and FEC to ensure that the Faculty member is not disadvantaged by such leave(s).

Early tenure can be considered according to Article 12.11 of the Faculty Agreement but only for a Faculty member who has demonstrated superior performance in two of the four categories of teaching, research/scholarship, administration and clinical practice (if applicable). The criteria for superior performance in each category will be interpreted more generously for tenure and promotion to Associate Professor than for promotion to Professor, with teaching and research/scholarship normally considered of primary importance. Administration will be considered important but secondary, as an Assistant Professor will not normally be expected to carry a heavy administrative commitment.

A staff member appointed without tenure shall also serve one or more probationary periods.

When FEC is considering tenure cases, an elected tenured staff member of the department in which the staff member holds appointment shall serve as an additional member of FEC to hear the case. The decision of an FEC regarding tenure and promotion shall include a review of the candidate’s performance over the course of his/her complete career.

Documentation required for tenure hearings:

1. Letter from the Chair.

2. Letter from the candidate.

3. An updated curriculum vitae.

4. Teaching dossier including copies of student evaluations.

5. Five letters from referees concerning suitability of the candidate for tenure with at least three letters from individuals external to the University of which two are to be chosen by the Chair and not have had any mentoring relationship with the candidate. All responses received by the Chair should be considered by the FEC. In soliciting external reviews the Chair should include a copy of the Faculty’s Guidelines for the Evaluation of Academic Staff and a statement outlining the candidate’s job description(s) including weightings of teaching, research/scholarship, administration and clinical practice (if applicable) during the period under review.

6. For a Faculty member for whom research constitutes > 30% of the job description or superior research performance is the basis for tenure consideration, the candidate’s five best papers should be included in the material for evaluation. When the candidate has primarily an educational portfolio, in addition to publications, scholarly activity related to education such as curriculum development, the enhancement of the pedagogical training of teachers, and innovations in educational methods or evaluations will be considered with the expectation of appropriate documentation within a teaching dossier.

Performance Expectations Related to Tenure

I. Teaching - Expectations for Tenure

“Except where a staff member has a reduced teaching assignment, performance as a teacher shall be of major importance in the review” (Article 13.06).

A candidate for tenure will be evaluated according to the criteria outlined in Section C. The teaching load for a Faculty member (e.g. including lectures, seminars and structured clinical teaching) would normally be between 10 to 20 hours annually for each 10% of teaching commitment in the job
description. Considerably more hours would be expected for each 10% of teaching commitment for less structured educational activities such as bedside teaching, graduate student supervision and/or other teaching that requires less preparation. Such time expectations could be altered for a Faculty member with a substantial administrative component to their educational portfolio.

Performance will be deemed acceptable when the Faculty member participates actively and willingly and receives satisfactory reports from students, peers, coordinators and the Chair. The Faculty member will also be expected to demonstrate regular participation in activities that enhance his/her skills as an educator (i.e. professional development).

Superior performance shall be assessed by indicators of superior teaching such as student ratings in the top 10% of instructors of a similar rank; recognition by students or clinical trainees as a superior teacher in receipt of an award (e.g. Rutherford Undergraduate Award); repeated nominations for teaching awards; high course enrollments or frequent selection as preceptors; presentations at teaching workshops; frequent requests for services in continuing medical education; recognition of the reorganization of a weak course to a significantly improved one or, in the case of residency programs, the conversion of a probationary or “notice to terminate” status to full accreditation from the Royal College of Physicians and Surgeons/College of Family Physicians; successful introduction of new courses or implementation of innovative teaching methods; and the ability to attract and train a substantial number of summer students, graduate students and/or postgraduate trainees who are subsequently successful. Mentoring of students, postgraduate trainees, graduate students and/or more junior peer colleagues will demonstrate professional maturation.

Unacceptable performance in teaching would include refusal(s) to accept teaching responsibilities commensurate with the job description; consistently poor student evaluations; inadequate communication of information as judged by peer evaluation; high dropout rates for courses or research trainees; poorly organized courses; unresponsiveness to constructive criticism and/or failure to participate in teaching workshops when recommended; inadequate supervision of graduate trainees such that they are unsuccessful in attaining graduate degrees despite reasonable efforts; or substantiated claims of harassment or intimidation.

II. Research/Scholarship - Expectations for Tenure

The evaluation of research will be based on the criteria identified in Section C and will be influenced by the percentage weighting of research in the job description. For a Faculty member for whom research/scholarship constitutes > 60% of the job description, several criteria should normally have been achieved by the candidate:

1. The candidate should have established a national and an emerging international reputation in his/her particular field of research or scholarly activity.

2. If the researcher is a basic scientist, he/she should have demonstrated continued success at a national or international level in peer-reviewed grant competitions as the principal investigator. Other sources of funding will be considered important but are usually given less weight than peer-reviewed funding. Except under unusual circumstances such as an endowed chair, Faculty members will have successfully competed for external peer-reviewed salary awards.

3. If the researcher is a basic scientist, the candidate should have demonstrated independence from his/her previous appointments at other universities and/or postdoctoral positions by publishing articles in respected journals as the senior or corresponding author.

4. The candidate should have demonstrated an ability to attract and successfully supervise graduate students and/or postgraduate research trainees.

5. The candidate’s collaborations and contributions to a research group will be considered, particularly with regard to the impact of the work as a whole and their contribution to the effort.
6. The candidate should select his/her five best papers and include them in the documentation. These publications should be accompanied by a statement that clearly delineates the candidate’s contributions to the research. Publications must include research that the candidate conducted as a Faculty member at the University of Alberta.

For a Faculty member for whom research/scholarship constitutes 31 – 60% of the job description, several criteria should normally have been achieved by the candidate:

1. The candidate should have established a local and/or national reputation in his/her particular field of research or scholarly activity.

2. If the researcher is a basic scientist, he/she should have demonstrated some success in peer-reviewed grant competitions, either as a principal investigator, co-investigator, or part of a research group.

3. If the researcher is a basic scientist, the candidate should have demonstrated independence from his/her previous appointments at other universities and/or postdoctoral positions by publishing articles in respected journals as the senior or corresponding author.

4. The candidate should have demonstrated the capacity to successfully supervise, co-supervise, or serve on a supervisory committee of graduate students and/or postgraduate research trainees.

5. If applicable, the candidate’s collaborations and contributions to a research group will be considered, particularly with regard to the impact of the work as a whole and their contribution to the effort.

6. The candidate should select his/her best five papers and include them in the documentation along with a statement clearly delineating the candidate’s contributions to the research. Some publications should originate from research the candidate conducted as a Faculty member at the University of Alberta.

For a Faculty member for whom research/scholarship constitutes 10 – 30% of the job description, demonstrated involvement in research by participation in collaborative research projects is expected. Publications or abstract presentations either as a principal author or collaborator will be considered reasonable documentation. If the candidate has lesser research and greater teaching commitments in the job description, he/she is expected to demonstrate scholarly activities by publishing and/or presenting in academic settings work that is related to teaching, evaluation and/or professional development. Participation in curriculum development, development of data banks and the development of health guidelines and policy are considered scholarly contributions.

Criteria for superior performance in the research/scholarship category represent guidelines, not mandatory requirements (see C. Performance Standards). Superior performance will have been demonstrated if the candidate has published a substantial number of papers in good journals with some (or one landmark paper) making significant contributions to the field; has been successful in obtaining multiple peer-reviewed national grants with substantial funding; has led a successful major group application for peer-reviewed or industrial funding; has received a peer reviewed salary award or renewal; has won a major national or international award; has received invitations to give a keynote address at a major meeting with national or international participation; and/or has served as Chair of a grant review panel, editor of a high impact journal or organizer of a major national/international scientific or educational meeting.

Unacceptable research performance for a candidate with a substantial research/scholarship component (>30%) would include poor publication output (low numbers or poor quality); lack of research funding; few or no research trainees; substantiated deceptive or unethical practices; lack of willingness to collaborate; and/or inferior or inadequate supervision of research trainees.
III. Administration - Expectations for Tenure

The evaluation of administrative contributions of a candidate will be based on the criteria outlined in Section C of this document and will be influenced by the weighting of administration in the job description. Each candidate is expected to provide some administrative service to the Department, the Faculty, the University and, if applicable, the Hospital/Health authority e.g. membership on committees or coordination of departmental/divisional/hospital functions. For a candidate whose job description is > 30% research/scholarship, some administrative service to the discipline (e.g. journal or grant reviews, service on grant panels, and/or office in professional societies) is expected. It is unlikely that a candidate would warrant tenure purely on the basis of administrative contributions as an Assistant Professor will not normally carry a significant administrative commitment. Extra Faculty activity unrelated to the Faculty member’s discipline or academic position is optional and though encouraged as evidence of community citizenship, shall not normally be the basis for tenure consideration.

Examples of superior performance in the area of administration would include educationally-related activities such as successful creation or reorganization of undergraduate or post graduate courses or the development and/or implementation of innovative teaching methods; research-related activities such as serving on a national/international grants panel, the editorial board of a significant journal or the organization of a major national/international conference; serving on a policy committee of a professional society or government advisory committee; holding a major office in a professional organization; receiving a service award from a society; effectively chairing a major Faculty, University or Hospital/Health Authority committee; taking chief responsibility for a new initiative or restructuring; or serving in a capacity that has a high positive impact on public opinion or knowledge.

Examples of unacceptable performance would include refusal to participate in at least one Departmental, Faculty, University, or Hospital/Health Authority committee; to peer review journal articles or grant applications; or to contribute to quality assurance efforts. It would include being asked to withdraw from a review or other committee for ethical reasons (e.g. breach of confidentiality); inadequate supervision of a program resulting in loss of accreditation; or the provision of inaccurate information to the public.

IV. Clinical Practice - Expectations for Tenure

All candidates with job descriptions including clinical service will maintain at least an "acceptable" evaluation in this category (see C. Performance Standards). It is unlikely that an individual would warrant early tenure consideration purely on the basis of clinical practice.

Examples of superior performance in the area of clinical practice would include recognition at a national level as an important resource and leader in an area of clinical expertise; introduction of a new procedure or program; discovery of a new diagnostic or therapeutic (procedure or medication) that gains national and/or international recognition; leadership in projects resulting in improved quality of care, safety or cost effectiveness; exceptional recognition by patient groups or peers for exemplary patient care; or national recognition for leadership in health care delivery reforms.

Unacceptable performance would include any form of substantiated unethical behavior; failure to maintain clinical competence; persistent failure to complete adequate medical records; persistent failure to communicate effectively with patients and/or colleagues; persistent unjustified significant deviation from generally-accepted practice guidelines; repeated failure or refusal to adequately meet clinical obligations; or persistent irresponsible use of health-care resources.
F. PROMOTION TO PROFESSOR

Promotion to Professor is an important but not automatic nor mandatory step in an academic career. A long-term career as an Associate Professor is an acceptable and appropriate career path for some academics. Promotion to Professor represents recognition of special merit. Each candidate will normally have achieved national and/or international recognition as a leader in his/her chosen area of expertise as a teacher, researcher/scholar, administrator or scholarly clinician. This will usually be evidenced by the candidate’s reputation among peers and by a substantial body of work that contributes significantly to his/her field. The candidate will have met the performance standards outlined in Section C and must demonstrate superior performance in at least one of the categories of teaching, research/scholarship, administration, or clinical practice with satisfactory performance in the other categories. The category in which superior performance is demonstrated should normally constitute a significant part of the job description. Faculty can demonstrate superior performance in all categories. The complete career of the individual will be considered.

Timing

A Faculty member is eligible to apply for promotion when his/her position on the University’s salary grid is within one increment or is higher than the minimum for Professor (Article 13). Unlike the case for tenure consideration where a recommendation from the Chair is necessary, consideration of a candidate for promotion to Professor is on the basis of an application by the Faculty member to FEC. The Department Chair shall inform the candidate of his/her support or non-support for the application. A Faculty member who is denied promotion by FEC may re-apply for consideration in subsequent years if the deficiencies identified by the FEC are addressed.

Documentation Required:

1. Letter from the Chair.
2. Letter from the Candidate.
3. An updated curriculum vitae.
4. Teaching Dossier including copies of student evaluations.
5. Five letters from referees external to the University concerning suitability of the candidate for promotion. At least three referees should be chosen by the Chair and not have had any mentoring relationship with the candidate. Additional letters from within the University may be obtained. All responses received by the Chair should be considered by the FEC. In soliciting external reviews, the Chair should include a copy of the Faculty’s Guidelines for Evaluation and a statement outlining the candidate’s current job description and weighting of teaching, research/scholarship, administration and clinical service (if applicable). The nature and timing of any changes in job description should be clearly described.
6. For a Faculty member for whom research/scholarship constitutes >30% of the job description, or superior research/scholarship performance is the basis for promotion, the candidate’s five best papers should be included in the evaluation materials.
Performance Expectations for Promotion to Professor

I. Teaching - Expectations for Promotion to Professor

“Except where a staff member has a reduced teaching assignment, performance as a teacher shall be of major importance in the review” (Article 13).

Criteria for evaluation of teaching will be similar to those for tenure and promotion to Associate Professor and include numbers of students and post-graduate trainees; hours spent preparing and delivering education; evaluations by trainees; nominations, awards and other recognition for teaching activities; creativity and innovation demonstrated in teaching methods; requests for services in continuing medical education; and the ability to attract and supervise summer students or post graduate trainees. Expectations of the quality of such contributions shall be greater than for an Assistant or Associate Professor.

For a Faculty member for whom the application for promotion is on the basis of superior performance as a teacher, the candidate must be recognized for major contributions at least locally and, preferably, nationally or internationally. The candidate will be recognized by trainees, as well as peers, as a superior teacher and will have won awards such as the 3M award, the Rutherford award, or repeated “Teacher of the Year” awards from the Medical Students Association. The candidate will have created new knowledge in the realm of education with publication in reputable health care education journals and participated in professional development both as a learner and an educator. The candidate will have contributed to departmental and Faculty activities related to education as an innovator, organizer, and implementer participating actively in curriculum innovation, education advisory committees, and in senior administrative roles related to education. The candidate shall be seen as a Faculty leader in education with scholarly contributions documented in a teaching dossier.

II. Research/Scholarship - Expectations for Promotion to Professor

The evaluation of research/scholarship in consideration of promotion to Professor will be based on the weighting in the job description and the criteria outlined in Section C. For a Faculty member for whom research/scholarship constitutes >60% of the job description, the following criteria will normally have been met:

1. The candidate shall be an internationally recognized expert in their area of expertise.

2. The candidate shall have demonstrated continued success in peer-reviewed grant competitions at a national/international level as the principal investigator. Except under unusual circumstances (e.g. endowed chair), the candidate will have successfully completed for external peer-reviewed salary awards and renewals.

3. The candidate’s publications shall have made a substantial contribution to progress in their field. The candidate’s five best papers should be included in the documentation along with a description of their significance and the Faculty member’s contribution to the work.

4. The candidate shall have demonstrated an ability to attract and successfully supervise graduate students, post-doctoral fellows or other research trainees. After completion of their training, some of these trainees should be pursuing successful careers in industry, universities or research institutes.

5. The candidate shall be recognized as a research leader and have contributed to the enhancement of the Department’s and/or Faculty’s research progress/reputation by having chaired or otherwise participated on local, national and international research review committees (e.g. grants panels, editorial boards, conference organization) and research policy advisory groups.
For a Faculty member for whom research/scholarship is 31 to 60% of a job description, the following criteria will normally have been met:

1. The candidate should have established a national and emerging international reputation as an expert in his/her particular field with a record of publications contributing significantly to the knowledge base in their field.

2. The candidate shall have demonstrated continued success in peer-reviewed national/international grant competitions as the principal investigator or an integral member of a research group. If an educator, some external funding success will be expected.

3. If superior performance in research/scholarship is the basis for the application for promotion to Professor, the candidate’s five best papers should be included in the documentation along with a description of their significance.

4. The candidate shall have demonstrated an ability to attract and successfully supervise graduate students, post-doctoral fellows and/or other research trainees.

5. The candidate shall have provided administrative service by participating on local or national research or education committees.

For a Faculty member for whom research/scholarship constitutes 10 to 30% of the applicant’s job description, the application for promotion to Professor will demonstrate involvement in research by publishing independent or collaborative works. Scholarly work related to medical/dental/biomedical education such as curricular development and evaluation, development of data banks or other educational tools, and the development of practice guidelines shall be considered in the research/scholarship category.

III. Administration - Expectations for Promotion to Professor

The evaluation of the administrative contributions of a candidate will be based on the criteria outlined in Section C and will be influenced by the weighting of administration in the job description. Each candidate is expected to provide some administrative service to his/her discipline and to the Department, Faculty, University, and, if applicable, Hospital/Health Authority. Extra-Faculty activity unrelated to the Faculty member’s discipline or academic position is encouraged as further evidence of community citizenship but is optional and would not be considered a major factor in promotion to professor.

A candidate for promotion to Professor is expected to have taken a leadership role in some part of his/her administrative service to the discipline, Department, Faculty, University or, if applicable, Hospital/Health Authority by chairing one or more committees and/or spearheading efforts relating to policy or procedure development. If administration is a significant portion of the job description, the candidate should have played a major role at a senior level such as Chair, Graduate Coordinator, Assistant or Associate Dean, or Chair of one or more major Departmental, Faculty, University or Hospital/Health Authority committees (if applicable).

While a candidate for whom administration represents a significant portion of the job description (e.g. 30 to 60%) may be promoted with superior performance in administration, it is unlikely that promotion would be warranted purely on the basis of administrative contributions.

IV. Clinical Practice - Expectations for Promotion to Professor

There is an expectation that each Faculty member with a job description that includes clinical service would maintain at least an “acceptable” evaluation in this category (See Section F). Any form of unacceptable performance as described in Section C of the document and including behaviors such as substantiated unethical behavior or malpractice would preclude promotion.
A Faculty member may be promoted to Professor primarily on the basis of clinical work if major contributions to setting national standards, developing new or innovative techniques or interventions, or participating in a leadership role in patient care issues such as quality improvement or patient safety are considered significantly meritorious. As with administration, it is unlikely that a candidate would warrant promotion purely on the basis of clinical service.

G. CONTESTED CASES AND APPEALS -
(See AAS:UA Agreement, articles 13.46, 13.62, 15.09)

I. Contested Cases

A contested case is one where the Faculty member exercises his/her right to appear before FEC with a view to changing a preliminary decision by FEC. A Faculty member has this right if:

a) the Department Chair recommends less than a single merit increment be awarded, except for a Faculty member who is within one merit increment from the maximum position on the University’s salary grid for Associate Professors and has not applied for promotion;

b) the Department Chair recommends that a secondary probationary or further appointment not be offered

c) the Department Chair recommends that no further appointment be offered to a staff member

d) the Faculty member applies for promotion and the application is not supported by the Department Chair;

After initial consideration, FEC may not be prepared to endorse:

a) a recommendation for a further probationary appointment;

b) a recommendation for tenure and appointment to Associate Professor;

c) an application for promotion that has been supported by the Department Chair;

or may be prepared:

d) to award a recommendation for a merit increment which is less than a single increment or no increment if the recommendation of the Department Chair was greater than the award the FEC is prepared to endorse: or

e) to cite a recommendation for a zero increment award as unsatisfactory and unacceptable i.e. 0d. when the recommendation of the Department Chair was not so to cite.

Under these circumstances the FEC Chair, the Dean, shall inform the Faculty member in writing of the position of FEC with an offer to meet with the Faculty member to discuss FEC’s concerns.

II. Appeals

A Faculty member has the right to appeal the following decisions to the University of Alberta General Appeals Committee (GAC) in accordance with the provisions of the Faculty Agreement (Articles 13, 14, 15), provided that the Faculty member has appeared before FEC to present a case or has submitted documentation to FEC to support a case :

a) the decision of FEC not to offer a further appointment upon the termination of a probationary appointment;

b) the decision of FEC not to award promotion upon the application of the staff member; and

c) the decision of FEC not to award an increment or to award an increment, which is less than single in value.
H. SABBATICALS

Tenured staff shall be eligible for a one year sabbatical after serving the University for six years as per Article 9 of the AAS:UA Agreement. Staff members must submit an application for a sabbatical to the Dean through the Department Chair by October 15 in the year prior to the academic year in which the sabbatical will be taken. The Dean shall provide copies of these applications to FEC who, after consideration, will submit a recommendation to the Dean as to which applications shall be approved. Meritorious applications will be ones mutually advantageous to the staff member and the University. The staff member shall submit within three months of completion of the sabbatical, to the Department Chair and Dean, a report describing the activities of their sabbatical and their beneficial academic consequences. This report together with the Annual Report shall represent the documentation on which that year’s merit award shall be assessed by FEC. If no report is submitted this shall warrant a 0c merit evaluation.
PART II EVALUATION OF FACULTY SERVICE OFFICERS (FSOs)

A. Introduction

These guidelines and standards have been set by the Faculty of Medicine and Dentistry to meet the requirements of the AAS:UA Agreement for Faculty Service Officers (clause 13.03). They are intended for use by the Faculty Evaluation Committee when considering recommendations for merit increments, continuing appointment, and promotion of FSOs. General procedures for performance evaluation by the FEC are described in General Guidelines (Part I, Section C) of this document.

Faculty Service Officers perform diverse duties. Some are involved primarily in research, while others are involved in laboratory/facility management, centre management, research support, teaching, or teaching support. Because of this diversity in function, it is unrealistic to generate a common unique set of criteria for use when considering merit increments, continuing appointment and/or promotion.

Recognizing this variation in responsibilities and duties among FSOs, the department Chair will provide a detailed Position Description for each FSO appointment. This document will list the key responsibilities of the FSO and for each key responsibility; specific performance indicators will be described. Where possible, they will also indicate the required frequency and time commitments of a particular activity and/or the satisfactory standard that will be met in performing that particular task.

Review of an FSOs performance must be based on the duties they have been assigned (AAS:UA FSO Agreement, clause 13.01). Therefore, when recommending merit increments or promotion, a department Chair must relate the evaluation to the specific performance indicators in the job description and to the Standards for Faculty Service Officer Ranks (below).

B. Performance Standards for Faculty Service Officer Ranks

As required in the AAS:UA Agreement for Faculty Service Officers (clause 13.05) standards of performance are greater for individuals in the higher ranks.

**Faculty Service Officer I**
In accordance with their Position Description, the FSO will:

- Work effectively with supervisors in contributing to Faculty and departmental education, research, and/or administrative activities.
- Be technically and/or professionally competent in their specific area(s) of responsibility.
- Provide timely and useful support and service to faculty and administrative staff.

**Faculty Service Officer II**
In accordance with their Position Description, the FSO will:

- Work under minimal direction in contributing to Faculty and departmental education, research, and/or administrative activities.
- Demonstrate effective teaching skills (if applicable) through satisfactory evaluations from students, peers, coordinators, and the Chair.
- Maintain technical and/or professional competence in their specific area(s) of responsibility.
- Be pro-active in providing support and service to faculty and administrative staff.
- Work with supervisors to represent departmental and Faculty interests at the University level.

**Faculty Service Officer III**
In accordance with their Position Description, the FSO will:
• Demonstrate leadership and initiative in contributing to Faculty and departmental education, research, and/or administrative activities as applicable.
• Demonstrate effective teaching skills (if applicable) through satisfactory evaluations from students, peers, coordinators and the Chair.
• Play a significant role in curriculum development, implementation of new courses, and the introduction of new instructional technologies and/or methods of delivery (if applicable).
• Demonstrate increasing technical and/or professional competence in their specific area(s) of responsibility.
• Manage research projects, budgets, services, centre operations, and/or departmental teaching programs competently.
• Supervise other staff members effectively.
• Provide meaningful advice in their area(s) of expertise to faculty and administrative staff.
• Liaise with other University entities.

Faculty Service Officer IV
In accordance with their Position Description, the FSO shall:

• Demonstrate independence of action and judgment consistent with participation in senior management in contributing to Faculty and departmental education, research, and/or administration activities as applicable.
• Demonstrate exceptional teaching skills (if applicable) through outstanding evaluations from students, peers, coordinators and the Chair.
• Play a leadership role in curriculum and program development, implementation of new courses, and the introduction of new instructional technologies and/or methods of delivery (if applicable).
• Demonstrate significant initiative and leadership in managing research projects, budgets, services, centre operations, and/or departmental teaching programs, as required in their Position Description.
• Supervise other staff members effectively.
• Provide significant and outstanding technical support to research faculty.
• Provide substantive advice on curriculum development, research plans, and/or project proposals as applicable to senior faculty and administrative staff.
• Initiate, develop, and improve liaisons with other University entities and with relevant external groups.

C. Merit Increments

Each FSO will be assessed annually by FEC. These performance reviews will be conducted as described in the General Guidelines for Performance Reviews (Section B of this document). Each FSO will be assessed in accordance with the performance indicators in his/her Position Description. The assessment will be based on an Annual Report and any other relevant objective documentation of the FSO’s contributions, which the FSO must provide to the Chair. Expectations for performance increase with rank, and performance will therefore come under more detailed scrutiny as the FSO advances through the ranks. Merit increments will be awarded as follows:

One-half merit increment
When the FSO shows a significant deficiency in at least one area of key responsibility, but meets performance indicators in all other areas of key responsibility according to his/her job description.

One merit increment
When the FSO meets performance indicators in all areas of key responsibility according to his/her job description.

One and one-half merit increments
When the FSO meets performance indicators in all areas of key responsibility and exceeds one or more performance indicators in at least one area of key responsibility, according to his/her job description.

Guidelines for the Evaluation of Academic Staff for Merit Increments, Tenure, and Promotion
description. One and one-half merit increments may also be awarded if the FSO demonstrates that he/she has successfully executed additional key responsibilities during the year.

**Two or three merit increments**

When the FSO has made outstanding achievements during the year. This would require exceeding multiple performance indicators in two or three areas of key responsibility.

**D. Continuing Appointment**

The decision to award a continuing appointment is based on indications that the FSO has contributed, and will continue to contribute, effectively as a staff member (AAS:UA FSO Agreement, clause 13.07). Thus, the FSO’s performance during the entire probationary period will be reviewed.

The granting of a continuing appointment requires that the applicant achieves an overall satisfactory performance rating. That is, the FSO must meet the performance indicators in all areas of key responsibility in his/her job description.

**E. Promotion**

The staff member shall be notified of his/her eligibility for promotion by the department Chair. An FSO is eligible when their salary is within one increment of, or above, the salary minimum for the next higher rank.

When promotion to a higher rank is considered, the candidate’s entire record will be reviewed and evaluated. To be awarded a promotion, the applicant must achieve a superior performance rating. This requires that the candidate consistently meets performance indicators in all areas of key responsibility and exceeds performance indicators in at least one area of key responsibility, according to their job description. Alternatively, a superior performance rating may be achieved if the FSO demonstrates that he/she has successfully executed additional and/or alternative key responsibilities and has the potential to continue this level of performance.

**F. Documentation Required**

The following documents are required for application for continuing appointment or promotion.

- The Position Description, which must include specific performance indicators for each area of key responsibility.
- A letter from the Chair of the department.
- A letter from the applicant summarizing work since appointment.
- An up-to-date curriculum vitae.
- Any materials produced as part of the work done.
- Any publications or presentations, if applicable.
- A teaching dossier, if applicable.
- Letters of reference from three referees who can directly attest to the quality of the individual’s performance in an area or areas of key responsibility.

All documents must be submitted to the Chair no less than 15 working days prior to the FEC meeting. All letters of reference should be sent directly to the Chair. The Chair may request written assessments from other Faculty or administrators, as relevant.
I. INTRODUCTION

This document describes the criteria and procedures for annual performance evaluations and promotion for members of the Department of Oncology who are Professional Service Officers or members of the Clinical Faculty (i.e., Assistant Clinical Professors, etc.).

II. DEFINITIONS

The annual performance evaluations for members of the Department of Oncology who hold academic appointments are conducted by either the Faculty Evaluation Committee (FEC) of the Faculty of Medicine & Dentistry or the Departmental Evaluation Committee (DEC) of the Department of Oncology. Members of the Department of Oncology are, therefore, in either the “FEC track” or the “DEC track.” The assignment of a member to one of the two evaluation tracks is negotiated between the member, the Division Director and the Chair and is normally based on the job description of the member. Members who are in the FEC track must have combined teaching and research responsibilities that comprise ≥25% of their job description and their research and teaching responsibilities must each be ≥10% of their job descriptions. Members in the DEC track have variable job descriptions and include individuals who are not eligible for the FEC track because their professional responsibilities are largely clinical service or their positions are among those excluded by the University in FEC deliberations. Transfer between the FEC and DEC tracks will be allowed in the event of a significant change in job description. Applications for transfer between tracks will be evaluated by the Executive Committee which will forward its recommendation to the Dean.

III. GENERAL DESCRIPTION OF CRITERIA AND STANDARDS FOR PERFORMANCE EVALUATIONS

CLINICAL COMPETENCE

Basic competence is expected of all clinical staff. Clinical activities are expected to progress toward excellence as rank increases. The development of special expertise and new techniques will be important indicators. In assessing clinical performance, the number of cases consulted on
and treated will be taken under consideration. Quality of care will be judged by the Division Director with advice from a variety of sources. All physicians must participate in (i) the Royal College of Physicians and Surgeons maintenance of certification program, and (ii) the Alberta College of Physicians and Surgeons review process once every 5 years.

The following standards will be considered in the evaluation of performance in clinical practice:

1. Superior Performance: Superior performance in the area of clinical practice when a Clinical Faculty member has achieved substantive recognition at a national or international level as a leader in his/her clinical area of expertise or as an important resource to academic government agencies. This could be exemplified by the introduction of a new procedure, program or device; discovery of a new diagnostic or therapeutic strategy; and/or leadership efforts resulting in improved quality of care, reduced medical error or cost effectiveness. Exceptional recognition by patient groups or peers for exemplary patient care and/or clinical services would be indicative of superior performance. Collegiality, cooperativeness and willingness to mentor junior clinical faculty would be important behavioral attributes. The Clinical Faculty member would be considered by their peers to be a role model of professional integrity.

2. Acceptable/Satisfactory Performance: Represented by effective patient care and/or clinical service and management of patient problems and/or clinical responsibilities on a day-to-day basis. It is the expectation that each Clinical Faculty member would be recognized as a local expert in his/her area of expertise. The Clinical Faculty member will not have upheld any formal complaints about them to the Department, Hospital or regulatory/licensing body and would have demonstrated active participation in a regular maintenance of competence program.

3. Below Expectation Performance: Demonstrated difficulties in performance of clinical duties such as delays or failures to complete medical records or other documents; have had substantiated complaints filed about their communications with patients, families and/or colleagues; and/or would have failed to behave in a collegial manner and/or experienced significant or repeated conflicts with trainees or peers. They would have demonstrated less than expected attention to maintenance of competence activities.

4. Unacceptable Performance: Demonstrated egregious errors or behaviours. This would include any form of substantiated unethical or unprofessional behavior, failure to maintain competence, persistent failure to complete medical records or other documents, and/or persistent failure to communicate effectively with patients, families and/or colleagues. Persistent, unjustified and significant deviation from generally-accepted practice guidelines, particularly after efforts of a remedial nature have been suggested or provided would indicate that this categorization is appropriate. No evidence of activity dedicated to maintenance of competence would warrant such a designation.

TEACHING
The criteria for competent performance in teaching are applied with increasing stringency as experience and rank increases. In assessing competence in teaching, evidence may be collected from evaluations completed by students and/or residents and/or by an evaluator attending lectures, rounds, bedside teaching, etc., where the faculty member is teaching. The ability to communicate well with students and the use of innovative teaching methods will be important indicators.

The following standards will be considered in the evaluation of teaching performance:

1. **Superior Performance:** Sustained performance exceeding expectations in multiple categories of teaching activities including didactic lectures, small group or patient-based learning, bedside clinical teaching seminars, and/or research training. Examples of superior performance include evaluations in the top 10%, nominations and/or receipt of one or more local or national teaching awards, contributions to course and/or curriculum development and development and/or participation in professional development activities focusing on medical, education. Included would be recognition of teaching talent by directorship of a residency training, or fellowship program or chairing of a major Departmental or Hospital education-related committee.

2. **Acceptable/Satisfactory Performance:** Consistently satisfactory performance in all teaching activities. This would include fulfillment of assigned teaching duties within the context of job descriptions; satisfactory evaluations of teaching activities by students; participation in formal evaluations of students such as examination question development. Participation in local professional development efforts are expected if the individual has a significant clinical/educator/administrator role or if they are more senior educators.

3. **Below Expectation Performance:** Below expectation performance in teaching activities evidenced by inconsistent teaching evaluations with several below average scores; lack of commitment to professional development in the area of teaching; and/or a paucity of requests by residents or other postgraduate trainees for supervision. There will be inadequate evidence of scholarly contributions to local or national educational endeavors.

4. **Unacceptable Performance:** Unacceptable performance demonstrated by consistent under-performance in teaching activities and duties as evidenced by an unwillingness to participate in teaching activities clinical bedside teaching, postgraduate supervision, examinations or practice oral examination; consistently poor evaluations of teaching activities such as didactic presentations; poor evaluations of clinical or research trainee supervision; failure to participate in continuing medical education; or no evidence of scholarly contributions to educational endeavors.

Documented unprofessional or unethical behavior in the teaching role would be considered unacceptable, as would unresponsiveness to recommendations for professional development of teaching or supervisory skills.
RESEARCH

Clinical research activity in collaborative studies is expected of members of the clinical faculty and will be an important indicator. The quality of research activity will be assessed on the basis of the stature of journals in which papers are published, the opinion of experts in the field and the extent to which publications are cited in the literature.

1. Performance will be judged to be “Superior” when it exceeds expectations. There will be evidence of:
   - a substantial record of research productivity with either a landmark paper in a prestigious international journal or multiple papers in high-impact journals that make a significant impact on the field.
   - a consistent successful record of funding in the form of multiple peer-reviewed national or international grants with substantial funding.
   - receipt of peer-reviewed salary awards or renewals at a level appropriate for academic rank.
   - a significant leadership role in obtaining major peer-reviewed or industrial funding for group research activities.
   - Recognition in the form of a major national or international award or invitation to present a keynote address at a major meeting with national or international participation.
   - Exceptional administrative service such as serving as Chair or Deputy Chair of a grant review panel or editor of a high-impact journal.

2. Performance will be judged to be “Satisfactory” when it meets expectations. There will be evidence of:
   - continued publication productivity in respected journals in the field.
   - success at obtaining adequate funding to support the Faculty member’s work.
   - in accordance with rank, an established or emerging national/international reputation with invited presentations.
   - Invitations to serve on national committees, grant review panels, or as a journal reviewer.

3. Performance will be judged to be “Below Expectations” when it fails to meet expectations. There will be evidence of:
   - A record of low publication output, in accordance with job description, over a number of years.
   - Lack of or inadequate research funding.
   - Few or no research trainees over a number of years.

4. Performance will be judged to be “unacceptable” if there is insubstantital research productivity in accordance with the job description. There will be evidence of:
   - No publications over a number of years.
   - Lack of research funding with no annual attempts to obtain funding.
   - Failure to provide a supportive environment and adequate supervision for trainees; this may be evidenced by trainees being unable to achieve their planned academic
goal (e.g. PhD or Master’s) in a reasonable time frame despite commitment and industry on the part of the trainee.
- Substantiated deceptive or unethical practices, or misconduct.

ADMINISTRATION

Administration may include (i) service on committees of the host hospital (e.g. the Cross Cancer Institute, the Grey Nuns Hospital, etc.), the Alberta Health Services Board, Covenant Health, the Department of Oncology, the Faculty of Medicine and Dentistry, the University of Alberta and/or professional organizations, (ii) responsibility for special academic and/or institute programs and (iii) formal administrative posts in the University and/or Alberta Cancer Board or Capital Health hierarchies.

The following standards will be considered in the evaluation of administrative service:

1. Superior Performance: Superior administrative contributions related to research or education and include contributions to the discipline such as serving as Chair of a grants panel or site visit, serving as editor of a high-impact journal, organizing a major national or international conference, or serving as president of a professional organization; recognition by receipt of a service award from a professional society would be considered meritorious. Superior performance in administration to the Department/Faculty/University or Hospital/Health Authority would be recognized by effective leadership in coordination of teaching programs, chairing major committees, developing significant new educational or effectively discharging senior administrative positions.

2. Acceptable/Satisfactory Performance: Satisfactory performance in administrative service to the discipline by ad hoc review of research proposals and articles; serving on a grants panel, editorial board or conference organizing committee; or holding office or committee membership in a professional organization. Satisfactory administrative performance to the Department/Faculty/University or Hospital/Health Authority would include serving on teaching, administrative and/or quality-assurance committees; participating in policy development; and/or organizing departmental/service-unit functions.

3. Below Expectation: Performance is below expectations in relation to administrative contributions by consistently failing to participate in discipline-related activities; by making minimal contributions to the organizational efforts of the Department/Faculty/University or Hospital.

4. Unacceptable Performance: Unacceptable performance would include refusal to participate in at least one Department/Faculty/University or Hospital/Health Authority committee; to peer review journal articles or grant applications; or to contribute to quality assurance efforts. It would include being asked to withdraw from a review or other committee for ethical reasons (e.g. breach of confidentiality); inadequate supervision of a
program resulting in loss of accreditation or the provision of inaccurate information to the public.

IV. ACADEMIC RANKS AND CRITERIA

ASSISTANT CLINICAL PROFESSOR

The Assistant Clinical Professor is expected to participate in all and have demonstrated expertise in at least two of the following:

1. Has achieved appropriate specialist professional certification (e.g., Royal College of Physicians and Surgeons of Canada, Canadian College of Physicists in Medicine, or the College of Alberta Psychologists) to a high level of competency as deemed appropriate by peers. Has acquired the status of “expert” in the area of his/her chosen discipline and would be recognized as such at a national level.

2. Has demonstrated capability as a teacher.

3. Participates in clinical and/or applied cancer research as a collaborator and has co-authored case reports or research articles in journals.

4. Participates in Department of Oncology, Faculty of Medicine and Dentistry, hospital and/or health authority administrative activities.

ASSOCIATE CLINICAL PROFESSOR

The Associate Clinical Professor is expected to have expertise in several of the following:

1. Has achieved appropriate specialist professional certification (e.g., Royal College of Physicians and Surgeons of Canada, Canadian College of Physicists in Medicine, or the College of Alberta Psychologists) to a high level of competency as deemed appropriate by peers.

2. Has acquired the reputation of being a highly competent teacher.

3. Has developed a special interest and expertise within his/her field.

4. Has academic publications in research or education as a collaborator or primary investigator and/or has presented at provincial and national professional meetings.

5. Has contributed significantly to the administrative affairs in the Department, Faculty and/or University, and hospital and/or health authority.

6. Has been invited to speak at professional meetings, in continuing education programs and at other institutions.
7. Has taken an active role in the activities of provincial and/or national professional organizations.

CLINICAL PROFESSOR

The Clinical Professor is expected to have expertise in most of the following:

1. Has achieved appropriate specialist professional certification (e.g., Royal College of Physicians and Surgeons of Canada, Canadian College of Physicists in Medicine, or the College of Alberta Psychologists) to a high level of competency as deemed appropriate by peers. Is recognized by peers as providing outstanding clinical service and has made significant contributions to oncology and/or the improvement of cancer control which is recognized and confirmed by colleagues at a national level.

2. Has proven to be an excellent teacher and a leader in the educational programs of the Department.

3. Has developed a special interest and expertise within his/her field.

4. Has demonstrated leadership as a collaborator in clinical and/or applied cancer research as illustrated by publications in peer reviewed journals, functioning as a referee for scientific or education publications and as a named co-investigator on funded research grants and/or contracts.

5. Has presented clinical, educational or research findings at national and/or international meetings.

6. Has held a major administrative position in the Department of Oncology, the Faculty of Medicine and Dentistry, the University of Alberta, the hospital, and/or the health authority.

7. Has been elected to office or has performed policy functions in leading provincial, national or international professional organizations.

V. ANNUAL PERFORMANCE EVALUATION PROCEDURES

1. Annual Reports (January 1-December 31) will be requested from DEC track members by the Department Chair. The Chair and each Division Director will interview the individual concerned and will mutually determine the annual merit recommendation. Before the assignment of merit recommendations, it is expected that the Division Directors who are based at the Cross Cancer Institute (acting in their capacities as Cross Cancer Institute Department Directors) will have consulted with the Director of the Cross Cancer Institute about the clinical performance of the individuals concerned. The individual will be informed in writing of the merit recommendation at least three weeks before the Departmental Evaluation Committee (DEC) meeting. If the individual wishes to contest the recommendation, he/she may appear personally before the DEC to explain his/her position.
The Department of Oncology Executive will serve as the DEC and will meet annually for consideration of merit recommendations (February or March). The Chair of the Department will chair the meeting and the recommendations will be presented by the Division Directors concerned. The Chair will submit the approved recommendations for ACB-funded staff to the Director of the Cross Cancer Institute for implementation; recommendations for individuals funded by other organizations will be submitted to the appropriate financial authority.

2. The number of allowable increment recommendations for Clinical Faculty will conform to the increment quota applicable to FEC deliberations.

3. It is assumed that the Director of the Cross Cancer Institute will hold an academic appointment (primary or secondary) in the Department of Oncology and therefore will be eligible to participate in meetings of the DEC as a non-voting member. The Director will be responsible for informing the ACB of DEC decisions involving ACB staff (upon receipt of information from the Chair of the Department). Recommendations should be forwarded to the ACB to meet payroll deadlines prior to the April 1st effective date for physicians or the July 1st effective date for scientists.

VI. PROMOTION

Promotion will be considered where an individual has met the criteria for his/her rank or has demonstrated exceptional performance in a specific area or areas.

The following chart outlines the timelines for promotions:

<table>
<thead>
<tr>
<th>ASPIRED RANK</th>
<th>THOSE ELIGIBLE</th>
<th>TIME REQUIREMENTS IN PRESENT RANK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Professor</td>
<td>Associate Clinical Professor</td>
<td>Normally a range of 5-10 years</td>
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<tr>
<td></td>
<td>Associate Professor</td>
<td></td>
</tr>
<tr>
<td>Associate Clinical Professor</td>
<td>Assistant Clinical Professor</td>
<td>Normally a range of 4-6 years</td>
</tr>
<tr>
<td></td>
<td>Assistant Professor</td>
<td></td>
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</tbody>
</table>

* The time requirements indicated are based on full time employment. Staff that hold part-time positions will be evaluated on a case-by-case basis.

VII. PROMOTION PROCEDURES

1. The Department Evaluation Committee (DEC) will meet annually for consideration of promotions (November or December).

2. It is assumed that the Director of the Cross Cancer Institute will hold an academic appointment (primary or secondary) in the Department of Oncology and therefore will be eligible to participate in meetings of the DEC as a non-voting member.
3. The procedure for consideration for promotion to a higher rank will be as follows.

   a. The Department Chair will notify individuals who are eligible for promotion.

   b. The individual will notify the Department Chair of intent to apply for promotion. The applicant for promotion will provide to the Department Chair the requested documentation, (e.g., Annual Report, Curriculum Vitae, Teaching Dossier, publications). In the case of promotion to Associate Clinical Professor and Clinical Professor, the individual being considered and the Division Director will each provide the names and addresses of three referees, two of whom must be from outside the University. The Department Chair will assemble a list of external referees who will be asked to provide a written evaluation of the individual, based on analysis of the promotions documentation against the criteria described in these guidelines.

   c. The Chair will distribute the documentation to DEC members before the DEC promotions meeting. The meeting will be chaired by the Department Chair and the applicant's case will be presented by the Division Director.

   d. The recommendation of the DEC will be submitted by the Chair to the Dean of Medicine and Dentistry for ratification. The promotion will take effect at the beginning of the next academic year (July 1).

VIII. PROBATIONARY PERIOD

New appointments as Assistant Clinical Professor should be considered probationary for a period of up to two years, and for Associate Clinical Professor and Clinical Professor for a period of up to one year. The Division Director will be notified 3 months before the end of the probationary period and asked to make a recommendation about the status of the appointment.

IX. APPEAL MECHANISM

The failure to receive academic promotion when eligible may be appealed by Clinical Faculty upon 60 days notice given to the Department Chair.

The Appeals Committee will consist of one appointed member from the individual's Division and two appointed members from the Department (who are not Division Directors nor members of the Departmental Evaluation Committee) and two appointed members from outside the Department. The Committee will be chaired by the Chair of Oncology who will also appoint the committee members. For ACB-funded staff, the Director of the CCI will participate on the Committee as a non-voting member.
I. A. Demographics

Name:

Academic Division in Department of Oncology:

Appointments in other departments at the University of Alberta:

Job Description(s) and Percentage(s) of each:

<table>
<thead>
<tr>
<th>Job Description</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Teaching</td>
<td>%</td>
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<tr>
<td>Research</td>
<td>%</td>
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<tr>
<td>Clinical</td>
<td>%</td>
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<tr>
<td>Administrative</td>
<td>%</td>
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Office Address:

Telephone:

Fax:

Email:

B. Training Degrees and, if Applicable, Dates of Certification (add fields to table if needed)

<table>
<thead>
<tr>
<th>Degree Obtained</th>
<th>Start - End Period</th>
<th>Program</th>
<th>Institution</th>
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<table>
<thead>
<tr>
<th>Degree Obtained</th>
<th>Start - End Period</th>
<th>Program</th>
<th>Institution</th>
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</table>

C. History of Appointments at the Cross Cancer Institute (add fields to table if needed)

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<thead>
<tr>
<th>Position</th>
<th>Department</th>
<th>Start-End</th>
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</table>
D. History of Academic Appointments at the University of Alberta
   (add fields to table if needed)

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<thead>
<tr>
<th>Position</th>
<th>Department &amp; Division</th>
<th>Start-End</th>
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Current Year:

E: Absences (Study Leave, Extended Sick Leave, Maternity Leave, etc):

F. Personal Development/Continuing Education (add fields to table if needed)

<table>
<thead>
<tr>
<th>Course or Area of study</th>
<th>Location</th>
<th>Dates</th>
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</table>

G. Mentoring Activities (e.g., mentoring of academic staff through Department of Oncology Mentoring Program).

<table>
<thead>
<tr>
<th>Name of Mentee</th>
<th>Division</th>
<th>Hours Spent in Mentoring</th>
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II. SERVICE ACTIVITIES

A. Nature of service activities during the current year (provide general description of service responsibilities)

B. Volume of work during the current year (e.g., physicians: number of new patients and number and type of weekly clinics; psychologists: number of weekly therapy groups and number of patients/group; others: provide information about relevant work-load measures for your service activities)
C. Participation in Rounds/Seminars during the current year (include presentations and attendance; add fields to table if needed)

<table>
<thead>
<tr>
<th>Type of Rounds</th>
<th>Time commitment</th>
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D. Workshops and Retreats. (e.g., special group therapy sessions; add fields to table if needed)

<table>
<thead>
<tr>
<th>Type</th>
<th>Title</th>
<th>Date</th>
<th>Invited</th>
<th>Occasion</th>
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E. Notable Service Contributions (e.g., describe new or improved procedures or services in which you have been involved and the nature of your involvement)

III. RESEARCH

A. Research Projects/Grants (Attach copies of award notices to this report. List current research funding including contracts; also list research projects in place but not funded; add fields to table if needed.)

<table>
<thead>
<tr>
<th>Agency</th>
<th>Period</th>
<th>Type of Grant</th>
<th>Amount</th>
<th>Title</th>
<th>Category</th>
<th>Initiated by</th>
<th>Investigators</th>
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B. Clinical Trials Research (List current clinical trials in which you are involved; add fields to table if needed.)

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<thead>
<tr>
<th>Role*</th>
<th>Title</th>
<th>Agency</th>
<th>Type**</th>
<th>Patient Accrual</th>
<th>Amount</th>
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*nature of involvement (e.g., Participant, Principal Investigator, Collaborator)
**nature of trial (e.g., Cooperative Group, In-house, Industry)
C. Reviewer for:
   add fields to table if needed)

<table>
<thead>
<tr>
<th>Type of Review</th>
<th>Agency</th>
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<tbody>
<tr>
<td>Peer Reviewed Publication</td>
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<tr>
<td>Grant Panel</td>
<td></td>
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<tr>
<td>Grant</td>
<td></td>
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<tr>
<td>Editorial Board</td>
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</table>

D. Publications (for calendar year, 2011) Attach copies of the title pages to this report. List full citation for each. List only publications actually published in the year being REPORTED. Do NOT include articles “In Press” for the next year. For each, indicate nature of your contribution in the space provided. Add fields to table if needed.

<table>
<thead>
<tr>
<th>Type</th>
<th>Publications</th>
<th>Principle Author*</th>
<th>Nature of Contribution</th>
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<tbody>
<tr>
<td>Journal</td>
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<tr>
<td>Book Chapter</td>
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<td>Abstract</td>
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<tr>
<td>Other</td>
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</table>
* Give name of principle author

E. Presentations (add fields to table if needed)

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<th>Type</th>
<th>Title</th>
<th>Date</th>
<th>Invited</th>
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IV. COORDINATION OF SPECIAL EVENTS (Describe the activities in which you have been involved and your role.)

V. TEACHING ACTIVITIES.

A. Classroom (List didactic lectures or laboratories in scheduled courses. A copy of evaluation results must be attached if available. Add fields to table if needed.)

<table>
<thead>
<tr>
<th>Course</th>
<th>Your role</th>
<th>Time or Dates</th>
<th>Number of Students</th>
<th>Contact Hours*</th>
<th>Evaluation Results</th>
</tr>
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<tbody>
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*Number of hours spent in classroom or laboratory
### B. Non-classroom (e.g., group sessions, tutorials, bedside teaching; add fields to table if needed)

<table>
<thead>
<tr>
<th>Name</th>
<th>Type of Activity</th>
<th>Hours per year</th>
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### C. Supervision of medical students and residents (add fields to table if needed)

<table>
<thead>
<tr>
<th>Name</th>
<th>Program</th>
<th>Year of rotation</th>
<th>Hours per year</th>
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</table>

### D. Supervision of graduate students and postdoctoral fellows (add fields to table if needed)

<table>
<thead>
<tr>
<th>Name</th>
<th>Program (MSc/PhD/PDF)</th>
<th>Expected Year of Degree</th>
<th>Type of Supervision (major, committee member)</th>
<th>Hours per year</th>
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</table>

### VI. AWARDS AND HONOURS

### VII. ADMINISTRATION, PROFESSIONAL, GOVERNMENT AND COMMUNITY SERVICE

### A. Faculty, CCI, ACB, Oncology, Capital Health, Caritas and University Committees (add fields to table if needed)

<table>
<thead>
<tr>
<th>Type of Committee</th>
<th>Position Held</th>
<th>Start-End Dates</th>
<th>Hours/year</th>
<th>Committee</th>
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</table>
B. Professional, Government, Community and other Activities (add fields to table if needed)

<table>
<thead>
<tr>
<th>Type of Committee</th>
<th>Position Held</th>
<th>Start-End Dates</th>
<th>Hours/year</th>
<th>Committee</th>
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Mentoring and networking: how to make it work

Laura Haynes, Sherrill L Adams & Jeremy M Boss

Mentoring and networking are critical components for success in science. Here the importance and steps required for good mentoring and networking are described.

At the annual meeting of the American Association of Immunologists in Miami, Florida, in May 2007, the Committee on the Status of Women sponsored a workshop that focused on mentoring and networking for scientists. Mentoring is considered so important for the development of scientists that the National Science Foundation now requires its grantees to provide information on how they will mentor postdoctoral fellows. The benefits of mentoring and networking were discussed at the workshop, and advice on how to accomplish both was provided. The roles of mentors in young scientists’ careers, including assistance with scientific and administrative duties, were presented. Why a mentor is necessary and the best way to choose a mentor were discussed, along with how to be a good mentee. Also, the importance of networking connections and how they benefit scientists at all stages of a career were presented. Overall, this session emphasized that scientists cannot ‘go it alone’ and that interacting with others can greatly benefit career advancement.

Mentoring: how and why

A mentor is a trusted counselor or guide. In terms of academia, a senior faculty member usually functions as a mentor by providing direction and support in the professional career development of new, untenured faculty members. Mentoring is known to improve career satisfaction, thereby helping to increase recruitment and employee retention time. Thus, there are clearly benefits and incentives for both the mentee and the institution.

Why is a mentor necessary? At many institutions, the requirements for promotion and tenure are somewhat vague, and it may be unclear what is expected of junior faculty members. A mentor can help explain what is needed for success in a particular field in immunology and at a particular institution. A mentor can also provide guidance in research direction. Newly independent scientists may find it difficult to determine an appropriate direction for their research program. In this context, a mentor can help to set priorities and goals for projects and help reach these goals, for example, by reviewing grants and manuscripts of junior faculty members before submission. Identifying potential research collaborations not only to expand the research potential of newly independent researchers but also to provide new networking opportunities and increase their visibility in the field is another useful function of mentors. The main responsibility of students is research, but faculty members must balance basic research with teaching, service on study sections, administrative duties and, in some cases, clinical responsibilities. Juggling family life with all this makes it even more challenging. A mentor may help junior researchers prioritize these many responsibilities and provide guidance on the most important areas to focus on at different points in a career. However, an individual mentor is unlikely to provide guidance in all these areas, which is why many departments and schools have adopted a committee or team approach to mentoring.

What is the best way to find a mentor? Many institutions are beginning to establish formal mentoring programs, and all junior researchers are encouraged to make use of such programs should their institution offer one. If not, it is recommended that the help of the department chair, division chief or other senior faculty member be enlisted to set up informal mentoring relationships. Networking at departmental seminars and in committee meetings may also prove useful. Once a potential mentor is identified, junior researchers should talk with present and past mentees to determine if this person is suitable. For example, does the potential mentor have a reputation for being available and helpful? Notably, although a department chair or division chief may be able to provide advice in many areas of a junior faculty member’s career, they should not be the sole mentor, because their primary interest must be the department and not the mentee.

After a mentor (or a team of mentors) is chosen, the mentee should, in preparation for their first meeting, gather the following items: an up-to-date curriculum vitae; information on time spent doing bench research, teaching, administration and clinical responsibilities; and a list of short-term goals (6 months to 1 year) and longer term goals (3 to 5 years). These items should be discussed during the first meeting, as should the format and frequency of these meetings. It is recommended that a mentee meet formally with their committee at least twice a year, although this will vary from person to person depending on the circumstances. At subsequent meetings, goals discussed in the previous meeting should be reviewed and progress should be discussed, as well as any new concerns or problems that have arisen in the interim, along with new goals for the next period. As the mentee
matures in their faculty position, their needs will obviously change and evolve. Thus, the relationship with the mentor(s) must be periodically reassessed to ensure goals are being met, which can sometimes lead to a change in or addition of mentor(s).

For a mentoring relationship to work, both the mentor and mentee must contribute equally. The mentee needs to take responsibility for the relationship and must be prepared to seek advice from the mentor and be willing to listen to this advice. On the other hand, the mentor must be able to act in the best interest of the mentee rather than the department, school or institution and, of course, must be available to give advice.

Being a mentor and a mentee

Everyone needs career advice and anyone can be a mentor. However, a good mentor is patient and is able to listen, provide advice and determine what help is really necessary to accomplish these. The mentee may need someone to listen, give advice on career and family, and help with career decisions. Alternatively, help may be required to manage employees, direct research and write manuscripts and/or grant proposals. The mentee should be conscious of their career at all times and be informed of the opportunities that exist. In addition, as mentioned above, the mentee must also listen and be prepared to take the mentor’s advice.

Good time management is of high priority for a mentee. New faculty members have many more demands on their time than do postdoctoral fellows or students. In addition to managing laboratory staff, a new investigator must devote effort to writing grants and manuscripts. Learning to manage time is a surprisingly difficult skill. Common problems include spending too much time making lists, starting the same task multiple times, and not taking control, so that projects become delayed by others’ mismanagement.

A mentor can assist the mentee in learning how to prioritize tasks and, thus, how to get things done efficiently. High-priority tasks, such as grant submissions and reviewing manuscripts, have deadlines and should be completed promptly. Some lower priority but still important tasks, such as completing experiments and writing manuscripts, are critical for immediate career advancement but generally do not have specific deadlines and therefore run the risk of being put aside. It is critical that this does not happen, because these are very important for career advancement. Other less critical tasks, such as ordering new equipment or settling conflicts in the laboratory, often run the risk of distracting the mentee from completing tasks of higher priority and should not be given rigid deadlines.

A mentor can help the mentee with writing and publishing manuscripts. For a new investigator, it is often difficult to determine when a project should be written up and published. It is essential to balance the ‘minimal publishable unit’ versus a large, all-encompassing treatise. A short ‘minimal publishable unit’ will get ideas and results into the literature quickly, but will most likely be published in a lower tier journal. In contrast, a full feature story should have greater impact and will probably be more publishable in a high-tier journal. Publication of both types of manuscripts can ensure a successful career. Sometimes, especially during the grant-renewal process, expedient publication is the best tactic, and a mentor can help determine where the research is best suited to be published.

Assisting in the preparation of grant applications is another usual task of the mentor. To take advantage of this, the mentee should begin writing early and give the mentor(s) ample time to provide feedback. Grant applications may require several major revisions before they are ready to submit. A mentor can also provide guidance on which type of grant best suits the particular line of study being pursued. For example, an exploratory 2-year proposal may be better than a full-fledged 5-year proposal for a project. A mentor may also be able to suggest additional sources of funding (other than the National Institutes of Health), such as private foundations.

Although establishing a mentor-mentee relationship may take some time, the effort is not onerous and should be rewarding to both parties. Overall, the ‘take-home message’ is that a mentor should equip the mentee with the necessary advice and tools to establish themselves as a researcher, while the mentee must be prepared to translate advice into action.

How to get started networking

Although many think of networking only in the context of finding a new job, it is also important for continued success in a researcher’s present position. Networking involves making meaningful contacts that are long lasting, and it can be accomplished in almost any situation that allows interaction with other scientists. It is essential that all scientists learn how to network, because it enhances the visibility of a researcher’s work to others in the field and ultimately boosts a person’s success in the scientific arena. It should be remembered that those people met during networking are the very same ones who review grants and manuscripts, invite speakers to give seminars, and provide job references. The ‘bottom line’ is that researchers are more likely to trust people they know and admire. It therefore behooves all researchers to spend some time networking.

Many networking opportunities present themselves every day. This includes networking with peers, superiors, postdoctoral fellows and students. Departmental colleagues offer great networking connections and can assist junior faculty members with an abundance of career advice. If a department has a seminar series, it is vital to attend and meet the visiting speakers, however busy. Lunch or dinner with the speaker is another great way to network in a more relaxed setting. Connections at an
institution can also be made through service on various institutional committees. This aids contact between peers in different departments, thus leading to the possibility of new collaborative options.

Although networking within an institution is important, making good contacts with scientists outside the institution is also highly recommended. This is especially critical for promotions, as most institutions will ask for external references. Obviously, the better a reference is, the greater the chance for promotion. One option for outside networking is attending small local meetings. Attendance at these smaller meetings eliminates expensive travel costs and provides an easy opportunity for meeting people with similar interests from nearby institutions. In general, scientific meetings, both regional and national, are ideal venues for networking. Although networking at a meeting can be difficult, it is critical that researchers attend meetings and make new contacts.

Researchers should be prepared to briefly describe their work in a casual setting at meetings. All the important points should be conveyed without being too long-winded. When seeking out a particular scientist, it is essential to take time before the meeting to be familiar with their work. Introductions by mentors help place junior faculty members in a specific context and increases the likelihood that the new contact may remember them. Also, during the meeting, it is important to attend poster sessions and other organized functions. Again, this allows for more extended conversations in a more relaxed atmosphere. Also, it is imperative to always wear a name badge during meetings. Business cards that include email addresses and phone numbers are useful to pass to new contacts. In fact, in certain countries, such as Japan, it is customary to give a business card to every new contact.

After the meeting is over, to maintain any new connections, it is imperative to keep in regular contact. Remember that networking connections are beneficial only if contact is maintained. The simplest way to keep in touch is by email. Keep new contacts up to date with research and career progress. Also, if possible, it might be beneficial to outline projects for potential collaboration. This can expand a scientist’s research horizons and benefit both parties involved. Another way to maintain connections is an invitation to present a seminar. This provides additional networking opportunities for all involved.

More recently, new and innovative ways to network have become available to the more technologically savvy researcher. One example is Nature Network, which is an online meeting place for local scientists to gather, talk and find out about the latest scientific news and events in their area (http://network.nature.com/). Among other features, the website allows researchers to create personal profiles and set up groups for labs, departments or institutions, and it allows each member to build a network of like-minded scientists. Although networking can take many different forms and is often difficult, in the end, making these new connections will serve any researcher well and help advance their career.

Conclusion
Even though it is not taught in graduate school, it is critical that all young scientists understand that mentoring and networking are valuable tools for their career. These contacts can provide a new scientist advice and assistance that will be beneficial for many years. The National Science Foundation now requires that grantees document how they will mentor postdoctoral fellows, including career counseling and training in writing and teaching skills. A scientist must also understand that both being a mentee and networking require preparation and effort. This investment of time should be seen as an investment in one’s career. By taking advantage of mentoring and networking contacts, a scientist’s career can be greatly enhanced, leading to new research opportunities and more rapid career advancement.
Having been a mentor for young investigators in dermatological science for more than 20 years, I was surprised to learn relatively recently that a considerable body of literature supports important aspects of mentoring, including information about its effectiveness. My decision to dedicate the year 2011 to mentoring is therefore based on the assumption that I was not ignorant alone. Moreover, one implication of this literature is that faculty members should be able to learn how to mentor, either through formal courses or through self-study, and thereby to become proficient. The literature also tells us that when mentoring is taken up as a departmental or an institutional priority, members of departments and institutions become more proficient.

A useful guide for mentors, and even for mentees, may be found in a paper by Hanes et al. (2008). This report offers highly insightful and useful advice about the roles of mentees and mentors, although with one glaring omission. It does not include the wise advice that mentors and mentees should hold the following brief, but critical, conversation.

Mentee: “Would you serve as my mentor?”
Mentor: “Yes, I would be pleased to become your mentor. When do we start?”

In other words, mentorship is not a casual relationship; rather, it represents a specific and formal agreement between two individuals. On the other hand, this agreement need not be written down, although some institutions do require signatures.

Mentoring in the basic sciences has been ongoing for many years through established postdoctoral laboratory programs, but its importance to the clinical sciences has only recently been fully recognized. For postdoctoral fellows with PhDs, the mentoring relationship is often assumed (correctly) to be with the laboratory chief, but for postdoctoral physicians in clinical investigation or for young faculty members, that relationship is not automatic, meaning that it should be acknowledged formally. The most visible, and seemingly the most formal, program of mentorship in an academic biomedical center has been developed at the University of California at San Francisco (UCSF). Developed by the university-wide Clinical and Translational Science Institute program, the Mentor Development Program (MDP) was inaugurated in 2007 (Johnson et al., 2007). The article by Johnson et al. is a “must read” for those who would like to improve their skills or who wish to initiate a program within a department. This group subsequently published a summary of the effectiveness of their program over its first two years (Feldman et al., 2009).

The underlying precepts of this institutional program are that mentoring is important, that there are concepts of mentoring that are effective, that faculty members can improve their skills through education, and that improved mentoring benefits the entire academic community. A full description of the program is too lengthy to be included here, but a brief summary of several of its features and conclusions should be considered with care:

- Mentoring is a critical component of career development and success, but few programs train faculty in mentoring skills. For example, only 15% of the mentors who trained in the first two years at UCSF reported previous training.
- Eligibility for the mentoring program at UCSF included having dedicated research time, expertise in a scientific area, and a desire to be a primary research mentor.
- The course employed case-based seminars that included defining roles and expectations, rewards and challenges of mentoring, communicating with other mentors and mentees, balancing priorities, recognizing diversity among mentees, academic advancement, leadership skills, and grantsmanship.
- Of the mentors who went through the program, 96% felt that it had helped them to become better mentors. A majority reported a significant increase in confidence in their mentoring skills.
A recent systematic review of research studies concerning mentoring in academic environments helps to reveal how good programs operate and at the same time provides access to key studies (Sambunjak et al., 2009). For this critical review, a total of 8,487 citations were identified, 114 articles were assessed, and 9 articles, all from North America, were selected. In large measure, these studies focused on the initiation and cultivation phases of mentoring. The conclusions of this systematic review coincide with those of others:

- Mentees should take an active role in the development of mentoring relationships.
- Mentors should be sincere in their dealings with mentees, be able to listen actively and understand mentees’ needs, and have a well-established position within the academic community.
- Mentoring should include both academic and personal growth.
- Barriers to mentoring and dysfunctional mentoring can be related to personal factors, relational difficulties, and structural/institutional barriers.
- The mentoring relationship centers on the needs of mentees, and it is important to make certain that the mentee benefits from that relationship.
- Mentoring relationships are enhanced by interest similarities and challenged by differences.
- Both the mentor and the mentee should be able to recognize the changes in their relationship over time, with the possibility of evolution into a peer relationship.

Effective mentoring within a department or an institution commonly requires more than one mentor, because different people offer different capabilities. In editorial comments planned for later this year, I will describe lessons learned while leading the mentorship education program at the University of Texas Southwestern Medical Center. I begin my observations here, however, by describing three prototypic types of mentors: primary, secondary, and senior.

**Primary mentor:** The primary mentor has the greatest knowledge about the scientific area that the mentee will investigate, is readily available for consultation and advice, helps with writing, guides the reading program, and helps to resolve technological problems. A mentee’s initial research often begins with a project of considerable interest to the mentor and gradually evolves over time into one or more projects of interest to the mentee. The idea is to bring the mentee forward in experience and knowledge so that the primary mentor is needed less and less and eventually not at all.

**Secondary mentor:** There may be more than one secondary mentor. Secondary mentors possess specialized knowledge, reagents, and/or facilities that are utilized by the mentee. An important resource of this sort might be statistical analyses. Often statistical or other issues are so profound that the secondary mentor becomes a co-investigator on a project. On the other hand, it is the responsibility of the primary mentor to advise in managing secondary mentor relationships and to look out for the welfare of the mentee.

**Senior mentor:** The role of senior mentor is often played by the departmental chair, who shows the mentee how to network throughout the biomedical environment, helping to make introductions, arranging for a mentee to speak at special meetings, and ensuring that the primary mentor and mentee are working together effectively. This responsibility requires grace and skill.

Ultimately, successful mentees become successful academic scientists and the cycle then may repeat itself (Holmes et al., 2010). A second-generation mentor is likely to know the value of mentorship and to know how it works best.

**Paul R. Bergstresser, MD**

*Editor*

**REFERENCES**

Faculty Development

Steven A. McLaughlin, MD

Abstract

As emergency medicine faculty, we are called upon to be skilled in a great number of different areas. Residency training prepares us to be knowledgeable clinicians, skillful at procedures, good communicators, and effective at multi-tasking. Rarely, however, does it prepare us as educators or in the nuances of career advancement in an academic environment. Faculty development is a term used to describe both our growth as clinician–educators and navigation of the tenure and promotion process. An important role of medical student educators is to assist in preparing themselves and the faculty to be good teachers. In addition, we all hope to have successful careers as clinician–educators. The goal of this report is 2-fold: to provide a guide for faculty to advance their skills as educators and to help teaching faculty to advance their academic career. The first section of this report presents an approach to becoming a skilled educator, and the second section focuses on career development as an educator in an academic setting. Key words: faculty development; clinician–educator; medical student educator. ACADEMIC EMERGENCY MEDICINE 2005; 12:302.

FACULTY DEVELOPMENT AS EDUCATORS

The role of the medical student educator is becoming an increasingly important one within departments of emergency medicine. This article is focused on preparing medical student educators to be successful in this important role. The goal of this article is twofold: first, to provide a guide for faculty to advance their skills as educators, and second, to help teaching faculty to advance their academic careers. We present an approach to becoming a skilled educator and we also focus on career development as an educator in an academic setting.

General Approach. The new medical student educator (MSE) will often be faced with the realization that residency and a few years in academic emergency medicine provided little training in the science or practice of education. In addition, as director of the student educational program, the MSE is responsible for improving the quality of the curriculum, teaching, and assessment. This may mean taking a lead role in raising the general level of educational skills in the faculty.

Experienced emergency medicine faculty will have a mixture of formal and self-taught skills that can be further developed as they enter the role of MSE. Formal training in education covers a number of areas in which emergency medicine faculty may be deficient. These include principles of adult education, instructional design, writing objectives, creating quality lectures and formal presentation skills, small group facilitation, tailoring educational programs to the learner, teaching with technology, assessment, and feedback.

There are a number of approaches to becoming a skilled educator, including trial and error, self-directed learning, department-level training, institution-level training, and national-level courses. Department-level training can take the form of mentoring, peer review of teaching activities, mini teaching workshops, and so on. The process of becoming a skilled educator requires time and dedicated effort. A mentor in the department or the institution is an invaluable guide during this process and is essential for every faculty member. The faculty should be called upon to review each other’s teaching activities, presentations, and curriculum, just as research is peer reviewed. This feedback is just as important to faculty becoming educators as it is to residents becoming practicing physicians. Within the department, there should be a clear sense of the value and focus on quality education. The MSE can take a central role in maintaining and improving the broad educational skills of the faculty through feedback, presentations at faculty meetings, demonstrations of teaching techniques, providing resources, mentoring, and a variety of other creative approaches to inform and motivate the faculty (Table 1).

Institutional faculty development courses can be a very efficient way to develop skills as an educator. They are usually inexpensive, require no travel, and focus on issues of local as well as national importance. MSEs should take advantage of the resources of the institution to improve their skills and those of their faculty. If education is a major career emphasis, then it may be reasonable to pursue an advanced degree (MS, PhD) in education through the institution.
TABLE 1. Ways to Improve Education Skills of Faculty

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<th>Mentoring with a skilled educator</th>
<th>Observing faculty presentations and giving feedback</th>
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<td>Mini-workshops at faculty meetings on educational topics</td>
<td>Direct observation of teaching in the emergency department with feedback</td>
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<td>Departmental teaching awards</td>
<td>Release time/money to attend formal courses on education</td>
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National courses can be very high quality but are often expensive and may require additional time for travel. The American College of Emergency Physicians (ACEP) offers an excellent two-week course, the “Emergency Medicine Foundation/American College of Emergency Physicians Teaching Fellowship Program,” that covers a large amount of this core material as well as details about promotion and tenure (http://www.acep.org). This course is an excellent way to jump start new faculty as educators. The waiting list can be more than 1–2 years for this small group–based course, so advanced planning is essential. The Council of Emergency Medicine Residency Directors (CORD) also offers an excellent course, “Navigating the Academic Waters,” which is a conference dedicated to the issues facing academic emergency physicians (http://www.cord.org). The regular national meetings of the ACEP, Society for Academic Emergency Medicine (SAEM), and the American Academy of Emergency Medicine also offer opportunities to advance educational skills. Additional courses offered at universities around the country are listed on the SAEM Web site (http://www.saem.org). At a national level, the American Association of Medical Colleges has a number of faculty development opportunities in education that can be found at its Web site (http://www.aamc.org). This organization also has a text for clerkship directors that is directed more at the third-year core. A useful site outside of our specialty is the Society of Teachers of Family Practice (http://www.stfm.org/index.html).

An important resource for all emergency medicine faculty members interested in becoming better educators is the SAEM Faculty Development Web site (http://www.saem.org/facdev/index.htm). This Web site contains four major components: an introduction, the Faculty Development Handbook, the Academic Career Guide, and specific links to sections on promotion and resources. The Web site is excellent and covers the entire spectrum of faculty development.

OUTLINE OF TOPICS IN EDUCATION

There are a vast number of possible topics that could be covered during the early preparation of emergency medicine faculty for the role of educator. The following topics provide a place to begin to develop the foundation of knowledge, skills, and attitudes that will continue to grow over a career. For each topic, there is a brief description of its major components, importance, and some selected resources.

Scholarship of Teaching. Teaching is a critical piece of every institution of higher education, but it is only one part of the whole. As faculty with a focus on education, it is important to understand the setting in which we work. Understanding the modern definition of scholarship is essential to develop this broad perspective.

In 1990, the Carnegie Foundation proposed a new classification of scholarship including four domains: discovery, integration, application, and teaching. The four kinds of scholarship support each other with overlap and feedback. The scholarship of teaching is a complex concept including the development of knowledge and understanding, the clear communication of this knowledge, its transformation and extension in a community of teachers and learners, and the consideration of this living process as integrated with and equal to the other three domains. This framework has been adopted by the major medical education bodies over the past ten years. Understanding of the role of teaching in institutions of higher education and its interactions with the other scholarly domains is important in order to define the setting for become a skilled educator.

Concepts in Adult Education. Adult learners have a number of well-defined characteristics that can be used to provide highly effective educational programs. MSEs and emergency medicine faculty should have a basic background in adult learning theory and its practical applications. This topic is covered well in the Emergency Medicine Foundation/American College of Emergency Physicians Teaching Fellowship Program and in How People Learn, written by the National Research Council. Some features of adult learners are also listed in Table 2.

A brief list of important topics in adult education includes memory, pattern recognition, transfer, reasoning and diagnosis, how experts differ from novices, learning environments, and in general how adults learn effectively. Effective, evidence-based teaching tools such as the microskills model, the “Aunt

TABLE 2. Top Ten Things That Adult Learners Need

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<th>1. Learner-centered teaching</th>
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<td>2. Clear learning objectives</td>
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<td>3. Activation of their prior experience</td>
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<td>4. Community and sense of shared responsibility</td>
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<td>5. Being active in the learning process</td>
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<td>6. Opportunity to practice</td>
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<td>7. Immediate feedback</td>
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<td>8. Understanding of the underlying principles</td>
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<td>9. Help transferring knowledge to the real world</td>
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<td>10. Having their individual learning needs met</td>
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Minnie” model, and bedside evidence-based medicine are also essential topics.

Concepts in Assessment and Feedback. One of the most misunderstood aspects of education is that of assessment and feedback. Assessment refers to any process that attempts to understand where the learner is in his or her quest for knowledge, understanding, and performance. For most emergency medicine faculty, assessment consists of either clinical evaluations from the emergency department or a multiple-choice test at the end of a rotation. Adult learners require feedback and practice to improve performance and their learning is driven by the assessment process, so these topics are essential in developing quality educational programs. We need to broaden our understanding of this process and its implementation to be truly skilled educators.

An introduction to assessment should include relevant topics in adult education, the relationship between assessment and learning, use of formative and summative evaluations, standard setting, and the RIME framework. The RIME framework, developed by Pangaro, is a tool for describing student/resident performance on clinical rotations. The learners are rated on a scale from “reporter” through “interpreter” and “manager” to “educator.” The ratings are assigned during face-to-face discussions of the course director and clinical teachers about students’ performance. The RIME framework has proven to be acceptable to teachers and learners, feasible in terms of time and transfer to different institutions, and valid/reliable when compared with other assessment tools.

Designing quality assessment is also an important topic and includes choosing appropriate assessment tools, item writing, performance testing, validity and reliability, interpreting scores, and developing grades. Feedback is a critical topic and is a skill that faculty need to practice and perfect. Feedback can take the form of an end-of-rotation grade or, at the other end of the spectrum, verbal feedback at the end of each shift or even each patient. Effective feedback must be clear, constructive, and specific to meet the objectives of the educational session. How to write clear objectives can be easily taught to faculty in a couple of short sessions, and then every lecture to the students or residents is an opportunity to practice this skill. The learners will find that the material is better organized and more clearly focused and their objectives are defined.

Formal Presentation Skills. Formal presentations are an opportunity to transfer important information to a large number of learners. Emergency medicine faculty have a wide range of natural ability and developed skills at delivering formal presentations. This can be easily taught within the department using the basic guidelines for quality presentations listed in Table 3. Many institutions will also offer courses on giving effective presentations. The critical step in developing faculty to be good presenters is practice. Faculty should be observed giving instructional sessions and given immediate, constructive, and specific feedback on how to improve. Just as with any performance skill, practice and feedback are needed to improve.

FACULTY PROMOTION AND TENURE IN THE CLINICIAN–EDUCATOR TRACT

Historically, the position of MSE was seen by many people as a stepping stone to the position of residency program director. This is no longer true. The MSE is a valuable position in the faculty with a set of skills that is different than that of the program director. Many faculty see this position as a great place for talented educators to make a real difference in the quality of the educational offerings of the department. Because of the intensive involvement with curriculum development, hands-on teaching, and clinical service, MSEs are most likely to choose the clinician–educator track in the tenure and promotion process.

The Promotion Process. The tenure and promotion process can vary widely among institutions, but in most cases there is a six- to eight-year review period as an assistant professor before junior faculty are eligible for promotion to associate professor. Many faculty see this position as a great place for talented educators to make a real difference in the quality of the educational offerings of the department. Because of the intensive involvement with curriculum development, hands-on teaching, and clinical service, MSEs are most likely to choose the clinician–educator track in the tenure and promotion process.

TABLE 3. Tips for Giving Formal Presentations

<table>
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<tr>
<th>Tips for Giving Formal Presentations</th>
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<tr>
<td>Introduce yourself</td>
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<tr>
<td>Capture their attention with a strong opening</td>
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<tr>
<td>Be enthusiastic</td>
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<tr>
<td>Use vocal variety and appropriate hand movements</td>
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<tr>
<td>Use pauses to add emphasis</td>
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<tr>
<td>Provide simple, clear slides with five lines of text and minimal animation</td>
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<tr>
<td>Give a practiced presentation without typos, errors, and so on</td>
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<tr>
<td>Keep learners engaged with cases, stories, eye contact, and so on</td>
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<tr>
<td>Limit main points to five in a one-hour lecture</td>
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<tr>
<td>Present a strong, memorable conclusion</td>
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Writing Objectives and Designing Instruction. Designing effective instruction is one of the specific skills that teaching faculty need to develop. This process includes writing clear learning or performance objectives that are linked directly to the assessment process and then designing the educational program to bring the learners up to the desired level of knowledge or performance. The specific instructional methods (lecture, small group, skills practice) should be chosen to meet the objectives of the educational session. How to write clear objectives can be easily taught to faculty in a couple of short sessions, and then every lecture to the
TABLE 4. Components of the Educators’ Portfolio

<table>
<thead>
<tr>
<th>Educational activities</th>
<th>Courses taught, lectures given, curriculum developed, and so on</th>
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<tr>
<td>Evaluations and feedback from learners</td>
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<tr>
<td>Samples of materials</td>
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<tr>
<td>Student advising, research mentoring, clinical supervision, and so on</td>
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<tr>
<td>Service on committees</td>
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<td>Peer-reviewed publications, textbook chapters, educational programs, and so on</td>
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<tr>
<td>Philosophy and goals</td>
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<td>Your vision and approach to education</td>
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<td>Importance of current activities and goals for the future</td>
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<td>Reflection on your progress</td>
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<tr>
<td>Recognition of excellence</td>
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<td>National, state, institutional, and departmental honors and awards</td>
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<td>Recognition by residents or students</td>
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<td>Thank-you letters and other positive feedback</td>
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<td>Examples of national or international impact of work</td>
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<td>Training as an educator</td>
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<td>Formal courses</td>
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<td>Self study and reading lists</td>
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May not be a “tenure” track. The decision to promote junior faculty is based on activities in four areas: clinical competence, teaching, service, and research. The research requirement is usually reduced or eliminated in the clinician–educator track and more emphasis is placed on the other three areas. The SAEM Faculty Development Web site contains an extensive review of the process that will not be repeated here (http://www.saem.org/facdev/index.htm).

Junior faculty need to become informed about their institutional tenure and promotion policy and procedure and to use the SAEM Web site or other sources to fill in a more global perspective. The most important early steps are to make sure that your professional goals match those of the department and institution and that your chairperson/chief is in agreement with your priorities. Next, begin to collect evidence of your “excellence” in the four areas, including the essential educators’ portfolio. Every 6–12 months, you should reassess your goals, activities, and progress along with your chairperson and make any necessary adjustments.

Educators’ Portfolio. The educators’ portfolio or teaching portfolio is a collection of materials that document the activities of the educator and the quality of these activities. The portfolio is often used to show a promotion and tenure committee the number, types, and quality of the educators’ work. It can also be used within the department for peer/chairperson evaluation and for the faculty to reflect on their work.

The portfolio must be collected in real time to capture the numerous and diverse activities of most teaching faculty. It is too difficult to reconstruct five years of educational activities from memory, old calendars, and so on in the year before it is needed for promotion. Save everything in an organized fashion, get evaluations/feedback on all activities, and write down your reflections on your growth each year.

Each person will develop a portfolio that reflects his or her specific needs and talents, but the major areas are fairly consistent. Be aware that many institutions recommend a specific format for these documents in preparation for the promotion process. The basic components of the portfolio are listed in Table 4.

Before submitting the document to the promotion and tenure committee, it should be reviewed by a number of experienced faculty and the departmental promotions committee. The final product should begin with a concise summary that highlights your vision, growth, and achievements, and the body should be organized and easy to read. The SAEM Faculty Development Web site contains an excellent review of this topic (http://www.saem.org/facdev/index.htm).

Mentoring. Just as we mentor medical students in their careers, we should be given or seek out a mentor of our own. A formal or informal mentor is invaluable in providing guidance with the local nuances of the promotion process. A mentor should be someone who is experienced with the process, understands the place of education in the institution, and has the time and interest to learn about you and your specific career goals. Many institutions provide assigned mentors that may or may not fulfill all of these needs. In some cases, a junior faculty member may have multiple people to provide mentoring or advice in different areas or from different perspectives. A faculty may have several mentors, some of whom may not be from the primary institution.

SUMMARY

Faculty development includes the personal mission of improving skills as an educator, clinician, and so on and the task of navigating the tenure and promotion process. MSEs should seek out departmental, institutional, and national opportunities to develop their skills as educators and pass along these skills to the faculty in their departments. A solid background in the areas of learning theory, characteristics of adult learners, assessment and feedback, curriculum development, and formal presentation skills is essential to develop a high-quality educational program for students.

The tenure and promotions process is different at every institution, and the first step in a successful career is to understand your goals and the mission/requirements of your institution. Faculty with an education emphasis should develop an educators’ portfolio very early in their career and update this record on a regular basis. MSEs are in an important position in emergency
medicine departments to influence and improve the educational environment and programs. By developing skills as educators and leaders, MSEs can be effective agents of change for better undergraduate education in emergency medicine.

References