

**CONTINUING APPOINTMENT REVIEW TEMPLATE**

**(3-5 years from initial clinical faculty appointment)**

**Last name:**

**First name:**

**Academic Position Description:** Please select

**Division:** Please select

**ORCID / Google Scholar Link:**

**If you belong to more than one Division, please select additional divisions:**

Please select

Please select

**Hospital:** Please select

**Rank:** Please select

**Primary Academic Mentor:**

Don't have one

Not sure

**Last name:**

**First name:**

**Please note below any changes from your original academic planning document (e.g. change in position description or mentors)**

1. TIME DISTRIBUTION:

Activity	Average % time*	Does this differ from Academic Plan?	If different, please explain:
Clinical activities	0%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>In this section describe the reasons for any <b>MAJOR</b> differences between your academic planning doc and what you've actually been doing.</p>
<p><b>Activities</b></p> <p>Ambulatory Care / Clinics: hours / week <input type="text"/> weeks / year <input type="text"/></p> <p>Ward (CTU) Attending: hours / week <input type="text"/> weeks / year <input type="text"/></p> <p>Consult Service: hours / week <input type="text"/> weeks / year <input type="text"/></p> <p>Emergency Shifts: hours / shift <input type="text"/> shifts / year <input type="text"/></p> <p>Other clinical activities: Specify <input type="text"/> hours / week <input type="text"/> weeks / year <input type="text"/></p> <p style="text-align: right;">Total Patient Care Hours (calculated from above): 0</p> <p><b>Trainees</b></p> <p>On average, what proportion of your clinical time is spent with trainees, including UME (medical students) and PGME (residents/fellows)? 0%</p>			
Formal teaching (e.g. lectures, seminars, labs) <i>Do not include teaching in clinics or hospital clinical teaching units.</i>	0%	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scholarship (QI, Education, Research, CPA)	0%	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Administrative Service (e.g. coordinating a clinical or hospital program, committee work)	0%	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Total</b>	0%		

\*The workload % assumes Monday – Friday and 40 hours/week

## **2. CANDIDATE STATEMENT (COVER LETTER)**

**What is the focus of your work? (Max. 250 words)**

In this section describe the focus of your academic work - just a brief summary is fine as more detail will be entered in your academic statements (e.g., Research or CPA statements if relevant, and/or Teaching philosophy)

**Why you have chosen an academic career in medicine? (Max.250 words)**

**What do you consider your major accomplishments since your initial faculty appointment? (Max. 500 words)**

Here's where you can describe your MAJOR accomplishments since your appointment. Examples include things like the development of a new curriculum or seminar series, a new QI initiative at your hospital, a competitive peer-reviewed grant or major publication, etc. What is considered major is up to you and will vary depending on position description, but tell the committee why they are major accomplishments.

You will describe the outcome/impact of these (and other) accomplishments below.

**What impact do you think your work has had or will have? (Max. 250 words)**

Here's where you describe the impact of your work - you can pick up on what you put above under accomplishments. If something is too new to have an impact yet, describe what you hope the impact will be once completed.

**Have you achieved what you set out to achieve in your academic planning document? If not, why not? (Max. 250 words)**

Here's where you can reflect on what you've achieved in your first few years and comment on whether or not you met your expectations set out in your planning document. If you've been more successful than you thought you'd be, you can comment on what you think facilitated your success. If you have not met your goals it's important to reflect on why that might be.

**Have there been any career interruptions or other challenges that have impacted your academic progress? e.g., parental leave, illness in the family, etc. (Max. 125 words)**

**We recognize that COVID-19 has caused major disruptions to faculty members' work and home lives. Please use this box, if you wish, to describe how COVID has affected you and your work. (Max. 125 words)**

**What are your goals for the next five years in academic medicine? (Max. 500 words)**

Describe here where you see yourself in 5 years - what do you hope to achieve, what impact do you want your work to have, etc. Consider organizing into meaningful sections (e.g., teaching, research, QI, patient care, leadership...) or in whatever way makes sense to you. Not all sections may apply for each person. It would also be helpful to let the committee know what (if any) resources or help you think you might need to achieve these goals.

### 3. QUALITY OF MENTORSHIP:

I don't have a mentor

I don't know my mentor

} **Jump to section 4**

Please complete the following table. For each mentor indicated, please provide the average frequency of contact and your overall satisfaction with the level of mentorship received with the individual (1 – extremely dissatisfied to 5, extremely satisfied).

Mentor Name	Frequency of Contact (times per year) < 1 / 1-6 / 7-12 / > 12	Satisfaction with mentorship (1 2 3 4 5)	Please provide any comments
	<input type="checkbox"/> < 1 <input type="checkbox"/> 1-6 <input type="checkbox"/> 7-12 <input type="checkbox"/> > 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
	<input type="checkbox"/> < 1 <input type="checkbox"/> 1-6 <input type="checkbox"/> 7-12 <input type="checkbox"/> > 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
	<input type="checkbox"/> < 1 <input type="checkbox"/> 1-6 <input type="checkbox"/> 7-12 <input type="checkbox"/> > 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

### 4. APPENDICES

The inclusion of appendices is not necessary for a successful review. You may, however, include up to 5 pages of additional documentation relevant to your review, e.g. informal evaluations. Please insert teaching effectiveness scores and other pertinent evaluation information within WebCV where you list the teaching activities (this is done AFTER exporting to word document). **Please do not include any of the following: letters of reference or testimonials, emails or personal communication, documents containing personal health identifiers of patients, etc.**