Otolaryngology - Head & Neck Surgery
UNIVERSITY OF TORONTO

# Senior Academic Promotions

# Information Package

## CONTENTS

1. **Senior Academic Promotion Criteria Flowchart**

2. **Manual for Academic Promotion**

3. **Timeline Document & Other Helpful Information**

4. **Promotion Dossier Check List**

# SENIOR ACADEMIC PROMOTIONS

# How Do I Become an Associate Professor or Full Professor?

## CRITERIA FOR PROMOTION

According to the University of Toronto Policy and Procedures Governing Promotions,
**Promotion is based on accomplishments in scholarly (research and/or creative professional activity), teaching, and administrative service to the University.**
The greatest weight will be given to excellence in scholarly achievement, which may be expressed in research or creative professional activity (CPA) and to excellence in teaching.

**RESEARCH**

- *Reference: Manual for Academic Promotion: Page 14.*
- Promotion to Associate or Full Professor is based on research that requires the candidate have a record of sustained and current productivity in research and research-related activities.
- It is expected that research advances will be communicated through the publication of papers, reviews, books and other scholarly work.
- The quality of the scholarship in research will be judged in comparison to peers in the Faculty of Medicine and to others in the same field of peer institutions.
- A research statement (one to two pages) is required for the promotion dossier summarizing the research program(s).
  NOTE: the Research Statement in the WebCV is a shorter general statement.

**CREATIVE PROFESSIONAL ACTIVITY (CPA)**

- *Reference: Manual for Academic Promotion: Page 18 (Page 19 provides a full list of activities upon which CPA will be evaluated.)*
- The Faculty of Medicine recognizes CPA under the following three broad categories:
  - Professional Innovation and Creative Excellence:
    - Many include the making or developing of an invention, developing new techniques, education program inside or outside of the U of T.
  - Contributions to the Development of Professional Practice:
    - May include leadership in the profession, professional organizations, government or regulatory agencies, i.e., health policy development.
  - Exemplary Professional Practice:
    - May include that his/her practice is recognized as exemplary by peers and has been emulated or otherwise had an impact on practice.

**TEACHING & EDUCATION**

- *Reference: Manual for Academic Promotion: Page 23.*
- Promotion to Associate or Full Professor requires that the candidate has contributed in a meaningful way to the achievement of the Faculty's and the University's educational mission.
- In the Faculty of Medicine, teaching and education can encompass several components, i.e., formal teaching, faculty development, course development.
- Candidates seeking promotion on the basis of excellence in education and teaching must demonstrate significant and high quality contributions to teaching and/or other education related activities.
- A teaching and education dossier is required for the promotion dossier (generated through WebCV).

**ADMINISTRATIVE SERVICE**

- *Reference: Manual for Academic Promotion: Page 35.*
- Service to the University means primarily administrative or committee work within the University. Consideration will also be given to activities outside the University, which further the scholarly and educational goals of the University.
- Such activities might include service to professional societies, continuing education activities, etc.
- Due to the variable activities included under Service, please reference Page 36 of the Manual for Academic Promotion.
- A brief outline of the service activities is required in the promotion dossier noting the impact of the service achievements.
- Documentation or evidence of the impact of the service achievement may be included as well as letter of reference.

# Otolaryngology - Head & Neck Surgery
## UNIVERSITY OF TORONTO

# Senior Academic Promotions

# Timelines

| Step | Deadline | Description |
|---|---|---|
| 1 | One week before 1st Dept'al Promotions Committee (DPC) Meeting held in April. | Faculty wishing to be considered for promotion must submit an up-to-date CV in WebCV format to the Chair of the Department with a brief statement of interest to be considered by the Dept'al Promotions Committee for promotion to proposed rank (Associate Professor or Professor). |
| | *The DPC will review all CVs received and will also consider any recommendations made by the Chair of the Department.* *Faculty will be notified in writing of the DPC decision.* | |
| 2 | One week before 2nd Dept'al Promotions Committee Meeting held in May/June. | Candidate must submit a complete Promotion Dossier electronically to the Chair of the Department (refer to Section 5 of this package for a checklist of documents which make up the Promotion Dossier). |
| | *The DPC will review all Dossiers received.* *Faculty will be notified in writing of any revisions needed as recommended by the DPC. The DPC will proceed with contacting referees to obtain letters of support.* | |

# Senior Academic Promotion

# Reference Documents

**Manual for Academic Promotions (copy included in this package)**
Available online at the Faculty of Medicine website:
https://temertymedicine.utoronto.ca/senior-promotions
(the manual is updated annually)

University of Toronto Policy and Procedures Governing Promotions Website link:
http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/ppapr201980.pdf

## Manual for Academic Promotions, 'Criteria for Promotion' Section 1.4

According to the University of Toronto Policy and Procedures Governing Promotions, (http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/ppapr201980.pdf) promotion is based on accomplishments in scholarship (research and/or creative professional activity), teaching, and service to the University. Each of these is described in detail in this manual.

The greatest weight will be given to excellence in scholarly achievement, which may be expressed in research or creative professional activity (CPA,) and to excellence in teaching.

> "The successful candidate for promotion will be expected to have established a wide reputation in his or her field of interest, to be deeply engaged in scholarly work, and to show him or herself to be an effective teacher. These are the main criteria. However, either excellent teaching alone or excellent scholarship alone, sustained over many years, could also in itself justify eventual promotion to the rank of Professor. Administrative or other service to the University and related activities will be taken into account in assessing candidates for promotion, but given less weight than the main criteria: promotion will not be based primarily on such service." Policy and Procedures Governing Promotions, 1980, paragraph 7).

The term 'wide reputation' is typically interpreted as the achievement of national recognition for promotion to Associate Professor and international recognition for promotion to Professor.

Most successful candidates will demonstrate sustained excellence in scholarship or teaching, accompanied by competence in the other area.

Some candidates may claim and demonstrate an excellent level of achievement in both areas. Successful promotion is not based on longevity. It is based on merit as described above. Usually, a request for promotion prior to five years since the last promotion is considered an accelerated promotion by the DPC. The dossier, including the Chair's letter should clearly explain why there is a request for an accelerated promotion. Some candidates may achieve promotion based on excellence in scholarship (research and/or CPA) alone or teaching alone, sustained over many years. This is uncommon in the University as a whole but occurs occasionally in the Faculty of Medicine because of the centrality of clinician-teachers to our educational mission. Promotion based on one criterion anticipates sustained performance and will be necessarily slower than promotion based on combined criteria. Although the length of time is not specified, recent Decanal Promotion Committees view the term 'sustained' as it applies to promotion based on one criterion, to normally mean at least ten years.

| | |
|---|---|
| **Research, if applicable** | **Section 3.1** |
| **Creative Professional Activity** | **Section 3.2** |
| **Teaching & Education Activity** | **Section 3.3** |
| **Administrative Services** | **Section 3.4** |
| **Letters of Reference** | **Section 4.3** |

# Senior Academic Promotion

# SAMPLE Letter to the Department Chair

*Print on hospital/site letterhead*

Current date

Dr. Danny Enepekides
George and Helen Vari Professor and Chair
Department of Otolaryngology-Head & Neck Surgery
Faculty of Medicine, University of Toronto
C. David Naylor Building, 6 Queen's Park Crescent West, Suite
Toronto ON  M5S 3H2

Dear Professor Enepekides,

## Introductory Paragraph

In this paragraph include:
- Your previous **promotion date** (verify with Sonia Costantino)
- The **rank** you are requesting
- Areas of excellence and areas of competence

*For example:*
"I am requesting promotion to the rank of Associate Professor based on Excellence in Research, Competency in Creative Professional Activity, Excellence in Teaching & Education and Competency in Administrative Service."

*Reference:*
See the Manual for Academic Promotion regarding criteria for promotion.

- Excellence is defined as establishing a wide reputation in one's field of interest and to be deeply engaged in scholarly work
- "Wide reputation" is interpreted as the achievement of national recognition for promotion to Associate Professor, and international recognition for promotion to Full Professor

## Goal of Career

- This is your best chance to make a brief but strong argument to support your request for promotion

## Accomplishments

*This is the most important part of the letter*
- Your accomplishments should be described under the Area of Excellence (or Competence)
- Clearly outline the impact (national and/or international) in each area(s)
- Describe the nature of the work you have done (using terminology from the manual)
- Explain why the work is important, and the specific role(s) you played, particularly if you collaborated with others

*Note:*
- If an area is not applicable to you, please state "not applicable" under the heading – review your accomplishments with a senior faculty member to see if they agree with how you have labeled them
- You may re-arrange the order of the headings most suitable to you, starting with your strongest area

## Areas of Excellence

- Teaching & Education (include TES scores)
- Research
- Creative Professional Activity
- Administrative Service

## 5 Most Significant Publications/Scholarly Products

- List numerically your five leading publications/scholarly products
- Provide a very brief description (may also be included after each item)

*Note:*
- These may include peer-reviewed publications, book chapters, description of a curriculum you have developed, DVD, etc.

## Conclusion

- Provide a closing paragraph
- Signature block (provide full name, degrees, professional titles, hospital/site, etc.)
- Copy notation (make a cc notation to your respective Chief)

Sign the letter

# Senior Academic Promotions

# Creative Professional Activity (CPA)

**The Faculty of Medicine recognizes CPA under three broad categories:**

    a) Professional Innovation and Creative Excellence
    b) Contributions to Development of Professional Practices
    c) Exemplar Professional Practice

Detailed information regarding each of these categories is found in the Manual (Section 3.2).

**The CPA can be organized in three sections:**

    1. A brief outline of the CPA
    2. A statement of importance of the achievements in CPA
    3. Supporting detailed documentation

Detailed information regarding each of these sections is found in the Manual (Section 3.2)

| To review dossiers submitted by successful candidates in the past: |
| :---: |
| Book an appointment via Sonia Valente. Please specify if you wish to meet with the Department Chair at the same time. A 30 minute meeting will be arranged.<br><br>ohns.chairsassistant@utoronto.ca or 416-946-8742<br><br>Please book an appointment with Sonia so that the University Boardroom can be reserved. Dossiers are confidential, they are not to be removed from the Otolaryngology-HNS office or photocopied. Thank you. |

# Senior Academic Promotions

# Teaching Dossier and Effectiveness Score Summary (TES)

**Candidates are required to provide:**

1. **Teaching Dossier**

   A sample teaching dossier has been provided in this package.

2. **Teaching Effectiveness Score Summary**

   A summary of your teaching effectiveness scores of your Undergrad and Postgrad teaching need to be included in your promotion dossier.

   A table has been provided in your application package for completion – Table 7.

   *Please provide copies from the date of your last promotion.*

If you do not have copies of your Teaching Effectiveness Scores, **your first point of contact** to receive your evaluations is with your Program Director. If copies are not available, contact the Education Coordinator at 416-946-8743.

---

| **To review dossiers submitted by successful candidates in the past:** |
|---|
| Book an appointment via Sonia Valente. Please specify if you wish to meet with the Department Chair at the same time. A 30 minute meeting will be arranged. <br><br> ohns.chairsassistant@utoronto.ca or 416-946-8742 <br><br> Please book an appointment with Sonia so that the University Boardroom can be reserved. Dossiers are confidential, they are not to be removed from the Otolaryngology-HNS office or photocopied. Thank you. |

# TEACHING & EDUCATION REPORT

## [Given Name] [Family Name]
### *University of Toronto*

## Introduction

[Introduction to TER]

## Teaching Philosophy

[Teaching Philosophy]

# Teaching Landmarks
## *[Start - End Dates]*

| | | |
|---|---|---|
| *Teaching Awards* | | |
| [Start – End Dates] | [Award Name], [Institution / Organization] ([Award Status]) | |
| *Research in Education* | | |
| [Start – End Dates] | [Title/Subject]. | |
| *Innovations and Development in Teaching and Education* | | *Total Hours* |
| [Start – End Dates] | [Title], [Primary Audience], [Faculty], [University Department], [Division], [Institution / Organization]. | [00] |
| *Leadership in Education* | | |
| [Institution/Organization] | | |
| [Start – End Dates] | [Title/Position]. [Faculty], [Department], [Division], [City], [Province/State], [Country]. ([Type]) | |
| *Administrative Service in Education* | | *Total Hours* |
| [Institution/Organization] | | |
| [Start  End Dates] | [Role], [Committee Name], [Educational Level], [Faculty], [University Department], [Division], [City], [Province / State], [Country]. | [00] |

**I. Multilevel Education (Teaching Events with Multiple Levels of Trainees)**

## 1) Academic Year [Start - End Date]

*a)     Teaching Awards*

*Received*

| | |
|---|---|
| [Start – End Dates] | **[Award Name]**, [Faculty], [University Department], [Division], [Institution/Organization], [City], [Province/State], [Country]. *[Description of Award].* |

*Nominated*

*b)     Innovations and Development in Teaching and Education*

| | |
|---|---|
| [Start – End Dates] | [Title]. [Faculty], [University Department], [Division], [Institution / Organization]. *[Description]. [Impact].* Total Hours: [00] |

|  |  |
|---|---|
| | *Total number of hours:     [00]* |

*c)     Leadership in Education*

*[Institution/Organization]*

| | |
|---|---|
| [Start – End Dates] | **[Title/Position]**. [Faculty], [Department], [Division], [City], [Province/State], [Country]. ([Type]) *[Description].* |

*d)     Administrative Service in Education*

*[Institution / Organization]*

| | |
|---|---|
| [Start - End Dates] | **[Role]**, [Committee Name], [Faculty], [University Department], [Division], [City], [Province / State], [Country]. *[Description]* Total Hours for Entire Activity: [00] |

|  |  |
|---|---|
| | *Total number of hours:   [00]* |

*e)     Aggregate Teaching Evaluations*

| | |
|---|---|
| [Start – End Dates] | **[Source]**. [Faculty], [University Department], [Division], Number of Student Evaluations: [00] Teaching Evaluation Score (Individual Mean): [00] City Wide Mean: [00] Hospital Mean: [00] Division Mean: [00] Quintile: [00] *Evaluation Details: [Student Comments]* |

*f)     Departmental Education*

**Lectures**

| | |
|---|---|
| [Start – End Dates] | [Activity Title], [Year/Stage], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. *[Activity Description].* Total Hours for Entire Activity: [00] Total Number of Students: [00] Teaching Evaluation Score: [00] *Evaluation Details: [Evaluation Details]* |

|  |  |
|---|---|
| | *Total Number of Students:   [00]* |
| | *Total Number of Hours:   [00]* |

I. Multilevel Education (Teaching Events with Multiple Levels of Trainees), Academic Year [Start - End Date]

**Seminars**

| [Start – End Dates] | [Activity Title], [Year/Stage], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. *[Activity Description].* |
| --- | --- |
| | Total Hours for Entire Activity: [00] <br> Total Number of Students: [00] <br> Teaching Evaluation Score: [00] <br> *Evaluation Details: [Evaluation Details]* |

*Total Number of Students:* [00]

*Total Number of Hours:* [00]

**Small Group or PBL Teaching**

| [Start – End Dates] | [Activity Title], [Year/Stage], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. *[Activity Description].* |
| --- | --- |
| | Total Hours for Entire Activity: [00] <br> Total Number of Students: [00] <br> Teaching Evaluation Score: [00] <br> *Evaluation Details: [Evaluation Details]* |

*Total Number of Students:* [00]

*Total Number of Hours:* [00]

**Workshops**

| [Start – End Dates] | [Activity Title], [Year/Stage], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. *[Activity Description].* |
| --- | --- |
| | Total Hours for Entire Activity: [00] <br> Total Number of Students: [00] <br> Teaching Evaluation Score: [00] <br> *Evaluation Details: [Evaluation Details]* |

*Total Number of Students:* [00]

*Total Number of Hours:* [00]

**Examinations**

| [Start – End Dates] | [Activity Title], [Year/Stage], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. *[Activity Description].* |
| --- | --- |
| | Total Hours for Entire Activity: [00] <br> Total Number of Students: [00] <br> Teaching Evaluation Score: [00] <br> *Evaluation Details: [Evaluation Details]* |

*Total Number of Students:* [00]

*Total Number of Hours:* [00]

**Teaching Rounds**

*Formal Teaching Rounds (Scheduled Centrally)*

| [Start - End Dates] | Title: [Course Title]. [Department], [Division]. Location of Teaching: [Location] <br> *Description: [Optional description]* <br> Total Hours for Entire Activity: [00] <br> Total Number of Students: [00] <br> Teaching Evaluation Score: [00] <br> *Evaluation Details: [Evaluation Details]* |
| --- | --- |

*Total Number of Students for Formal Teaching Rounds: [00]*
*Total Number of Hours for Formal Teaching Rounds: [00]*

*Informal Teaching Rounds (Scheduled by Teacher)*

| [Start - End Dates] | Title: [Course Title]. [Department], [Division]. Location of Teaching: [Location] <br> *Description: [Optional description]* <br> Total Hours for Entire Activity: [00] <br> Total Number of Students: [00] <br> Teaching Evaluation Score: [00] <br> *Evaluation Details: [Evaluation Details]* |
| --- | --- |

*Total Number of Students for Informal Teaching Rounds: [00]*
*Total Number of Hours for Informal Teaching Rounds: [00]*

I. Multilevel Education (Teaching Events with Multiple Levels of Trainees), Academic Year [Start - End Date]

**Simulations**

| [Start – End Dates] | [Activity Title], [Year/Stage], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. *[Activity Description].* |
|---|---|
| | Total Hours for Entire Activity: [00] <br> Total Number of Students: [00] <br> Teaching Evaluation Score: [00] <br> *Evaluation Details: [Evaluation Details]* |

| | *Total Number of Students:* *[00]* |
|---|---|
| | *Total Number of Hours:* *[00]* |

**Labs**

| [Start – End Dates] | [Activity Title], [Year/Stage], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. *[Activity Description].* |
|---|---|
| | Total Hours for Entire Activity: [00] <br> Total Number of Students: [00] <br> Teaching Evaluation Score: [00] <br> *Evaluation Details: [Evaluation Details]* |

| | *Total Number of Students:* *[00]* |
|---|---|
| | *Total Number of Hours:* *[00]* |

**Practicum**

| [Start – End Dates] | [Activity Title], [Year/Stage], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. *[Activity Description].* |
|---|---|
| | Total Hours for Entire Activity: [00] <br> Total Number of Students: [00] <br> Teaching Evaluation Score: [00] <br> *Evaluation Details: [Evaluation Details]* |

| | *Total Number of Students:* *[00]* |
|---|---|
| | *Total Number of Hours:* *[00]* |

**Individual Consultations**

| [Start – End Dates] | [Activity Title], [Year/Stage], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. *[Activity Description].* |
|---|---|
| | Total Hours for Entire Activity: [00] <br> Total Number of Students: [00] <br> Teaching Evaluation Score: [00] <br> *Evaluation Details: [Evaluation Details]* |

| | *Total Number of Students:* *[00]* |
|---|---|
| | *Total Number of Hours:* *[00]* |

**Peer Coaching**

| [Start – End Dates] | [Activity Title], [Year/Stage], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. *[Activity Description].* |
|---|---|
| | Total Hours for Entire Activity: [00] <br> Total Number of Students: [00] <br> Teaching Evaluation Score: [00] <br> *Evaluation Details: [Evaluation Details]* |

| | *Total Number of Students:* *[00]* |
|---|---|
| | *Total Number of Hours:* *[00]* |

**Remediation**

| [Start – End Dates] | [Activity Title], [Year/Stage], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. *[Activity Description].* |
|---|---|
| | Total Hours for Entire Activity: [00] <br> Total Number of Students: [00] <br> Teaching Evaluation Score: [00] <br> *Evaluation Details: [Evaluation Details]* |

| | *Total Number of Students:* *[00]* |
|---|---|
| | *Total Number of Hours:* *[00]* |

I. Multilevel Education (Teaching Events with Multiple Levels of Trainees), Academic Year [Start - End Date]

**Other Teaching Activities (user defined)**

| [Start – End Dates] | [Activity Title], [Year/Stage], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. *[Activity Description].* <br><br> Total Hours for Entire Activity: [00] <br> Total Number of Students: [00] <br> Teaching Evaluation Score: [00] <br> *Evaluation Details: [Evaluation Details]* |
|---|---|

<div align="right">

*Total Number of Students:* [00]

*Total Number of Hours:* [00]

</div>

**Clinical Supervision**

*Assigned*

| [Start – End Dates] | **[Role],** [Faculty], [University Department], [Division]. Location of Teaching: [Location of teaching]. <br> *[Activity Description].* <br><br> Number of Students: [Number of Students] <br> Unit: [No. of Units] X [Type of Units] <br> Total Hours: [Total Hours] <br><br> Teaching Evaluation Score: [Teaching Evaluation Score] <br> *Evaluation Details: [Evaluation Details]* |
|---|---|

<div align="right">

*Total Number of Multilevel Clinical Students Supervised:* [00]

*Total Number of Clinical Supervision Hours:* [00]

</div>

*Elective*

| [Start – End Dates] | **[Role],** [Faculty], [University Department], [Division]. Location of Teaching: [Location of teaching]. <br> *[Activity Description].* <br><br> Student Name(s): <br><br> a. [Student Level]: [Student Name]; [Student Name]. <br> b. [Student Level]: [Student Name]; [Student Name]. <br><br> Number of Students: [Number of Students] <br> Unit: [No. of Units] X [Type of Units] <br> Total Hours: [Total Hours] <br><br> Teaching Evaluation Score: [Teaching Evaluation Score] <br> *Evaluation Details: [Evaluation Details]* |
|---|---|

<div align="right">

*Total Number of Multilevel Clinical Students Supervised:* [00]

*Total Number of Clinical Supervision Hours:* [00]

</div>

**Research Supervision**

| [Start – End Dates] | **[Role]**, [Faculty], [University Department], [Division]. <br> Student Details: [Student Name], Student's Current Position: [Student's Current Position], Student's Current Institution: [Student's Current Institution] <br> Degree: [Year/Stage], [Degree / Program of Study] <br> Research Project: [Research Project Title] <br> Awards: [Student Awards Attained] <br> Collaborators: [Collaborators] <br> Completed: [YYYY] <br> Total Hours: [00] <br> *[Description].* |
|---|---|

<div align="right">

*Total Number of Multilevel Research Students Supervised:* [00]

*Total Number of Research Supervision Hours:* [00]

</div>

**Mentorship/Preceptorship**

| [Start – End Dates] | [Type of Mentee / Preceptorship], [Mentee Name], [Institution of Mentee], [Mentee Title / Position], [Year/Stage]. <br> [Faculty], [University Department], [Division]. ([Formal], No. of Encounters per Year: [00], Total Hours: [00]) <br> *[Mentor Purpose / Responsibilities].* |
|---|---|

<div align="right">

*Total Number of Multilevel Students Mentored:* [00]

*Total Number of Mentorship Hours:* [00]

</div>

g)        *Interdepartmental Education (Within Faculty of Medicine)*

<span style="color:red">*Same format as in **f) Departmental Education** above.*</span>

I. Multilevel Education (Teaching Events with Multiple Levels of Trainees), Academic Year [Start - End Date]

*h)      Inter-faculty Education*

*i)      Education Outside the University and its Affiliated Hospitals)*

*j)      Postgraduate, Research and Specialty Training*

| | |
|---|---|
| [Start – End Dates] | [Title/Position], [Subject/Discipline], [Department/Program], [Institution/Organization], [City], [Province/State], [Country]. Supervisor(s): [Supervisor]. |

*k)      Qualifications, Certifications and Licenses*

| | |
|---|---|
| [Start – End Dates] | [Title], [Speciality], [Institution/Organization], [City], [Province/State], [Country], License / Membership #: [License / Membership #]. |

*l)      Honours and Career Awards*

*Received*

| | |
|---|---|
| [Start – End Dates] | **[Award Name]**, [Faculty], [University Department], [Division], [Institution/Organization], [City], [Province/State], [Country]. ([Award Type], Specialty: [Specialty]. [Educational Level], [Year/Stage])<br>Awardee Name: [Student Name].<br>Role: [Role]<br>Total Amount: [Total Amount] [Currency]<br>*[Description of Award].* |

*Nominated*

| | |
|---|---|
| | |

*m)      Other Noteworthy Activities*

| | |
|---|---|
| [Start – End Dates] | Type: [Type]. Audience: [Audience]. [City], [Province/State], [Country].<br>*[Description].*<br>Results / Evaluation: [Results/Evaluation] |

*n)      Patents and Copyrights*

| | |
|---|---|
| [Date of Issue] | **[Title]**. [Type], [Status]. (Patent or Copyright ) #: [Patent/Copyright #], [Country], Joint Holder Names: [Joint Holder Names].<br>*[Brief Description].* |

*o)      Grants, Contracts and Clinical Trials*

*Funded*

| | |
|---|---|
| [Start – End Dates] | **[Role]**. [Title]. [Funding Source], [Funding Program Name], [Grant and/or Account #]. PI: [Principal Investigator]. Collaborators: [Collaborators]. ([Funding Type]).<br>Total Amount: [Total Grant Amount] [Currency].<br>*[Description].* |

*Declined*

| | |
|---|---|
| | |

*p)      Salary Support and Other Funding*

*Personal Salary Support*

| | |
|---|---|
| [Start – End Dates] | **[Funding Title]**, Trainee Name: [Student Name], [Funding Source], [City], [Province/State], [Country]. Specialty: [Specialty].<br>Total Amount: [Total Amount] [Currency]. |

*Trainee Salary Support*

| | |
|---|---|
| | |

I. Multilevel Education (Teaching Events with Multiple Levels of Trainees), Academic Year [Start - End Date]

*q)        Publications*

*Journal Articles*

[Authors]. [Title]. [Rest of Citation]. [Publication Status]. Impact Factor: [Journal Impact Factor]. [Trainee Publication]. [Trainee Details]. **[Role]**.

[Most Significant Publication]. [Most Significant Publication Details].

*Case Reports*


*Abstracts*


*Books*


*Books Edited*


*Book Chapters*


*Manuals*


*Editorials*


*Monographs*


*Websites / Videos*



*r)        Presentations*

*International*

| [Date] | **[Role]**. [Presentation Type]. [Title]. [Host], [City], [province/State], [Country]. Presenter(s): [Presenters]. [Rest of Citation]. ([Presentation by Trainee]) <br> Teaching Evaluation Score: [Teaching Evaluation Score] <br> *Evaluation Details: [Evaluation Details]* |

*National*


*Regional / Provincial*


*Local*



*s)        Peer Review Activities*

*Associate or Section Editing*

| [Start – End Dates] | **[Role]**. [Institution/Organization], [Journal/Section], Number of Reviews: [Number of Reviews] |

*Editorial Boards*


*Grant Reviews*

*Manuscript Reviews*

*Presentation Reviews*

*t)      Other Research and Professional Activities*

Research Projects

| [Start – End Dates] | **[Role]**. [Title]. [Institution/Organization], [City], [Province/State], [Country]. Supervisor(s): [Supervisor]. Collaborator(s): [Collaborators]. |
|---|---|

Thesis Projects

**II. Undergraduate Education**

*a)*      *Teaching Awards*

*Received*

| | |
|---|---|
| [Start – End Dates] | **[Award Name]**, [Faculty], [University Department], [Division], [Institution/Organization], [City], [Province/State], [Country]. *[Description of Award].* |

*Nominated*

*b)*      *Innovations and Development in Teaching and Education*

| | |
|---|---|
| [Start – End Dates] | [Title].<br>[Faculty], [University Department], [Division], [Institution / Organization].<br>*[Description].*<br>*[Impact].*<br>Total Hours: [00] |

*Total number of hours:*     [00]

*c)*      *Leadership in Education*

*[Institution/Organization]*

| | |
|---|---|
| [Start – End Dates] | **[Title/Position]**. [Faculty], [Department], [Division], [City], [Province/State], [Country]. ([Type])<br>*[Description].* |

*d)*      *Administrative Service in Education*

*[Institution / Organization]*

| | |
|---|---|
| [Start - End Dates] | **[Role]**, [Committee Name], [Faculty], [University Department], [Division], [City], [Province / State], [Country].<br>*[Description]*<br>Total Hours for Entire Activity: [00] |

*Total number of hours:*   [00]

*e)*      *Aggregate Teaching Evaluations*

| | |
|---|---|
| [Start – End Dates] | **[Source]**. [Faculty], [University Department], [Division],<br>Number of Student Evaluations: [00]<br>Teaching Evaluation Score (Individual Mean): [00]<br>City Wide Mean: [00]<br>Hospital Mean: [00]<br>Division Mean: [00]<br>Quintile: [00]<br>*Evaluation Details: [Student Comments]* |

*f)*      *[Year/Stage]*

<u>Departmental Education</u>

**Seminars / Lectures**

| | |
|---|---|
| [Start – End Dates] | [Activity Title], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching].<br>*[Activity Description].*<br>Total Hours for Entire Activity: [00]<br>Total Number of Students: [00]<br>Teaching Evaluation Score: [00]<br>*Evaluation Details: [Evaluation Details]* |

*Total Number of Students:*  [00]

*Total Number of Hours:*  [00]

## II. Undergraduate Education, Academic Year [Start - End Dates]

**Small Group or PBL Teaching**

| [Start – End Dates] | [Activity Title], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. *[Activity Description].* |
| --- | --- |
| | Total Hours for Entire Activity: [00]<br>Total Number of Students: [00]<br>Teaching Evaluation Score: [00]<br>*Evaluation Details: [Evaluation Details]* |

*Total Number of Students: [00]*

*Total Number of Hours: [00]*

**Workshops**

| [Start – End Dates] | [Activity Title], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. *[Activity Description].* |
| --- | --- |
| | Total Hours for Entire Activity: [00]<br>Total Number of Students: [00]<br>Teaching Evaluation Score: [00]<br>*Evaluation Details: [Evaluation Details]* |

*Total Number of Students: [00]*

*Total Number of Hours: [00]*

**Examinations**

| [Start – End Dates] | [Activity Title], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. *[Activity Description].* |
| --- | --- |
| | Total Hours for Entire Activity: [00]<br>Total Number of Students: [00]<br>Teaching Evaluation Score: [00]<br>*Evaluation Details: [Evaluation Details]* |

*Total Number of Students: [00]*

*Total Number of Hours: [00]*

**Teaching Rounds**

*Formal Teaching Rounds (Scheduled Centrally)*

| [Start - End Dates] | [Activity Title], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. *[Activity Description].* |
| --- | --- |
| | Total Hours for Entire Activity: [00]<br>Total Number of Students: [00]<br>Teaching Evaluation Score: [00]<br>*Evaluation Details: [Evaluation Details]* |

*Total Number of Students for Formal Teaching Rounds: [00]*

*Total Number of Hours for Formal Teaching Rounds: [00]*

*Informal Teaching Rounds (Scheduled by Teacher)*

| [Start - End Dates] | [Activity Title], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. *[Activity Description].* |
| --- | --- |
| | Total Hours for Entire Activity: [00]<br>Total Number of Students: [00]<br>Teaching Evaluation Score: [00]<br>*Evaluation Details: [Evaluation Details]* |

*Total Number of Students for Informal Teaching Rounds: [00]*

*Total Number of Hours for Informal Teaching Rounds: [00]*

**Simulations**

| [Start – End Dates] | [Activity Title], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. *[Activity Description].* |
| --- | --- |
| | Total Hours for Entire Activity: [00]<br>Total Number of Students: [00]<br>Teaching Evaluation Score: [00]<br>*Evaluation Details: [Evaluation Details]* |

*Total Number of Students: [00]*

*Total Number of Hours: [00]*

II. Undergraduate Education, Academic Year [Start - End Dates]

**Labs**

| [Start – End Dates] | [Activity Title], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. *[Activity Description].* |
|---|---|
| | Total Hours for Entire Activity: [00]<br>Total Number of Students: [00]<br>Teaching Evaluation Score: [00]<br>*Evaluation Details: [Evaluation Details]* |

*Total Number of Students:  [00]*

*Total Number of Hours:  [00]*

**Practicum**

| [Start – End Dates] | [Activity Title], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. *[Activity Description].* |
|---|---|
| | Total Hours for Entire Activity: [00]<br>Total Number of Students: [00]<br>Teaching Evaluation Score: [00]<br>*Evaluation Details: [Evaluation Details]* |

*Total Number of Students:  [00]*

*Total Number of Hours:  [00]*

**Individual Consultations**

| [Start – End Dates] | [Activity Title], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. *[Activity Description].* |
|---|---|
| | Total Hours for Entire Activity: [00]<br>Total Number of Students: [00]<br>Teaching Evaluation Score: [00]<br>*Evaluation Details: [Evaluation Details]* |

*Total Number of Students:  [00]*

*Total Number of Hours:  [00]*

**Peer Coaching**

| [Start – End Dates] | [Activity Title], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. *[Activity Description].* |
|---|---|
| | Total Hours for Entire Activity: [00]<br>Total Number of Students: [00]<br>Teaching Evaluation Score: [00]<br>*Evaluation Details: [Evaluation Details]* |

*Total Number of Students:  [00]*

*Total Number of Hours:  [00]*

**Remediation**

| [Start – End Dates] | [Activity Title], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. *[Activity Description].* |
|---|---|
| | Total Hours for Entire Activity: [00]<br>Total Number of Students: [00]<br>Teaching Evaluation Score: [00]<br>*Evaluation Details: [Evaluation Details]* |

*Total Number of Students:  [00]*

*Total Number of Hours:  [00]*

**Other Teaching Activities (user defined)**

| [Start – End Dates] | [Activity Title], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. *[Activity Description].* |
|---|---|
| | Total Hours for Entire Activity: [00]<br>Total Number of Students: [00]<br>Teaching Evaluation Score: [00]<br>*Evaluation Details: [Evaluation Details]* |

*Total Number of Students:  [00]*

*Total Number of Hours:  [00]*

## II. Undergraduate Education, Academic Year [Start - End Dates]

**Clinical Supervision**

| | |
|---|---|
| *Assigned* | |
| [Start – End Dates] | **[Role],** [Faculty], [University Department], [Division]. Location of Teaching: [Location of teaching]. *[Activity Description].* |
| | Number of Students: [Number of Students] |
| | Unit: [No. of Units] X [Type of Units] |
| | Total Hours: [Total Hours] |
| | |
| | Teaching Evaluation Score: [Teaching Evaluation Score] |
| | *Evaluation Details: [Evaluation Details]* |

*Total Number of Undergraduate Clinical Students Supervised:  [00]*

*Total Number of Clinical Supervision Hours:  [00]*

| | |
|---|---|
| *Elective* | |
| [Start – End Dates] | **[Role],** [Faculty], [University Department], [Division]. Location of Teaching: [Location of teaching]. *[Activity Description].* |
| | Student Name(s):  Student Name]; [Student Name]. |
| | |
| | Number of Students: [Number of Students] |
| | Unit: [No. of Units] X [Type of Units] |
| | Total Hours: [Total Hours] |
| | |
| | Teaching Evaluation Score: [Teaching Evaluation Score] |
| | *Evaluation Details: [Evaluation Details]* |

*Total Number of Undergraduate Clinical Students Supervised:  [00]*

*Total Number of Clinical Supervision Hours:  [00]*

**Research Supervision**

| | |
|---|---|
| [Start – End Dates] | **[Role]**, [Faculty], [University Department], [Division]. |
| | Student Details: [Student Name], Student's Current Position: [Student's Current Position], Student's Current Institution: [Student's Current Institution] |
| | Degree: [Degree / Program of Study] |
| | Research Project: [Research Project Title] |
| | Awards: [Student Awards Attained] |
| | Collaborators: [Collaborators] |
| | Completed: [YYYY] |
| | Total Hours: [00] |
| | *[Description].* |

*Total Number of Undergraduate Research Students Supervised:  [00]*

*Total Number of Research Supervision Hours:  [00]*

**Mentorship/Preceptorship**

| | |
|---|---|
| [Start – End Dates] | [Type of Mentee / Preceptorship], [Mentee Name], [Institution of Mentee], [Mentee Title / Position]. |
| | [Faculty], [University Department], [Division]. ([Formal], No. of Encounters per Year: [00], Total Hours: [00]) |
| | *[Mentor Purpose / Responsibilities].* |

*Total Number of Undergraduate Students Mentored:  [00]*

*Total Number of Mentorship Hours:  [00]*

## Extra-Departmental Education (Within Faculty of Medicine)

*Same format as **Departmental Education** for this level*

## Extra-Faculty Education

*Same format as **Departmental Education** for this level*

## Extra-University Education (Outside U of T)

*Same format as **Departmental Education** for this level*

### *g)       Postgraduate, Research and Specialty Training*

| | |
|---|---|
| [Start – End Dates] | [Title/Position], [Subject/Discipline], [Department/Program], [Institution/Organization], [City], [Province/State], [Country]. |

## II. Undergraduate Education, Academic Year [Start - End Dates]

| | |
|---|---|
| | Supervisor(s): [Supervisor]. |

### *h)   Qualifications, Certifications and Licenses*

| | |
|---|---|
| [Start – End Dates] | [Title], [Speciality], [Institution/Organization], [City], [Province/State], [Country], License / Membership #: [License / Membership #]. |

### *i)   Honours and Career Awards*

*Received*

| | |
|---|---|
| [Start – End Dates] | **[Award Name]**, [Faculty], [University Department], [Division], [Institution/Organization], [City], [Province/State], [Country]. ([Award Type], Specialty: [Specialty]. [Educational Level], [Year/Stage])<br>Awardee Name: [Student Name].<br>Role: [Role]<br>Total Amount: [Total Amount] [Currency]<br>*[Description of Award].* |

*Nominated*

### *j)   Other Noteworthy Activities*

| | |
|---|---|
| [Start – End Dates] | Type: [Type]. Audience: [Audience]. [City], [Province/State], [Country].<br>*[Description].*<br>Results / Evaluation: [Results/Evaluation] |

### *k)   Patents and Copyrights*

| | |
|---|---|
| [Date of Issue] | **[Title]**. [Type], [Status]. (Patent or Copyright ) #: [Patent/Copyright #], [Country], Joint Holder Names: [Joint Holder Names].<br>*[Brief Description].* |

### *l)   Grants, Contracts and Clinical Trials*

*Funded*

| | |
|---|---|
| [Start – End Dates] | **[Role]**. [Title]. [Funding Source], [Funding Program Name], [Grant and/or Account #]. PI: [Principal Investigator]. Collaborators: [Collaborators]. ([Funding Type]).<br>Total Amount: [Total Grant Amount] [Currency].<br>*[Description].* |

*Declined*

### *m)   Salary Support and Other Funding*

*Personal Salary Support*

| | |
|---|---|
| [Start – End Dates] | **[Funding Title]**, Trainee Name: [Student Name], [Funding Source], [City], [Province/State], [Country]. Specialty: [Specialty].<br>Total Amount: [Total Amount] [Currency]. |

*Trainee Salary Support*

### *n)   Publications*

*Journal Articles*

[Authors]. [Title]. [Rest of Citation]. [Publication Status]. Impact Factor: [Journal Impact Factor]. [Trainee Publication]. [Trainee Details]. **[Role]**.

[Most Significant Publication]. [Most Significant Publication Details].

*Case Reports*

*Abstracts*

II. Undergraduate Education, Academic Year [Start - End Dates]

*Books*

*Books Edited*

*Book Chapters*

*Manuals*

*Editorials*

*Monographs*

*Websites / Videos*

*o)       Presentations*

*International*

| [Date] | **[Role]**. [Presentation Type]. [Title]. [Host], [City], [province/State], [Country]. Presenter(s): [Presenters]. [Rest of Citation]. ([Presentation by Trainee]) <br> Teaching Evaluation Score: [Teaching Evaluation Score] <br> *Evaluation Details: [Evaluation Details]* |
|---|---|

*National*

*Regional / Provincial*

*Local*

*p)       Peer Review Activities*

*Associate or Section Editing*

| [Start – End Dates] | **[Role]**. [Institution/Organization], [Journal/Section], Number of Reviews: [Number of Reviews] |
|---|---|

*Editorial Boards*

*Grant Reviews*

*Manuscript Reviews*

*Presentation Reviews*

*q)       Other Research and Professional Activities*

Research Projects

## II. Undergraduate Education, Academic Year [Start - End Dates]

| [Start – End Dates] | **[Role]**. [Contribution Area]. [Title]. [Institution/Organization], [City], [Province/State], [Country]. Supervisor(s): [Supervisor]. Collaborator(s): [Collaborators]. |
| --- | --- |

Thesis Projects

## III. Graduate Education

*Same format as **II. Undergraduate Education** above.*

## IV. Undergraduate MD

*Same format as **II. Undergraduate Education** above.*

**V. Postgraduate MD**

*Same format as **II. Undergraduate Education** above.*

# VI. Continuing Education

*Same format as **I. Multilevel Education** above.*

**VII. Faculty Development**

*Same format as **I. Multilevel Education** above.*

**VIII. Patient and Public Education**

*Same format as **I. Multilevel Teaching** above.*

**X. Related Educational Activities**

*a)      Postgraduate, Research and Specialty Training*

| | |
|---|---|
| [Start – End Dates] | [Title/Position], [Subject/Discipline], [Department/Program], [Institution/Organization], [City], [Province/State], [Country]. Supervisor(s): [Supervisor]. |

*b)      Qualifications, Certifications and Licenses*

| | |
|---|---|
| [Start – End Dates] | [Title], [Speciality], [Institution/Organization], [City], [Province/State], [Country], License / Membership #: [License / Membership #]. |

*c)      Leadership in Education*

*Clinical*

| | |
|---|---|
| [Start – End Dates] | **[Title/Position]**. [Faculty], [Department], [Division], [Institution/Organization], [City], [Province/State], [Country]. [*Description].* |

*Consulting*

*Hospital*

*Research*

*University*

*University Rank*

*University Cross Appointment*

*d)      Honours and Career Awards*

*Received*

| | |
|---|---|
| [Start – End Dates] | **[Award Name]**, [Faculty], [University Department], [Division], [Institution/Organization], [City], [Province/State], [Country]. ([Award Type], Specialty: [Specialty]. [Educational Level], [Year/Stage]) Awardee Name: [Student Name]. Role: [Role] Total Amount: [Total Amount] [Currency] *[Description of Award].* |

*Nominated*

*e)      Other Noteworthy Activities*

| | |
|---|---|
| [Start – End Dates] | Type: [Type]. Audience: [Audience]. [City], [Province/State], [Country]. *[Description].* Results / Evaluation: [Results/Evaluation] |

*f)      Patents and Copyrights*

| | |
|---|---|
| [Date of Issue] | **[Title]**. [Type], [Status]. (Patent or Copyright ) #: [Patent/Copyright #], [Country], Joint Holder Names: [Joint Holder Names]. *[Brief Description].* |

X. Related Educational Activities, Academic Year [Start - End Date]

## g) *Grants, Contracts and Clinical Trials*

| | |
|---|---|
| *Funded* | |
| [Start – End Dates] | **[Role]**. [Title]. [Funding Source], [Funding Program Name], [Grant and/or Account #]. PI: [Principal Investigator]. Collaborators: [Collaborators]. ([Funding Type]).<br>Total Amount: [Total Grant Amount] [Currency].<br>*[Description]*. |
| *Declined* | |
| | |

## h) *Salary Support and Other Funding*

| | |
|---|---|
| *Personal Salary Support* | |
| [Start – End Dates] | **[Funding Title]**, Trainee Name: [Student Name], [Funding Source], [City], [Province/State], [Country]. Specialty: [Specialty].<br>Total Amount: [Total Amount] [Currency]. |
| *Trainee Salary Support* | |
| | |

## i) *Publications*

| |
|---|
| *Journal Articles* |
| [Authors]. [Title]. [Rest of Citation]. [Publication Status]. Impact Factor: [Journal Impact Factor]. [Trainee Publication]. [Trainee Details]. **[Role]**. |
| [Most Significant Publication]. [Most Significant Publication Details]. |
| *Case Reports* |
| |
| *Abstracts* |
| |
| *Books* |
| |
| *Books Edited* |
| |
| *Book Chapters* |
| |
| *Manuals* |
| |
| *Editorials* |
| |
| *Monographs* |
| |
| *Websites / Videos* |
| |

## j) *Presentations*

| | |
|---|---|
| *International* | |
| [Date] | **[Role]**. [Presentation Type]. [Title]. [Host], [City], [province/State], [Country]. Presenter(s): [Presenters]. [Rest of Citation]. ([Presentation by Trainee])<br>Teaching Evaluation Score: [Teaching Evaluation Score] |

X. Related Educational Activities, Academic Year [Start - End Date]

| | *Evaluation Details: [Evaluation Details]* |
|---|---|
| *National* | |
| | |
| *Regional / Provincial* | |
| | |
| *Local* | |
| | |

*k)      Peer Review Activities*

| *Associate or Section Editing* | |
|---|---|
| [Start – End Dates] | **[Role]**. [Institution/Organization], [Journal/Section], Number of Reviews: [Number of Reviews] |
| *Editorial Boards* | |
| | |
| *Grant Reviews* | |
| | |
| *Manuscript Reviews* | |
| | |
| *Presentation Reviews* | |
| | |

*l)      Other Research and Professional Activities*

| Research Projects | |
|---|---|
| [Start – End Dates] | **[Role]**. [Contribution Area]. [Title]. [Institution/Organization], [City], [Province/State], [Country]. Supervisor(s): [Supervisor]. Collaborator(s): [Collaborators]. |
| Thesis Projects | |
| | |

*m)      Administrative Service in Education*

| *[Institution / Organization]* | |
|---|---|
| [Start - End Dates] | **[Role]**, [Committee Name], [Faculty], [University Department], [Division], [City], [Province / State], [Country]. *[Description]* Total Hours for Entire Activity: [00] |
| | *Total number of hours:   [00]* |

## XI. Research in Teaching and Education

### 1) [Title/Subject of Research Statement]

([Start – End Dates])

Description: [Description].

Impact: [Impact].

<u>Documentation</u>

***Note: Below are samples of all activities that could be attached to a Research in Teaching and Education title. Include only activities directly related to this Research in Education title.***

**a)** **Degrees**

| | |
|---|---|
| [Start – End Dates] | [Degree], [Subject/Discipline], [Department], [Institution/Organization], [City], [Province/State], [Country]. Supervisor(s): [Supervisor]. |

**b)** **Postgraduate, Research and Specialty Training**

| | |
|---|---|
| [Start – End Dates] | [Title/Position], [Subject/Discipline], [Department/Program], [Institution/Organization], [City], [Province/State], [Country]. Supervisor(s): [Supervisor]. |

**c)** **Qualifications, Certifications and Licenses**

| | |
|---|---|
| [Start – End Dates] | [Title], [Speciality], [Institution/Organization], [City], [Province/State], [Country], License / Membership #: [License / Membership #]. |

**d)** **Professional Associations**

| | |
|---|---|
| [Start – End Dates] | **[Role]**, [Association Name], [License / Membership #]. |

**e)** **Positions Held and Leadership Experience**

*Clinical*

| | |
|---|---|
| [Start – End Dates] | **[Title/Position]**. [Faculty], [Department], [Division], [Institution/Organization], [City], [Province/State], [Country]. [*Description*]. |

*Consulting*

*Hospital*

*Research*

*University*

*University Rank*

*University Cross Appointment*

**f)** **Honours and Career Awards**

*Received*

| | |
|---|---|
| [Start – End Dates] | **[Award Name]**, [Faculty], [University Department], [Division], [Institution/Organization], [City], [Province/State], [Country]. ([Award |

| | Type], Specialty: [Specialty]. [Educational Level], [Year/Stage])<br>Awardee Name: [Student Name].<br>Role: [Role]<br>Total Amount: [Total Amount] [Currency]<br>*[Description of Award].* |
|---|---|
| *Nominated* | |
| | |

## g) Other Noteworthy Activities

| [Start – End Dates] | Type: [Type]. Audience: [Audience]. [City], [Province/State], [Country].<br>*[Description].*<br>Results / Evaluation: [Results/Evaluation] |
|---|---|

## h) Patents and Copyrights

| [Date of Issue] | **[Title]**. [Type], [Status]. (Patent or Copyright) #: [Patent/Copyright #], [Country], Joint Holder Names: [Joint Holder Names].<br>*[Brief Description].* |
|---|---|

## i) Grants, Contracts and Clinical Trials

| *Funded* | |
|---|---|
| [Start – End Dates] | **[Role]**. [Title]. [Funding Source], [Funding Program Name], [Grant and/or Account #]. PI: [Principal Investigator]. Collaborators: [Collaborators]. ([Funding Type]).<br>Total Amount: [Total Grant Amount] [Currency].<br>*[Description].* |
| *Declined* | |
| | |

## j) Salary Support and Other Funding

| *Personal Salary Support* | |
|---|---|
| [Start – End Dates] | **[Funding Title]**, Trainee Name: [Student Name], [Funding Source], [City], [Province/State], [Country]. Specialty: [Specialty].<br>Total Amount: [Total Amount] [Currency]. |
| *Trainee Salary Support* | |
| | |

## k) Publications

| *Journal Articles* |
|---|
| [Authors]. [Title]. [Rest of Citation]. [Publication Status]. Impact Factor: [Journal Impact Factor]. [Trainee Publication]. [Trainee Details]. **[Role]**. |
| [Most Significant Publication]. [Most Significant Publication Details]. |
| *Case Reports* |
| |
| *Abstracts* |
| |
| *Books* |
| |
| *Books Edited* |
| |
| *Book Chapters* |
| |
| *Manuals* |

| | |
|---|---|
| *Editorials* | |

| | |
|---|---|
| *Monographs* | |

| | |
|---|---|
| *Websites / Videos* | |

**l)  Presentations**

*International*

| | |
|---|---|
| [Date] | **[Role]**. [Presentation Type]. [Title]. [Host], [City], [province/State], [Country]. Presenter(s): [Presenters]. [Rest of Citation]. ([Presentation by Trainee])<br>Teaching Evaluation Score: [Teaching Evaluation Score]<br>*Evaluation Details: [Evaluation Details]* |

*National*

| | |
|---|---|
| | |

*Regional / Provincial*

| | |
|---|---|
| | |

*Local*

| | |
|---|---|
| | |

**m)  Peer Review Activities**

*Associate or Section Editing*

| | |
|---|---|
| [Start – End Dates] | **[Role]**. [Institution/Organization], [Journal/Section], Number of Reviews: [Number of Reviews] |

*Editorial Boards*

| | |
|---|---|
| | |

*Grant Reviews*

| | |
|---|---|
| | |

*Manuscript Reviews*

| | |
|---|---|
| | |

*Presentation Reviews*

| | |
|---|---|
| | |

**n)  Other Research and Professional Activities**

Research Projects

| | |
|---|---|
| [Start – End Dates] | **[Role]**. [Contribution Area]. [Title]. [Institution/Organization], [City], [Province/State], [Country]. Supervisor(s): [Supervisor]. Collaborator(s): [Collaborators]. |

Thesis Projects

| | |
|---|---|
| | |

**o)  Teaching**

[Activity Type]

| | |
|---|---|
| [Start – End Dates] | [Activity Title], [Educational Level], [Year/Stage], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. <br> *[Activity Description].* <br> Total Hours: [Total Hours] <br> Number of Students: [Number of Students] <br> Teaching Evaluation Score: [Teaching Evaluation Score] <br> *Evaluation Details: [Evaluation Details]* |

**p)   Clinical Supervision**

| | |
|---|---|
| [Educational Level] | |

| | |
|---|---|
| [Start – End Dates] | [Type of Supervision] Supervision. [Role]. [Year/Stage], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. <br> *[Activity Description].* <br> Student Name(s): [Student Names (Optional)] <br> Number of Students: [Number of Students] <br> Unit: [No. of Units] X [Type of Units] <br> Total Hours: [Total Hours] <br> Teaching Evaluation Score: [Teaching Evaluation Score] <br> *Evaluation Details: [Evaluation Details]* |

**q)   Research Supervision**

| | |
|---|---|
| *[Educational Level]* | |

| | |
|---|---|
| [Start – End Dates] | **[Role]**, [Faculty], [University Department], [Division]. <br> Student Details: [Student Name], Student's Current Position: [Student Current Position], Student's Current Institution: [Student's Current Institution] <br> Degree: [Year/Stage], [Degree/Program of Study] <br> Research Project: [Research Project Title] <br> Awards: [Student's Awards Attained] <br> Collaborators: [Collaborators] <br> Completed: [Year Completed] <br> *[Description]* |

**r)   Mentorship**

| | |
|---|---|
| *[Educational Level]* | |

| | |
|---|---|
| [Start – End Dates] | [Type of Mentee / Preceptorship], [Mentee Name], [Institution of Mentee], [Mentee Title / Position], [Year/Stage]. <br> [Faculty], [University Department], [Division]. ([Formal], No. of Encounters per Year: [No. of Encounters per Year], Total Hours: [Total Hours]) <br> *[Mentor Purpose / Responsibilities}.* |

**s)   Innovations and Development in Teaching and Education**

| | |
|---|---|
| *[Primary Audience]* | |

| | |
|---|---|
| [Start – End Dates] | [Title]. <br> [Faculty], [University Department], [Division], [Institution/Organization]. <br> *[Description].* <br> [Impact]. <br> Total Hours: [Total Hours] |

**t)   Aggregate Teaching Evaluations**

| | |
|---|---|
| *[Educational Level]* | |

| | |
|---|---|
| [Start – End Dates] | [Source]. [Faculty], [University Department], [Division]. <br> Teaching Evaluation Score (Individual Mean): [Teaching Effectiveness Score (Individual Mean)] <br> City Wide Mean: [City Wide Mean] <br> Hospital Mean: [Hospital Mean] <br> Division Mean: [Division Mean] <br> Quintile: [Quintile] <br> *Evaluation Details: [Student Comments]* |

**u)   Administrative Activities**

| | |
|---|---|
| *[Institution / Organization]* | |

| | |
|---|---|
| [Start - End Dates] | **[Role]**, [Committee Name], [Faculty], [University Department], [Division], [City], [Province / State], [Country]. <br> *[Description]* <br> Total Hours for Entire Activity: [00] |

*Total number of hours:   [00]*

XI. Research in Teaching and Education, [Title/Subject of Research Statement]

[Other Documentation]

[Other Documentation]

## XII. Creative Professional Activities in Teaching and Education

### 1) Professional Innovation and Creative Excellence

a)        [Title]

([Start – End Dates])

Description: [Description].

Impact: [Impact].

<u>Documentation</u>

*Table level details are same as for **Research in Teaching and Education** section of this report.*

## 2)  Contributions to the Development of Professional Practices

*Same as for 1) Professional Innovation and Creative Excellence*

## 3) Exemplary Professional Practice

*Same as for 1) Professional Innovation and Creative Excellence*

# Senior Academic Promotions

# Research

Successful research leads to the advancement of knowledge through contributions of an original nature. Promotion to Associate or Full Professor based on research requires that the candidate has a record of sustained and current productivity in research and research-related activities. For the criterion of excellent achievement in research to be met in the Faculty of Medicine, the research should result in significant changes in the understanding of basic mechanisms of molecular or cellular function and disease, clinical care, health services delivery or health policy, or the social sciences and humanities as applied to health. The researcher's work should present creative insights, ideas or concepts, and must have yielded a significant quantity of information leading to new understanding. The new information may derive from the invention and/or application of new techniques, novel experimental approaches and/or the identification and formulation of new questions or concepts. It is expected that research advances will be communicated through the publication of papers, reviews, books and other scholarly works. The quality of the scholarship in research will be judged in comparison to peers in the Faculty of Medicine and to others in the same field at peer institutions.

Detailed information can be found in the Manual in Section 3.1

| To review dossiers submitted by successful candidates in the past: |
|---|
| Book an appointment via Sonia Valente. Please specify if you wish to meet with the Department Chair at the same time. A 30 minute meeting will be arranged.<br><br>ohns.chairsassistant@utoronto.ca or 416-946-8742<br><br>Please book an appointment with Sonia so that the University Boardroom can be reserved. Dossiers are confidential, they are not to be removed from the Otolaryngology-HNS office or photocopied. Thank you. |

# Senior Academic Promotions

# Administrative Services

Service within the University and to external agencies forms an important and often time consuming aspect of many faculty members' academic careers. In providing this service, they contribute to the continued excellence of the academic environment and allow the University a voice and visibility in external agencies. Although service in itself cannot be the main criteria for promotion, Promotions Committees may consider service as defined above in support of achievements in Teaching and Education or Scholarship (Research and/or CPA). It is the responsibility of the candidate to clearly establish the link between such service and his or her academic mandate and responsibilities. The candidate may choose to include documentation of Service Activities in their dossier in one of two ways: as part of the sections on Creative Professional Activities and/or Teaching and Education, or as a separate section. In either case, the documentation should include a detailed description of the service activities as well as an assessment of the impact of these activities on academic, professional, government or other communities.

Detailed information can be found in the Manual in Section 3.4

| **To review dossiers submitted by successful candidates in the past:** |
|---|
| Book an appointment via Sonia Valente. Please specify if you wish to meet with the Department Chair at the same time. A 30 minute meeting will be arranged. <br><br> ohns.chairsassistant@utoronto.ca or 416-946-8742 <br><br> Please book an appointment with Sonia so that the University Boardroom can be reserved. Dossiers are confidential, they are not to be removed from the Otolaryngology-HNS office or photocopied. Thank you. |

# Otolaryngology - Head & Neck Surgery
## UNIVERSITY OF TORONTO

# Senior Academic Promotions

# Letters of Reference (from referees)

Letters of reference need to be submitted by external referees, colleagues and students/trainees.

The candidate will be invited to nominate several external referees. The Chair and the Departmental Promotion Committee will add additional names. The Chair will solicit letters from at least three and usually not more than six external referees, including at least one suggested by the candidate and one suggested by the DPC, as well as from three to six internal referees. The rank (or equivalent) of the external and internal referees MUST be equal to or greater than the rank sought by the candidate being considered for promotion. The candidate will also be invited to provide a list of several current and former students and trainees. The Chair and the DPC may add to the student/trainee list as appropriate.

Detailed information can be found in the Manual in Section 4.3

**Faculty of Medicine**
**Senior Academic Promotion**

**Table 1: Data Summary Sheets**

<span style="color:red">**External Referees**</span>

| | Candidate's Name | |
|---|---|---|
| **Primary Division/Department** | Otolaryngology-HNS | **Date Submitted** |

<span style="color:red">**The rank (or equivalent status) of the external referees MUST be equal to or greater than the rank sought by the candidate being considered for promotion.**</span>

<span style="color:red">**Please provide a minimum of 5 individuals.**</span>

<span style="color:red">Manual for Academic Promotions, Section 4.3</span>

| Name of Referee | Academic Rank or Equivalent Status | Institution | Email | Address |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Faculty of Medicine**
**Senior Academic Promotion**

**Table 2: Data Summary Sheets**
**<span style="color:red">Colleague Letters</span>**

Candidate's Name

**Primary Division/Department**    Otolaryngology-HNS    **Date Submitted**

<span style="color:red">**The rank (or equivalent status) of colleagues MUST be equal to or greater than the rank sought by the candidate being considered for promotion.**</span>

<span style="color:red">**Please provide a minimum of 5 individuals.**</span>

<span style="color:red">Manual for Academic Promotions, Section 4.3</span>

| Name of Referee | Academic Rank or Equivalent Status | Institution | Email | Address |
|---|---|---|---|---|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Faculty of Medicine**
**Academic Promotion**

**Table 3: Data Summary Sheets**       **Candidate's Name**
**Research Awards (Since Last Promotion)**

**Primary Division/Department**       **Date Submitted**

| Year | Peer Reviewed Grants Agency | Awards $ | Status (Principal Investigator, Co-Principal, Co-Investigator |
|------|------------------------------|----------|----------------------------------------------------------------|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Year | Non - Peer Reviewed Grants Donor | Awards $ | Status (Principal Investigator, Co-Principal, Co-Investigator |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total |  |  |  |

**Faculty of Medicine**
**Academic Promotion**

**Table 4:  Data Summary Sheets**
**Research Supervision (Since Last Promotion)**  Candidate's Name _____

**Primary Division/Department** _____  Date Submitted _____

| Year | Total Number | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Post Doctoral Student | Thesis Supervisor | | | Committee Member | | | Postgrad Student | Project Student | Summer Student | CREMS | Other |
| | | PhD | Masters | Prof. Masters | PhD | Masters | Prof. Masters | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

**Faculty of Medicine**
**Academic Promotion**

**Table 5:  Data Summary Sheets**
**Refereed Publications (Since Last Promotion)**   **Candidate's Name**   _____

**Primary Division/Department** _____   **Date Submitted** _____

| Year | Total Number as Principal Author | Total Number as Co-Principal Author | Total Number as Collaborator or Co-Author | Total Number as Senior Responsible Author | Total Number |
|------|------|------|------|------|------|
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Faculty of Medicine**
**Senior Academic Promotion**

**Table 6:  Data Summary Sheets**
**Student Testimonials**                    Candidate's Name

**Primary Division/Department**          Otolaryngology-HNS   **Date Submitted**

**Please provide a minimum of 5 individuals.**

Manual for Academic Promotions, Section 4.3

| Name of Referee | Email |
|---|---|
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Faculty of Medicine - Academic Promotion**

**Table 7 :  Data Summary Sheets**
**Teaching (Since Last Promotion)**

Primary
Division/Department _____

Candidate's Name _____

Date Submitted _____

| Year | Level | Program | Type of Teaching | Total Hours | Total Number of Students | Teaching Effectiveness Score (if applicable) | Comparative Score (e.g. Mean for department/program if available) |
|------|-------|---------|------------------|-------------|--------------------------|----------------------------------------------|------------------------------------------------------------------|
|      |       |         |                  |             |                          |                                              |                                                                  |
|      |       |         |                  |             |                          |                                              |                                                                  |
|      |       |         |                  |             |                          |                                              |                                                                  |
|      |       |         |                  |             |                          |                                              |                                                                  |
|      |       |         |                  |             |                          |                                              |                                                                  |
|      |       |         |                  |             |                          |                                              |                                                                  |
|      |       |         |                  |             |                          |                                              |                                                                  |
|      |       |         |                  |             |                          |                                              |                                                                  |
|      |       |         |                  |             |                          |                                              |                                                                  |

# Otolaryngology - Head & Neck Surgery
## UNIVERSITY OF TORONTO

# Senior Academic Promotions

# Promotion Dossier Check List

All of the following documents need to be submitted in order for the Dossier to be considered complete. All documents must be submitted electronically.

Forms which are required to be submitted for review must be typed and submitted electronically.

| | | Sent ✓ |
|---|---|---|
| **General Information** | | |
| | Application Letter | |
| | Curriculum Vitae (in WebCV Format) | |
| | Most Significant Publications (5)– Actual Publications | |
| **Creative Professional Activity (Section 3.2)** | | |
| | CPA Statement & Documentation | |
| | CPA Appraisal Letters, from community agencies *(if applicable)* | |
| | Additional Assessments *(if applicable)* | |
| **Teaching and Education Activity (Section 3.3)** | | |
| | T&E Statement & Documentation | |
| | T&E Dossier (from WebCV) | |
| | T&E Evaluations | |
| | T&E Table 7 (Data Summary Sheet) | |
| **Administrative Services (Section 3.4)** | | |
| | Admin Services Statement & Documentation | |
| | Admin Services Documentation from other (e.g. letters of reference from national and international leaders) | |
| **Research, if applicable (Section 3.1)** | | |
| | Research Statement & Documentation | |
| | Research Table 3 (Data Summary Sheet) | |
| | Research Table 4 (Data Summary Sheet) | |
| | Research Table 5 (Data Summary Sheet) | |

*Continues next page*

| Letters of Reference (Section 4.3) | Sent ✓ |
|---|---|
| **External Assessments** | |
| External Referee List (Table 1) <br> **The Chair of the Department will solicit these letters of reference | |
| | |
| **Colleague Letters** | |
| Colleagues List/Table 2 (Data Summary Sheet) <br> **The Chair of the Department will solicit these letters of reference | |
| Student Testimonials List/Table 6 (Data Summary Sheet) | |

Reference Document: the *Manual for Academic Promotions* is available on the Faculty of Medicine website by clicking here:  https://temertymedicine.utoronto.ca/senior-promotions and clicking on 'Academic Promotions Manual'

---

**Submit your completed application package to:**

Sonia Valente
Department of Otolaryngology-Head & Neck Surgery

**via Email (preferred method):** ohns.chairsassistant@utoronto.ca


**If you have any questions, please contact**

Sonia Valente          ohns.chairsassistant@utoronto.ca  or 416-946-8742
Audrea Martin          audrea.martin@utoronto.ca or 416-946-8740
Dr. Danny Enepekides danny.enepekides@sunnybrook.ca
Dr. Karen Gordon      karen.gordon@utoronto.ca

---