**CANDIDATE COVER PAGE**

***To be completed by Department or College (in non-Departmentalized Colleges)***

|  |
| --- |
| **CANDIDATE TO BE CONSIDERED FOR: *(i.e. Tenure, Continuing Status Promotion, Renewal of Probationary Period )*** |
|  |

|  |  |
| --- | --- |
| **CANDIDATE INFORMATION** |  |
| **Candidate Name**  ***(surname, first name)*** |  |
| **Department** |  |
| **College** |  |
| **Current Appointment**  ***(i.e. Associate Professor, Librarian etc.)*** |  |
| **Date Appointed to Position** |  |
| **Date of Renewal of Probationary Period**  ***(if applicable)*** |  |
| **Date of Last Promotion**  ***(if applicable)*** |  |
| **Description of Appointment**  ***(i.e. tenure-track, with term, without term, continuing status)*** |  |
| **Time Period Under Review** |  |
| **Any other information relating to the Appointment**  ***(i.e. sabbatical or other leaves, etc. )*** |  |

|  |  |
| --- | --- |
| **APPLICABLE STANDARDS** |  |
| **Indicate which standards were used** | |
| **University Standards for Promotion and Tenure** |  |
| **College Standards for Promotion and Tenure** |  |
| **Department Standards for Promotion and Tenure** |  |

**DEAN’S LETTER OF APPOINTMENT**

Date

Dr. X

Dear Dr. X,

I am very pleased to confirm the University’s approval of my recommendation to appoint you as **Assistant Professor** within the ranks of the medical faculty in the **Department of Family Medicine,** under the current Headship of **Dr. X**.

Medical faculty appointments are offered to qualified clinicians in recognition of the valuable contributions they make to the educational, research and administrative activities of the College. This is an ongoing appointment, for as long as you are engaged academically with the College and your academic contributions remain satisfactory. You will be expected to participate fully in periodic appointment review processes as established by your department.

Appointment to medical faculty does not create an employment or other legal relationship with the College or the University. Any academic services you provide to the University including but not limited to teaching, research, and leadership services, and any remuneration you might receive for such services, are separately governed by agreement(s) you may enter into with the College or in some cases, with the College and the Saskatchewan Health Authority.

Your academic relationship with the University is authorized in accordance with the University’s [Policy for Medical Faculty](http://policies.usask.ca/policies/academic-affairs/medical-faculty-policy.php). Procedures and guidelines governing medical faculty appointments can be found in the most current version of the [Procedures Manual for Medical Faculty](http://medicine.usask.ca/documents/faculty/ProceduresMedFaculty2017.pdf), which is subject to periodic review and revision, with the Provost’s approval.

Your appointment in the **Department of Family Medicine** will take effect upon receipt of your signed appointment acceptance form. Please take note of the attached faculty information sheet. Future revisions to this information sheet will be posted on the [CoM website](http://medicine.usask.ca/) under the Faculty>Medical faculty>My faculty appointment tab.

I wish to express my sincere thanks for your willingness to contribute to the academic mission of the College of Medicine.

Sincerely,

Dean, College of Medicine

**UNIVERSITY OF SASKATCHEWAN APPOINTMENT LETTER**

Date

Dr. X

Dear Dr. X,

I am pleased to advise you that pending your signed acceptance of this invitation, I approve the recommendation of the Dean of the College of Medicine for your appointment as **Assistant Professor** within the ranks of the medical faculty in the **Department of Family Medicine**, University of Saskatchewan.

Please note that in accordance with the appointment procedures outlined in the Procedures Manual for Medical Faculty, opportunity exists for you to seek promotion to the rank of Associate Professor in the College of Medicine.

Appointment to medical faculty does not create an employment or other legal relationship with the College or the University. Any academic services you provide to the University, including but not limited to teaching, research, and leadership services, and any remuneration you might receive for such services, are separately governed by agreement(s) you may enter into with the College or in some cases, with the College and the Saskatchewan Health Authority.

This letter confirms your academic appointment will be effective upon receipt of your acceptance or as determined by the Dean. Subject to the continuing concurrence of the Dean, this is an ongoing appointment with the University, for as long as you are actively and satisfactorily engaged with the College of Medicine.

I am delighted that you will be joining the medical faculty of the College of Medicine and I trust this appointment will be beneficial both to yourself and your colleagues.

I wish to thank you in advance for your academic contributions to the University of Saskatchewan. If you have any questions or concerns, please contact the Dean at [*dean’s email*].

Sincerely,

Vice-Provost, Faculty Relations

Cc Dean

Provincial Head

*EXAMPLE*

**Case File for Promotion at the University of Saskatchewan**

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CURRICULUM VITAE

**NAME**

(Department of , College of Medicine)

1. **PERSONAL**
2. **DEGREES** MD, BSc, MSc, PhD
3. **CREDENTIALS** FRCPC/C, LMCC 1&2
4. **APPOINTMENTS (INCLUDING JOINT) AND PROMOTIONS AT THE U OF S**

Include faculty appt here ie Assistant Professor, CoM, UofS date of appt

1. **MEMBERSHIPS AND AFFILIATIONS**
   1. **Associate Memberships at the U of S** ie if you were a member of CGPS
   2. **Adjunct Appointments at Other Institutions** include SHA appointment here
   3. Affiliations position ie Clinic, Director, Attending staff of XXX
2. **PREVIOUS POSITIONS RELEVANT TO U OF S APPOINTMENTS**
3. **LEAVES** ie parental leave, sabbatical, personal
4. **RECOGNITIONS** awards - include personal and separate section if supervised student who received an award
5. **TEACHING ACTIVITIES** include medical students, resident supervision and teaching here
   1. **Scheduled Instructional Activity**
   2. **Unscheduled Instructional Activity**

tutorials, clinical/bedside teaching supervisor

* 1. **Course and Program Development**
  2. **Teaching Materials**
  3. **Other Teaching-Related Activities**

Academic Half Day teaching

OSCE’s, STACER’s,

Simulation (if it doesn’t have a specific course title)

Clinical/Bedside Teaching - describe

1. **SUPERVISION AND ADVISORY ACTIVITIES** usually refers to supervision of Research projects – could use for supervising medical students or resident projects
   1. **Undergraduate Student Supervision** ie Dean’s Supper Student
   2. **Graduate Student Supervision** MSc or PhD or Resident supervision of projects
   3. **Graduate Theses Supervised**
   4. **Post-Doctoral Supervision**
   5. **Staff Supervision** refers to HQP: technicians, research assistants, etc.
   6. **Other Advisory Activities**  committee participation on Resident Research Projects
2. **BOOKS AND CHAPTERS IN BOOKS**
3. **PAPERS IN REFEREED JOURNALS** **12.1 Accepted:**

Authors. Title. Journal.  Accepted date *Contribution ie % involved in conceptualization of project, review and editing. See attached email for confirmation of acceptance.*

* 1. **Published:**

Authors. Title. Journal. Date.

*Comment:  ie Senior Author % conceptualized, supervised, edited, literature review, edited paper*, impact factor *of journal in the field, description of other ways of peer review, tweets or retweets, qualitative impact ie was a basis for policy change*

**Journal Impact Factor: *of the journal in the field***

**Comment: *brief comment on the journal***

**Brief Description: *provide a summary of article***

**Contribution: *brief description of role on paper, percentage, etc.***

**Citations:**

1. **ARTISTIC WORKS**
2. **REFEREED CONFERENCE PUBLICATIONS**

Put presentation here if there is a published book of abstracts from the conference.

1. **PRESENTATIONS**
   1. **Invited Presentations -** these are a sign of recognition of “knowledge of the discipline”
   2. **Contributed Presentations**
   3. **Poster Presentations**
2. **REPORTS AND OTHER OUTPUTS** technical reports, SHA initiated, departmental
3. **BOOK REVIEWS**
4. **INTELLECTUAL PROPERTY**
5. **RESEARCH FUNDING HISTORY** any money obtained for QI or research
6. **PRACTICE OF PROFESSIONAL SKILLS** include the description of your clinical practice, hours, patient #’s and types, on call frequency etc. \*\*indicate if you have any protected time for research or teaching

**Also here, create sub-headings:** Manuscript Reviews, Grant Reviews, External examiner, CME as Learner

1. **ADMINISTRATIVE SERVICE**
   1. **University Committees**
   2. **College and Departmental Committees**
   3. **Other Administrative Service** include SHA committees (clinical related committees)
2. **PROFESSIONAL OR ASSOCIATION OFFICES AND COMMITTEE ACTIVITY OUTSIDE U OF S**

ie Royal College or College of Family Physicians, CPSS, SMA, CMPA, etc.

1. **PUBLIC AND COMMUNITY CONTRIBUTIONS**
   1. **University Related:** include media interviews
   2. **Non-University Related:**
2. **OTHER ACTIVITIES**

**SELF-ASSESSMENT RE: MEETING PROMOTION CRITERIA**

Candidate’s writtenstatement on progress towards promotion. Normally a paragraph on each category of evaluation, briefly explaining how you have met those requirements.

* My ***qualifications*** are as follows:
* The following is a summary of my ***Teaching Ability and Performance***. conferences.
* My ***Knowledge of the Discipline and Field of Specialization***
* Intent to seek promotion based on Category 5 – ***Practice of Professional Skills***.
* My contributions to ***Administration*** include.
* My ***Public Service and Contributions to Academic and Professional Bodies*** are summarized as follows.
* Concluding Statement: Therefore, in my opinion I meet the standards for promotion.

**Category 1: Academic Credentials**

A copy/description of your academic credentials and/or qualifications.

* Include degrees
* Specialty or subspecialty training

(copies can be part of the Appendices)

**Category 2: Teaching Ability and Performance**

* Candidate’s written statement addressing:
  + your philosophy of teaching
  + understanding of your student and peer evaluations
  + improvements/enhancements made to your teaching performance
  + any actions taken to remedy problems identified
* Refer to Checklist – highlight the areas accomplished – make it easy for the reviewer to see the involvement (example below is for Associate Professor)
  + Text, letter

    Description automatically generated
* Teaching Dossier, including record of teaching roles and contributions to courses/curriculum (see sample below)
* Evaluations from students (evaluations done periodically every 1-2 years during the time under review)
* Evaluations from peers (done periodically during the time-period under review, by senior peers, as critical review of your teaching delivery, technique, interaction and response to learners; evaluations of presentations at CME or grand rounds)

**Category 3: Knowledge of Discipline and Field of Specialization**

* Show that you are an expert in your field of specialization – explain what it is and provide examples ie. Consultations/referrals, local or national committee expertise, curriculum or guideline development
* Documentation of invited lectures and invited presentations
* Documentation that the candidate has served as a peer reviewer of grants and other material should be explained

**Category 5: Practice of Professional Skills**

**(5.1 Clinical Practice & 5.2 Scholarly Work)**

* A written statement explaining:

- the nature and scope of your professional practice, including time commitment (e.g. hours, case load, etc.);

- the nature of your research (current and future plans), and your scholarly work (clearly explain your contribution to joint publications and research grants - % contributed and your role)

* Evidence (copy of documents) related to the elements of practice identified in Table F of the [2021 CoM Standards](https://medicine.usask.ca/documents/faculty/com-standards-2021.pdf)
* Evidence of various leadership activities associated with the candidate’s role in professional service whether delivered to a professional audience, individuals, groups, organizations, institutions, or the community
* Letters of support from clients, client agencies, or colleagues who are familiar with the clinical/technical and/or professional aspects of practice
* Evidence of research funding (as required in College/Department Standards)
* Other relevant evidence for the purposes of establishing research direction, accomplishment, and momentum;

**Category 6: Contributions to the Administration or Outreach Responsibilities of the Department, College, or University**

* A one-page statement on the role of the candidate in service to the administration or outreach responsibilities of the Department, College, University, Health Authority
* If possible, obtain statements from individuals (e.g. chairs, other committee members) who have personally observed the work.

**Category 7: Public Service and Contributions to Academic and Professional Bodies**

* A one-page statement on the role of the candidate in public service and contributions to academic and/or professional organizations

If possible, obtain statements from individuals (e.g. chairs, other committee members) who have personally observed the work.

**APPENDIX I**

Teaching Dossier

##### Name, Credentials

Department of

College of Medicine

University of Saskatchewan

# Teaching Philosophy

Reflection on why and how you teach

# Summary of Teaching Responsibilities

**Undergraduate Teaching**

Clinical (Bedside) and Didactic

**Resident /Post Graduate Teaching** .

Clinical (Bedside) and Didactic

**Mentorship**

**Supervision**

Dean's summer projects, resident research/project supervision

**Continuing Professional Development/Faculty Development/CME Related to Teaching**

### **Workshops Presented in THE LAST 5 YEARS:**

**WORKSHOPS/COURSES/SESSIONS ATTENDED IN THE LAST 5 YEARS:**

# Teaching Awards

# Courses/Workshops/Teaching Materials Developed or Modified

# Publications/Presentations Related to Teaching/Education

**Publications:**

**Oral Presentations at Conferences:**

**Poster Presentations at Conferences:**

# Student Evaluations of Teaching

Student evaluations of my teaching are important to me …

How I have responded to feedback and changed/improved my teaching…

Evaluations appended are from (list date, class) …

# Peer Evaluation of Teaching

Peer evaluation of my teaching is important to me …

How I have responded to feedback and changed/improved my teaching…

Evaluations appended are from (list date, person)…

# Service to Teaching

Administrative Roles; ie. Year One Chair – description of responsibilities

Committee Membership:

# Appendices

## Appendix A – Student Evaluations of Teaching

## Appendix B – Workshops Presented and Attended

## Appendix C – Sample Teaching Materials Developed

## Appendix D – Peer Evaluations