CONTINUING APPOINTMENT REVIEW TEMPLATE

(3-5 years from initial clinical faculty appointment)

Last name: **First name:**

Academic Position Description:

Division: **ORCID / Google Scholar Link:**

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

Hospital:

Rank:

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		Yes No	
Activities **Ambulatory Care / Clinics: hours / week weeks / year** **Ward (CTU) Attending: hours / week weeks / year** **Consult Service: hours / week weeks / year** **Emergency Shifts: hours / shift shifts / year** **Other clinical activities:** **Specify hours / week weeks / year** **Total Patient Care Hours (calculated from above):** *Trainees* **On average, what proportion of your clinical time is spent with trainees, including UME (medical students) and PGME (residents/fellows)?**			
Formal teaching (e.g. lectures, seminars, labs) *Do not include teaching in clinics or hospital clinical teaching units.*		Yes No	
Scholarship (QI, Education, Research, CPA)		Yes No	
Administrative Service (e.g. coordinating a clinical or hospital program, committee work)		Yes No	
Total			

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

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

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

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)

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

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

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)

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

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
	< 1 1-6 7-12 > 12	1 2 3 4 5	
	< 1 1-6 7-12 > 12	1 2 3 4 5	
	< 1 1-6 7-12 > 12	1 2 3 4 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.