Faculty of Medicine and Health Sciences Annual Academic Activities Report – Self Evaluation

Contract Academic Staff (CLINICAL) – M.D. Faculty Members only

Reference Period: January 1,_____to December 31,_____

Please ensure this section is completed and signed	
Name:	
Department/Division:	
Year MD awarded:	
Academic Rank:	
Signature:	

All members of the University community is asked to complete, on an annual basis, McGill's <u>Statement of</u> <u>Conflict of Interest</u>. If you have not done so in the last 12 months, please take a moment to complete your annual declaration.

I confirm that I have completed the Statement of Conflict of Interest in the last 12 months:

	YES
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NO NO

*<u>Note</u>: a colleague who provides paid consulting services to a private entity who has a research contract with the colleague or the colleague's lab <u>must report this as a conflict of interest</u>.

Please attach pertinent additional material to this document as an appendix. If you have been on leave for any reason (sabbatical, maternity, parental, sick), please be sure to indicate this.

1. <u>ANNUAL GOALS & OBJECTIVES</u>

- (a) Last Year's Goals:
- (b) Major achievements in past year:

Achievement you are proudest of in past year:

Disappointments:

(c) Goals for next year (including plans for career development):

2. <u>TEACHING ACTIVITIES</u>

- (a) Quality of teaching
 - Any available objective evaluation of your teaching effectiveness, role in course development or management and teaching award citations should be provided.
 - Please have your McGill One45 evaluations available for review.
 - Please report and highlight any innovative or original approaches that you have taken to your educational activities.

Teaching effectiveness	
Course development	
Teaching awards or recognition	
Innovative teaching approaches	

- (b) Quantity of teaching
 - Please stipulate the nature of the teaching performed, for example: undergraduate (classroom, small group, etc.); postgraduate; clinical supervision; CME/CPD (as teacher); Professional Development (as facilitator); RUIS/Outreach; formal presentations at rounds
 - Provide any course numbers, where appropriate, and document the number of hours of teaching
 - Please record supervision of graduate students, fellows, residents or equivalent, indicating the name of the student, level of education (e.g. MSc, PhD, post doc), department and years of study.

Quantity of Teaching,
Classroom, small group,
Simulation Centre:
Note level (undergrad;
graduate) with course
numbers as
appropriate and
number of hours

PAGE

Quantity of Teaching, Clinical: note level and number of hours, including clinical supervision. Include Grand Rounds and other formal hospital teaching, residency/fellowship program director. CME, CHPE	
Research trainee supervision (MSc and PhD graduate students, postdoctoral fellows, medical students, residents). Thesis committees	

3. ADMINISTRATION

This includes committee membership / leadership, program development / management, ethics committees, etc. Please indicate the number of hours per year for each activity.

Hospital	
McGill University (departmental, Faculty and University)	
External (Royal College, professional societies)	
Community Service	

4. CLINICAL SERVICE AND INNOVATION

The Faculty of Medicine and Health Sciences defines Clinical Innovation as that which « has an influence on the practice of the profession, and that is published, publicized or otherwise recognized in a way that makes possible its evaluation by external peers. (For clinical professors, this could include introduction and/or establishment of novel clinical techniques or programs.) »

- (a) Quality of Clinical Contribution
 - Please provide evidence such as one45 evaluations, relevant awards etc.

Quality

Quality of Clinical Contributions (One45 evaluations, awards, etc.)
etc.)

(b) Quantity of Clinical Contribution

• Please quantify your time commitment as much as possible

Quantity

Quantity		
Ward/Inpatient		
(in number of weeks)		

Quantity Consult Service (in number of weeks)	
Quantity Outpatient/Clinic (number of half-days per week)	
Quantity Procedures (cath lab, ERCP, interventional bronchoscopy, etc.)	
Quantity Quality Improvement (Please mention activities not covered above	
Quantity RUIS Activities/Outreach Telemedicine and other clinical contributions	

(c) Clinical Innovation

• Please use this space to highlight activities in which you contributed to improved clinical service through innovation including quality improvement activities, development of new clinical programs and enhancement of scholarship in the clinical environment.

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5. <u>RESEARCH (if applicable)</u>

- (a) Quantity and Quality of Publications
 - Publications including peer-reviewed research, case reports, practice guidelines, clinical reviews, etc.
 - Publications should be numbered and restricted to the current reference year. Trainees should be identified in your publications.
 - Please also list patents from the current year here.

Publications

Please list current year
peer-reviewed
publications. Include
technical reports,
patents, practice
guidelines or any other
forms of publications
which speak to clinical
innovation

(b) Grants & Awards Received

- List all current grants (amount, duration, end date)
- Please provide only the amount attributed to you personally for each grant that you have with multiple investigators.

Grants and Awards Received

List all current grants (amount, duration, end date)		
Please indicate if peer- reviewed and whether you are the Pl or co-Pl.		
For multicentre trials, please specify your role in the study.		
Research contracts		
Local, national, international research collaborations		

Please use this space to mention funding obtained for innovative clinical or quality improvement projects.	
Salary Awards	

(c) Scientific and Scholarly Activities

- For grant panels, please stipulate clearly if you are a chair or a committee member and the annual time commitment. For ad-hoc grant reviews, please indicate the number of grants reviewed for the current year.
- For editorial activities, please indicate the number of reviews that you performed in the current year
- Please indicate if you are an active member of an editorial board and the number of reviews carried out in the current year.
- For invitations, please organize these as Regional, National and International, if appropriate.

Scientific & Scholarly Activities

Grant Panels and Reviews	
Editorial Activities Including manuscript reviews	
Invitations (Visiting professor, Invited speaker, Etc.)	
Formal Presentations at Rounds	

6. PROFESSIONALISM AND COLLEGIALITY:

Professionalism: A set of attitudes and behaviours that engender trust and promote respect of learners, colleagues, other health care professionals and patients.

7. <u>PROFESSIONAL DEVELOPMENT</u>

Please use this area to indicate professional development activities that you have participated in such as attending workshops on improving teaching and learning new clinical skills.

8. OTHER INFORMATION

Please use this area to indicate special recognition that you may have received over the last year. Please also indicate any other information that you deem pertinent.

Honours, Awards, etc.		

9. CONSULTING AND SIMILAR ACTIVITIES

Consulting activities include all activities that are conducted on behalf of persons or bodies outside the University that fall into the area of competence related to the staff member's University appointment, that are not part of the staff member's regular academic duties in the University, and that are not part of grants or agreements between the University and outside persons or bodies. Full-time members may engage in consulting activities up to four working days per month, consultation that exceeds this amount of time require discussion and agreement with the Department Chair and/or Faculty Dean. The complete University policy may be found here: https://mcgill.ca/secretariat/files/secretariat/consulting-similar-activities-by-acad-staff-regs-on.pdf.

Please indicate any consulting work, whether remunerated or not, that you have undertaken during the reference year with any public, private, or non-governmental organizations.

	Number of Days				
Name of Organization	Private Sector Consulting	Public Sector Consulting	Other, including off-site teaching (please explain)	If consulting is for a foreign entity, indicate which country	Total

*<u>Note</u>: a colleague who provides paid consulting services to a private entity who has a research contract with the colleague or the colleague's lab <u>must report this as a conflict of interest</u>.