

# Individual Academic Medicine Report

## Please Note

- Many sections provide space for multiple entries, in these sections there will often be blank spaces remaining after you finish populating your entries. This is completely normal and there's no need to be concerned.
- The reporting period is April 1, 2019 to March 31, 2020
- A half-day is five hours.

First Name	
Last Name	
Department	
Division	

Workload Assignment	
Patient Centred Clinical Activity (%)	
Education and Teaching (%)	
Research/Scholarship/Creative Activity (%)	
Service/Administration (%)	

# Clinical Work

<b>Patient Centred Clinical Activity</b> In each of these boxes report the number of half-days spent on patient centred clinical activities during the reporting period. *a half-day is five hours	
<b>In-patient Consultation</b> Time spent on consult-service (half-days)	
<b>In-patient Ward</b> Time spent as a supervising physician on an in-patient service (half-days)	
<b>Ambulatory or Office-based</b> Time spent in clinic or other outpatient care (half-days)	
<b>Mixed Clinical</b> Time spent in any other clinical work or blended clinical work (half-days)	

# Administration

<b>University of Calgary Committees</b> Please list University of Calgary Committees (Includes CSM, departmental, and other academic committees within the University of Calgary) with <b>major workload (at least 6 half-days per year)</b> *a half-day is five hours			
UCalgary Committee (major workload)	Membership Type		
	Member	Co-chair	Chair
1.			
2.			
3.			
4.			
5.			

If there were not enough entry boxes, please use the following text area to provide additional University of Calgary Committees. Please provide: Major Workload Committee Name and Membership Type.

\*Please isolate list items using square brackets (i.e. [Committee Name 6, Membership Type 6], [Committee Name 7, Membership Type 7])

University of Calgary Committees Please list University of Calgary Committees (Includes CSM, departmental, and other academic committees within the University of Calgary) with <b>moderate and modest workloads</b> *a half-day is five hours			
UCalgary Committees (moderate to modest workload)	How many committees were you involved with in total?	For how many of these were you Chair?	For how many of these were you Co-Chair?
Moderate Workload (2-5 half-days per year)			
Modest Workload (Less than 2 half-days per year)			

Clinical/AHS Committees Please list Clinical/AHS Committees with <b>major workload (at least 6 half-days per year)</b> *a half-day is five hours			
Clinical/AHS Committee (major workload)	Membership Type		
	Member	Co-chair	Chair
1.			
2.			
3.			
4.			
5.			

If there were not enough entry boxes, please use the following text area to provide additional Clinical/AHS Committee entries. Please provide: Major Workload Committee Name and Membership Type.

\*Please isolate list items using square brackets (i.e. [Committee Name 6, Membership Type 6], [Committee Name 7, Membership Type 7])

Clinical/AHS Committees			
Please list Clinical/AHS Committees with <b><u>moderate and modest workloads</u></b>			
*a half-day is five hours			
Clinical/AHS Committees (moderate to modest workload)	How many committees were you involved with in total?	For how many of these were you Chair?	For how many of these were you Co-Chair?
Moderate Workload (2-5 half-days per year)			
Modest Workload (Less than 2 half-days per year)			

External Committees			
Please list non-UofC, non-AHS External Committees (such as UofA, RCPSC, CFPC, etc.) with <b><u>major workload</u></b> (at least 6 half-days per year)			
*a half-day is five hours			
External Committee (major workload)	Membership Type		
	Member	Co-chair	Chair
1.			
2.			
3.			
4.			
5.			

If there were not enough entry boxes, please use the following text area to provide additional non-UofC, non-AHS External Committee entries. Please provide: Major Workload Committee Name and Membership Type.

\*Please isolate list items using square brackets (i.e. [Committee Name 6, Membership Type 6], [Committee Name 7, Membership Type 7])

Non-UofC, non-AHS, External Committees			
Please list non-UofC, non-AHS External Committees with <b><u>moderate and modest workloads</u></b>			
*a half-day is five hours			
External Committees (moderate to modest workload)	How many committees were you involved with in total?	For how many of these were you Chair?	For how many of these were you Co-Chair?
Moderate Workload (2-5 half-days per year)			
Modest Workload (Less than 2 half-days per year)			

Service to Government			
Please describe all activities and include total half-days spent. (Examples include providing consultations to government regarding policies, participating in governmental needs assessments, appearing before governmental committees as a subject matter expert, etc.)			
*a half-day is five hours			
	Type of Activity	Your Role	Total Half-days
1			
2			
3			
4			
5			

If there were not enough entry boxes, please use the following text area to provide Service to Government entries. Please provide: Committee Name and Membership Type.

\*Please isolate list items using square brackets (i.e. [Type of Activity 6, Your Role 6, Total Half-days 6], [Type of Activity 7, Your Role 7, Total Half-days 7], [Type of Activity 8, Your Role 8, Total Half-days 8])

Service to Community Organizations			
*a half-day is five hours			
	Activity	Organization Name	Total Half-days Spent
1			
2			
3			
4			
5			

If there were not enough entry boxes, please use the following text area to provide additional Service to Community Organizations entries. Please provide: Activity, Organization Name, and Half-days spent.

\*Please isolate list items using square brackets (i.e. [Activity 6, Organization Name 6, Half-days 6], [Activity 7, Organization Name 7, Half-days 7])

\*a half-day is five hours

## Academic Review Service

Journal Editorship		
	Name of Journal	Your Role
1		
2		
3		
4		
5		

If there were not enough entry boxes, please use the following text area to provide additional entries. Please provide:  
Name of Journal and Your Role.

\*Please isolate list items using square brackets (i.e. [Name of Journal 6, Your Role 6], [Name of Journal 7, Your Role 7])

Review of articles and/or other scholarly products		
*a half-day is five hours		
	Number of Items Reviewed	Total Half-days Spent in Review
Article/Other Reviews		

<b>Grant Reviews</b> Please only report work that has not been captured under grant review committee work which you have reported earlier in this section *a half-day is five hours		
	Number of Grant Reviews	Total Half-days Spent in Review
Grant Reviews		

## Research/Scholarship/Creative Activity

<b>Peer-reviewed Publications</b> Do not include publications in press. Publications must be reported in the financial year in which they are first published in a peer-reviewed disseminated format.			
	The number of peer-reviewed publications on which you worked	The number of these publications on which you were listed as the first author	The number of these publications on which you were listed as the last author
Peer-reviewed Publications			

Please list your **peer-reviewed** publications from the previous financial year using the formatting shown below. **DO NOT** include items in press or publications which have been reported previously as an electronic on-line publication.

\*Please isolate list items using square brackets (i.e. [Smith J and Jones S. A really great publication. J Great Research. 2010. 12:54-57.], [Smith J and Jones S. Another really great publication. J Great Research. 2016. 12:54-57.]



<b>Non Peer-reviewed Publications</b>			
Do not include publications in press. Publications must be reported in the financial year in which they are first published in a disseminated format.			
	<b>Book Chapters</b>	<b>Commentaries</b>	<b>Other Non Peer-reviewed Publications</b>
<b>Peer-reviewed Research Project Grant Funding Awarded</b>			

Peer-reviewed Research Project Grant Funding Details								
	Total Grant Amount				Please exclude \$ sign and decimal points (i.e. for the value \$15.25 enter 15)	Please indicate your role		
	Funder	Title of Grant	Co-Investigators	Year Awarded	Total Disbursed in Reporting Period	Principal Investigator	Co-Principal Investigator	Co-Investigator
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

If there were not enough entry boxes, please use the following text area to provide additional Peer-reviewed Research Project Grant Funding Details entries. Please provide: Funder, Title of Grant, Co-Investigators, Year Awarded, Total Disbursed in Reporting Period

\*Please isolate list items using square brackets (i.e. [CIHR, “Novel advances in care of patients with complex chronic health conditions”, Doe J, Better A, O’Scope S, Oct 2019, \$120,000], [Heart & Stroke Foundation, “An excellent research project”, Doe J, Jan 2020, \$10,000])

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Clinical Trials Funding Please exclude \$ sign and decimal points (i.e. for the value \$15.25 enter 15)			
	Indicate total dollars of grant funding awarded in the reporting time period	Indicate total dollars of grant funding awarded as PI	Indicate total dollars of grant funding awarded as Co-PI
Clinical Trials Funding Awarded			

Other Grant Funding (e.g. program development grant funding) Please exclude \$ sign and decimal points (i.e. for the value \$15.25 enter 15)			
	Indicate total dollars of grant funding awarded in the reporting time period	Indicate total dollars of grant funding awarded as PI	Indicate total dollars of grant funding awarded as Co-PI
Peer Reviewed Grant Funding Awarded			
Other Grant Funding Awarded			

Invited Presentations				
If a presentation is both Invited and Peer-reviewed please list it here under Invited.				
	Total	Local/Provincial	National	International
Number of Invited Presentations				

Peer-reviewed Presentations (i.e. arising from a peer-reviewed submission process)				
If a presentation is both Invited and Peer-reviewed please list it above under Invited				
	Total	Local/Provincial	National	International
Number of Peer-reviewed Presentations				

Leadership Roles in Fostering Research		
*a half-day is five hours		
	Role	Total Half-days Spent
1		
2		
3		
4		
5		

If there were not enough entry boxes, please use the following text area to provide additional Leadership Roles in Fostering Research entries. Please provide: Role and Total Half-days.

\*Please isolate list items using square brackets (i.e. [Role 6, Half-days 6], [Role 7, Half-days 7], [Role 8, Half-days 8])

\*a half-day is five hours

### Commercialization

Please name any patents, IP license, technology commercialization, or business plan developments which have occurred in the reporting period.

\*No text formatting will be retained on submission, please isolate list items using square brackets (i.e. [Item 1], [Item 2], [Item 3])

Other Major Research/Scholarship/Creative Activity (If entries are similar, you can describe them in the same line) *a half-day is five hours			
	Activity	Organization Name	Total Half-days Spent
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

If there were not enough entry boxes, please use the following text area to provide additional Other Major Research/Scholarship/Creative Activity entries. Please provide: Activity Name, Description, and Total Half-days.

\*Please isolate list items using square brackets (i.e. [Activity Name 11, Description 11, Half-days 11], [Activity Name 12, Description 12, Half-days 12], [Activity Name 13, Description 13, Half-days 13])

\*a half-day is five hours

# Education

## Workplace Teaching

Research Student Supervision Provide numbers of students supervised in lab/research work.					
	# Masters Students	# PhD Students	# Post-docs	# Undergraduate Students	# Other
Number of Students					

### Clinical Learner Supervision

Provide the number of half-days spent supervising clinical learners (i.e. clinical work with clinical learners engaged)

We are seeking this information as many faculty members have asked for a place to explicitly report their time spent in clinical supervision. \*a half-day is five hours

Formally Scheduled Teaching Report here your teaching in formally scheduled sessions. Time spent in clinical supervision while providing medical care is to be reported above. Time spent in formally scheduled dedicated observation sessions of clinical learners is to be reported in the section after this: Clinical Teaching OUTSIDE Clinical Care Time spent as CBME coaches/supervisors (such as feedback sessions, etc.) is to be reported in a later section: CBME Preceptorship/Supervision							
	Bachelor	UME	Graduate Student	PGME	Professional Development*	Community	Other
Large Group/ Lectures							
Small Group							
Labs							
Tutorials							

\***Professional Development** - Only time spent as the instructor for professional development is reported here. Examples include CME teaching, Faculty Development teaching. Please **DO NOT** report time spent as a participant in professional development here.

Half-days spent in clinical teaching or observation outside of your days or periods of clinical care.

Teaching a session on acid-base disorders while "on service" for CTU is part of Clinical Learner Supervision and would **NOT** be reported here; being asked to spend a half-day observing a remedial resident's performance and providing customized feedback **WOULD** be reported here, as it is a clinical teaching activity beyond what normally occurs in academic clinical practice.

Half-days spent (please **DO NOT** include prep time) \*a half-day is five hours

Graduate Studies Preceptorship/Supervision Committee Participation		
	Describe Type of Activity	Your Role
1		
2		
3		
4		
5		

If there were not enough entry boxes, please use the following text area to provide additional Graduate Studies Preceptorship/Supervision Committee Participation entries. Please provide: Description of the Type of Activity and Your Role.

\*Please isolate list items using square brackets (i.e. [Activity 6, Your Role 6], [Activity 7, Your Role 7], [Activity 8, Your Role 8])



**CBME Preceptorship/Supervision Participation**  
 (e.g. time spent beyond regular clinical supervision of clinical learners, such as review of learners' portfolios, time spent in CBME coaching sessions, development of remedial learning plans, etc.)  
 Note: Do not report participation in CBME Committees here. Please report participation in CBME committees under University of Calgary Committees  
 \*a half-day is five hours

	Type of Activity	Your Role	Total Half-days Spent
1			
2			
3			
4			
5			

If there were not enough entry boxes, please use the following text area to provide additional CBME Preceptorship/Supervision Participation entries. Please provide: Description of the Type of Activity, Your Role and Total Half-days.

\*Please isolate list items using square brackets (i.e. [Activity 6, Your Role 6, Total Half-days], [Activity 7, Your Role 7, Total Half-days])

Assessment Activities								
Things to include are CaRMS interviews, thesis examinations, OSCE exams, etc. NOTE: Do <b>NOT</b> include entries where you are the participant								
	Bachelor	UME	Graduate Student	PGME	Post-doc Fellows	Professional Development	Community	Other
Half-days Spent								

Educational Leadership Roles		
*a half-day is five hours		
	Role	Total Half-days Spent
1		
2		
3		
4		
5		

If there were not enough entry boxes, please use the following text area to provide additional Educational Leadership Roles entries. Please provide: Role and Half-days.

\*Please isolate list items using square brackets (i.e. [Role 6, Half-days 6], [Role 7, Half-days 7], [Role 8, Half-days 8])

Program Development *a half-day is five hours			
	Program	Description of Work	Total Half-days Spent
1			
2			
3			
4			
5			

If there were not enough entry boxes, please use the following text area to provide additional Program Development entries. Please provide: Program, Half-days, and Description of Work.

\*Please isolate list items using square brackets (i.e. [Program 1, Half-days 1, Description of Work 1], [Program 2, Half-days 2, Description of Work 2], [Program 3, Half-days 3, Description of Work 3])

Mentorship	
Mentoring is a power-free partnership between two individuals who desire mutual growth. One of the individuals usually has greater skills, experiences, and insight - Adapted from Weinstein, Elizabeth. Mentoring for Success. Des Moines, IA: American Media, 1998.	
*a half-day is five hours	
Report Half-days spent mentoring learners (all types combined)	
Report Half-days spent mentoring colleagues (all types combined)	

# Awards

Awards Name any awards received in the reporting period			
	Award Name	Agency	Scope of Recognition (e.g. department, institution, province, national, etc.)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

If there were not enough entry boxes, please use the following text area to provide additional Awards. Please provide: Award Name, Agency, and Scope of Recognition.

\*Please isolate list items using square brackets (i.e. [Award Name 11, Agency 11, Scope of Recognition 11], [Award Name 12, Agency 12, Scope of Recognition 12], [Award Name 13, Agency 13, Scope of Recognition 13])