

CFAR Documentation Helpful Hints



CPA TIPS

Excerpt from Brian M. Wong & Edward Etchells CFAR presentation 2018



Acknowledgments

- Christine Soong, Mount Sinai Hospital (C-QI)
- Catherine Yu, St. Michael's Hospital (CE)



CPA Impact – Education Example (Catherine Yu)

Area of professional innovation and creative excellence	Impact	Evidence
a) Led the national dissemination and implementation of the Canadian Diabetes Association 2013 Clinical Practice Guidelines	i) Increased international and national awareness of existence of CDA 2013 CPG	<ol style="list-style-type: none">1) Number of media impressions (list)2) Website usage statistics (e.g. total usage, use by country)3) Number of app purchases4) User testimonials5) National survey results (list)6) Invited international/national presentations (list)7) Non-peer-reviewed publications (list)8) Peer-reviewed publications (list)



CPA Impact – QI Example (Christine Soong)

Focus	Impact	Evidence
<i>My goal is to promote appropriate use of resources through leadership, research and education.</i>	Led Choosing Wisely Canada (CWC) initiatives locally, nationally and internationally to reduce unnecessary use of tests and treatments (e.g., daily blood work, sedative hypnotics)	<ol style="list-style-type: none">1) Co-chaired the creation of the CSIM and CSHM CWC lists2) U of T Division of GIM grant to support QI project to reduce unnecessary blood work (\$20,000)3) QI project on reducing unnecessary sedative hypnotics featured in HQO report on CWC (1 of 4 projects)4) Created a toolkit for the CWC website to support other institutions seeking to reduce BZD use in hospital (downloaded x times)5) Visiting professor and grand rounds presentation at Johns Hopkins University



Documenting your CPA

(For full list, see page 17, U of T Manual for Academic Promotion)

- Scholarly publications: papers, books, chapters, monographs
- Non peer-reviewed and lay publications
- Invitations as a visiting professor or scholar
- Guidelines and consensus conference proceedings
- Development of health policies
- Evidence of dissemination of QI/educational innovation through adoption or incorporation either within or outside the university
- Evidence of leadership that has influenced standards and /or enhanced the effectiveness of health professional education
- Leadership roles in professional organizations
- Contributions to editorial boards of peer-reviewed journals
- Unsolicited letters
- Awards or recognition for CPA role by the profession or by groups outside of the profession



CPA focus – Example from education

“My goal is to optimize health care delivery in diabetes care by helping patients, providers and health care teams apply clinical practice guidelines into practice, using educational and technologic innovations. In order to achieve this, I am targeting several levels of intervention: patients, health care providers (at various stages of training: undergraduate, postgraduate and practising), health care teams, and systems.”

Adapted from Catherine Yu’s CPA dossier



CPA focus – Example from QI

“My goal is to promote appropriate use of resources through leadership, research and education.”

Adapted from Christine Soong’s CPA dossier



TER & Teaching Philosophy Tips

Excerpt from Shiphra Ginsburgs CFAR presentation 2018



Teaching and Education Report

- Introduction and Teaching Philosophy
- Teaching Landmarks: pulls data from WebCV
 - Education/teaching awards
 - Innovations and developments in T & E
 - Leadership and administrative service in education
- Breakdown of education by LEVEL (multi-level, undergrad, post-grad, graduate, CPD, FD, etc)
 - Within each level activities are listed by ACADEMIC YEAR (most recent year first)
 - Within each Academic Year activities are listed by TYPE (e.g., seminars, lectures, clinical supervision, innovations/development, admin service, presentations, etc)



Teaching Philosophy

- Identify your aims, values, and beliefs about teaching
- Highlight key aspects deemed important to your teaching (e.g., specific teaching methods, assessment approaches)
- Specific contextual factors that affect or modify your approach (e.g., audience, discipline, purpose)
- Create an authentic, coherent story of who you are as a teacher
- Be reflective – include areas in which you want/need to improve... **reflect on any poor evaluations or negative comments**



Example of Intro and Philosophy

Shiphra Ginsburg - Teaching & Related Educational Activities Summary

TEACHING & EDUCATION REPORT

Shiphra Ginsburg

Division of Respirology, Department of Medicine
UNIVERSITY OF TORONTO

Introduction

As my career has evolved over the past several years, so has my approach to education and teaching. In the early part of my career I

Introduction:

- Includes summary of activities to date, changes/evolution since appointment

For mine, I had 3 sections:

- *Educating about professionalism*
- *Educating about research in medical education*
- *Clinical teaching and supervision*

The course consists of workshops (of which I've taught 2 directly) and coaching, which is where the bulk of my time is spent. I meet with varying members of the group for about 2 hours per month (and sometimes in between) to help participants set their own goals and strategize how they will gain the necessary knowledge and skills to achieve them. The coaching sessions are learner-focused, and the coaches come prepared to help the students in whatever way is required. This can be challenging, as our students encompass quite different levels of preparedness in the area, but we encourage "peer-coaching" as well so that those that are more able can contribute

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Shiphra Ginsburg - Teaching & Related Educational Activities Summary

their expertise. Evaluations from CoFER are preliminary as this is the first cohort, but relevant details can be found in the body of the Dossier.

Since Co Research includes formation for topics Annual F during w

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patients. available evaluati qualitat

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In summ grows. I

Within each section:

- Approach, evaluations, reflections
- May be quite different for each

End with a summary

- Include goals for the future
- Include any Faculty Development plans, etc

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Teaching Data Summary Table



Need to include scores yourself

Year	Level	Program	Type of Teaching	Total Hours	Total Number of Students	Teaching Evaluation Score (if applicable)
2011 - 2012	Multilevel Education	Faculty of Medicine, Dept of Medicine	Formal Teaching Rounds (Scheduled Centrally)	4.0	12	N/A
			Abstracts and Other Papers	5.5	N/A	N/A
			Invited Lectures and Presentations	2.0	200	5.9/6
	Undergraduate MD	Faculty of Medicine, Dept of Medicine, Respirology	Lectures	2.0	20	4.3/5
	Faculty Development	Faculty of Medicine	Workshops	4.0	18	Very good to excellent
		Faculty of Medicine, Wilson Centre for Research in Education	Workshops	20.0	25	Excellent qualitative feedback
		Faculty of Medicine, Dept of Medicine	Workshops	2.0	16	N/A
			Invited Lectures and Presentations	2.0	20	Excellent qualitative feedback
Patient and Public Education		Media Appearances	0.3		N/A	
2010 - 2011	Multilevel Education	Faculty of Medicine, Dept of Medicine	Formal Teaching Rounds (Scheduled Centrally)	1.0	50	N/A
		Faculty of Medicine, Dept of Medicine, Respirology	Formal Teaching Rounds (Scheduled Centrally)	1.0	12	N/A
			Abstracts and Other Papers	3.5		
			Invited Lectures and Presentations	7.5	A. 50 B. 75 C. 20 D. 40	A. 4.6/5 B. N/A C. D. 9.75/10

Can include brief summaries of comments here.

May want to split out activities as they will show up lumped together



Example

Highlight Related Fields For		All Reports
Start - End Dates	2012	Jul 1 – 2013 Jun 30
Faculty	Faculty of Medicine	
University Department	Dept of Medicine	
Division	General Internal Medicine	
Primary Audience	Undergraduate MD	
Year / Stage	Year 2	
Activity Type	Small Group or PBL Teaching	
Activity Title	ASCM11	
Activity Description	Teaching second year medical students as Core Tutor	
Location of Teaching	Sunnybrook and Women's College Health Sciences Centre	
Number of Students	5	
Total Hours	40	
Teaching Evaluation Score	8.84 / 10	
Teaching Evaluation Details	"Dr. Najeeb is extremely thorough. I always knew that I was getting the full a "Overall an excellent teacher ; a very supportive learning environment was c	
Student Names (optional and does not print)	Student Name (firstname lastname)	Pr



Example

Highlight Related Fields For	All Reports
Start - End Dates	2017 ▾ Oct ▾ 18 ▾ – --- ▾ ▾ ▾
Faculty	Faculty of Medicine
University Department	Dept of Medicine
Division	General Internal Medicine
Primary Audience	Postgraduate MD
Year / Stage	Core Program
Activity Type	Formal Teaching Rounds (Scheduled Centrally)
Activity Title	PGY4 AHD
Activity Description	Allyship and Advocacy
Location of Teaching	University of Toronto
Number of Students	18
Total Hours	1.5
Teaching Evaluation Score	4.75
Teaching Evaluation Details	



Example – Presentations/CE

Highlight Related Fields For	All Reports
Type	Presented Abstracts
Geographical Scope	International
Date	2018 ▾ Aug ▾ 28 ▾
Trainee Presentation	<input type="checkbox"/>
Competitive	<input checked="" type="checkbox"/>
Presentation Role	Presenter
Title	Using Reflection to be an Effective Communicator
Organizer	AMEE 2018
Country	Switzerland
Province/State	Basel-Landschaft (de)
City	Basel
Presenter(s)	
Description/Contribution Value	Short Communication



Example

Highlight Related Fields For	All Reports
Type	Invited Lectures and Presentations
Geographical Scope	Provincial / Regional
Date	2018 ▾ Apr ▾ 17 ▾
Trainee Presentation	<input type="checkbox"/>
Competitive	<input type="checkbox"/>
Presentation Role	Invited Speaker
Title	Challenges Surrounding IEHPs Education: The Good , The Bad and Not so Simple
Organizer	Education Scholars Program
Country	Canada
Province/State	Ontario
City	
Presenter(s)	
Description/Contribution Value	
URL	
Total Hours	1
Teaching Evaluation Score	4.71 / 5
Teaching Evaluation Details	
Attach to an Audience in TER	<input checked="" type="checkbox"/>
Attach to Research in TER	<input type="checkbox"/>
Attach to CPA	<input checked="" type="checkbox"/>
	<input type="checkbox"/> Attach to: Development of the PGY4 Internal Medicine Program
	<input checked="" type="checkbox"/> Attach to: Supporting the Integration of Internationally Educated Professionals into the Canadian He[...]
Other Details (doesn't print)	

NO – we are no longer using WebCV CPA report



DO NOT include

- Schedules of rounds with your name on it
- Emails/messages confirming times/dates of talks
- Copies of talks, presentations, papers



Helpful tips

- Participate in courses/activities that have formal systematic evaluations of teaching *as relevant to your APD*
- And/or seek your own input from learners about your teaching
- Don't assume that everything will be evaluated
- Encourage your learners to complete their evaluations



Helpful tips

- Actively seek documentation if it has not been provided to you
 - Evaluations from CE events
 - Letters of acknowledgement of significant education administrative activities
 - Letters regarding adopting your teaching materials/research
- Maintain list of learners taught by year and by course
 - (some of them will be your references for promotion)
 - don't forget your role in formal mentoring relationships



Awards

- Find out what awards you may be eligible for
 - Hospital and university, department/division
 - Undergraduate, postgraduate, continuing education
- Find colleagues to support your application and nomination for these awards
- If you are not successful, get feedback
- Try again!



Continuing Appointment Review Template Examples



Acknowledgments

- Matthew Godleski – Clinician Teacher
- Idan Roifman – Clinician Scientist
- Bryan Coburn – Clinician Scientist
- Elizabeth Slow – Clinician Teacher
- Ana Konvalinka – Clinician Scientist



What is the focus of your work?

The primary clinical focus of my work is to educate and guide patients through complex recovery, largely in the areas of burn injury and stroke. To achieve this goal, I have developed a novel practice that spans acute care, inpatient rehabilitation, and ambulatory care across two institutions for both diagnoses. This not only helps serve the patient population by establishing care continuity across phases of rehabilitation, but also allows me to serve as a resource connecting and aiding clinical staff at Sunnybrook, St. John's Rehab inpatient, and St. John's Rehab outpatient care.

Academically, my focus is far more heavily in the area of burn rehabilitation. This area is relatively under-served, with only a handful of rehabilitation physicians involved across North America. This work is detailed with my accomplishments below. I am also involved in a smaller number of projects supporting stroke academic work, including patient education committees, research projects, and quality improvement projects at St. John's Rehab.

My two primary teaching areas are supporting undergraduate education through the Peters-Boyd Academy at Sunnybrook and providing post-graduate teaching for the PM&R, Burn Surgery, and other departments. This work has been recognized through multiple awards since my arrival at University of Toronto.



Why you have chosen an academic career in medicine?

Academic medicine delivers the framework allowing me to pursue my research, teaching and clinical interests. It gives me the protected time to undertake research and teaching, which in turn, informs my clinical work and ensures that I continually stay up to date on recent advancements in my field and maintain clinical excellence. Working in academic medicine enables me to have impact on a local, national and international scale, by providing me with the tools and the protected time to be successful in my area of focus. Additionally, I am fortunate to be surrounded by dynamic colleagues in multiple disciplines including cardiology, general internal medicine, medical imaging, medical biophysics, basic science and clinical research, medical education and health policy. This diversity helps me lead an interesting and fulfilling professional life. Finally, I greatly enjoy interactions with trainees-which is afforded to me via academic medicine. I am more proud of my trainees' accomplishments than of my own and was extremely pleased when this year two of my trainees published peer reviewed papers and received research awards (including an international award) based on research that we performed together



What do you consider your major accomplishments since your initial faculty appointment?

The following accomplishments represent major milestones for my first 3 years:

- 1) Establishing of First at Institution Physical Infrastructure, Protocols, HQP and Expertise – Unlike many other new recruit PIs at the UHN and DoM, I established a laboratory in an area where there were no existing institutional investigators or active research programs. I am the first PI to establish the physical infrastructure, protocols, expertise and personnel required for microbiome analysis without relying on external contracted services or collaborators and to apply this to infectious and immune diseases.
- 2) Funding – I have received peer-reviewed funding through 15 peer-reviewed grants since my appointment, including 11 as a Principal Applicant or Co-Principal Applicant, with funding from both international agencies (US CF Foundation, NIH) and Tri-council funding (CIHR, CHRP) I have also been the recipient of Foundation support through PMH and the TGH Foundation.
- 3) Productivity – I have been an author on over 20 publications since my appointment, including 3 data-driven papers as a PI (1 published, 2 submitted, including a revised manuscript), 2 additional peer-reviewed publications as the first or senior author
- 4) SGS Promotion/Research Supervision – Within my first 3 years, I supervised two successful MSc thesis students and was promoted to a full SGS appointment, allowing me to be the sole supervisor of PhD students. This is an important demonstration of my capacity to supervise projects through from inception to conclusion and I now supervise two PhD students. I have also supervised 3 technical staff, multiple undergraduate and summer students and a post-doctoral fellow. So far, all of my HQP trainees of greater than 6 months duration have published something under my supervision.
- 5) Translation to Clinical Trials – I am an investigator/co-investigator on 5 clinical trials involving microbiome therapeutics or antibiotics with microbiome sub-studies: MET-4-IO (Co-PI), ROMA LA-OPSCC 2, BALANCE, PROOV-IT 2 and EFFECT-CPE. I was also an investigator on a completed RCT of fecal transplant versus vancomycin for recurrent *C difficile*. These trials, most notably MET-4-IO, are a direct result of translational work led by me or initiated as a result of my direct input.
- 6) Methods Optimization for Microbiota Assays - Much of the existing literature studying human-associated microbiota has focused on high-bacterial density samples using sample types that require optimal conditions for analysis (e.g. stool). I have chosen to study more difficult-to-obtain or analyze samples in specialized populations - ICU patients and solid organ transplant recipients. This required de novo generation of tools suitable for analysis of new sample types, and the generation and validation of the analysis of these samples has resulted in two publications of novel methods, but more importantly has allowed me and my collaborators to scale analyses to large populations using these now-validated sample types.



What impact do you think your work has had or will have?

My program has had an impact on the students, patients, hospital and the university. I have attracted and developed outstanding trainees. My research program resonates with patients, who identified improved allograft survival as a key priority in organ transplantation. I have involved a patient partner, Dr. [REDACTED], who will participate in knowledge translation. In the context of the MOT biobank, transplant nephrologists are for the first time able to assess kidney allograft biopsies from the time of implantation. These biopsies can guide treatment decisions in patients with poor graft function or unexpected outcomes.

My work has impacted the hospital and the university. The MOT biobank has facilitated recruitment of scientists (Drs. [REDACTED]) who will use patients' cells and tissues to define how the immune system contributes to rejection or tolerance. In collaboration with Dr. [REDACTED], we are utilizing archived urine samples to correlate my markers of fibrosis with renal hypoxia on imaging. Dr. [REDACTED] (Laval University) will utilize our biospecimens in a multi-centre study to validate a new cellular assay that detects over-immunosuppression. Through creation of the biobank, I have changed the culture of the MOT program, impacting the way we think about translational research and bringing together clinicians, scientists, surgeons, radiologists, pathologists and nurses.

My program has attracted local, national and international funding, and has contributed to the prestige of the University. My work may improve the health of patients with kidney disease, by identifying disease mechanisms and novel treatment



Have you achieved what you set out to achieve in your academic planning document? If not, why not?

I have achieved what I had planned to achieve. Overall, my vision has not changed and I have continued to work along the three translational projects that still form the focus of my work. In regards to the one-year planning document, I have achieved all the specific objectives. In the domain of teaching, I have been attending on kidney transplant service 2 months per year, and I have been running weekly post-transplant clinics and monthly pre-transplant clinics. I have continued with informal teaching of residents and fellows; I taught MNU sessions for medical students, until this session was discontinued in 2016; I obtained an appointment at the IMS and started co-supervising a PhD student.

In regards to research, I published two original manuscripts using selected reaction monitoring (SRM) in a cohort of patients with chronic kidney disease as well as a cohort of kidney transplant recipients. I have completed the proteomics analysis of kidney biopsies with antibody-mediated rejection and concomitant circulating antibodies. We are finalizing the manuscript. Additionally, the urine peptidome of diabetic subjects and healthy controls has been analyzed and the manuscript has just been submitted to JCI Insight. I have applied for an average of 11 salary and operating grant awards annually. Finally, I have launched the MOT biobank and appointed a research assistant, who has been promoted to a manager. Lastly, I have formed a strong collaboration with Dr Z , a computational biologist, who has been involved in all my project



What are your goals for the next five years in academic medicine?

Over the next five years, I endeavor to increase my teaching portfolio on an international level by becoming more involved in the International Parkinson Disease and Movement Disorder Society. Towards this goal, I have been invited to give a talk on ataxia at the annual international meeting in Nice, France in September of 2019. I have also been asked to organize a teaching course in Toronto for 2020 for the same group, targeting students throughout North and South America. I would also like to expand my teaching provincially and nationally. Towards this goal, I have been invited to lead a session on Parkinson disease for Project ECHO Care of the Elderly, an Ontario initiative linking primary care physicians with specialists for the purpose of improving care in the elderly. I have also been asked to join the Royal College Examination Board for Neurology and will serve as an examiner in May 2019.

I will be continuing with the Neurology Education Committee. I will be heavily involved in the implementation of competence by design and I am already part of a subcommittee for assessment of competency of residents in the neurology program.

I will be continuing my local involvement in undergraduate medical curriculum and hope to serve as the neurology liaison for the 6-week block series (Weeks 40 – 45), while also continuing my role as Week 42 lead with QI for that week based on student feedback.

With respect to my clinical duties, I hope to “grow” the ataxia clinic. We are in the process of establishing a database both for the purposes of research and ease of recruitment to clinic trials in the future. I would like to establish national and international collaborations on ataxia. I am hoping to be involved in clinical trials in future and I am advocating for our centre to be part of targeted therapeutic (antisense oligonucleotide) clinical trials for specific genetic forms of ataxia. Given the strong genetic component to many ataxias, I am hoping to set up a DNA repository for the clinic both to aid diagnoses (e.g. through whole genome or whole exome sequencing) and for future research.



Thank you!

