

**CONTINUING APPOINTMENT REVIEW**

**STATUS-ONLY CANDIDATE SELF-REFLECTION**

*Version date: Dec 7, 2021*

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| --- | --- |
| **Name:** |  |
| **Organization:** |  |

This document is intended to be a reflection of your accomplishments since your appointment in the Department of Laboratory Medicine & Pathobiology (LMP) and a statement on your future academic goals. Your self-assessment **should not be more than 10 pages**.

If you were assigned a mentor, you are strongly encouraged to have your mentor review your CAR dossier prior to submission.

# **About Your Position**

1. **Please complete the following:**

|  |  |  |
| --- | --- | --- |
| **Academic Position Description** | | |
| **% Time for:** | **Original %** | **Actual %** |
| **Clinical Activities** |  |  |
| **Research/ Creative Professional Activity** |  |  |
| **Teaching** |  |  |
| **Administration** |  |  |

1. **Indicate any career interruptions (e.g. parental leave, medical leave, etc.) since your appointment. Briefly describe if the COVID-19 pandemic affected your performance.**

# **Scholarly Accomplishments**

1. **Since your appointment, describe your academic accomplishments in each of the following areas:**

Please keep the following questions in mind in writing your statement

* Did you accomplish your goals as set out in your 3-year plan?
* What is the impact of your accomplishments?

1. **Research activities, if applicable**
2. **Creative Professional Activity(s), if applicable**
3. **Teaching**
4. **What would you consider your most significant academic accomplishment(s) since your appointment and why?**
5. **Are there opportunities to strengthen, modify, or expand your academic plan? Please discuss.**

# **Future Academic Plan**

1. **Describe your academic goals for the next five years.**

# **Mentorship & Outreach**

1. **How have you been involved in hospital departmental and/or University of Toronto activities? Please list them and describe your role.**
2. **List faculty or trainees you are mentoring.** Only include trainees you mentor outside clinical rotations, or for whom you are not a member of their graduate advisory committee. For example, list mentees if you participate in the Office of Inclusion and Diversity’s Mentorship Program, etc.

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| --- | --- | --- | --- | --- |
| **Name** | **Indicate if**  **Faculty or Trainee** | **Duration of Mentorship**  **(mm/yyyy to mm/yyyy)** | **Frequency of Meetings**  **(monthly /annual)** | **Area of Mentorship (i.e. research, teaching, advocacy, CPA, work life/wellness, etc.)** |
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1. **If applicable, did your LMP-assigned mentor review your CAR dossier? YES  NO**
2. **If applicable, describe how often you met with your LMP-assigned mentor.**

# **Declaration of Conflict of Interest**

The Departmental Appointments /Promotions Committee (DAC /DPC) will review your dossier. You must review the [LMP DAC /DPC Membership List](https://lmp.utoronto.ca/academic-appointments) and declare any potential, perceived, or actual conflict of interest with any of the committee members, LMP Chair, or your Hospital Chief, Division Director (if applicable).

[University of Toronto Resource on Conflict of Interest & Close Personal Relations](https://www.provost.utoronto.ca/planning-policy/conflict-of-interest-close-personal-relations/)

If you are unsure whether there is a conflict, please state your concerns in the comments section below. If you have a conflict to declare or are unsure whether there is a conflict, the Chair, or the Dean, as appropriate, will work with you to determine if there is a conflict and manage it appropriately.

**Do you wish to declare any perceived conflict of interest** with any of the DAC /DPC members, LMP Chair, or your Hospital Chief, Division Director?  **Yes  No**

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| --- | --- |
| **Comments:** |  |

# **Referee Recommendations**

1. **Names of three colleagues (excluding your Hospital Chief and Department Director) who can comment on your scholarly work.**

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| --- | --- |
| **Name of Colleague #1:** |  |
| Email: |  |

|  |  |
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| **Name of Colleague #2:** |  |
| Email: |  |

|  |  |
| --- | --- |
| **Name of Colleague #3:** |  |
| Email: |  |

1. **Names of three trainees who can provide testimonials about your teaching effectiveness.**

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| --- | --- |
| **Name of Trainee #1:** |  |
| Position during training (e.g. grad student, clinical fellow, resident, etc.): |  |
| Current Position/ Title: |  |
| Email: |  |

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| --- | --- |
| **Name of Trainee #2:** |  |
| Position during training (e.g. grad student, clinical fellow, resident, etc.): |  |
| Current Position/ Title: |  |
| Email: |  |

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| --- | --- |
| **Name of Trainee #3:** |  |
| Position during training (e.g. grad student, clinical fellow, resident, etc.): |  |
| Current Position/ Title: |  |
| Email: |  |