

Sample Narrative Letter

June 16, 2011

Dr. B.G. Merry
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Edmonton, Alberta
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Dear Dr Merry:

**Re: Dr. Allison Jones
Consideration of Tenure and Promotion to Associate Professor of Medicine**

In July XXXX, I joined the Department of Medicine as an Assistant Professor in the Division of xxx. I understand that I am now eligible for consideration of tenure with its associated promotion to Associate Professor. I am thus submitting my request for such consideration. My job description entails:

- clinical practice-teaching (25%),
- clinical practice non-teaching (25%),
- research (30%)
- teaching (10%), and
- administration (10%).

In the last 5 years, I have achieved a number of successes which I would like to summarize in support of my application:

Clinical Practice Activities (*teaching [25%] and non-teaching [25%] job description*):

As an ccologist, I provide consultation services at the University of Alberta Hospital to diagnose and manage tertiary diseases referred from across Western and Northern Canada. I have established recognition as a provincial and national physician leader resource in YYY diseases and epidemiology. On an international level, I was the only Canadian faculty to be invited to lecture at the **University of South Carolina, Sixth Annual Antiviral Chemotherapy symposium.**

I also serve on the international editorial board of **P Journal**, Electronic Media, Adis International Inc.



On a national level, I presented and served as an executive member on the **National Consensus Panel on PPP** in 1999, which produced the Canadian Association (CASL) Consensus document, an ongoing resource for care across Canada. In 2003, I will be assuming a leadership role as the **co-organizer and co-chair** for the **Canadian Consensus Conference** sponsored by Health Canada, on behalf of YYY. There is planned publication of a report, which will serve as an important national reference resource for provincial payers and health care providers on the delivery of care.

I have been involved with a number of other national health initiatives. I have presented and served on the **Canadian Consensus Panel for Management of RRR** in 2000. This resulted in a published Consensus Statement, which has been distributed to physicians nationwide. In addition, I was the only adult cccologist (aside from co-chair) to receive repeat invitations to present and serve on this Consensus Advisory Board in 2001 and 2002. I have also presented proposals for national protocols on "XXX" and "YYY" at the **Canadian Study Group Meetings** in 1999 and 2001, respectively. This is the forum where all national policies for XXX are formulated. Lastly, I was a contributing member for the **Internet Knowledge Workshop for the Canadian Network** in 2002, responsible for the content and development of an innovative and comprehensive patient information website on XXX and YYY diseases.

My national reputation has led to invitations to lecture at the national **XXX Symposia** at Canadian XXX Week in 2000 and 2003. This meeting represents a national forum and Canada's premier XXX disease meeting. I was one of only two WWW consultants to be invited as a speaker at the **KKK Workshop at the Canadian GGG Society Annual Meeting** co-sponsored by Health Canada in 2003. I was the only speaker from the University of Alberta to be invited amongst other recognized national experts on FFF to lecture at the **Canadian SSS Foundation National Conference** in 2002. This is the first annual national symposium for the Canadian Foundation with a large target audience of patient groups and health providers. I have also presented at **Medical Grand Rounds** in Quebec City, Saskatoon and Winnipeg.

On a provincial level, I have successfully led the development and introduction of local and provincial XXX programs for both physicians and the community. These programs have significantly changed and improved the quality of care for patients across the province. As medical advisor for the **Edmonton Community XXX Project**, co-sponsored by the Canadian XXX Foundation and Capital Health Authority, I provided input and direction for the goals and focus of this project. I produced three CME events for primary care givers to assist in the identification of XXX in the community and delivery of YYY care. In addition, I developed and hosted a radio phone-in educational series on XXX diseases directed to the community. At the request of the Capital Health Authority I developed a "**Management Algorithm**," which accompanies every positive result sent to primary care physicians in the Capital Health Authority.

As Co-Chair of a joint effort of key Provincial XXX experts I led the development of the **Alberta Treatment Guidelines** for Alberta Health and Wellness in 1999. This initiative resulted in provincial formulary funding of therapy for XXX infection, which has been estimated to affect a significant number of Canadians. In 2003, with the licensing of ZZZ I again served in an expert advisory capac-

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ity to the **Clinical Drug Services and Evaluation of Alberta Blue Cross**. This has resulted in Alberta being the leader, as one of the earliest province to grant provincial formulary status for this important therapy. At the request of **Alberta Health and Wellness**, I served as the Chair for a **Special Steering Advisory Committee and Budget**. I led the development of a confidential report submitted to the Provincial Health Minister. It is anticipated that this report will serve as the blueprint for revolutionary changes to care delivery in the province. I created the **Clinical Management Algorithm**, which serves as the clinical portion of the **Provincial Laboratory Testing Guidelines for Alberta**.

I was an invited medical advisor on **Alberta Expert Review Panel**, College of Physicians and Surgeons of Alberta, and contributed to the drafting of Practice Guidelines in Alberta. Lastly, I have regular requests for lectures from other medical and paramedical professional groups and patient-oriented organizations. I also receive regular requests for consultations and advice from the Internal Medicine group in Grande Prairie and other outreach communities such as Peace River and Fort McMurray via telephone, letters, and facsimiles.

I have demonstrated ongoing commitment to my continuing education and maintenance of competence by exceeding the **MOCOMP** requirements each year (2000: 205 hours; 2001: 298 hours; 2002: 400 hours).

Teaching Activities (*clinical teaching [25%] and teaching [10%] job description*):

In July 2000, I assumed the position as Program Director for the XXX Residency Training Program, after serving as the site coordinator from 1999-2000. Since my term, there have been many positive and innovative changes with the program. There has been dramatic growth in program size from **1 resident to a peak of 12 post-graduate trainees** (7 core subspecialty residents, 1 AHFMR clinical fellow, and 4 fellows). I have implemented a number of **innovations** in the core residency program curriculum. These include restructuring of the **long-term continuity fellow's outpatient clinic**, to allow for comprehensive and follow-up care experience, lacking in the previous structure. For the first time, the fellows have the opportunity to deliver ongoing follow-up care for patients for the entire 2 years of their clinical training. There have been active incorporation of CANMEDS roles into Academic Half-Day, and revision of the weekly Noon Rounds to have multidisciplinary focus and involvement. I created and developed a formal **chief fellow position** to foster and groom leadership potential for residents.

Formal protocols and processes are developed to keep pace with the tremendous growth of the training program. These include a formal protocol on "**graduated responsibility** for residents" on call, a **formal teaching evaluation process** to provide feedback on rotation and staff performance, and a **3-Year Research Time Line** to provide guidance on the research aspect of the residency, towards professional development for an academic career.

I established a **novel program extension** from 2 core years to "2 core years plus 1-2 research fellowship years", which is unique amongst all the Canadian training programs. There has been co-



development (with Dr. EEE, Unit Director) of a **fellowship** program with completion by two fellows in June 2003 with successful job placement. Ongoing efforts are underway for development of **new advanced clinical and research fellowships** in O., P., and Q. These are again, novel advanced training programs unique amongst other training programs in Canada.

The profile of the training program has continued to increase with my term as program director. This has been further enhanced by development of an **"information" centre** for the residency program on the Divisional website to provide easy access and "24/7" information on the training program to interested external candidates and professional groups. There has been **increasing desirability and profile** (local and national) of the residency program at the University of Alberta, as evidenced by the large number of applicants each year to the program during my term (from 13 applicants in 2000 to 25 applicants in 2003). For 2010/11, our program will represent the second largest training program in Canada, behind University of Toronto. In addition, our program has continued to have **100% success rate** at the Specialty Certification Examination by the Royal College of Physicians and Surgeons of Canada since its inception more than 20 years ago. The majority of graduates from our program continue to be recruited to academic positions (Dr. HHH by University of Alberta, Dr. MMM by University of British Columbia, and Dr. BBB by University of Calgary).

Together with Dr. NNN (U of Calgary), we have resurrected and expanded the annual **Western Exam** in 2001. This is a formal written/oral examination, modeled after the Royal College Specialty Certification Exam. *It is the only one of its kind*, and has received extremely favorable feedback from the participants on its usefulness in enhancement of examine-ship and identification of areas for self-study. Expansion has occurred, from the initial 2 institutions (Universities of Alberta and Calgary) to participation by all 4 Western Canadian training programs. In collaboration with Dr. BBB (U of Calgary), we are planning the **First Annual Alberta Fellow Research Retreat** to precede the Alberta Society Meeting in September 2011. This will again be the *first of its kind* in Canada, to provide a forum to share and cultivate research interests and collaborations amongst residents. On a national level, I have been invited to serve as a member on the **Royal College Examination board** for 2011, with active roles in exam development and candidate examination and evaluation.

I have served as **major research supervisor** for 1 summer student and 4 medical residents, with *exceptional outcomes and awards* for the trainees. Ms. Wrrr was a summer student whose abstract was selected for presentation at the Canadian Disease Week meeting 2009, Canada's premier meeting. Dr. Pxxx was an internal medicine resident from University of British Columbia who completed a research elective with me. He has since completed his training, and has presented the results of his study at the American Association Annual Meeting and Canadian Disease, both of which are premier international and national meetings for the specialty. His research has earned him the prestigious **CCC Award for First prize** at UBC Medical Research Day, and publication in OOO in 2002. I have also co-supervised Dr. Lxxx during her medical residency (current first year resident in WWW), and her project has earned her *First prize (oral presentation)* in the U of A Medical Resident Research Day 2008. It was also one of 12 posters chosen as *Clinical Posters of Distinction* at Canadian Diseases Week 2003, and the manuscript is currently in preparation. For 2010, I have had supervisory requests from Drs. Xxxx and Yyyy, both of whom are current residents in Internal Medicine at the University of Alberta.



In addition, I am serving on the **Masters Supervision Committee** for Pxxx

My teaching skills have consistently been rated to be superior to excellent. Formal evaluations of course and clinical teaching have consistently been superior to excellent (3.38/4, 3.67/4, 4/4, 4.8/5, 4.1/5, 4.9/5, 4.5/5, 4.6/5, 4.8/5; records on file). Indirect compliments on my teaching skills are supported by the large number of medical students and internal medicine residents who have requested my **Ambulatory Clinic Preceptorship** (additional to their designated rotation; 9 Medical Students, 10 Internal Medicine Residents), and invitation to participate in **Academic Half Days** for residents in Internal Medicine, Family Medicine, and Critical Care Medicine.

I have demonstrated superior performance by frequent requests for continuing medical education and objective evaluations have ranked my presentations in the top 10%. Since 1998, I have given 65 CME's or lectures (14 CME's at University of Alberta, 24 CME's in Alberta, 7 public lectures, 4 radio broadcasts, 3 Grand Medical Rounds outside of Alberta, 12 lectures nationally and 1 lecture internationally). Where these educational events have been objectively evaluated, I have been rated as superior to excellent (U of A Grand Rounds: 4.8/5 overall; Grande Prairie CME: "Perfection"; Internal Medicine Advance: 4.8/5; USCF Antiviral Conference: 4.58/5, "best speaker").

Research Activities (30% job description):

To enhance my research skills, I successfully completed a **Masters of Science in Epidemiology** at the prestigious **Harvard School of Public Health** during my appointment. This is accomplished via intensive, consolidated course work over 2 summers in Boston, and the completion of a successful research thesis, entitled "Prevalence and predictive factors for bone disease in XXXX". This degree was started after my appointment, and completed while I was fulfilling my other duties.

Since my appointment as Assistant professor I have co-authored seven **peer-reviewed manuscripts**, three **invited reviews**, one book **chapter** and 18 **abstracts**. I was the first author of one of the first papers (**American Journal 1999; 106:315-22; IF = 6.11**) to examine the physiology effects of VVV on hhh in pp patients. I was co-first author in 2 papers. The first was a class project during my Masters studies with 2 of my peers, in a meta-analysis on the efficacy of therapy for infection after transplantations (**Transplantation Proceedings 2001;33:1870-2; IF = 0.57**). The second study (**Canadian Journal of AAA 2002;17:25-9; IF = 1.37**) was the first to examine the interests, attitudes and practice patterns of Canadian cccologists in XXX diseases. It provides insights and evidence on which future planning on subspecialty training goals and needs can be based. I was the senior author on Dr. AA's study (**Transplantation 2002;8:945-51; IF = 3.03**), which represents the first successful collaborative investigator-initiated research effort between the Alberta and British Columbia Programs. More importantly, it demonstrated the significant prevalence and identified the predictors for late acute rejection, a condition that has previously been under-estimated.

I am actively involved in **clinical trials** research. To date I have been co-principal investigator in two international clinical trials (total grant money \$40,070). *One of these trials is a seminal study of globu-*



lins in the prevention of XXX recurrence. Although the results are negative, it is one of the most cited abstracts in recent international meetings on AASW as a landmark study. A similar, larger multicentre NIH-sponsored trial is currently underway. I am also a co-investigator in over 34 other clinical trials within the Division.

In addition to my clinical trials research, I am involved in **investigator-initiated** peer reviewed research in disease and health outcomes. I was the Principal Investigator in 2 studies: New Investigator Grant from Canadian Foundation in 1998 (\$29,700) entitled "An in vivo study for the role of the core element in genome replication"; and University of Alberta Hospital Foundation in 1998 (\$17,500) study the "Effect of Combination Therapy on Health Related Quality of Life". I am co-Principal Investigator (with Dr.YRY, MMM, and JKL) of the AHFMR Health Research Fund in 2002 (\$98,433/2 years) entitled "The Determinants of the Direct Medical Costs". I was invited to be a **Steering Committee member**, for a Correctional Centres Project (Dr.TT, \$89,5000/2 years) entitled "Delivery of Therapy in Correctional Centers of Alberta". I am a **Researcher** of the CFI for Excellence for Research (Dr. D \$3,705,603/4 years).

I have demonstrated superior performance by being invited to participate in key national research initiatives. I was invited to participate in the closed **Medical Research Council "Research Priorities Workshop"** in 1999. This is a crucial "think-tank" meeting during which the *national research agenda* was drafted, and resulted in a written report submitted to the Minister of Health of Canada, to provide guidance on research funding for the MRC/Health Canada Initiatives. I have been invited by the Canadian Association to serve on the **Canadian Study Group** to foster collaborative clinical research in the country. It is a first attempt at drafting a national research agenda for XXX diseases.

I have been invited to serve as member on a number of research evaluation committees. I have served as a **grant reviewer** for a number of granting agencies including Canadian Foundation, Canadian Association of XXX, Physicians Services Incorporation Foundation (Ontario), and Health Sciences Centre Foundation (Manitoba). I have served as **studentship reviewer** for the Canadian Foundation and Canadian Association of GHF on an annual basis. I have served as **journal reviewer** for several journals, usually on **repeated basis** (Canadian Journal, Canadian Family Physician, Canadian Medical Association Journal, Canadian Infectious Diseases, Canadian Journal of Public Health, Clinical Investigative Medicine). I have served on the **editorial board** on the e-journal, Journal Advances. Lastly, I have served as a **judge** for a number of research competitions (Clinical Faculty Research Award Competition, Department of Medicine, U of A (2002,2003); Postgraduate Student Poster, Department of Medicine Research Day, U of A (2002); Summer Studentship Research Poster Competition, Faculty of Medicine, U of A (2002)).

Administration Activities (10% job description):

The clinical aspect of my service to the profession and discipline at a National and Provincial Level has already been detailed in the Clinical Practice Activities Section above. However, I have contributed to my profession nationally with many other services. I have been a member of the **Education**

Committee, Canadian Foundation since 2001. *This committee has been responsible for the editorial and review of all public education material on the XXX websites, and consists of 2 hour-teleconferences every 1-2 month since its inception in 2001. (<http://www.ca/default.asp>).* I serve as a member (2001/2002-present) on the **Education and Membership Committees for the Canadian Association**. *The former committee is responsible for reviewing and granting studentships on behalf of this association each year.* In 2002, I was invited to serve on the **Executive Council** for the same organization, which is responsible for steering the agenda and vision for this national organization representing academic interests in Canada.

At a University and Hospital level, my services (other than those already mentioned in previous sections) include being a **Practice Oral and OSCE Examiner** for the Department of Medicine and Division. I have been an interviewer for the **CARMS Internal Medicine Match** for the Department of Medicine. I have served on the **Alberta Committee, Council of Program Directors, Postgraduate Medical Education Council, Research Committee** for Department of Medicine and Internal Medicine Residents, **Quality of Care Committee**, and **MD Admissions Committee** for the Faculty of Medicine. I have also served as a mentor for the **Phase I Medical Student Support Group** and the **Medical Resident Mentorship Program**.

Additional information on my academic activities can be found in my curriculum vitae, summary of accomplishments, and clinical and teaching dossiers. I believe that I have met the criteria to be considered for tenure and promotion to Associate Professor of Medicine.

In closing, I would like to thank you for the support and encouragement that you have provided.

Sincerely yours,

Frrrr, Saaaaa MD, FRCPC

cc. Division Director

