

Department of Oncology, Faculty of Medicine, McGill University
Departmental Metrics for the Assessment of Performance in Teaching, Research,
Administration & Service, and Clinical Practice for Faculty Members

This document provides guidance for Chairs and Division or Program Directors in the Department of Oncology for the annual evaluation of its faculty members. The metrics described here were based on the initial consultation by the Faculty of Medicine and adapted to our department to suit the diversity of professions and activities that characterize the oncology community at McGill. The three categories of academic activities are: (i) teaching (including teaching in the clinical setting), (ii) research and other original scholarly activities, and professional activities including professional or clinical innovation, and (iii) administration and service as other contributions to the University and scholarly communities.

In this document metrics are described in tabular form for five activities or areas of performance: Teaching, Research, Administration and Service (all academic areas), Clinical, and Professionalism & Collegiality. For each of these areas this document provides examples of responsibilities, roles, achievements, productivity, and attributes to guide the evaluator¹ on how to grade the performance of a faculty member. The examples provided are intended to give the evaluator a general perspective on benchmarks and standards for a particular qualifier. Each table is accompanied by additional explanatory text to give the grader latitude in interpreting each item.

The performance metrics described herein apply to the entire spectrum of appointments in the Department of Oncology, irrespective of whether they are tenure stream/tenured (TST) or contract academic staff (CAS), regardless of activity (basic, clinical, population health, medical physics, psychosocial or palliative care research with or without clinical or professional duties) or institutional affiliation (campus-based, hospital, professional school). The examples refer to contributions that would be typical of someone scored at the specified score level (range: 1-6) and associated adjective (from unacceptable to outstanding). They are not intended to indicate that all such activities are needed to permit classifying a faculty member at a given score level. They are merely examples of broadly acceptable performance and productivity indicators that could justify sufficiency for a rating at that level. Chairs and Directors have additional information at their disposal that will give them more nuances in judging inter-individual differences. After extensive consultation with departmental chairs the Faculty of Medicine has prepared templates to be used by faculty members to write their annual reports. These templates are specific to the above appointment categories. Chairs and Directors will have access to these reports when completing individual assessments.

Although the Faculty of Medicine has provided guidance as to what constitutes across-the-board standards of performance and productivity, there are specific conditions that apply to the Department of Oncology that must be taken into account. For instance, our department is mostly clinical and heavily based on joint and cross-appointments. The majority of our appointments are CAS-Clinical and based in hospitals. Chairs and Directors are reminded to rate faculty members

¹ Evaluator, grader, and rater are terms used throughout this document to indicate the same individual, i.e., the Chair or Division/Program Director conducting the annual assessment of the faculty members.

within their peer group and appointment status (full-time or part-time, TST or CAS, clinical, research, or professional).

It is impossible to avoid subjectivity in passing judgment with respect to a faculty member's performance. Raters should exercise discretion in interpreting subjective categories to ensure a fair yet relative comparison within the individual's peer group. In addition to the faculty member's self-assessment annual report, the rater may use other information at his² disposal, e.g., testimonials, written evidence of performance or deficiencies, and personal observation. The rater is also expected to pass judgment that takes into account one's career stage in addition to other benchmarks of performance for those in a particular peer group.

1. Teaching Metrics

Quantity (table of criteria on page 9):

Two sets of metrics apply to teaching: quantity and quality. Evaluators can score the extent of dependability and cooperation of a faculty member in accepting teaching and supervisory roles in the last set of metrics on Professionalism & Collegiality.

Under 'quantity' of teaching, the criteria provide general boundaries of expected performance but should not be interpreted as all being necessary for inclusion in a given qualifier. They are merely examples of activities that would suffice to permit rating someone at that level. Graders have flexibility in examining the overall *gestalt* of a faculty member's contributions.

As of 2013, the Department of Oncology did not have an undergraduate and graduate teaching program of its own; the only exception being our involvement in undergraduate medical education. Our faculty members who teach in the classroom do so via contributions to courses administered by other departments. Such contributions made external to our department should be valued. This is important when considering courses taught; counting numbers of lecture-hours provides a better assessment than counting the numbers of courses taught. Someone responsible for teaching a single 2-credit course may have logged some 20 hours of teaching in one year. In terms of quantity this is equivalent to another faculty member who taught 4-hour lectures in five different courses as a guest lecturer. However, taking responsibility for a course implies a heavier load that also includes course preparation and coordination, student grading, and responsibility for recruiting guest lecturers. It is also assumed that the workload in teaching an undergraduate class is greater than teaching a graduate-level one, because of the number of students involved and the quantity of post-lecture work that it entails.

In the clinical setting there is less formality in documenting teaching workload. Lectures are not given in the context of specific graduate courses but are part of specific curricular content for undergraduate or postgraduate medical education. Lecturing as part of unit or block teaching must be rewarded. Informal lecturing in departmental activities at the hospitals, e.g., contributing

² Throughout this document the masculine form in pronouns is used generically to indicate persons of either gender.

a lecture to the MORE series (residency training) will be credited similarly to other teaching commitments with equivalent number of hours.

The same applies to student supervision, both at the undergraduate and graduate level. Our department has a strong presence in postgraduate medical education and research training. Chairs and Directors should properly credit such activities to the individual being evaluated by rating them at a level commensurate with the degree of involvement and prestige accorded by the supervision role. Although the Department of Oncology does not have any graduate degree programs, its faculty members serve as supervisors in programs of other departments where they hold cross-appointments. Such activities are legitimately to be credited to one's performance in the Department of Oncology.

With respect to supervision of research activities that have a training component, it is expected that the level of responsibility is greater for mentoring graduate students than for undergraduate students. Likewise, supervision of PhD students implies a heavier workload than that of MSc students because of the need to coordinate supervisory committees, assist on comprehensive exams, and support in examination committees. Supervision of post-doctoral fellows may carry a lighter load on the academic side but bring a substantial involvement in research with greater responsibilities for the supervisor to oversee research projects initiated by a senior trainee.

The assessment must also consider extenuating circumstances. A faculty member who has a well-funded research program is expected to use this program to train undergraduate, graduate, or post-doctoral fellows. Conversely, someone who has had a difficult year securing funding should not be expected to have several trainees. Therefore, it is important to assess the extent of teaching and supervisory contributions in light of the vigour of the faculty member's research portfolio. Depending on one's career stage teaching workload may also vary. A junior faculty member attempting to accrue a strong teaching productivity will be encouraged to take on more teaching and supervisory opportunities, which may come at the expense of having senior and tenured faculty members relinquish existing course coordination roles or lecturing slots in the curriculum. In a department such as Oncology, in which there are not many classroom teaching opportunities, junior faculty members will have first choice. A senior faculty member who has traditionally led a course may be asked to cede the coordinating role to a junior colleague. Raters should reward such an act of generosity in the Professionalism & Collegiality category.

Finally, graders should expect to reward combinations of formal lecturing and teaching at the classroom or clinical ward, where there are multiple recipients of the knowledge that is imparted by the teacher, and one-on-one mentorship of trainees. It is rare to see a faculty member who only lectures or only mentors individual trainees. Good teachers do both.

Quality (table of criteria on page 9):

Assessment of quality of teaching must rely on student evaluations, written testimonials, feedback from colleagues, and personal observation. The table shows broad criteria for three categories of metrics. Raters should exercise discretion in assigning scores within these categories and must use the full interval (1-6) in the evaluation.

The burden of proof in demonstrating quality of teaching is on the faculty member being evaluated. The latter must collect evidence of teaching effectiveness and performance by maintaining a record of student evaluations and testimonials. In the absence of such information, raters can consult course coordinators, colleagues, residents, and the faculty member to arrive at a fair score.

2. Research Metrics

Three areas are traditionally considered in the assessment of research performance: (i) quantity and quality of publications, (ii) grants and awards received, and (iii) scientific and scholarly activities that denote the research stature of the faculty member.

Quantity and quality (table of criteria on page 10)

For quantity and quality of publications the rater is to consider scholarly and scientific papers published in peer-reviewed journals. The criteria shown in the table are of sufficiency to be rated at a particular category.

Original research papers are a better indicator of a member's research productivity. Obviously, as the impact of his research becomes appreciated in the community there will be an expectation of invited reviews and commentaries. Chapters in books are also evidence of productivity, provided that they originate from invitation by an academic publisher that has an established reputation. Examples of well-established scholarly publishers are: Elsevier, Oxford, Springer, Karger, Wolters-Kluwer, Lippincott Williams & Williams, Academic Press, Blackwell, Addison-Wesley, Chapman & Hall, Harcourt, Brace & Co., Harper, HarperCollins, Little & Brown, Macmillan, McGraw-Hill, National Academy Press, Prentice Hall, Sage, WH Freeman.³

There are broad variations in quantity. As the assessment is done on an annual basis, the rater should consider that productivity in excess of 20 papers is very rarely met. Publishing 10 papers in a year is an impressive enough record and 5-10 is a strong performance. However, a clinician-scientist with a heavy patient load is less likely to reach such strong productivity than a PhD researcher who is dedicated full-time to research. By the same token, faculty members who hold salary awards are expected to be more productive in research under the assumption that they are protected from more than a modicum of teaching and clinical obligations.

Although quantity is a reflection of the vigour of one's research program, quality is a more important determinant. It is impossible and impractical for the rater to know the content of every paper published by a faculty member in his unit. In terms of quality, the rater should consider the citation count of the paper (if given in the report) or the prestige level of the journal, measured by its impact factor. Impact factor listings are published by Thomson Reuters as part of its Journal Citation Report series and updated yearly.⁴

³ <http://lib.colostate.edu/howto/publr-com.html>

⁴ http://admin-apps.webofknowledge.com/JCR/JCR?SID=4AS2KKHxpp4hyggvcJ&locale=en_US

Journals with impact factors greater than 10 are considered flagship journals in medicine, e.g., The Lancet, New England Journal of Medicine, Journal of the American Medical Association, PLoS-Medicine. A few cancer research journals attain such levels, e.g., Journal of the National Cancer Institute, CA-Cancer Journal for Clinicians, Journal of Clinical Oncology, and Lancet Oncology. Among the life science journals there are several prestigious ones that attain double-digit impact factors, e.g., Cell, Journal of Biological Chemistry, Science, Nature, etc. Some of the flagship journals have diversified to cater to specific specialties (e.g., Lancet Oncology, Nature Reviews Cancer). These offshoot journals are very prestigious.

Raters must not take impact factors in absolute terms but in relation to those of journals in the same domain of science. Papers reporting breakthrough findings tend to be favoured by leading basic science or clinical journals. As such, they are to be noted accordingly in the assessment of performance. However, most quality papers do not report major leaps in advancing knowledge or in changing clinical and public health practice in cancer control. It is desirable that the majority of papers be published in top tier journals of a given specialty. Specialty journals in nursing, behavioural sciences, psychology, psychosocial oncology, and medical physics have impact factors in the single digits and thus much lower than general medicine and general oncology journals. For instance, as of 2013, no nursing journal exceeded 3.0 in impact factor. Raters should thus assess the ability of a faculty member to publish in journals that are leaders in one's subspecialty or discipline, and not simply consider the absolute value of the journal's impact factor. It is possible that a faculty member may favour a professional journal, e.g., one on nursing, simply because of a perception that this is the right fit for the article. However, if the article reports on findings of broad interest to an entire discipline it would be more appropriate for a journal with a broader oncology audience, and with a higher impact factor. Raters have a good opportunity to spot a faculty member's tendency to be too restrictive in seeking readership for his papers and then coach that colleague to aim higher.

With internet publishing there has been a proliferation of predatory publishers disguised under the model of open access publishing. Raters are urged to verify whether or not the faculty member is being targeted by these publishers and resorting to them to bolster his productivity. If so, corrective advice should be arranged to mentor the faculty member to avoid such publishers. Lists of journals that have a purely for-profit motive and do not uphold scholarly values are available in some university websites.⁵

Concerning order of authorship, being featured as first or corresponding author is more important for a junior faculty member who aspires for tenure, whereas a senior slot (usually the last author to be listed) is expected of mid-career or senior faculty members. Those who have a more established international stature and recognition will be typically expected to be invited to write editorials and commentaries for journals.

Patents are also to be credited; one that has already been granted is more valuable than one whose application is under evaluation or pending. The faculty member's annual self-assessment should have information that explains the nature of the patent and whether it was granted or not. For the purpose of equivalency a patent can be counted as a paper published in a high impact journal in the field of the faculty member.

⁵ <http://scholarlyoa.com/publishers/>

Grants and awards received (table of criteria on page 10):

Regarding grants and awards received, the quality of the science and rigour of peer review are of essence. This applies to both investigator-initiated grants and salary awards. Tri-Council granting agencies (CIHR, NSERC, and SSHRC) are highly prestigious. Outside of Canada, NIH grants are also adjudicated with the best peer review standards. A charity foundation such as the Canadian Cancer Society is also a very prestigious funding source. The FRQ-S or equivalent provincial programs tend to provide smaller grants but their salary awards confer prestige. The ability of the faculty member to attract infrastructure funding (e.g., CFI grants) is also to be rewarded. Serving as PI should be valued higher than as a coinvestigator in crediting grants to a faculty member.

Clinician researchers who devote themselves to advance the state of oncological care tend to serve as local (McGill-wide or hospital) PIs for clinical trials sponsored by pharmaceutical companies and academic cooperative groups. The latter are more prestigious and reveal the reputation and credibility of the clinician in the community.

The rater must take into account the career stage and specialty of the faculty member when making these assessments. A consistent effort by a junior researcher to follow McGill's best practices to write good grants should be recognized.

Scientific and scholarly activities (table of criteria on page 10):

Regarding other activities that denote the research stature of the faculty member, the rater should look for evidence of presentations at scientific or clinical conferences, role as reviewer for manuscripts and/or grants, and prizes and distinctions concerning research contributions. For quality, consideration should be given to the type and location of the conference, whether it is provincial, national, or international in scope, and its importance, i.e., subspecialty vs. specialty.

Differentiate between offered and invited presentations; the latter being evidence of the person's recognition by peers. Was the person invited to serve as Chair of a plenary session or symposium? Evidence of work performed as reviewer of manuscripts for journals and of grants for funding agencies is also judged as per the importance of the journals and agency (see above).

Note that editorial board membership is credited under service (see below) but the actual workload of manuscript reviews is credited to this item under research accomplishments. The prestige level of distinctions received is also taken into account. Is the prize a local, regional, national, or international one?

3. Administration and Service Metrics (table of criteria on page 11)

Under this area of activity the rater is to reward the faculty member's work in his immediate hospital setting and to the university, as well as broader service work in advancing his profession, specialty, or field of research. The criteria denote sufficiency to attain a given level. It suffices to have one of the stated roles for the rating to be given at that level.

As administrative service one is concerned with evidence that the person served in committees at different levels. Local service refers to department, faculty, university, and hospital. Is there an administrative role as unit, program, or division directorship? Is the administrative role at a higher level?

There are myriad ways in which faculty members are called upon to serve in such local committees. Lack of productivity in this area rarely represents lack of opportunity; it is more likely that the faculty member declined invitations to serve.

Outside of the immediate university and hospital milieu the faculty member is a citizen of a large community of peers. Is he playing a role in provincial, national, or international advisory committees? Is the person a recognized expert for the World Health Organization, Pan American Health Organization, Union for International Cancer Control, or other supranational body concerned with policy, high-level resolutions, or the practice of the profession? Leadership as chair roles in committees is a clear indication of the member's stature and should be credited as such. Is the faculty member involved in professional societies as president, secretary, treasurer, or other executive role? Participation on the editorial board of important scientific journals is also a key performance item (note that the actual workload of manuscript reviews is to be credited under research above). Likewise, having served as Chair or Scientific Officer of a provincial, national, or foreign grant review panel is credited as service but the actual workload is credited to research productivity (under scientific and scholarly activities).

It is important to be flexible when rating. For instance, one's work as thesis examination committee work or Pro-Dean can be judged under teaching or under service, whichever helps a better appraisal of the member's productivity.

4. Clinical Activities Metrics (table of criteria on page 11)

Faculty members who have clinical duties at a hospital or clinic level must also have these activities credited during the evaluations under clinical activities. All clinically-related activities that are not already credited under administration and service or teaching as per the above criteria and definitions must be credited in this area of academic performance. This applies to a simple activity as a clinician responsible for patient caseload in oncology subspecialty areas (e.g., medical, radiation, and surgical oncology) or related clinical work (e.g., palliative care) to higher responsibilities for managing entire units or divisions. Raters should also consider attendance and leadership at tumour boards, morbidity & mortality (M&M) rounds, and other clinical gatherings that aim at improving cancer care, patient satisfaction, taking corrective actions, and interdisciplinary clinical work.

With the establishment of the Rossy Cancer Network at McGill's oncology community there will be greater emphasis on subsidiary activities that aim at improving quality of cancer care. Such work will be indicated by faculty members in their self-assessment reports.

Evaluators should exercise discretion in scoring because there are no benchmarks of performance for clinical work. The assessment should be based on the typical expectation of clinical

responsibilities for members of an entire subspecialty in a given hospital (for instance, radiation oncologists at the MUHC). Presumably, the site director conducting the rating will have a good overview of the productivity of all team members and thus the perception of what is typical will be apparent during the evaluations.

5. Professionalism & Collegiality (table of criteria on page 11)

The rater should use this metric to gauge the person's performance in the areas of teaching, administration and service and clinical activities (as defined above). The questions to be asked here are: How dependable and cooperative is this faculty member? Is this person conducting himself professionally? Is he a good colleague?

The rating is to be based on the assessment of general willingness to contribute to teaching, administration and service and clinical activities. The highest score should be given to someone who, when needed, works collaboratively with others; is respectful; responsive to email requests for information; is solution-oriented; contributes to discussion and helps to follow up on solutions; helps to fill gaps in teaching, administration and service, and clinical activities that arise unexpectedly; is eager to serve in departmental and/or hospital committees; and commits to the department's academic mission.

Finally, it stands to reason that unlike previous attributes of performance, professionalism and collegiality are to be judged in absolute terms without the need to refer to what is typical for the faculty member's peer group.

Quantity of teaching	
1=Unacceptable	<ul style="list-style-type: none"> No documented activity that is judged equivalent to the items below.
2=Acceptable	<ul style="list-style-type: none"> Lectures in at least 1 course at the undergraduate/graduate level or formal lectures at the post-graduate (clinical) level. Supervision of at least 1 graduate student, postdoctoral fellow or medical resident. Some supervision of undergraduate student projects. In all, a light teaching /mentorship load.
3=Good	<ul style="list-style-type: none"> Lectures in at least 2 courses at the undergraduate/graduate level or formal lectures at the post-graduate (clinical) level. Supervision of at least 2 graduate students or postdoctoral fellows/residents. Supervision of at least one PhD student. In all, a moderate teaching /mentorship load.
4=Very Good	<ul style="list-style-type: none"> Lectures in at least 3 courses at the undergraduate/graduate level or formal lectures at the post-graduate (clinical) level. Supervision of at least 3 graduate students or postdoctoral fellows, at least one of whom should be a PhD student or Postdoctoral Fellow (TS, CAS Professional). 1-2 presentations at grand rounds and specialty rounds. Course or unit coordination (one item). In all, a substantial teaching /mentorship load.
5=Excellent	<ul style="list-style-type: none"> Lectures in at least 4 courses at the undergraduate/graduate level or formal lectures at the post-graduate (clinical) level. Supervision of at least 4 graduate students or postdoctoral fellows, at least 2 of whom should be PhD students or Postdoctoral Fellows. 3-4 presentations at grand rounds and specialty rounds. Participation in curriculum development and teaching initiatives. Course or unit coordination (one item with substantial workload). Invited lectures and seminars in university- or city-wide educational activities. In all, a heavy teaching /mentorship load.
6=Outstanding	<ul style="list-style-type: none"> Lectures in at least 5 courses at the undergraduate/graduate level or formal lectures at the post-graduate (clinical) level. Supervision of at least 5 graduate students or postdoctoral fellows, at least 3 of whom should be PhD students or Postdoctoral Fellows. More than 4 presentations at grand rounds and specialty rounds. Major role in curriculum development and teaching initiatives. Course or unit coordination (2 items or more). Leadership in continuing education courses: primary organization of courses, lecturing, informative talks. Teaching and/or coaching in Faculty Development courses/seminars. Prizes/distinctions in teaching at the departmental or higher level.

Quality of teaching: based on review of teaching evaluation by students relative to peers; feedback from faculty and students	
1-2=Less than acceptable or below average	<ul style="list-style-type: none"> Average instructor rating below 3. Consistently negative comments. No teaching (mandatory rating of 1).
3-4=Good or average	<ul style="list-style-type: none"> Instructor rating 3-4. Many positive comments.
5-6=Excellent or outstanding	<ul style="list-style-type: none"> Instructor rating 4-5. Predominantly positive comments. For those who have developed a course: ratings of 4-5 for most questions. Written testimonials of teaching effectiveness from students and colleagues. Prizes/distinctions in teaching at the departmental or higher level (implies a rating of 6).

Quantity and quality of publications (in the previous calendar year)	
1=Unacceptable	<ul style="list-style-type: none"> No documented activity that is judged equivalent to the items below.
2=Acceptable	<ul style="list-style-type: none"> At least two collaborative papers with others (published or in press). At least 1 book chapter or review article.
3=Good	<ul style="list-style-type: none"> 2-3 papers in well-ranked journals. At least 1 paper in leading specialty or professional journal.
4=Very Good	<ul style="list-style-type: none"> 4+ papers in well-ranked journals. 2+ papers in leading specialty or professional journals.
5=Excellent	<ul style="list-style-type: none"> 5+ papers in well-ranked journals. 3+ papers in leading specialty or professional journals. 1+ paper in flagship journal of broad scientific or medical interest.
6=Outstanding	<ul style="list-style-type: none"> Impressive annual publication productivity, taking into account number, journal, and citation metrics (clearly above the performance of the preceding categories).

Grants and awards received (current and new in the previous calendar year)	
1=Unacceptable	<ul style="list-style-type: none"> No documented activity that is judged equivalent to the items below.
2=Acceptable	<ul style="list-style-type: none"> Actively seeking grant support using McGill's internal peer review and McGill-mentored program for applicants.
3=Good	<ul style="list-style-type: none"> One peer-reviewed grant as co-investigator. Productive research collaborations (including academic and/or corporate sectors).
4=Very Good	<ul style="list-style-type: none"> One peer-reviewed grant as PI and others as coinvestigator. Co-PI on one peer-reviewed grant. PI in at least one clinical research study preferably with pan-McGill hospital accrual.
5=Excellent	<ul style="list-style-type: none"> 2+ peer-reviewed grants as PI. Co-investigator in 2+ peer-reviewed grants.
6=Outstanding	<ul style="list-style-type: none"> As #5 but higher volume or prestige of funded research collaborations.

Scientific and scholarly activities that denote the research stature of the faculty member	
1=Unacceptable	<ul style="list-style-type: none"> No documented activity that is judged equivalent to the items below.
2=Acceptable	<ul style="list-style-type: none"> Few presentations of offered communications (oral or poster) at local or regional meetings. Few external grant or ad hoc manuscript reviews.
3=Good	<ul style="list-style-type: none"> Presentations of offered communications (oral or poster) at national or international meetings. Several external grant or ad hoc manuscript reviews.
4=Very Good	<ul style="list-style-type: none"> Invited lectures/symposia for national meetings. Participates in grant review panels. Reviews for major journals.
5=Excellent	<ul style="list-style-type: none"> Invited speaker at international conferences. On the organizing committee of a national or international research conference.
6=Outstanding	<ul style="list-style-type: none"> Keynote speaker role in international conferences. Evidence of frequent invitations to speak nationally and internationally.

Administration and Service	
1=Unacceptable	<ul style="list-style-type: none"> No documented activity that is judged equivalent to the items below.
2=Acceptable	<ul style="list-style-type: none"> Service on 1 departmental, university or hospital committee with a good record of attendance and participation.
3=Good	<ul style="list-style-type: none"> Service on at least 2 departmental, university or hospital committees with a good record of attendance and participation.
4=Very Good	<ul style="list-style-type: none"> Service on more than 3 department, university or hospital committees with a good record of attendance and participation. Significant contributions to Faculty committees (including service as Pro-Dean of thesis examinations).
5=Excellent	<ul style="list-style-type: none"> Service on more than three department, university or hospital committees with a good record of attendance and participation. Chair of a department, university or hospital committee. Chair or Scientific Officer of a funding agency committee. Leadership roles in a scientific society (national or international). Associate Editor or Editorial Board member of a scientific journal of significant reputation.
6=Outstanding	<ul style="list-style-type: none"> Chair of a major Faculty/University committee. Chair of a major hospital committee. Administrative position at the University or hospital level. External policy advisor. Editor-in-Chief of a scientific journal of significant reputation.

Clinical Activities	
1=Unacceptable	<ul style="list-style-type: none"> No documented activity that is judged equivalent to the items below.
2=Acceptable	<ul style="list-style-type: none"> Greater than 50% attendance at service and M&M Rounds. Greater than 50% attendance at Tumour Boards. Clinic responsibilities without student or resident teaching.
3=Good	<ul style="list-style-type: none"> Moderate clinic responsibilities. Supervision of residents and fellows. Clinical projects for best patient management, quality assurance and M&M reporting.
4=Very Good	<ul style="list-style-type: none"> Substantial clinic responsibilities. Heavy supervision of residents and fellows. Leadership in clinical projects for best patient management, quality assurance and M&M reporting. Good recruiter of patients on one or more clinical trials.
5=Excellent	<ul style="list-style-type: none"> Contributions towards clinical excellence. Clinical innovations.
6=Outstanding	<ul style="list-style-type: none"> Chief or Director of a hospital clinic or program. Important contributions towards clinical excellence. Clinical innovations which advance the specialty.

Professionalism & Collegiality:	
1-2=Less than acceptable or below average	<ul style="list-style-type: none"> Usually not responsive, not willing to help when needs arise.
3-4=Good or average	<ul style="list-style-type: none"> Intermediate level of dependability and cooperation.
5-6=Excellent or outstanding	<ul style="list-style-type: none"> Very dependable and cooperative.