

Title:	GUIDE TO ACADEMIC ACTIVITIES
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Audience:	Bargaining Unit faculty members in the Faculty of Medicine
Purpose:	To describe academic activities available within the Faculty of Medicine that support faculty engagement and fulfillment of contribution expectations.
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Preamble

Within the Faculty of Medicine, Bargaining Unit faculty members are expected to provide significant academic contributions to a level appropriate to the faculty member’s rank, whether full-time or part-time, and stream. This Guide describes academic activities available within the Faculty of Medicine that support faculty engagement and fulfillment of contribution expectations. It is not intended to serve as an exhaustive list, and some activities may not be applicable or available to all programs, Departments or Schools.

It is also important to note that expectations for participation in these academic activities will vary across the Faculty of Medicine and between individuals, and that academic activities are to be documented or supported by evidence to be considered for assessment (i.e., reviews for merit, promotion, etc.). Please refer to the respective Department / School general approach to workload for specific information regarding workload allocation and expected academic deliverables, as well as applicable UBC policies (e.g., UBC Policy AP4: Faculty Term Appointments Without Reviewⁱ, etc.) and agreements (e.g., *Collective Agreement Between the University of British Columbia and The Faculty Association of The University of British Columbia* (“CA”)ⁱⁱ).

Excerpts from the CA and the *Guide to Reappointment, Promotion and Tenure Procedures at UBC* (“SAC Guide”)ⁱⁱⁱ are embedded in this document. While the generality of these statements applies across most faculty appointments, some specific aspects might not be directly applicable to all faculty appointments.

Contents

A. TEACHING:	2
B. SCHOLARLY ACTIVITY	3
C. EDUCATIONAL LEADERSHIP	7
D. SERVICE	8



A. TEACHING

The Faculty of Medicine strives to educate, develop and mentor future and current health practitioners, professionals, educators and researchers who can work together effectively to serve evolving health needs.

“Teaching” encompasses a **broad range of activities**. It includes all activities by which learners “derive educational benefit”. (CA Part 4, Section 4.02)

For context, in the Faculty of Medicine “teaching” may involve teaching with patient care, teaching without patient care, learner supervision, or other means.

1. Types of Learners in the Faculty of Medicine:

- Undergraduates (e.g., Medical/Dental students; BMLSc, BSc, summer students, honours theses, Co-op, Directed Studies, Flexible and enhanced learning in MDUP (FLEX));
- Graduates (e.g., MSc, MPH, MHA, MPT, MOT, MGSC, PhD, Residents, etc.);
- Postgraduates (e.g., Postdoctoral Research Fellows, Clinical Fellows, International Medical Graduates, etc.);
 - For context, in the Faculty of Medicine the teaching of residents is considered equivalent to graduate students, and the teaching of fellows is considered equivalent to postdoctoral students.
- Peers/Professionals (CME/CPD as presenter).

2. Examples of Types of Teaching Activities in the Faculty of Medicine:

a. Teaching with Patient Care (TwPC):

- Designated Clinical Sessions / Clinical Teaching: 1 learner or multiple learners, including clinical rotation placements and electives (i.e., teaching with patient care taking place in an inpatient or outpatient environment, site visits, etc.);
- Student electives for Faculty of Medicine learners or out of province visiting students;
- Shadowing.

b. Teaching without Patient Care (TwoPC):

- Lectures and seminars (e.g., cohort of students, formal numbered UBC courses, Vancouver Summer Program);
- Academic Half Day / Academic Day (i.e., instruction provided to a learner or small group of learners by direct interaction with an instructor as part of an Academic Half Day);
- Grand Rounds;
- Panel Member (i.e., a group of experts discusses a topic before a group of learners);
- Large Group Session / Tutorials, often with formal course numbers (i.e., Case-Based Learning, FLEX, Game Based Learning, Community Based Experiential Learning, Team Based Learning, field work, field trips);
- Small Group Session / Tutorials, often with formal course numbers (i.e., approximately 12 learners for fewer focused on the learning of specific skill, discussion of a specific topic, focused on the knowledge and/or skills integration, Case-Based Learning, FLEX, Game Based Learning, Community Based Experiential Learning, Team Based Learning, field work, field trips)
- Research Elective (i.e., an elective for MD undergraduate students that involves academic research);
- Clinical Skills Sessions with standardized or volunteer patients;



- Laboratory (i.e., wet, computer, clinical laboratory sessions in the health professions, research laboratory instruction, practical hands-on training);
 - Workshops;
 - Patient Simulation Sessions, Demonstrations, Classes with Patient Partners, Role Play / Dramatization;
 - Examinations (i.e., mock, oral, and written examinations, exam setting, marking);
 - Guest Lecturer / Visiting Lecturer / Guest Presenter / Continuing Education Presenter (i.e., Presentation at Rounds, invited lectures given at UBC or other institution; named lectures, UBC and non-UBC CME and CPD courses);
 - Preparation (i.e., lecture, lab, exam, assignment prep, office hours).
- c. *Supervision with and without Patient Care:*
- Research Supervision and Co-Supervision (i.e., oversight and direction of research activities to an individual or small group of learners at undergraduate, graduate, or postgraduate levels, including research projects in professional or course-based programs such as MPT/MOT, AUDI/SLP and MGSC research projects and Directed Studies);
 - Group Projects (i.e., supervision of a systems innovation, quality improvement (QI) and patient safety project by postgraduate learners);
 - Graduate Student Supervisory Committees (i.e., membership on Masters or PhD committees, Chair of doctoral comprehensive exams, Chair of final Masters or doctoral thesis defence);
 - Portfolio Coach (i.e., supporting a small group of medical students in clinical practice content areas);
 - Student Advisor and student mentoring (i.e., formal and informal at the undergraduate, graduate, or postgraduate levels).

B. SCHOLARLY ACTIVITY

The Faculty of Medicine’s strategic plan includes a goal to create, translate, and implement knowledge across all research areas to increase global impact and promote improved individual and population health, locally and globally.

Scholarly Activity “means research of **quality and significance**, or in appropriate fields, distinguished, creative or professional work of a scholarly nature; and the **dissemination** of the results of that scholarly activity.” (CA Part 4, Section 1.01)

For context, in the Faculty of Medicine **evidence of scholarly activity varies** among the disciplines and between individuals.

1. Forms of Scholarly Activity:

Faculty members can make contributions in one, or a combination of, the below forms of scholarly activity.

“Judgment of scholarly activity is based mainly on the quality and significance of an individual’s contribution. Evidence of scholarly activity varies among the disciplines...Diverse substantive contributions to knowledge and methods of dissemination, as recognized within the field of inquiry, are valued...For Indigenous scholarly activity, evidence may include a diverse set of outputs outside the general norms of any given discipline, such as but not limited to curation of artistic or cultural

exhibits, significant oral dissemination of research, policy development, and community engaged scholarship under the ownership of Indigenous nations.” (CA Part 4, Section 4.03)

a. “Traditional” Scholarship:

- “Published work is, where appropriate, the primary evidence.” (CA Part 4, Section 4.03)
- “Substantive external peer reviews of published work are important. The expectations of published works will vary depending on the discipline. The candidate’s published work should be examined with three related considerations in mind: the quality of the venues in which the candidate’s published work appears; the quantity of the candidate’s published work; and the overall impact of the candidate’s work on their field or discipline.” (SAC Guide Section 3.1.6)
- For context, in the Faculty of Medicine traditional scholarly activity can include, but is not limited to:
 - research conducted that considers and supports diversity and oppose racism and discrimination in all its forms,
 - investigations as an independent scientist where “judgment of scholarly activity is based mainly on the quality and significance of an individual’s contribution” (CA Part 4, Section 4.03),
 - contributions as a team scientist where judgment of scholarly activity is based on the greater accomplishment of an indispensable group of scientists on a multi-investigator team (as a whole), in addition to the quality, significance, and unique/essential of the individual’s contributions,
 - single discipline, interdisciplinary, multi-disciplinary, laboratory research, participatory research, clinical trials, etc.
 - contributions performed as Principal and Co-Principal Investigator / Co-Investigator / Collaborator / Skills Specialist (i.e., biostatisticians, bioethicists, technical experts, etc.) / First, Contributing, Senior (Corresponding), or sole Author, etc.,
 - research leadership.

b. Scholarship of Teaching and Learning:

- The scholarship of teaching and learning is “discipline-situated research into effective curriculum and pedagogy to optimize student learning.” (SAC Guide page 84)
- Scholarship of teaching and learning “may be evidenced by originality or innovation, demonstrable impact in a particular field or discipline, peer reviews, dissemination in the public domain, or substantial and sustained use by others.” (CA Part 4, Section 4.03 (a))
- “Innovation in indigenous pedagogies at the university or in the community and/or the development of Indigenous curriculum for Indigenous communities may also be considered.” (CA Part 4, Section 4.03 (a))
- “Scholarship of teaching is not synonymous with excellent teaching. Rather, scholarship of teaching makes a broader contribution to the improvement of teaching and learning beyond one’s own teaching responsibilities.” (SAC Guide Section 3.1.8)
- The scholarship of teaching and learning is also different from scholarly teaching (i.e., teaching informed by, and based on scholarship of teaching, learning, and educational research). (SAC Guide page 84)

c. Professional Contributions:

- “In professional or clinical studies scholarly activity may be evidenced by research on or the creation of:
 - significant applications of fundamental theory; or



- significant forms and applications of professional or clinical practice. Work with professional, technical, scholarly or other organizations or with scholarly publications which falls within the definition of scholarly activity may be considered.” (CA Part 4, Section 4.03 (b))
- “Work with professional, technical, scholarly, Indigenous or other organizations...may also be considered.” (CA Part 4, Section 4.03).
- “Professional contributions should not be of a routine or repetitive character. Merely practicing a profession as a typical consultant or professional might do is insufficient to be considered scholarly activity through professional contributions.” (SAC Guide Section 3.1.16)
- “Evidence that might be viewed as demonstrating the leadership, rare expertise or outstanding stature expected in a professional contribution includes work with significant impact such as advice or policy analysis that results in: the drafting or implementation of new and significant legislation; an integrated and innovative summary of existing legislation and policy.” (SAC Guide Section 3.1.19)
- For context, in the Faculty of Medicine:
 - practicing as a competent health care practitioner per se does not constitute a professional contribution of high quality; there would need to be demonstrated impact on clinical practice, or the delivery of health care, beyond one’s own medical practice, policy or discipline.
 - professional contributions can include, but are not limited to, contributions that:
 - impact practice (e.g., delivery of health care), policy, discipline;
 - promote, support, and advance equity, diversity and inclusion in academia, discipline, health care, community, etc., and anti-racism/anti-discrimination activities, decolonization and indigenization in all aspects of research;
 - demonstrate where the faculty member’s creativity or rare expertise are recognized.

2. Examples of Scholarly Activities:

a. Grants and Contracts:

- Research or equivalent contracts, competitive & non-competitive (i.e., Operating Grants, Team Grants, Group Grants, Equipment Grants, Infrastructure Grants, Training Grants, funding for clinical trials, etc.).

b. Publications:

- **“Traditional” Publications:**
 - Refereed publications within well cited journals (i.e., journals, conference proceedings, other);
 - Non-refereed publications (i.e., journals, conference proceedings, other);
 - Books and book chapters (i.e., authored, edited);
 - Peer-reviewed conference abstracts;
- **Publications Specific to Scholarship of Teaching and Learning:**
 - “Textbooks and curriculum reform that changed academic understanding or made a significant contribution to the way in which a discipline or field is taught might constitute useful evidence of the scholarship of teaching whereas textbooks or curriculum revision of a routine nature would not.” (CA, Part 4, Section 4.03 (a))



- “Contributions to the practice and theory of teaching and learning literature, including publications in textbooks, print and electronic publications, book chapters, articles in peer-reviewed and professional journals, conference publications, software, training guidelines, instructional manuals or other resources.” (CA, Part 4, Section 4.04 (a))
- Specific examples observed within the Faculty of Medicine include:
 - Development of widely-used syllabi and evaluation tools to train local clinical facilitators which have been adopted by other medical programs in Canada;
 - Peer-reviewed publications relating to the educational programs that a faculty member has developed.
- **Publications Specific to Professional Contributions:**
 - evidence-based reviews;
 - publication on a significant clinical observation;
 - having a major role in development of clinical practice guidelines;
 - having a major role in a significant report related to organization and delivery of clinical other professional services.
- c. *Presentations:*
 - Invited Presentations (i.e., presentations related to original research activities given at scholarly meetings or at another institute by specific invitation, including lectures given as Keynote Speaker at a conference);
 - Invited Participation (e.g., participation on a government or other organization panel)
 - Conference Participation (i.e., Organizer, Session Chair, Moderator, etc.);
 - Other Presentations (e.g., presentations to public events organized by local funding agencies, charities, patient support group, high schools, etc.);
 - Educational expertise presented at local, national or international venues;
 - Clinical or other professional expertise presented at local or national venues of significance;
 - Other forms of dissemination of work to the public domain (e.g., websites, depositories, datasets).
- d. *Artistic Works, Performances, Designs* (i.e., audio-visual work, pamphlets, computer programs or similar works and designs)
- e. *Patents / Special Copyrights*
- f. *Other Professional Contributions:*
 - Knowledge translation;
 - Technology development and systems innovation;
 - Contributions to patient safety (i.e., community or stakeholder engagement);
 - Development and maintenance of reputation as an authority in a clinical or other professional field;
 - Development and maintenance of innovative approaches to patient care;
 - Quality improvement activities in areas of clinical or professional expertise;
 - Leadership roles in Department / School, hospital, regional or national professional organization;
 - Specific examples observed within the Faculty of Medicine include:
 - Serving as the founding member of the Canadian Orthopaedic Trauma Society and through individual contributions, led the Society to become world-renowned for its orthopaedic outcomes research through randomized multicenter trials;



- Advocacy with the BC Medical Association and the Canadian Medical Association which led to improved administrative and legal approaches to injured alcohol-impaired drivers treated in the Emergency Department;
- Building awareness to the health and educational inequities endured by marginalized populations through advocacy, and building capacity within the area of health care for marginalized populations by pursuing the agenda of providing access to high quality health care for First Nations People through development of innovative policy development (e.g., Advisory Council on the Implementation of National Pharmacare);
- Outstanding leadership in the field of immunology, including leading efforts to control infectious agents, serving as Chair and spokesperson for the National Advisory Strategy, advocating for the National Immunization Strategy, and leading policy changes through evidence-based policy.
- Large scale quality assurance work with demonstratable impact.

C. EDUCATIONAL LEADERSHIP

Another goal of the Faculty of Medicine is to promote educational innovation and actively apply lessons learned across educational offerings to improve outcomes and access to education.

“Educational leadership” are activities undertaken “at UBC and elsewhere **to advance innovation in teaching and learning** with impact **beyond one’s classroom.**” (CA Part 4, Section 4.04)

Evidence of educational leadership will vary “to reflect different contexts and educational leadership needs/opportunities” within the Unit, University, and academic/professional communities within the faculty member’s discipline (SAC Guide page 14). Each activity is to be of a scholarly nature and embody the notion of impact and change – in one’s own practice, that of colleagues, in the ways the subject is taught, etc. Context is critical, in that impact and the evidence must be weighed against opportunities.

While scholarship of teaching and learning (i.e., discipline-situated research into effective curriculum and pedagogy) can constitute evidence of educational leadership, there are also many other types of educational leadership activities. (SAC Guide page 84)

Educational Leadership is not synonymous with excellent teaching or scholarly teaching (i.e., teaching informed by, and based on scholarship of teaching, learning, and educational research).

1. Examples of Types of Educational Leadership Activities:

- Examples listed in the Collective Agreement, Part 4, Section 4.04 (a):*
 - “Application of and/or active engagement in the scholarship of teaching and learning;
 - Significant contributions to curriculum development, curriculum renewal, course design, new assessment models, pedagogical innovation and other initiatives that extend beyond the member’s classroom and advance the University’s ability to excel in its teaching and learning mandates;
 - Teaching, mentorship and inspiration of colleagues;
 - Formal educational leadership responsibility within the Department / Program / Faculty;
 - Organization of and contributions to conferences, programs, symposia, workshops and other educational events on teaching and learning locally, nationally and internationally;



- Contributions to theory and practice of teaching and learning, including publications such as textbooks, print and electronic publications, book chapters, articles in peer-reviewed and professional journals, conference proceedings, software, training guidelines, instructional manuals or other resources; and
- Other activities that support evidence-based educational excellence, leadership and impact within and beyond the University.”

b. Additional examples listed in the SAC Guide, Section 3.4.1 and Appendix 1:

- Activities to advance interdisciplinary, inter-professional and inter-institutional collaborations in teaching and learning;
- Securing funding/additional resources for teaching and learning innovation or enhancements, and leading the implementation of funded initiatives or activities;
- Contributions to open education repositories;
- Recognition and distinction in the form of awards, fellowships and other recognition for teaching and learning related activities (internal to UBC and beyond);
- Development of new and innovative approaches to education;
- Mentoring of students, including supervising honors theses, internships, etc.;
- Participation in the pedagogical training of other faculty and graduate students.

c. Specific examples observed within the Faculty of Medicine:

- The development of innovation in education, including the areas of examination, pedagogical innovation, teaching evaluation, faculty development or simulation, innovation in the use of learning technology, etc., with demonstrable impact.
- Significant contributions to curriculum development and renewal;
- Creation of websites (e.g., for neuroanatomy and gross anatomy) that are widely utilized;
- Formal evaluation/review and report of UBC-affiliated course or education program;
- Development of a lab manual (e.g., dissection manual) which is learner-driven and unique to UBC;
- Co-development and piloting of the new Inter-Professional Anatomy refresher course;
- Service as Week Lead, Case author/Co-Author, Course Coordinator, Program/Course/Site Director, Chair of an educational committee, Program Advisor, etc.;
- Scholarly work on difficult incidents in PBL tutorials, leading to a peer-reviewed publication in a leading publication in the field;
- Development and delivery of content on psychosocial rehabilitation and student wellness to international universities;
- Presentation of papers and posters at international conferences and events (e.g., European and World Federation of Occupational Therapists meeting, International Congress on Academic Medicine, etc.);

D. SERVICE

Service to the academic profession, UBC, health profession/health authority, and to the community is an important academic activity that demonstrates the Faculty of Medicine’s commitment to partnerships, relationships, and belonging to a community.

“Service” is “performed for the benefit of the University, professional organizations, and the community at large...Service also includes professional, academic, and public service work done to



advance the inclusion of all those who have been historically excluded based on gender, race, religion, sexuality, age, disability, or economic circumstance.” (CA Part 4, Section 4.05)

1. Examples of Types of Service Activities in the Faculty of Medicine:

a. UBC:

- Membership on, or service to, committees, sub-committees, and councils in Departments / Schools, the Faculty of Medicine, and UBC (e.g., promotions committee, Research Ethics Boards, admissions committee, education committees, etc.);
- Learner orientation;
- Faculty mentoring (i.e., formal and informal);
- Non-student supervision;
- Leadership roles at any level of UBC (e.g., Division or Department Head / School Director, Centre Director, Associate or Assistant Dean, Director of a major program or facility);
- Examination related service activities (e.g., thesis examination committee, graduate student oral comprehensive examination committees, Objective Structured Clinical Examinations (OSCE), invigilation);
- Fundraising.

b. Health Profession/Health Authority/Hospital/Agency/Professional Organizations:

- Membership on, or service to, provincial, national and international committees;
- Leadership roles;
- Other provincial, national and international service;
- Contributions to systems innovation, quality improvement, patient safety, and health care advocacy.

c. Local, Provincial, National and International Community:

- Membership on, or service to, scholarly or other societies;
- Memberships on, or service to, scholarly committees;
- Membership on, or service to, other committees for a professional society, government or public councils and boards;
- Editorships;
- Peer Reviewer (i.e., manuscripts, grant reviewer, etc.);
- External examiner;
- Community outreach and engagement (i.e., communication and knowledge translation to the general public via radio, TV, or other media interviews, panel discussions, public discussions; volunteer work relating to scholarly activities);
- Voluntary professional service;
- Mentoring activities including, but not limited to, members of Indigenous, racialized, or other historically marginalized groups (refer to SAC Guide, Part 3, Section 4 (3));
- Professional, academic, and public service work done to advance the inclusion of all those who have been historically excluded based on gender, race, religion, sexuality, age, disability, or economic circumstance (refer to SAC Guide, Part 3, Section 4 (3)).

ⁱ Faculty Term Appointments Policy (AP4) | Office of the University Counsel (ubc.ca):

<https://universitycounsel.ubc.ca/policies/faculty-term-appointments-policy/>

ⁱⁱ Faculty Collective Agreement (ubc.ca): <http://hr.ubc.ca/working-ubc/faculty-collective-agreement-and-policies>

ⁱⁱⁱ SAC Guide.pdf (ubc.ca): <http://hr.ubc.ca/sites/default/files/documents/SAC%20Guide.pdf>