Guidelines for Teaching Performance and Support Process

Home

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Introduction

The purpose of this document is to provide guidelines for a more consistent and transparent process across the Faculty of Medicine and affiliated sites for faculty teachers who are identified as performing below expectations.

These guidelines were informed by the available literature, a local group of health profession's educators (faculty developers, evaluation experts and education leaders) from across departments, health professions and education units) and have been shared for consultation and feedback to numerous leadership groups across the Faculty of Medicine.

The current guidelines include the following sections:

1. Teaching Performance and Support Process Algorithm which summarizes the overall process; and
2. Process for Supporting Faculty Teachers-the Teacher ‘in Difficulty’ (for faculty teachers with those with repeated poor evaluations or significant event)

It is anticipated that for some departments, these documents will complement existing processes, whereas other departments may choose to incorporate these guidelines in their entirety. The Faculty of Medicine will work with Department Chairs and identified education leaders in their departments to implement and assess the impact of the Teaching Performance and Support Process.

In addition to the above, there is a need to capture the data about those faculty who do enter into a more formal process for the support to improve the quality of teaching. Currently there is no data as to how many faculty fall into the category of ‘performing below expectations’, the nature of the difficulty (e.g. whether this is a result of a gap in pedagogical knowledge and/or skill, challenges in establishing a safe and effective learning environment, external factors such as excessive demands on their time, or issues of a personal nature). Additional data such as academic rank, gender, race, age, teaching format, level of learner etc. are not collected in a consistent manner to allow for further review to understand how the medical education program and clinical teaching sites can best support faculty teaching.

Section 1: Teaching Performance and Support Process Algorithm

Every faculty member will receive a document that outlines the Faculty of Medicine University Departments’ philosophy and expectations with respect

to teaching. For each course or program, teachers will receive an outline of expectations of teachers, a description of how they will receive feedback about their teaching and where they can access support including faculty development and consultation for and about their teaching. This will also outline the common processes by which teaching will be evaluated and that the department is interested in working together to optimize teaching performance of all faculty and the department/program.

Step 1: Teacher identified as performing below expectations and/or receives comments that requires follow- up.

Data may include*

Clinical teaching scores

- Course evaluations
- Lecture evaluations
- LACT (Learner assessment of Clinical Teacher)
- Power/MedSIS
- Self-evaluations
- Small group facilitator scores
- Other evaluation data from undergraduate/postgraduate/ continuing education/faculty development/graduate teaching

Identifiers include (but not exclusive)

- Academy Director
- Chair
- Chief
- Course Director
- Dean
- Learners
- Peer
- Program Director/Site Coordinator
- Self-identified
- Vice Dean

(*refer to *Guidelines for Interpreting Teaching Evaluation Scores)*

- VP Education

Step 2: Preliminary review prior to initial meeting (*refer to: *Supporting Faculty in Teaching* Guide)

Step 3: Initial meeting with the teacher *Refer to *Supporting Faculty in Teaching* Guide

Step 4: Develop mutually agreed upon learning and follow-up plan and timeline (consider who needs to sign off on plan, who will monitor progress)

For single or initial issues relating to pedagogy, content, format, expectations

- Identify the target/goal with the teacher and recommend resources/suggestions to improve teaching with a plan for future teaching discussed (e.g. CFD, teaching consultation through department or program resources)
- Recommend an educational consultant if necessary

For those with repeated poor evaluations or significant events

- Chair or chair's designate/Edu Dean notified
- Clinical chiefs/VP Ed/academy directors review data together
- Discuss background info
- Discuss need for further assessment(s)
- Identify objectives and learning plan for each objective

- Customized learning plan developed with teacher & program/course director/department faculty developer

Resources

- Centre for Faculty Development – https://cfd.utoronto.ca/
- Centre for Teaching Support and Innovation – https://teaching.utoronto.-ca/teaching-support/
- Office of Faculty Development, MD Program, University of Toronto - https://ofd.med.utoronto.ca
- Departmental faculty developers
- Other departmental and institutional education resources/consultants School of Graduate Studies

Section 2: Process for Supporting Faculty Teachers- the Teacher 'in Difficulty'

Prior to an initial meeting with the faculty member:

1. **What is the nature of problem?**
   Is this an individual faculty teacher issue, an organizational or systems use or both?

Nature of the Problem	Data/Information provided/to be collected	Possible Interventions	Who Could/Should be Involved
Failing to meet expectations of specific learning responsibility (e.g. not completing assigned assessments, failing to implement the curriculum as designed)	• Teaching Evaluation Scores (TES) • Learner Assessment of Clinical Teacher (LACT) + comments • Student comments • Course director and/or peer • Feedback/observations	• Clarification regarding role/ responsibilities • Faculty development specific to role/ course/setting	• Course or program director • Dean • Vice Dean • Vice Education practice site Course or program director • Vice or Associate Chair Education (Department)
Lack of rapport with learners (e.g. lack of engagement with the learner/learning relationship)	• TES • LACT + comments • Comments from students/peers	Faculty development specific to role	• Course or program director • Vice Dean • Vice/Associate Chair Education (Department)
Role modelling (e.g. modelling of poor professional behaviour)	• LACT + comments • Document concerns • How is this impacting teaching? • Refer to Faculty of Medicine Standards of Professional Behaviour		• Clinical site leadership + education leadership (e.g. university leadership)

Nature of the Problem	Data/Information provided/to be collected	Possible Interventions	Who Could/Should be Involved
	for Clinical (MD) Faculty		
Lack of appropriate supervision of trainees	• LACT + comments • Details of situations where trainees felt unsupported • Evidence of impact on patient care		• Vice/Associate Chair Education (Department) • VP Education (Practice Site)
Uncivil behaviour (e.g. Verbal aggression, non- verbal intimidation)	• TES comments • LACT comments • Documented concerns from students/peers/ colleagues	Faculty of Medicine Standards of Professional Behaviour for Clinical (MD) Faculty	• University and practise site leaders
Trainee in trouble who is blaming faculty teacher	• Trainee assessments • Clarify nature of issues from multiple sources/ perspectives	Consultation with Director of Learner Experience and/or Associate Dean Health Professions Student Affairs	• Course director • Vice/Associate Chair Education (Department) • VP Education (Practice Site)
Clinical concerns (e.g. patient safety, effective practice)	• Clinical care • If feedback is coming from learner, consideration needs to be given to the evidence and their stage of learning along with corroboration from other	Defer to clinical leadership before deciding on implications for teaching responsibilities/roles	• Clinical site leadership + education leadership (e.g. university leadership)

Nature of the Problem	Data/Information provided/to be collected	Possible Interventions	Who Could/Should be Involved
	sources		
Complaints of serious misconduct (e.g. criminal behaviour)	• Information from peers/ learners/patients • Trainee mistreatment reports.	Engage legal counsel as per university/ hospital policy	Hospital/practice site leadersHospital/practice site leaders

Faculty teacher self-assessment (to be completed if appropriate and if provided with data of concern prior to first meeting)

Please use this grid to identify your areas of concern, areas of weakness and areas of strength:

KNOWLEDGE	ATTITUDES	SKILLS
Identify challenges and strengths (e.g. gaps in clinical knowledge)	*Attitudinal challenges (e.g. are you experiencing difficulties with motivation, support for teaching, and frustrations with teaching).*	*Skill deficits often overlap with gaps in knowledge. Identify strengths as well.* *(e.g. interpersonal skills, technical skills, clinical judgment, organization of work).*

TEACHER	LEARNER	SYSTEM
Are there any perceptions, expectations, feelings, personal experiences/problems or stresses that are affecting your role as a teacher?	*Do you feel there are learner factors which are affecting your ability to teach?*	*Are expectations, responsibilities, standards and/or workload expected of you (by the department/ university) clear?*

Adapted from: Figure 1, Steinert Y. The problem learner: whose problem is it? AMEE guide No. 76. Medical Teacher 2013; 35: e1035-45

During the meeting

- Suggest use of R2C2 model to explore teacher's reactions to the data provided/concerns Sargeant J, Lockyer J, Mann K, Holmboe E, Silver I, et al. Facilitated Reflective Performance Feedback: Developing an Evidence- and Theory-Based Model That Builds Relationship, Explores Reactions and Content, and Coaches for Performance Change (R2C2). Acad Med 2015;90(12):1698- 706. https://medicine.dal.ca/departments/core-units/cpd/faculty-development/R2C2.html

- Clear documentation of those present, key points discussed and next steps to include:
    - A plan for further assessment(s) (if required)
    - Additional data (if required)
    - Expected outcomes
    - Intervention(s) (see below)
    - Monitoring
    - Timelines

And who is involved with each of these.

After the meeting

- Intervention to be linked to these:

1. Data source: TES/Learner Assessment of Clinical Teacher (LACT) student feedback (written comments and/or verbal feedback), peer feedback, other?
2. Workload (teaching and other)
3. Duration of 'service'/faculty appointment/nature of appointment (community vs. full time) academic
4. Wellness
5. Characterological traits/ Resistance to intervention/suggestions/Professionalism issues

- Who is involved?

- Monitoring and follow-up plan and timeline

Traditional Land Acknowledgement

TemertyMedicine