Teaching Performance:
A Management Guideline for Teachers in Difficulty

Preamble

The Department of Anesthesiology and Pain Medicine is committed to excellence in teaching and ongoing educational support of our trainees and faculty. The professional growth and development of clinical teaching faculty are integral components of the success of our education programs. Evaluation and feedback are able to advance the professional growth of each clinical teaching faculty member and engagement in the process is part of the academic commitment of every faculty.

This document provides guidelines for a consistent and transparent process for faculty teachers identified as performing below expectations. These are informed by and complement the Temerty Faculty of Medicine Teaching Performance Guidelines and the Evidence-Informed Guidelines for the Interpretation of Teaching Effectiveness Scores and Other Teaching Performance Feedback.

The guideline will address:

1. Teaching Performance and Support Process Algorithm, which summarizes the overall process
2. Process for Supporting Faculty Teachers-the Teacher ‘in Difficulty’ (for faculty teachers with those with repeated poor evaluations or significant events)
3. Guidelines for the Interpretation of Teaching Evaluation Scores that provides an evidence-based approach for faculty teachers, education leaders and others to interpret teaching effectiveness scores and other teaching performance feedback
4. Resources
5. Summary Documentation

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1. Teaching Performance and Support Process Algorithm

Prior to an initial meeting with the faculty member:

1. What is the nature of the problem?

Nature of the problem	Data/information provided/to be collected	Possible interventions	Who should/could be involved (in order of escalation)
1. Failing to meet expectations of specific teaching responsibility (e.g. not completing assigned assessments, failing to provide feedback)	• Teaching Evaluation Scores (TES) /Learner Assessment of Clinical Teacher (LACT)/ faculty evaluations • Learner comments • Feedback from other sources (REC committee, VoTeR surveys)	• Clarification regarding role/ responsibilities • Faculty development specific to role/ responsibility	• Program Director • Site Education Director • Site Residency Coordinator • Site Chief • Vice Chair Education
2. Lack of rapport with learners (e.g., lack of engagement with the learner/learning relationship, failure to teach appropriately)	• TES/LACT/faculty evaluations • Comments from Learners/peers	• Faculty development specific to the role	• Program Director • Site Education Director • Site Residency Coordinator • Site Chief • Vice Chair Education
3. Role modelling (e.g., modelling of poor or unprofessional behaviour)	• Document concerns • How is this impacting teaching? • Refer to Faculty of Medicine Standards of Professional Behaviour for Clinical (MD) Faculty • Departmental Civility and Harassment Protocol • LACT	• See Departmental Civility and Harassment Protocol	• Program Director • Site Education Director • Site Residency Coordinator • Site Chief • Vice Chair Education • Department Chair • PGME Vice Dean • VP Education (Practice Site)

4. Lack of appropriate supervision of trainees (e.g., failure to provide level-appropriate autonomy, lack of appropriate learner psychological safety)	• TES/LACT/faculty evaluations • Details of situations where trainees felt unsupported • Evidence of impact on patient care	• Faculty development specific to role/ responsibility	• Program Director • Site Education Director • Site Residency Coordinator • Vice Chair Education • Site Chief • Department Chair • VP Education (Practice Site)
5. Uncivil behaviour (e.g., Verbal aggression, non-verbal intimidation)	• TES/LACT comments • Documented concerns from students/peers/ colleagues	• Faculty of Medicine Standards of Professional Behaviour for Clinical (MD) Faculty	• Program Director • Site Chief • Vice Chair Education • Department Chair • VP Education (Practice Site) • PGME Dean
6. Trainee in trouble who is blaming faculty teacher	• Trainee assessments • Clarify the nature of issues from multiple sources/ perspectives	• Consultation with Director of Learner Experience and/or Associate Dean Health Professions Student Affairs	• Program Director • Vice Chair Education (Department) • VP Education (Practice Site) • PGME, Dean
7. Clinical concerns (e.g., patient safety, effective practice)	Clinical care • If feedback is coming from a learner, consideration needs to be given to the evidence and their stage of learning, along with corroboration from other sources	• Defer to clinical leadership before deciding on implications for teaching responsibilities/roles	• Vice Chair Education • Site Chief • Department Chair
8. Complaints of serious misconduct (e.g. criminal behaviour)	• Information from peers/ learners/patients	• Engage legal counsel as per university/ hospital policy	• Site Chief • Department Chair • Hospital Leadership

2. **Who should be involved in the initial meeting?**
   - Do the actions/behaviours of concern impact only learners?
   - Levels of learners (PGME/UGME)?
   - Do the actions/behaviour of concern impact patient care, and research?

3. **What information is being considered?**
   - What data has been provided to support this? What might additional data be collected?
   - How has the data been documented?
   - What is the reporting source? If a learner, have they filed a formal report? Do they wish to be identified or not?
   - What is the quality and weight of the data?

Faculty teacher issues:
- Has their workload changed?
- Are they/might they be unwell?

4. **How is the concern communicated to the faculty teacher ahead of time?**
   - Will the data be provided for review and reflection ahead of time? (can this be done in a way that doesn't compromise learner(s) or others?)

5. **How are concerns managed and escalated?**
   - The nature and severity of the issues and concerns will guide the response
   - Repeated concerns will result in an escalation of intervention
   - Egregious events and concerns will result in an escalation of intervention

2. Process for Supporting Faculty Teachers-the Teacher 'in Difficulty' (for faculty teachers with those with repeated poor evaluations or significant events)

A teacher will be considered to be in difficulty under the following conditions,

1. The evaluator(s) determines, as a result of TES or LACT, that identified weaknesses are significant enough to rate the teacher's overall performance as unsatisfactory. For TES, any overall score below 3.5 is considered unsatisfactory and requires attention. In the LACT, if 33% of the scores received were in the poor performance categories of the scale, the teachers would be identified as unsatisfactory (This is done in the Clinical Chair Report centrally and shared with all the individual Departments.)
2. The evaluator determines the result of performance observations and learner comments that the teacher has significant concerns documented e.g.faculty failed to engage with students, failed to provide psychological safety, and engaged in uncivil behaviour and actions which may have affected patient safety.
3. The weaknesses are remediable.

The TES/LACT will be made available to the teacher along with student comments and the evaluator(s) will meet with the teacher within 2-4 weeks after the performance observation. The teacher is requested to complete the faculty teacher self-assessment form prior to the meeting.

During this meeting, suggest the use of the R2C2 model to explore teacher's reactions to the data provided/concerns https://medicine.dal.ca/departments/core-units/cpd/faculty-development/R2C2.html.

During this meeting, a plan will be discussed, which will be directed towards the problems or skills that were addressed in the evaluation of concern. The plan will contain the following components.

1. Clear documentation of those present.
2. Description of the condition(s) in need of change.
3. Clear definition of acceptable levels of performance.
4. Plan of achieved identified expectations.
5. Indication of assistance to be provided.
6. Indicators for success.
7. Intervention(s) (see below).
8. Timelines for follow-up.

Teachers who show a satisfactory or better rating on follow-up will require no further follow-up.

Teachers who continue to receive unsatisfactory TES/LACT will be redirected towards faculty development courses that will help them improve their teaching skills and will be followed up to determine course completion and improvement in their TES/LACT. If the plan is completed and the teacher shows a satisfactory or better follow-up rating, no further follow-up will be required.

Teachers who fail to comply with the suggestions of the teacher in difficulty process may ultimately be relieved of their teaching duties. Depending on their site of practice, this may impact their work and on-call duties.

Faculty teacher self-assessment (to be completed if appropriate and if provided with data of concern prior to the 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 that 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

<u>After the meeting</u>

Intervention to be linked to these:

1. Data source: TES, 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

3. Guidelines for the Interpretation of Teaching Evaluation/Assessment Scores that provide an evidence-based approach for faculty teachers, education leaders and others to interpret teaching effectiveness scores and other teaching performance feedback

Temerty Faculty of Medicine Guidelines for Teaching Performance and Support Process by PGME

Key Considerations:

- Evaluation of teaching is just one source of feedback and represents the learner's perspective and/or satisfaction with teaching, which is not always synonymous with or a full representation of teaching effectiveness. All data from all sources will be reviewed.
- In examining the data, a holistic approach will be used, and as much data together within and between evaluations as possible will be reviewed with a focus on trends over time
- The focus will be on standards appropriate for the format of teaching and the number of learner evaluations
- Aggregates of scores are more reliable than individual items for summative decisions, and as such, all data will be considered overtime

Principles for Interpreting Teaching Assessment Data:

- Scores of at least 3 (on a 5-point scale) will generally be considered satisfactory
- The amount of evidence required should be determined by the nature of the decision being made

4. Resources

UNIVERSITY AND FACULTY RESOURCES

- https://www.aapm.utoronto.ca/wp-content/uploads/sites/129/2017/06/medicineguidelines-assessment-effectiveness-teaching.pdf
- http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/studenteval.pdf
- https://www.provost.utoronto.ca/wp-content/uploads/sites/155/2018/06/Provostial-Guideline-on-the-Student-Evaluation-of-Teaching-in-Courses.pdf
- https://medicine.utoronto.ca/sites/default/files/2017%20Academic%20Promotions%20Manual%20%20with%20cover%20page%20Final.pdf
- https://teaching.utoronto.ca/wp-content/uploads/2018/10/Interpretation-Guidelines_Final_Oct.1.2018.pdf5.

5. Summary Documentation

Annually, the Department of Anesthesiology and Pain Medicine office of the Chair will prepare a summary report that anonymously lists:

a. The number of reports received;
b. The number of investigations initiated; *and*
c. The number of individuals for whom specific measures were imposed was stratified by level of intervention(Level 1-4 as described in section 1). No further information will be disclosed.

The summary report will be compiled at the end of each academic year for review at the September meeting of the Department of Anesthesiology and Pain Medicine’s Executive Committee. The final approved summary report will be shared with the Departmental Education Committee that oversees the undergraduate, residency, fellowship and graduate programs, and the Residency Program Committee, including their learner representatives, and will be formally incorporated into the Department’s Annual Report.

Future Departmental Self-Study Reports, produced on a five-year basis, will include a section on Teaching Effectiveness and Teachers in Difficulty and present the above data over time.