



GUIDELINE FOR REPORTING ON LEARNER ASSESSMENT OF CLINICAL TEACHERS (LACT) FORMS (LACT Reporting Guideline)

Draft Final

A. Overview

This Guideline for Reporting identifies how the Learner Assessment of Clinical Teachers (LACT) will be reported and monitored in the Temerty Faculty of Medicine (TFOM). See Appendix 1 for LACT tool.

The LACT was developed in 2018-2019 and implemented in July 2020 to support accreditation requirements for the assessment by all medical learners (i.e., MD students, residents, fellows) of all medical clinical teachers (i.e., appointed faculty, clinical associates, fellows, residents) for the MD Program and PGME programs.

The LACT is only one of multiple measures of teacher performance. Other measures of teaching performance include reports of group teaching (e.g., small group teaching, rounds, workshops), reports of engagement in curriculum development, learner assessment and program evaluation.

The LACT has been designed to primarily be used as a quality improvement tool for clinical teaching. Reporting on the LACT will focus on providing teachers with timely access to information about their clinical teaching performance while maintaining learner confidentiality.

Where there is a concern arising from monitoring LACT data, other additional measures should be used to determine areas or issues that require action to support excellence or competence in teacher performance.

Over the next 18 months, the MD program and PGME office will implement centralized reporting for the 2020 and onwards LACT data and update central systems and processes. This includes enabling an on-demand version of the LACT tool available for assessment of all Clinical Teachers.

B. Background

Historically, in the TFOM, learner assessments of clinical teachers (e.g., Resident Assessments of Teaching Effectiveness) have been used as high stakes measures that informed many TFOM and Clinical Department processes related to teacher performance such as awards, remuneration, academic reviews, and remediation of performance.

Assessments of teachers are noted to be subject to bias creating structurally oppressive barriers.¹ The impact of such assessments, when used in a high-stakes manner, can disproportionately affect equity-deserving groups.²

Additionally, there have been incidents and concerns related to retribution (both positive and negative) by learners and faculty (e.g., *“I will give a good/better assessment than I’d prefer so I get a good/better assessment; I worry that providing the appropriate/poor rating will have consequences on me receiving a poor rating”*).

Further, our local TFOM program evaluation has observed that, given the small amount of data for each faculty member, small variations in faculty performance sometimes lead to data interpretations of ‘excellence’ or ‘underperforming’, which is problematic.

The development of guidelines was completed with the input and direction of the LACT Reporting Working Group (See Appendix 2 for Working Group membership), the TFOM Data Management Advisory Group (DMAG), Dr. Patricia Houston (Vice Dean, Medical Education) and Dr. Glen Bandiera (Associate Dean, Postgraduate Medical Education).

¹ Liebowitz, D. (2019). Working Paper. High-Stakes Teacher Evaluation for Accountability and Growth: Should Policy Treat them as Complements or Substitutes? https://scholar.harvard.edu/files/dliebowitz/files/evaluation_compl_subs_july_2019.pdf

Hessler, M., Pöpping, D. M., Hollstein, H., Ohlenburg, H., Arneemann, P. H., Massoth, C., Seidel, L. M., Zarbock, A., & Wenk, M. (2018). Availability of cookies during an academic course session affects evaluation of teaching. *Medical Education*, 52(10), 1064–1072. <https://doi.org/10.1111/medu.13627>

² Spooren, P., Brockx, B., & Mortelmans, D. (2013). On the validity of student evaluation of teaching: the state of the arts. *Review of Educational Research*, 83(4), 598-642.

P.B. Stark and R. Freishtat An Evaluation of Course Evaluations, An Evaluation of Course Evaluations, <https://www.scienceopen.com/document/vid/42e6aae5-246b-4900-8015-dc99b467b6e4?0> DOI: 10.14293/S2199-1006.1.SOR-EDU.AOFRQA.v1

C. Guidelines for Reporting LACT assessments

1. LACT assessment reporting will be cautious about maintaining the confidentiality of learners.
 - Generally, a minimum number of assessments will be required for reporting. In most cases, that will be 3 or more completed LACT assessments.
 - Additionally, there will be a suitable time period to allow the assessment to be confidential. This time period would be associated with the length of the program/educational experience. In some programs, that will be 3 months, while in other programs that will be a year.
2. LACT assessments will be aggregated and reported to clinical teachers in a timely way in consideration of confidentiality requirements.
3. Medical Education will be centrally responsible for aggregating the LACT data and make available aggregated confidential reports for clinical teachers, the MD program, PGME office, residency programs, and clinical departments.
4. Reporting of the LACT will be used as part of a broader group of teacher assessments to inform decisions by the MD Program, PGME office or the Clinical Departments.
5. Clinical teachers can contest the content or outcome of their individual received assessments or reports to their Clinical Chair or designate within the 30 days from the date the reports are made available. One or more of the following rationales are acceptable grounds for contesting the content or outcome of an assessment or report:
 - a. human error (e.g., entry error, assessor/assessee never worked together);
 - b. misuse of form (e.g., rotation evaluation rather than clinical teacher assessment).
 - c. personal circumstances that have significantly affected a clinical teacher's performance; and
 - d. unfair treatment (e.g., discrimination, retaliation).



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Preamble

About using this LACT form for your assessment of clinical teachers

- It should be based on the described encounter(s) only.
- The LACT form is to provide feedback and commentary on teaching performance.
- Feedback to teachers is an important professional obligation of learners.
- Your assessments are confidential – only anonymized aggregated summaries of the data will be reported.

How we will use the information:

- Aggregated data is used to evaluate the teacher/faculty, rotation, and sites on a regular basis.
- Low scores are centrally monitored for needed confidential follow-up.
- Results of LACT scores are used to monitor, support and improve teaching practices for individual teachers, sites and clinical departments.

Rating scale:

- 1-5 (low to high)
- Not Applicable (n/a) is permissible for all ratings *except* "OVERALL"
- Overall rating of 3 is the "*Minimum acceptable level of performance*" for this assessment form

Serious Incidents (i.e. Discussing, Disclosing or Reporting Mistreatment)

- This LACT form is **not** designed as a rapid response mechanism for serious incidents.
- If you have **experienced or witnessed** learner mistreatment or a serious incident of unprofessionalism in the MD Program/PGME learning environment or the MD Program/PGME community, please use the following link to learn more about our supports and resources (**including an anonymous or confidential online tool designed to allow medical learners at the Temerty Faculty of Medicine at University of Toronto to disclose or report mistreatment**). For MD learners: [see MD Learner Mistreatment](#); For PGME learners: [see PGME Learner Mistreatment](#)

Teaching format (pull down menu)

<input type="checkbox"/> Ambulatory/clinic	<input type="checkbox"/> Office	<input type="checkbox"/> Virtual care (i.e., phone, video)
<input type="checkbox"/> Diagnostics	<input type="checkbox"/> Operating room	<input type="checkbox"/> Other: (please specify)
<input type="checkbox"/> Emergency/urgent care	<input type="checkbox"/> Seminar/workshop	Text box option for 'Other'
<input type="checkbox"/> Inpatient/ward	<input type="checkbox"/> Simulation	

Teaching contact

Please estimate the amount of contact you had with the teacher using the description below:

- Brief** (e.g., single clinic, single lab/microscope session, a few hours on-call, short OR shift)
- Moderate** (e.g., 2-4 clinics, 1 – 2 weeks in lab/microscope sessions, 1-2 on-call shift, 1-2 OR shifts, 1– 2 weeks rotation)
- Extensive** (e.g., 5+ clinics, 3+ weeks in lab/microscope sessions, 3+ OR on-call shifts, 3+ weeks rotation)

Assessment of Clinical Teacher:

1. The teacher/faculty provides effective clinical teaching that stimulates learners to build knowledge and skills safely while offering graded responsibility for patient care.					
1 Poor	2 Unsatisfactory	3 Minimally Acceptable	4 Good	5 Superior	N/A
Ineffective, unavailable, or impediment to learning		Good learning support matched to ability levels		Superior educational experience responsive to learner's level	
Comments					

2. The teacher/faculty created responsive relationships with effective feedback to support learner and teacher collegiality, collaboration and co-learning.					
1 Poor	2 Unsatisfactory	3 Minimally Acceptable	4 Good	5 Superior	N/A
Ineffective, insufficient or negative communication support or feedback		Respectful, responsive, available, and constructive		Excellent communication, collaboration, and detailed coaching	
Comments					

3. The teacher/faculty was a positive role model for the learner as a clinician, teacher and professional.					
1 Poor	2 Unsatisfactory	3 Minimally Acceptable	4 Good	5 Superior	N/A
Poor role model causing ineffective or negative educational experience		Suitable role model in all areas		Exemplary role model in all areas demonstrating the highest standard	
Comments					

4. The teacher/faculty created an effective learning climate providing clear expectations and balancing learning/teaching/assessments effectively.					
1 Poor	2 Unsatisfactory	3 Minimally Acceptable	4 Good	5 Superior	N/A
Reluctant to teach, set appropriate expectations, and address learning climate issues		Willing to teach and include learners respectfully with appropriate expectations in a positive learning climate		Enthusiastic, respectful, and proactive in ensuring positive climate and effective learning to learner needs regarding case mix	
Comments					

5. OVERALL rating for this teacher/faculty at this site/location/time (i.e., considering clinical teaching; respectful and responsive relationships and effective feedback; personal and professional model; learning climate.)				
1	2	3	4	5
Unsatisfactory Teacher	Weak Teacher	Acceptable Teacher	Good Teacher	Superior Teacher
Significant limitations to suitability of this teacher	Limitations in this teacher's performance	Effective teacher enabling effective learning	Very effective, proactive teacher supporting positive learning	An exceptional role model as a teacher
Comments				

Describe STRENGTHS of this teacher/faculty	Actions or Areas FOR IMPROVEMENT
1.	1.
2.	2.
3.	3.
OTHER Comments	

APPENDIX 2: LACT REPORTING WORKING GROUP

Learner Assessment of Clinical Teacher (LACT) Working Group on Reporting

Working Group Members

- Warad Al-Far- MD student, 2T1, University of Toronto
- Stacey Bernstein- Clerkship Director, MD Program, University of Toronto
- Luke Devine- Director, Undergraduate Medical Education, Department of Medicine, University of Toronto
- Michele Farrugia- Residency Program Director, Obstetrics and Gynaecology, University of Toronto
- Risa Freeman- Associate Professor, Department of Family and Community Medicine, University of Toronto
- Gregory Hum- Manager, Evaluation and Assessment, University of Toronto Centre for Teaching Support and Innovation
- Mahan Kulasegaram – Assessment Scientist, Wilson Centre
- Karen Leslie- Professor, Adolescent Medicine, Paediatrics, University of Toronto
- Sangeeta Mehta- Intensive Care Physician, Clinician Scientist, Interdepartmental Division of Critical Care Medicine, University of Toronto
- Umberin Najeeb- Co-Director of the Department of Medicine's Master Teacher program, University of Toronto
- Walter Tavares- Scientist, Wilson Centre
- Susan Glover Takahashi (Co-chair), Director, Education & Research, Postgraduate Medical Education, University of Toronto
- David Rojas (Co-chair), Director, Program Evaluation, MD Program, University of Toronto
- Margit Bullivant (Working Group Administrative Support)

APPENDIX 3: **SAMPLE** LACT SUMMARY REPORT



Learner Assessment of Clinical Teachers (LACT) **DRAFT SUMMARY REPORT³**

Draft Final

Dr. John Smith

Emergency Medicine (DoM)

UTOR ID and/or CPSO

Time Period:^{**4}

- July 2020 – Dec 2020
- Jan 2021 – Dec 2021
- Jan 2022 – Dec 2022

Type of Learner: **

- MD Program
- PGME - PGY Learners
- PGME – Clinical Fellows

Rotation(s)⁵: **

MD Program: Medicine, Elective, Selective

PGME: Ambulatory Clinics, CTU

Site(s)³: **

UHN- TGH, Mt. Sinai Hospital

Number of assessments^{**6}:

- MD Program= 17
- PGME – PGY = 6
- PGME – Clinical Fellow = 4
- Total = 27
- **All MD clinical teachers in comparable group n = 84**

Summary Teaching Format^{**}

Ambulatory/clinic N= 4	Office N= 5	Virtual care N= 3
Diagnostics	Operating room	Other:
Emergency/urgent care	Seminar/workshop N= 7	<i>Text box option for 'Other'</i>
Inpatient/ward	Simulation	

Summary Teaching Contact^{**}

Brief N= 4

³ See Learner Assessment of Clinical Teacher Assessment Tool in Appendix 1.

⁴ ** Means the report can be filtered on this element for sub-report if/when the confidentiality hurdles are met.

⁵ Pull down menu list

⁶ Results here would depend on menu selected

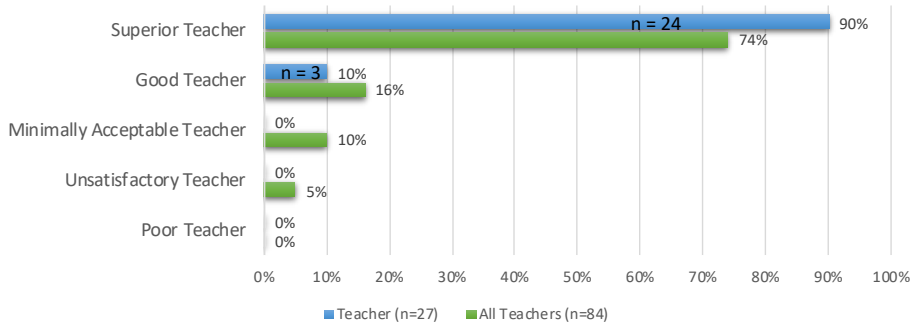
Moderate N = 2

Extensive N= 6

LACT ASSESSMENT RATINGS:

CLINICAL TEACHER

The teacher/faculty provides **effective clinical teaching** that stimulates learners to build knowledge and skills safely while offering graded responsibility for patient care.

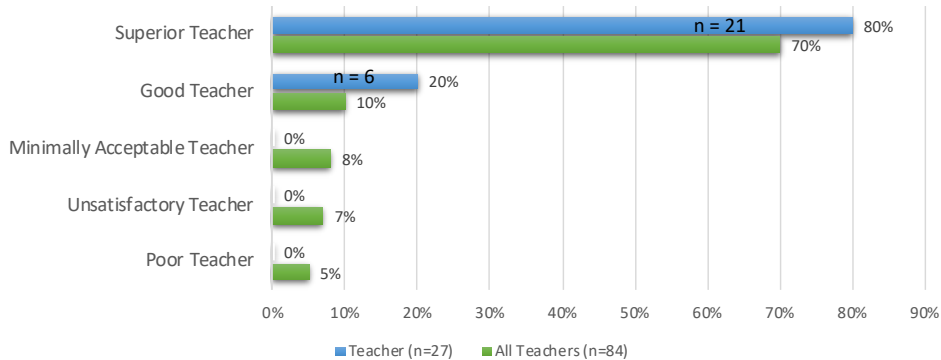


COMMENTS:

- Great Educator
- Loved the incorporation of ultrasound in this teaching block
- Made me a better physician

RESPONSIVE RELATIONSHIPS WITH FEEDBACK

The teacher/faculty created **responsive relationships with effective feedback** to support learner and teacher collegiality, collaboration and co-learning.

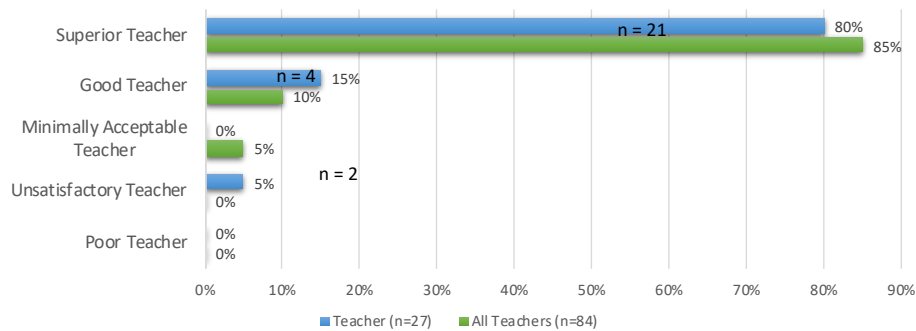


COMMENTS:

- Great teaching style for me
- Helped me get better every day

ROLE MODEL

The teacher/faculty was a **positive role model** for the learner as a clinician, teacher and professional.

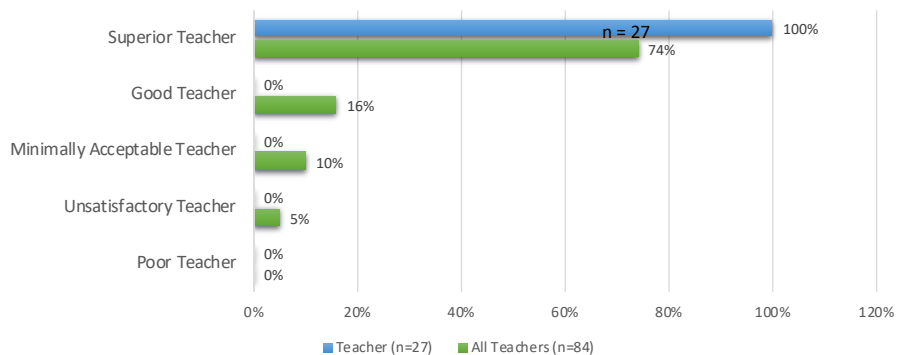


COMMENTS:

- Model Staff

LEARNING CLIMATE

The teacher/faculty created an effective **learning climate** providing clear expectations and balancing learning/teaching/assessments effectively.

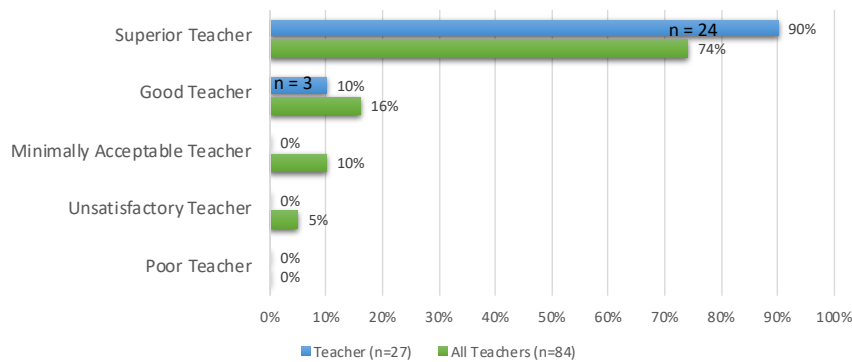


COMMENTS:

- Always kind and open making it easy to seek constructive feedback
-

OVERALL RATING

OVERALL rating for this teacher/faculty at this site/location/time



COMMENTS:

- A great role model for a training physician
-

SUMMARY COMMENTS re: Strengths & Areas for Improvement

COMMENTS - STRENGTHS

- Established teaching goals at the start of the day as well as a plan for assessments.
- Appropriate graded responsibility – checking in and responsiveness
- Creating a safe climate, making me feel welcome

COMMENTS – AREAS OF IMPROVEMENT

- Would have appreciated being invited to fill out EPAs and complete them in person
 - None
 - No time set aside for assessment completion
 - Twice, was given medical student teaching on same day...so not able to prepare as would have liked to.
-