Optimizing Teaching Effectiveness and the Learner Experience

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Introduction

The Department of Medicine (DoM) within the Temerty Faculty of Medicine (TFOM) is deeply committed to its role as educator and teacher. All DoM faculty members are expected to contribute to fulfilling our education mandate through their interactions with learners at the undergraduate, MD, postgraduate, fellowship, and/or graduate training levels. Thus, it is essential that we ensure that those interacting with learners are fully equipped to do so, understand the expectations of them, and have opportunities for professional development and further enhancement of their teaching skills throughout their academic careers.

We are gratified that our faculty members are routinely recognized by learners to be committed, conscientious, expert, and supportive teachers who promote a learning environment of professionalism, collegiality, civility, and respect. However, in a small minority of situations, concerns arise that must be addressed by the DoM in a manner that is supportive of all parties, addresses power imbalances and fears of retaliation, is culturally sensitive, confidential, and adheres to procedural fairness.

This document outlines how the DoM prepares, supports, and recognizes the excellence of its teachers, and how it collaborates with TFOM to ensure the safety and well-being of its learners.

Part one: Preparing and supporting ongoing learning amongst DoM Faculty

Developing and enhancing teaching skills

During residency and fellowship at the University of Toronto, learners are provided the opportunity to develop their teaching skills through clinical supervision of more junior learners and participation in formal teaching activities, e.g., participating in UGME activities. They are taught about how to teach and supervise in Academic Half Day formal sessions, and those interested in more advanced skills can participate in the Academy of Resident Teachers (ART) which is part of the Resident Interest Group in Medical Education (RIG-ME). Their teaching is evaluated formally by medical students and junior residents.

At recruitment to the DoM, all faculty members are reviewed for evidence of a track record of teaching effectiveness, irrespective of their proposed academic position description, e.g., Clinician Scientist or Clinician Teacher. Those recruited as full-time Clinician Teachers (~ 40% of our faculty members) are required to complete advanced training in health professions education (generally done through completion of the [DoM Master Teacher Program](#)) and to demonstrate "scholarship" in teaching. The latter may be based on a portfolio of teaching across learner levels and possibly teaching awards (documentation of 'sustained excellence in teaching') or through [leadership in](#)

teaching/education innovations consistent with creative professional activities and/or research.

All full-time faculty recruits are provided formal and informal mentorship. Faculty members are encouraged to role model life-long learning, e.g., through participation in programs offered by the Centre for Faculty Development.

Expectations of DoM Faculty supervising medical learners

Faculty are expected to review and sign off that they agree to comply with the Standard for Supervision of Learners by DoM Physicians document.

As well, all residency training programs within the DoM have developed expectations of faculty members providing supervision of all medical learners, with a focus on providing support and guidance to more junior learners and to learners after hours and on weekends. These specialty-specific expectations are currently being compiled into a single departmental document, to be available by November 2022. Expectations of learners rotating through these specialties are also being developed.

Evaluation of DoM faculty teaching by learners

Postgraduate Web Evaluation and Registration (POWER) is used to register and evaluate postgraduate medical residents and fellows who are enrolled in the TFOM and training in the associated teaching hospitals. POWER is also used by the trainees to evaluate their supervisors. MedSIS is an internet-based registration service for Undergraduate Medical Education (UME) trainees where the trainees can evaluate their supervisors. ELENTRA is used for faculty and learners to complete assessments related to PGME Competency Based Education (CBE); learners can evaluate faculty on this platform as well.

On all three platforms, MD and PGME learners use the Learner Assessment of Clinical Teachers (LACT) tool to evaluate teaching in clinical environments. The elements of the LACT form can be found here.

Faculty members are provided specific time points during the academic year to review their teaching evaluations. TFOM releases teaching evaluations for UME to departments approximately once yearly, and for their postgraduate teaching once per quarter. Faculty members are emailed and invited to view their individual postgraduate TES for over a defined time-period each quarter. If the faculty member has fewer than 3 evaluations during that reporting period, the evaluations are held until a subsequent viewing period when the 3-evaluation minimum has been reached to protect learner anonymity.

In addition, evaluations are sought for all education events, including rotation-based rounds and academic half days. Several medical specialties have introduced additional opportunities for learners to provide feedback, e.g., evaluation of virtual teaching and

support provided by staff supervising overnight call with trainees. Many programs are also using MyTE.org to supplement the above-noted forms of evaluation to enable 'just in time' feedback to faculty and learners regarding formal presentations and informal teaching (i.e., when with junior trainees on consults).

Mechanisms by which the DoM recognizes high quality teaching by faculty

Faculty members whose TES are within the top 10% in UGME overall are recognized annually. Starting in 2022-23, the DoM will also recognize those in the top 10% of PGME teaching scores.

Annually, trainees are asked to provide rotation and teacher-based feedback, including identifying faculty for nominations for awards and recognition at the hospital, divisional, departmental, and TFOM levels, and through induction into our Academy of Master Clinicians.

Faculty members may be promoted through the academic ranks based on Sustained Excellence in Teaching. Promotion based on excellence in Research or Creative Professional Activities requires demonstration of teaching effectiveness.

Using teaching evaluations to ensure high quality teaching

At the level of the faculty member, teaching evaluations play an important role in determining success at [Continuing Faculty Appointment Review (CFAR)](#), academic promotion, receipt of awards at the hospital, departmental, and faculty levels, and leadership positions. Within the hospital departments, quality and quantity of teaching may also be factored into physician remuneration.

The expectations of faculty members as teachers and educators and opportunities for faculty development through the [Centre for Faculty Development (CPD)](#) are reviewed at the mandatory new faculty orientation session.

Relevant policies such as [CPSO guidelines for Professional Responsibilities in Medical Education](#) are discussed. Faculty are informed how the department monitors and responds to individual teacher and rotation effectiveness reports, and to any comments concerning a faculty member received by a learner. They are made aware of the resources available to support TFOM learners, including the Office of the Learner Affairs which has pathways to [discuss, disclose, or report learner mistreatment](#) (see Section 2 of this document).

New faculty appointments are probationary for a period of 3-5 years; new recruits are informed that successful progression to a continuing faculty appointment requires clear demonstration of teaching effectiveness, irrespective of the academic position description or academic rank, and consistent demonstration of behaviour aligned with TFOM [Standards of Professional Behaviour for Clinical Faculty](#).

A formal review of faculty members' teaching effectiveness is conducted by the department 1.5 years into the probationary period (pre-CFAR), at CFAR (3-year review), and at consideration for junior and senior promotion. Review of teaching quality and quantity is also incorporated into **annual review of faculty members**. Adjunct and part-time clinical faculty members submit an annual activity report to the department for review prior to reappointment, while annual review is completed at the hospital level for all full-time faculty members by the PIC or delegate. This is in addition to the department's ongoing monitoring of teaching quality based on learner evaluations, site reviews, accreditation reviews, and other information sources.

Faculty members are given the opportunity to review and respond to all teaching evaluations submitted to DoM review committees, e.g., CFAR or senior promotions.

Ongoing faculty teaching effectiveness by DOM

Twice per year, the DoM compiles teaching reports by hospital and division for review by PICs and DDDs, respectively. The teaching reports are reviewed by the VC-Education, PICs and DDDs to identify any faculty with suboptimal scores or concerning comments.

In 2022, the DoM began the practice of creating **heat** **maps** to summarize learner experiences across rotations and sites, with the goal of identifying rotations warranting help and guiding future learner allocations. An example is included alongside this document. The heat maps provide a summary score that represents the mean for all individual teacher and rotation evaluations over the academic year by unit/site. Summary scores are assigned a colour based on the mean score out of a possible 5 (highest score): ≥4.5 (dark blue), ≥4.0 to <4.5 (light blue), ≥3.5 to <4.0 (orange), and <3.5 (red). A score below 3.5 is our indicator of need for further review. These reports will often identify faculty the trainees have concerns with, or provide the context for a subsatisfactory faculty evaluation that may be due to the environment the faculty is situated in.

Teachers themselves are given the opportunity to review their teaching evaluations on POWER three times a year for a 2-week period. Given the above, faculty members are expected to use all opportunities to review their teaching scores and comments, reflect on them, and seek advice and opportunities to improve if there is anything concerning.

Our approach to teaching effectiveness scores or critical comments from learners

The DoM assessment of a faculty member's teaching places greatest emphasis on the faculty member's overall performance (i.e., the "area under the curve.") rather than single one-off comments as there is a chance of receiving a low score or critical comment at some point. Still, one-off comments may occasionally raise important issues that warrant attention and thus are covered by the process below.

The level of concern and severity of the issue are evaluated based on:
- the nature of the issue (inadequate teaching skills, unprofessional behaviour, etc.);
- if similar concerns have been raised in the past;
- the impact of the issue(s) on specific learners or the ability of the faculty member to teach learners generally;
- whether the issues raise imminent concerns about the safety of patients or learners; and
- any other considerations specific to the circumstances.

An initial conversation is had with the faculty member that seeks to clarify the basis of the concern and understand their perspective, including any contextual issues (workload, wellness, family issues, competing demands, etc.). They are reminded of the policies governing expectations of faculty behaviour, and they are reminded of potential consequences of the behaviour if it recurs/persists, as appropriate.

The appropriate support and resources (e.g., CFD workshops, coaching, etc.) are then determined to address the issue.

As it is often distressing for the faculty member, wellness resources and supports are offered.

Appealing a teaching evaluation

A faculty member may appeal a teaching evaluation (scores or comments) on the following grounds:
- Faculty concern that the low score or concerning comments were the result of critical feedback given to a learner during the rotation
- Personal issues arising between faculty and a learner leading to conflict, which may influence learner evaluations
- Obvious transposition of rating scales
- Criticism applied to rotation or program rather than to the specific faculty member
- Lack of sufficient substantiation of low scores (1 or 2) by narrative comments
- Concern that the review was meant for a different faculty member

There is no expiry date on the ability to appeal a low score.

A faculty member wishing to appeal must submit an online request, including the reasons for appeal, to the DoM Vice Chair, Education (VCE). The request is then forwarded on to the DoM Appeals Committee (DMAC), which is comprised of two faculty members, a learner representative, and the non-voting DoM Research Officer. To enable them to do their work effectively, their identities are held in confidence. In the event of a conflict of interest, the VCE appoints another faculty member or learner to adjudicate the case.

The DMAC meets quarterly and on an ad hoc basis to review and adjudicate requests.

They provide their recommendation to the VCE, who then notifies the faculty member of the decision, with a copy to the DDD and PIC. If the appeal is successful, the relevant data are expunged from the faculty member's record, and the overall scores are adjusted.

Part two: Ensuring a safe and supportive learner environment

Defining learner mistreatment

The TFOM Guideline for Managing Disclosures about Learner Mistreatment defines *learner mistreatment* as the *"intentional or unintentional behaviour that shows disrespect for the dignity of others"*. It may include one or more incidents and ranges from subtle gestures and/or comments to egregious actions. Any behaviour involving the mistreatment of another person compromises the learning environment.

Mistreatment includes 'micro-aggressions', which are often unintentional, but experienced as a pattern of, snubs, slights, put-downs, and gestures that demean or humiliate individuals based on their belonging to a group, particularly those identified by gender, race/ethnicity, sexual orientation, immigration status, and/or socioeconomic class.

Seeking advice about or reporting learner mistreatment

TFOM has established a centralized hub of supports and resources for learners who witness or experience mistreatment. Learners can book a confidential meeting to obtain information about how to discuss, disclose, or report mistreatment. TFOM's [learner mistreatment webpages](#) include an online disclosure form through which learners can submit reports to Learner Experience in either an identified or anonymous way.

Learners are encouraged to reach out first to their local **Site Education Lead** and/or **Chief Resident** regarding an incident of alleged mistreatment if they are **comfortable doing so.** These individuals are immediately accessible, understand the local context, and can escalate up the chain of command following due process as appropriate. The DoM education leadership team ([VCE](#), [Director of Fellowships](#), [Clerkship Director](#), [Residency Program Director](#)) is also available to support learners in accessing and understanding the supports and resources available.

When a learner contacts a faculty member or other individual not working in the TFOM Officer of Learner Affairs: Learner Experience Unit, the individual is expected to inform the learner about the [TFoM Learner Mistreatment Guidelines](#) and let them know that they may contact the Learner Experience Unit. If proceeding to manage the situation locally, the individual should contact the Director of Learner Experience or Assistant Director of Learner Experience if there are any questions related to how the Mistreatment Guidelines apply in the local management of learner concerns.

The concerns that learners raise have impact. To ensure transparency and accountability, both the DoM and the Learner Experience Unit publish an [annual report](#) that summarizes the actions that have been taken in response to submissions in an aggregated and de-identified way. Both the DoM and TFOM monitor trends from learner concerns to identify systems-level interventions in partnership with the hospitals that can be implemented to improve the learning and working climate for all.

Receiving a low score or negative comments

In addition to the regular reviews of our teachers, outlined above, an automatic "early warning system" in POWER is triggered if a learner rates their teaching as 1 or 2 out of 5. This triggers a notification to the relevant Residency Program Director (PD) and Departmental Division Director (DDD) for follow-up. Scores of 1 or 2 are reviewed for associated comments, which are critical to understanding the learner's concern and next steps.

Unfortunately, low scores may not be accompanied by comments. In this situation, the DoM determines if this represents a pattern of low scores/learner complaints. If not, no further action is taken, and the evaluation is expunged from the faculty member's record.

The department also uses an **overall score at or below 3.75/5** (the 10th percentile for DoM teaching scores) to indicate that the teacher or rotation has been rated "below expectations" and warrants review. In addition, learner comments on teaching evaluations are reviewed for any that raise concerns regarding non-compliance with expectations of a teacher/supervisor or learner mistreatment.

Responding to a learner report of mistreatment

When concerns are raised regarding potential learner mistreatment, a variety of actions may be undertaken depending on the nature and severity of behaviour identified, the individuals involved in the incident(s), the environment in which the incident(s) occurred, and other factors. For example, if an allegation of mistreatment relates to interactions with hospital staff or impacts quality of patient care, the hospital will generally lead the investigation, following their policies and procedures.

Throughout the process of determining and implementing a response, there are regular check-ins with the faculty member involved and deadlines set for the completion of interventions.

Potential responses may include, but are not limited to:
- Referral to another university process or body;
- Informal conversation by a university and/or hospital leader with the respondent with the aim of encouraging self-awareness and self-reflection;
- Referral for mentoring, coaching, or education (e.g., CFD, Canadian Medical Protective Association, Centre for Personalized Education for Professionals,

CPEP);
- Written reflection or apology;
- Notification to applicable regulatory body;
- Temporary or permanent change to teaching, research, or leadership duties;
- Termination of Academic Appointment; and,
- Notification to campus or local police or other law enforcement.

If a learner reports an allegation of learner mistreatment to the Learner Experience Unit, an investigation is launched by PGME. All information relevant to the allegation is reviewed to determine whether there is evidence to support the concerns on a balance of probabilities. If it is determined that there is insufficient evidence, no further action will be taken unless there is a request for review (see Section G, Learner Mistreatment Guidelines). A written report, outlining the evidence considered, the reasons for its decision, and a final determination, including whether any corrective or follow-up action(s) is necessary, will be produced.

Faculty members may have their privilege of supervising TFoM Medicine learner suspended temporarily, while an investigation is ongoing, or permanently depending on the outcome of the investigation. There may also be an impact on the faculty member's hospital privileges and university appointment. Decisions regarding consequences when a faculty member fails to address a serious concern are determined through conversation with the hospital and TFoM, with legal input.

Informing a learner of the outcome of their report

If the learner has confidentially disclosed their identity in raising a concern regarding a faculty member:
- The VCE or designee will remind the learner of the Learner Experience Unit in the Office of Learner Affairs as a confidential resource for support and navigation. Any reports (and subsequent outcomes) processed through the Learner Experience Unit will be included in the Annual Learner Experience Report in an aggregated and de-identified way to maintain transparency and accountability while preserving privacy.
- The VCE or designee will inform the learner that the concern has been received, discussed with the faculty member, and acted upon. However, due to privacy issues, the details of the conversation and the actions taken consequently cannot be revealed.
- The learner will be asked to contact the Learner Experience Unit, VCE or designee, e.g., their residency PD, immediately if they suspect that retaliation has occurred.
- All parties to reviews and investigations are requested to avoid gossip, social media postings or attempts to deal with the situation outside the processes outlined above regarding the specific faculty member. This is not meant to preclude seeking support from trusted colleagues, support networks during what is likely to be a stressful period; rather, it is to respect confidentiality of the parties

involved.

- Wellness resources and departmental and TFoM supports will be offered to the learner throughout the process to ensure that they are heard and supported.

Summary

The DoM is deeply committed to its role as educator and teacher. We are hopeful that this document provides transparency and guidance with respect to how the DoM prepares, supports, and recognizes the excellence of its teachers, and how it collaborates with TFOM to ensure the safety and well-being of its learners.