# FACULTY DEVELOPMENT

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## III. Committee Charge

Faculty Development
Evaluation of Faculty Teaching Skills
Reward Structure for Teaching

# SYNOPSIS
# RECOMMENDATIONS OF THE BLUE RIBBON SUBCOMMITTEE ON FACULTY DEVELOPMENT*

## OVERVIEW

* Teaching ability, skills, and commitment should be considered a key component of the institutional mission beginning with faculty recruitment all the way through performance at the most senior academic levels.

* The Office of Medical Education should be appropriately funded to adequately support and direct faculty development activities.

* Chairs should be held accountable for promoting educational excellence within their departments, and for working constructively with other departments to encourage interdisciplinary teaching and curricular coordination.

## FACULTY EVALUATION

* Mechanisms and procedures for evaluating faculty teaching should be standardized and systematized, and should include peer as well as student review. It is recommended that a subcommittee of CEP be assigned this task.

* Feedback to faculty about teaching performance should be developed along a two-tier model, with certain summative evaluation procedures targeting primarily advancement and promotion, and other more formative approaches focused on skill development.

* Emphasis in the evaluative process should be on non-punitive feedback and a skills-based approach.

## ADVANCEMENT AND PROMOTION

* An ad hoc committee should be constituted to examine the process of academic review and promotion and in particular to consider restructuring of the Committee on Academic Personnel.

* In both line and clinical series, expected standards of teaching excellence should be explicitly spelled out, as well as how teaching superiority or inferiority is factored into the promotion process.

* All faculty should be encouraged to develop separate teaching dossiers as part of their files for advancement and promotion.

* All faculty should spend a baseline percentage of their work week in teaching-related activities commensurate with the requirements of their particular academic series.

## FACULTY DEVELOPMENT

* Regular faculty forums and workshops should be developed through the Office of Medical Education to explore and promote innovative, multidisciplinary teaching methodologies.

* Participation in a faculty development workshop should be required for all new faculty.

* Periodic updating of teaching skills through participation in faculty development workshops should be strongly encouraged for all faculty.

* Identification of an educational specialist individual or unit within each department should occur to promote teaching excellence.

## REWARDS AND RECOGNITION

* Funding from the Dean's Office should support innovative educational activities or programs.

* Funds should be sought to support a faculty development fellowship aimed at developing educational leadership potential in specifically targeted faculty members.

* Three institutional awards for teaching excellence should be created, one in the basic sciences, one in the clinical clerkships, and one for interdisciplinary courses.

*NOTE: It is an assumption of this committee that all recommendations regarding faculty development apply equally to full-time paid clinical faculty, as well as to faculty in other series. As of March, 1994, out of a total of 534 faculty, 265 of these held line, or in-residence positions; 180 held clinical appointments. Our committee is aware of the enormous contributions made by clinical faculty to the College of Medicine in the areas of patient care, teaching, and often research and other scholarly pursuits. Their full inclusion in all faculty development activities is one way of recognizing the essential role they play in all aspects of COM functioning.

# BLUE RIBBON FACULTY DEVELOPMENT SUBCOMMITTEE

## SUMMARY OF ISSUES AND RECOMMENDATIONS

PREAMBLE: Perhaps the greatest contextual problem in considering faculty development issues is a widespread faculty perception of an organizational culture within the institution insufficiently supportive of teaching excellence. While quality teaching is paid frequent lip-service by administrative units, in reality it is often squeezed between the twin demands of research and clinical productivity. The advancement of concepts such as the "scholarship of teaching" in practice often is given short shrift. Among concerns frequently cited are the existence of faculty receiving 19900 funds who engage in little or no teaching; the persistence of old-fashioned pedagogical approaches to teaching and a lack of awareness regarding recent educational innovations; the conviction in many quarters that teaching excellence or inadequacy has equally little bearing on the advancement and promotion process. Faculty also point to the lack of tangible support for or recognition of innovative curricular projects, or for demonstrated leadership in the area of teaching. Such perceptions continue to be prevalent, despite the release of the 1991 University Wide Task force on Faculty Rewards emphasizing the importance of teaching; and assurance from the Committee on Academic Promotion that serious attention is paid to quantity and quality of teaching in promotion and tenure decisions.

SPECIFIC PROBLEMS

**1. RECRUITMENT**

Often insufficient attention is paid in the recruitment process to identification of candidates with superior intellectual attainments in the area of teaching. This contrasts poorly with the meticulous documentation of research or clinical excellence in faculty candidates.

**2. ADVANCEMENT & PROMOTION**

A persistent (although perhaps unfounded) assumption is held by many faculty that teaching excellence and inadequacy alike are largely irrelevant to the advancement process. Despite clarification from CAP, faculty appear to believe that research productivity is the primary mechanism for academic success. Furthermore, there is continuing concern that the Committee on Academic Personnel, as it is currently constituted, is insufficiently responsive to the needs of the College of Medicine, in particular those of the clinical departments.

RECOMMENDED SOLUTIONS*

**1. RECRUITMENT**

Evidence of teaching ability or potential should be documented documented as part of recruitment procedures. Such documentation should be included in all dossiers reviewed by the Offices of Faculty Development and Academic Affairs.

**2. ADVANCEMENT & PROMOTION**

**a.** An ad hoc committee should be appointed by the Dean to examine the process of academic review and promotion; and specifically to consider wither: 1) a separate Committee on Academic Personnel should be formed to evaluate College of Medicine faculty 2) membership on the existing CAP should be expanded to include increased represntation from the College of Medicine, especially from the clinical departments.

**b.** Weighting of teaching criteria for advancement and promotion in BOTH line and clinical series should be carefully specified (with examples) and circulated among all faculty, including new hires. both outstanding teaching which might accelerate promotin, and poor teaching, which might inhibit promotion, should be clearly defined. These guidelines should be developed by a committee representing the Academic Senate, the Office of Medical Education, and chairs from all departments. Alternatively, ARAC might assume this function. Relevant promoting bodies (i.e., CAP) should be encouraged to adhere strictly to these guidelines.

**c.** CAP should clearly indicate whether poor teaching can actually impede academic progress and if so, in what manner.

**d.** Chairs should work closely with the Office of Medical Education in assisting faculty to develop appropriate teaching dossiers for advancement and promotion purposes.

**e.** Revisions of the Faculty Survival Handbook should stress the importance of teaching and guidelines for developing a teaching portfolio. This material should be distributed
to all faculty.

**f.** We recommend that, in general, a baseline percentage of the work-week (15-20%) for all full-time paid faculty, be dedicated to teaching activities. Criteria for defining teaching activities should be set by departments (i.e., preparation time, clinical attending, learner evaluations etc.), and it is expected that these definitions will vary based on the nature of the department and the other responsibilities of individual faculty members.

* NOTE REGARDING PROPOSED SOLUTIONS: Several committee members feel that motivations and rewards for teaching are substantially different in the preclinical and clinical years (this may change as we see the development of more interdisciplinary courses). It has been pointed out that the nature itself of teaching in these two aspects of the curriculum often is quite distinct, with differences in format, methodology, and goals. Further, while teaching is linked to advancement and promotion for faculty who teach in both components of the curriculum, faculty in clinical departments have the added incentive of developing excellent teaching programs which will attract future residents. Thus, it has been argued that some of the incentives listed under "Solutions" may be more applicable to basic sciences courses than to clinical clerkships.

SPECIFIC PROBLEMS

**3. LACK OF RECOGNITION FOR INNOVATIVE CURRICULAR PROJECTS OR DEMONSTRATED LEADERSHIP IN THE AREA OF TEACHING**

While certain teaching awards do exist, the institution could do more to recognize truly superlative teaching on an individual basis. Of perhaps even more concern is a lack of formal acknowledgment for innovative curricular programs on a departmental or interdisciplinary level.

RECOMMENDED SOLUTIONS

**3. LACK OF RECOGNITION AWARDS**

**a.** Extraordinary teaching should be recognized by the creation of 3 institutional awards (one in the basic sciences; one in the clinical clerkships; and one for organizing interdisciplinary efforts) accompanied by an honorarium ($1000-$1500).

**b.** Funding from the Dean's Office should be made available on a competitive basis to support innovative educational activities or programs ($10,000-$20,000).

**c.** Funding should be made available on a competitive basis to encourage educational excellence in junior faculty by supporting attendance at faculty development and medical education conferences. Faculty would be nominated through departments.

**d.** Informational summaries describing creative departmental and inter-departmental models to promote teaching should be circulated among chairs and faculty, perhaps in the form of a newsletter.

**e.** Mechanisms to encourage interaction and dialogue among faculty from different departments should be developed through the Office of Medical Education: e.g., quarterly forums to examine multidisciplinary approaches to teaching specific topics.

**f.** The Medical Education Office should encourage and facilitate collaborative, coordinated interdisciplinary courses, such as Neurosciences, PD I and PD II, and the coordination of Pathology and Pharmacology.

**g.** Senior faculty should have the option to devote a concentrated period of time (2-3 years) to teaching and innovative curricular programs without risk of penalty in the promotion process.

**h.** For departments that rely heavily on volunteer faculty for teaching, faculty development activities directed at these individuals should be systematically documented.

SPECIFIC PROBLEMS

**4. INADEQUATE FACULTY DEVELOPMENT EFFORTS IN THE AREA OF TEACHING**

Despite the welcome introduction last summer of a factuly development workshop on problem based learning, in general institutional and departmental efforts in this area have been weak. Whereas departments recognize the need for the acquisition and refinement of research and clinical skills, teaching is sometimes regarded as something anyone can do without much training. This attitude is reflected in the lack of systematic support for individual development activities, and the absence of structured processes for enhancing teaching skills of entire instructional units. One example of inadequate faculty development is the current confusion about how to formulate and apply uniform evaluation mechanisms across all aspects of the medical school curriculum.

RECOMMENDED SOLUTIONS

**4. INADEQUACY OF FACULTY DEVELOPMENT**

**a.** Participation in a faculty development workshop would be required for all new faculty joining COM (to be modeled on a program newly introduced at UCSF.

**b.** Periodic (3-5 yrs) update of teaching skills through participation in faculty development workshop, AAMC attendance should be strongly encouraged for all faculty (for student comments on this issue, please see Appendix B*).

**c.** An annual faculty retreat sponsored by the Dean's Office should be developed, focusing on applications of innovative teaching methodologies.

**d.** Organization and promotion of a mentorship system within COM stressing teaching skills, coordinated through the Offices of Medical Education and Faculty Development should be encouraged. Such a program would identify faculty at all ranks with a strong record of teaching commitment and ability and pair them with junior faculty, or faculty indicating an interest in enhancing their teaching skills.

**e.** Course-specific faculty development workshops targeting individual and interdepartmental courses and their faculty should be developed (modeled after UCLA program).

**f.** A particular area of concern should be faculty development to standardize evaluation procedures of medical students at all points in their training. Such development efforts should include instruction on how to prepare clear and specific learning objectives for each course, as well as objective, measurable criteria by which students can be assessed.

**g.** Initiation of a faculty development fellowship (modeled after a UCLA program - see Appendix C) to identify and advance the educational skills of specific faculty should be encouraged; and funds to accomplish this pursued.

**h.** Chairs should be held accountable for creating positive teaching climates within their departments. For example, chairs might model a commitment to undergraduate medical education by holding monthly informal sessions with students to explain various aspects of their specialties or to discuss clinical cases. Evidence of such activities and encouragement would be given weight in their 5 year review.

**i.** Each department should be encouraged to designate a specific individual or unit as the faculty development specialist. This individual would be responsible to devise and implement an educational development program specific to the needs of the department.

*There was disagreement within the committee as to whether such updating of skills should be required of faculty; in any case, it could be documented as part of their merit and promotion files.

SPECIFIC PROBLEMS

**5. INSTITUTION GIVES LITTLE ATTENTION TO THE PREPARATION OF FUTURE FACULTY WITH COMMITMENT TO AND SKILLS IN TEACHING.**
In contrast to institutional efforts to develop outstanding physician-clinicians and, to a lesser extent, clinician-researchers, little thought is given to the development and nurturance of future academic medicine faculty with a primary commitment to teaching. Yet the changing funding base of many state-supported medical schools suggests that the majority of new hires in the future will be clinician-teacher, rather than clinician-researcher, positions.

RECOMMENDED SOLUTIONS

**5. LITTLE ATTENTION TO FUTURE FACULTY**

**a.** Curricular revision should include the creation of a "teaching elective" for 4th year students. An example of this might be a "short course" on teaching methodology and skills.

**b.** Clinical departments should be encouraged to institute a "teaching elective" for residents at every year of training.

**c.** The Dean's Office should provide competitive funding for 1-2 residents with demonstrated interest in academic careers to attend AAMC or local faculty development conferences.

**6. INADEQUATE EVALUATION OF TEACHING SKILLS**
Several flaws exist in the current system of faculty evaluation, although some of the ones listed below are in the process of reexaminamination. For example, there is little uniformity of criteria for evaluation across departments. Also, there is an extremely poor response rate for student evaluations (sometimes as low as 20%) which makes the validity of the evaluations open to questions (for student comments on this point, see Appendix B). We also have no systematic program of peer evaluation, or any other mechanism for expert evaluation of teaching skills. Because teaching has been given a lower institutional priority, while the preparation of data on faculty research grants and publications is carefully detailed, there are few guidelines for faculty on how to document teaching skills. Finally, evaluation procedures are generally lumped together, whereas they should be considered from two distinct perspectives a) merit & promotion and b) feedback & skill development. Faculty rarely receive timely and constructive critiques of their teaching abilities, so they often have little idea how to embark on improvement of skills.

**6. INADEQUATE EVALUATION PROCESS**

**a.** Student and resident faculty evaluation forms should be standardized as appropriate (it may be reasonable to use different forms for preclinical and clinical years; for examples of various faculty evaluation forms, see Appendix D). Structures must be developed to ensure a high response rate (i.e., administration of forms during final exams; or withholding of clerkship grades until evaluations are received).

**b.** The feasibility of peer evaluations should be explored, including 1) Identification of appropriate "peers" (i.e., use of sister departments) 2) Standardization of evaluation criteria 3) Use of "experts" outside the department 4) Ensuring a constructive feedback process for faculty 5) Development of departmental monitoring systems to assure implementation. Because of the exploratory nature of peer evaluation, it is recommended that peer evaluation be used exclusively as formative feedback to improve instructional skills, but not as part of the advancement and promotion processes. Faculty files for promotional purposes could simply indicate that such peer evaluation had occurred, as well as noting the outcome of such a process (i.e., change in lecture notes, team-teaching etc.).

**c.** Each department should develop a written plan for providing faculty with regular and timely feedback on teaching skills from students, residents, and peers.

**d.** Each department should assist every faculty member in the development of a teaching dossier, to include: 1) Syllabi, and course lectures where appropriate 2) Goals and objectives for all significant teaching materials used 3) Videotapes, as appropriate.

**e.** Teaching dossiers should be reviewed annually by Chairs as well as every 2 years (junior faculty) or 3 years (senior faculty) by the Offices of Faculty Development and Medical Education. Insofar as possible, such reviews should emphasize mentoring and skill acquisition.

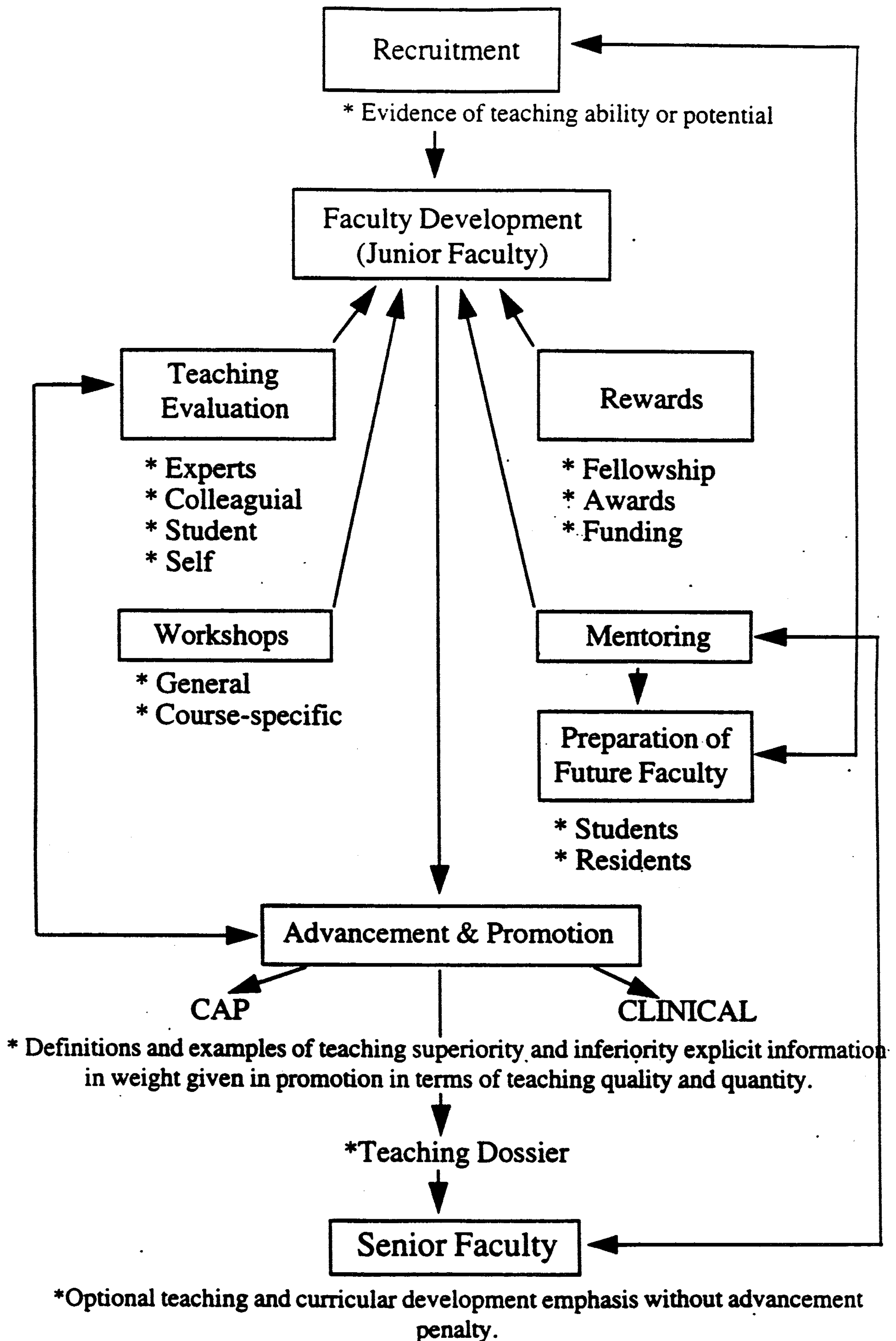
**f.** Efforts should be made to develop evaluation guidelines for student mentoring and advisement. Specific criteria should be identified and student feedback solicited.

**g.** A two-tier system of faculty evaluation should be instituted. One level would stress formative feedback, skill acquisition, and constructive problem-solving, and would occur at times other than faculty promotion. The other level would be summative in nature and geared toward addressing the specific needs of the advancement and promotion process. Peer evaluation would be an aspect of faculty development, whereas student evaluations, as well as syllabi, core notes, course objectives, etc. would be used in the promotion process.

PROBLEMS RAISED WITH NO AGREED-UPON SOLUTIONS

The committee discussed at some length the imbalance that exists between some departments with few FTE's but heavy teaching loads; and other departments with many FTE's but few teaching responsibilities. A related problem concerns a lack of clarity regarding departmental allocation of resources to support multidisciplinary teaching. We discussed various approaches to these problems, including possible resource reallocation of any funds coming to the department from the Dean's office; and a policy of a minimum required teaching load to ensure that senior faculty carry their fair share of teaching responsibilities; but no consensus was achieved. It is the understanding of this subcommittee that ARAC is responsible for addressing these types of issues.

CONCLUSIONS. In summary, this subcommittee believes that most faculty in the College of Medicine are eager to participate in the teaching process, and indeed, often expend considerable effort in this area. However, to further strengthen the teaching climate several changes in the institution's infrastructure are necessary. Four of the most important are as follows: 1) Significant strengthening of the Office of Medical Education, so that it can support and guide educational activities throughout the College of Medicine 2) Hold chairs accountable to both the Dean and the Senior Associate Dean of Medical Education for developing systematic programs of educational development within their departments, and for working cooperatively and constructively with other departments to promote interdisciplinary teaching and curricular coordination 3) Clear guidelines in the promotional process for all series which acknowledge and reward teaching excellence 4) A nonpunitive, skills-based approach to faculty development, with the goal of enhancing the teaching potential of all faculty, from the most junior to the most senior levels. Working to satisfy these goals will make a significant contribution to creating an institutional culture supportive of both teaching and learning (Figure One).


Recruitment
* Evidence of teaching ability or potential
Faculty Development
(Junior Faculty)
Teaching
Evaluation
* Experts
* Colleaguial
* Student
* Self
Rewards
* Fellowship
* Awards
* Funding
Workshops
* General
* Course-specific
Mentoring
Preparation of
Future Faculty
* Students
* Residents
Advancement & Promotion
CAP
CLINICAL
* Definitions and examples of teaching superiority and inferiority explicit information
in weight given in promotion in terms of teaching quality and quantity.
*Teaching Dossier
Senior Faculty
*Optional teaching and curricular development emphasis without advancement
penalty.