

Support for Consideration and Development of Teaching Activities

The following templates provided will help faculty consider and develop their teaching activities.

Role 1: Direct Teaching

Teaching is defined as any organized activity that fosters learning and the creation of associated instructional materials. Teaching targets learners at all levels of medical education including students, residents, fellows, postdocs, faculty members and practitioners. It involves learners in activities such as lectures, workshops, case discussions, patient-centered teaching and various settings (e.g., classroom, clinical, laboratory, and virtual environments). Development of curricula is considered under the role of curriculum development.

Evaluation of sustained contributions in teaching requires judgment about quantity (number, duration and scope of teaching activities), quality (teaching has been effective with positive reviews), scholarly approach (application of literature and best practice models), and scholarship (peer reviewed publications, presentations and products and/or evidence of adoption by others). Broad indicators below serve as criteria to judge contributions to teaching. These criteria are illustrative, and not all criteria must be met. In particular, the dissemination category is aspirational.

Criteria	Examples of Broad Indicators
Builds on best practice/evidence	<ul style="list-style-type: none"> • Use of best practices and evidence, where available, from the literature • Professional development activities and personal experience • Congruence with national, institutional and/or program goals and integration with other components of curriculum
Goals and learning objectives	Learning objectives for the teaching session(s) are: <ul style="list-style-type: none"> • Stated clearly • Specified to measure learners' performance • At appropriate level for targeted learners
Methods	<ul style="list-style-type: none"> • Teaching methods aligned with learning objectives • Methods are feasible, practical, ethical • Innovative teaching methods used to achieve objectives • Rationale for choices
Results and impact within institution	<ul style="list-style-type: none"> • Teaching evaluations: documentation must include individual evaluation scores with normative data. For small programs, normative data may be sought from similar small programs in a similar or the same department. All evaluation data must show the number of responses (N). • Learning: Measures of knowledge, skills, attitudes, and/or behaviors • Application: Desired performance demonstrated in other settings • Impact: On educational programs and processes within institution • Teaching awards locally
Dissemination outside of institution	Recognized as valuable by others outside the institution through: <ul style="list-style-type: none"> • Peer review or letters of reference • Dissemination (presentations, workshops, publications) and/or • Invited presentations and visiting professorships elsewhere • Use of teaching models or materials by others • Teaching awards regionally and/or nationally
Reflective critique	<ul style="list-style-type: none"> • Uses evaluation to guide improvement • Reflection used to develop a specific plan for improvement
Research	If applicable: <ul style="list-style-type: none"> • Funding sources for medical education research

Role 2: Advising and Mentorship

Mentoring is a process in which an experienced professional gives a person with relatively less experience guidance, teaching and development to achieve broad professional goals. Advising differs from mentoring in that it is specific to a circumscribed goal, as in career guidance or course selection. Ideally, mentoring and advising relationships are active and reciprocal, providing the mentee/advisee with developmentally and contextually appropriate guidance and the mentor/advisor with personal and professional satisfaction.

Evaluation of sustained contributions in mentoring and advising requires judgment about quantity (number, duration and scope of relationships, breadth of the faculty member's effort), quality (effectiveness of mentor/advisor and demonstrated effectiveness with positive reviews and positive outcomes emerging from relationship), scholarly approach (application of literature and best practice models), and scholarship (peer reviewed publications, presentations and products and/or evidence of adoption by others). Broad indicators below serve as criteria to judge mentoring/advising contributions. These criteria are illustrative, and not all criteria must be met. In particular, the dissemination category is aspirational.

Criteria	Examples of Broad Indicators
Builds on best practice/evidence	Bases mentoring on an understanding of: <ul style="list-style-type: none"> • Stages of mentee's/advisee's career trajectory • Milestones required for mentee's/advisee's professional advancement • Available and needed resources to meet vision and associated goals • Use of best practices from the literature, professional development activities and personal experience
Goals and Objectives	<ul style="list-style-type: none"> • Clear and contextually appropriate vision for mentee's/advisee's career • Mutually agreed-upon goals for the relationship • Evolution of goals over time
Methods	<ul style="list-style-type: none"> • Methods aligned with mentee's/advisee's needs and goals • Methods aligned with goals for relationship • Methods are ethical and evolve as mentee/advisee advances professionally • Innovative methods used to achieve goals for relationship and to assist mentee/advisee in meeting goals
Results and impact within the institution	<ul style="list-style-type: none"> • Satisfaction/reaction of mentees/advisees • Learning: Measures knowledge, skills, attitudes and/or behaviors of mentee/advisee • Application: Relationship with mentor/advisor contributes to accomplishments and evolving professional identity of mentee/advisee • Impact: Accomplishments of mentee/advisee have impact within and/or beyond the institution • Honors and awards for mentoring within institution
Dissemination outside of institution	Recognized as valuable by others externally through: <ul style="list-style-type: none"> • Peer review • Dissemination (Presentations, workshops, publications) • Use by others • Honors and awards for mentoring nationally
Reflective critique	<ul style="list-style-type: none"> • Uses evaluation to guide improvement • Reflection and results of evaluations used for ongoing improvement
Research	If applicable: <ul style="list-style-type: none"> • Funding sources for medical education research

Role 3: Instructional Development and Curricular Design/Evaluation

Curriculum is defined as a longitudinal set of systematically designed, sequenced and evaluated educational activities. A curriculum can target learners at any level from undergraduate through continuing professional development and may be delivered in many formats.

Evaluation of sustained contributions in curriculum development requires judgment about quantity (number, duration and scope of each curriculum, breadth of the faculty member's role and effort), quality (curriculum has demonstrated effectiveness with positive reviews), scholarly approach (application of literature and best practice models), and scholarship (peer reviewed publications, presentations and products and/or evidence of adoption by others). Broad indicators below serve as criteria to judge contributions to curriculum development, instructional design and technology. These criteria are illustrative, and not all criteria must be met. In particular, the dissemination category is aspirational.

Criteria	Examples of Broad Indicators
Builds on best practice/evidence	<ul style="list-style-type: none"> Needs assessment completed, if required Use of best practices and approaches from the literature, professional development activities and personal experience Congruence with institutional/program goals and integration with other components of the curriculum Systematic approach to identifying and acquiring resources needed to implement the curriculum
Goals and learning objectives	Learning objectives for the curriculum are: <ul style="list-style-type: none"> Stated clearly Specified to measure learners' performance At appropriate level for targeted learners
Methods	<ul style="list-style-type: none"> Teaching, learner assessment, and curriculum evaluation methods are aligned with curriculum objectives Methods are feasible, practical, ethical Innovative teaching and assessment methods are used and aligned with objectives
Results and impact within institution	<ul style="list-style-type: none"> Learner evaluations of recently developed teaching/course/curriculum/ technology; when possible, documentation should include E*Value ratings with normative data. For small programs, normative data may be sought from similar small programs in a similar or the same department. All E*Value data must show the number of responses (N). Learning: Measures of knowledge, skills, attitudes, and/or behaviors Application: Desired performance demonstrated in other settings Impact: On education programs and processes within institution
Dissemination outside of institution	Recognized as valuable by others outside of institution through: <ul style="list-style-type: none"> Peer review Dissemination (presentations/publications) and/or Invited presentations elsewhere Use by others Awards nationally
Reflective critique	<ul style="list-style-type: none"> Uses evaluation to guide improvement Reflection used to develop a specific plan for improvement
Research	If applicable: <ul style="list-style-type: none"> Funding sources for medical education research

Role 4: Educational Leadership

Educational leaders achieve transformative results by leading others to advance educational programs, initiatives, and/or groups. Examples include leaders of education committees, clerkships and courses, training and professional development programs, and decanal positions. Leaders in medical education must be evaluated for leadership and administrative skills, in addition to program outcomes.

Evaluation of sustained contributions in educational leadership requires judgment about quantity (number, duration and scope of leadership roles), quality (leader and program have demonstrated effectiveness with positive reviews), scholarly approach (application of literature and best practice models), and scholarship (peer reviewed publications, presentations, and products and/or evidence of adoption by others). Broad indicators below serve as criteria to judge leadership contributions. These criteria are illustrative, and not all criteria must be met. In particular, the dissemination category is aspirational.

Criteria	Examples of Broad Indicators
Builds on best practice/evidence	<ul style="list-style-type: none"> • Use of best practices and approaches from the literature, professional development activities and personal experience • Systematic approach to identifying and acquiring resources needed to implement projects • Development of timeline with milestones and deliverables • Selection and development of team • Motivating stakeholders to collaborate in realizing the vision
Goals and objectives	<ul style="list-style-type: none"> • Articulated vision • Goal setting aligned with vision • Goals congruent with institutional goals
Methods	<ul style="list-style-type: none"> • Development and management of resources and processes • Methods that are feasible, practical, and ethical • Creative and innovative solutions used to achieve goals • Evaluation aligned with goals
Results and impact within institution	<ul style="list-style-type: none"> • Evaluation of initiative/activities (satisfaction/reaction); for on-going courses, clerkships, or programs with learner evaluations, when possible documentation should include evaluations with normative data. For small programs, normative data may be sought from similar small programs in a similar or the same department. All evaluation data must show the number of responses (N). • Impact on participants/stakeholders and on educational programs and initiatives within institution
Dissemination outside of institution	Recognized as valuable by others (internally/externally) through: <ul style="list-style-type: none"> • Peer review • Dissemination (Presentations, workshops, publications) • Visiting professorships • Use by others • Honors and awards nationally
Reflective critique	<ul style="list-style-type: none"> • Uses evaluation to guide improvement • Reflection and results used for ongoing improvement of self, participants, and programs/initiatives
Research	If applicable: <ul style="list-style-type: none"> • Funding sources for medical education research