

TEACHING AND EVALUATION

QUALITY

Clear, Realistic & Important Goals 5 pts

- Are the educational endeavors important to the mission of the School?
- Are goals specific & obtainable?
- Do goals reflect the needs of learners?

Adequate Preparation and Self-Reflection 10 pts

- Is teacher prepared to teach effectively?
- Does teacher take advantage of educational opportunities to improve his/her teaching?
- Does teacher solicit and use feedback from learners and peers?
- Does educator examine multiple perspectives before changing strategies?

Appropriate Methods and Materials 15 pts

- Does teacher use appropriate teaching techniques?
 - consistent with the task to be learned
 - consistent with current educational best evidence
 - consistent with the applicant's stated teaching philosophy
- Is/are the design(s) of course(s) effective?
- Are actions consistent with current literature?
- Are teaching materials up to date and appropriate for what is being taught?

Quality of Presentation of Results 35 pts

- Does educational strategy – ie teaching method, course management – serve as a model for others?
- Were stated goals achieved?
- Are “lessons” learned about teaching shared with peers at local, regional and/or national levels?
- How novel or creative is the work?
- How well do peers and/or learners assess the work?

QUANTITY/BREADTH 35 pts

Number of teaching interactions given, number of courses in which involved
Number of different thematic areas, different types of learner
interactions focused on different learner populations. Depth and
scope may also be counted as breadth here

**Application for the Academy for Scholarship in Education
Teaching and Evaluation**

Faculty Profile:

Personal Statement	
Personal Goals	
Personal Preparation	
Personal Reflection/ Process for Improvement	

Descriptions of Quantity	Evidence of Quality

Discussion of Breadth

Personal Statement:

Appendices:

Please attach supporting documents, including letters of support, appreciation, awards, positive evaluations etc. Please do not attach lesson plans or presentations.

EXAMPLE

Teaching and Evaluation

Structured Summary

Note about reference to dates in this example:

- Dates are given in relative terms to show length of intervals (e.g., “Year1-Year3” indicates a three-year interval—NOT calendar year when positions began or ended per se).
- In your individual prototype absolute dates should be used (e.g., 2002-2005).

Faculty Profile: MD in clinical department who teaches both medical students and residents through lecture, small groups, and bed-side teaching

Personal Statement	
Personal Goals	To generate enthusiasm for learning according to individual learners’ needs. To identify and relate the relevance of new information and skills in a personalized manner.
Personal Preparation	Stay awareness of “best teaching practices” through literature review and attending education meetings. Teaching in high school prior to medical school.
Personal Reflection/ Process for Improvement	Used feedback, both written and verbal, from learners and colleagues to improve teaching materials, methods, and style. Submitted course syllabus and teaching materials to a content expert for peer review. Underwent peer mentoring and review of my clinical teaching rounds and after modifications requested a follow-up review.

Descriptions of Quantity	Evidence of Quality
Medical Student/Allied Health Lecture-based Teaching	
Y1 – Y5 Approx 15 lectures/year to approx 168 med students and or allied health students	Appendix A Letter of support from Department Chair Basic Science Teaching Awards: - Outstanding faculty Y3 Two positive letters of appreciation from curriculum deans (Y4, Y5). Learner Evaluations (scale 1-7) - Fall I- Y2 –Y5 mean 5.4 - Fall II Y1 – Y5 mean 5.8

Y1 – Y5	Mechanism and Management of Disease (MMD), 1 3-hour module/year to 150-160 4 th year students	Appendix B MMD-(questions scaled 1-7), most answered 6-7, comments positive overall
Y1 – Y5	2 lectures/yr to 18-20 clerkship students	Invitation from clerkship director to continue
Resident, Fellow, Faculty, CME, Lecture-Based Teaching		
Y1 – Y5	1-2 Grand Rounds/year	Appendix C Above average evaluations on CME evaluations
Y1 – Y5	1-2 presentations/year to faculty and fellows in section	Positive feedback, asked to continue
Y1 – Y5	2-6 lectures/year to BCM physician groups and fellows	Positive feedback, asked to continue
Y1 – Y5	2+/year, invited CME programs, locally and nationally, including topic presentations to national society meetings, 2 international	Letters of recognition/appreciation CME evaluation ratings consistently very good to excellent

Group Facilitator-based Teaching		
Y1, Y2	PPS III Preceptor (Two 2 nd year students/week for 8 weeks, 2-3 hours/week to observe, assess, and discuss clinical skills)	Positive feedback from coordinator, asked to continue
Y1 – Y3	Taught, demonstrated, and assessed tracheal intubations for ACLS course, 20 learners, twice a year	Positive learner evaluations, asked to continue as an instructor
Y1	Weekly Teaching Rounds for 18-20 medical students, clinical case presentation skills and case discussions	Student comments positive, evaluation (scale 1-5) mean >4, (See feedback in Appendix D, clinical teaching)
Attending Teaching		
Y1-Y5	Inpatient consult service 1 fellow and 1 resident/team 20+hours/week direct trainee interaction, 1-3 months/year	Appendix D Outstanding Faculty Award, graduating classes (Y2, Y5)
Y3-Y5	Outpatient Resident Continuity Clinic teaching 8-9 residents/clinic, 2 half-days/week)	Learner evaluation: - Residents (scale 1-7) mean 6.1 - Fellows (scale 1-9) mean 7.75 Letter from peer reviewer with constructive feedback and positive comments based on two separate observations.
Mentoring/Advising		

Y1 – Y5	Resident faculty advisor, 1-2 residents/year	Continue to be asked to participate
Discussion of Breadth		
Contributions include teaching by multiple methods (didactic/lecture, large and small group, and mentoring/advising to students, residents, fellows, faculty, and other physician groups.		

Personal Statement

I began my post-college career as a high school science teacher in Small Town, USA. My original motivation for teaching was financial survival. I taught all levels of learners in all areas of science. Watching the struggle for some of my students and seeing that “light bulb” turn on when they finally “got it” became its own reward. What I had begun as a source of income had become a passion that has continued to grow—even through the arduous years of becoming a physician and specialist. This explains why becoming a clinical educator has been a major focus of my academic career at SIU School of Medicine.

As a teacher, my overarching goal is to generate energy and enthusiasm for learning. I feel that enthusiasm for learning goes in tandem with enthusiasm for teaching. I try to always be willing to laugh at myself and have fun. I try to gauge the educational interaction from all perspectives. At the end of an interaction, if I don’t feel spent then I don’t feel like I have given it my best.

I believe that variation in teaching style and method encourages interest and addresses differing learner needs. There should be no such thing as a “canned lecture” which implies rote regurgitation of the facts without regard to the audience. I strive to identify and relate the relevance of new information and skills, to learners’ demographics, baseline knowledge, and level of interest so that I can personalize the experience and engage the learner. Using eye contact and trying to read the learner’s understanding and interest, I try to vary my style on the spot ...a question, a pause, repetition, anecdotes, examples. My knowledge of the learner’s attitude, needs and concerns helps guide my educational approach.

I would like to be someone who helps produce learning, not simply a provider of information. In this respect, I strive to foster life-long learning skills, helping students acquire the tools necessary to explore and apply the information. Small group activities whether in the preclinical years, on the wards, or even one-on-one mentoring and discussion, have the advantage of allowing individuals to play an active and interactive role to achieve specific needs and interests.

We all have our favorite teaching method and style, but I want to stay abreast of “best teaching practices” through reading the literature and attending educational meetings such as the annual AAMC meeting. I also experiment with new techniques, even ones that take me out of my comfort zone, to best achieve my educational goals.

Whenever I teach, I make a point of reviewing learner evaluations and any performance data (i.e., test scores) that I can get my hands on. I pay special attention to such data, however, after trying something new. I use the evaluations to guide my reflections on what worked and what didn't work.

Speaking of moving beyond my comfort zone," I recently requested feedback from a respected colleague who had participated in the Educational Scholars Fellowship Program. I asked my colleague to observe me as I taught in the clinical environment and at the patient's bedside. My colleague made several important observations and I was able to use that information to make modifications in my teaching. This person was then able to return with me to the wards and make additional observations that verified the positive impact of the changes I made in my teaching strategies. (See Appendix D for letter from peer reviewer.) In addition, to ensure that my course materials were evidenced based, I submitted my power point slides and teaching notes to a nationally-recognized expert in the subject for review and comment. This person directed me to some cutting edge scientific research that I could integrate into my lectures, particularly those for faculty and fellows.

In conclusion, the best rewards of a profession often come entirely from within. Why do I do what I do? When I teach, I learn, I grow, and I have fun.