

ASSESSMENT OF TEACHING IN THE UNDERGRADUATE PROGRAMME EMPIRICAL BENCHMARKS TO ASSIST INTERPRETATION OF INDIVIDUAL RESULTS

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The following values are derived from the data available in the electronic data management system One45, from the assessment forms that were consistently applied in the respective instructional units and were completed by students. For most of the curricular units, data was first downloaded in 2011 to cover at least 5 years (2006/2007 academic year to 2010/2011 academic year). The tables were updated in the Fall of 2016.

Data for new units and teacher roles were added (assessment of FMPR preceptors in years 1 and 2; clinical preceptor in year 3; PMP lecturers in year 4). Data for these components were limited to the years 2011-2012 and 2012-2013, where applicable. Data collected by means other than the One 45 system are not included here (e.g., lab instructors, specific evaluation projects).

In the 2015-16 academic year, curriculum renewal occurred in Year 1. Small group learning was still divided into previous groups of Family Practice, Clinical Skills and Case Based Learning (previously PBL).

The value of the benchmarks represents the rating of overall quality of teaching or the mean of the rated aspects, whenever a global rating of quality was not available. Note that many teachers have taught several times throughout the years and have had different teaching roles.

YEARS 1 AND 2

MEDD COURSES (YEAR 1) & FMED COURSES (YEAR 2)

The initial Principles of Human Biology (PRIN 410) course (14 weeks) is followed by 12 FMED courses (1 to 9 weeks, usually 4 or 5), which focus on specific organ-system each. For all these courses, teaching activities include problem-based-learning (PBL) tutorials, lectures and labs.

The MEDD courses are divided into two 14-week courses that designed as a spiraled curriculum. For all these courses, teaching activities include problem-based-learning (PBL) tutorials, lectures and labs.

PROBLEM BASED LEARNING (PBL) TUTORS

CASE BASED LEARNING TUTORS FOR YEAR 1, 15-16

Course(s) context: PBL tutoring in the program, a form of small-group facilitative instruction, involves three 2-hour sessions (6 hours contact time + 1 hour for tutor-meeting) per week with a group of 8 students. The typical PBL tutor assignment is for 4 or 5 weeks, during which the composition of the group is the same. After each tutorial block, new groups of 8 are formed through a mostly random assignment process.

Process: The assessment tool is administered at the end of each tutorial block (4-6 weeks in length) as a part of an "evaluation-handshake" process.

Form: Three narrative comments and one numeric (overall) rating on a 4-point scale (1=unsatisfactory; 2=requires improvement; 3=meets expectations; 4=exceeds expectations).

Data: The overall rating was used in this report; data-set covers all five years.

Constraints: Intended for formative purposes only, distributed to individual tutors with no error term provided for comparisons; qualitative nature of judgment (ordinal scale). Note that excellent tutors are commonly strategically placed with challenging students (academic & attitudinal) who are critical of the PBL method and tutoring; excellent tutors may receive lower scores than average tutors as a result.

Year	Number of records	Number of teachers assessed	Average index	SD
06/07	3317	260	3.41	.58
07/08	3564	258	3.40	.60
08/09	3118	249	3.44	.59
09/10	3492	253	3.45	.60
10/11	2485	225	3.47	.57
11/12	3152	243	3.46	.58
12/13	2206	187	3.52	.60
13/14	3699	265	3.54	.61
14/15	3058	277	3.59	.58
15/16 (Year 1)*	1667	106	4.49	.72
15/16 (Year 2)**	1671	161	4.51	0.62

*CBL for Renewed Year 1

**PBL and CBL mixed (depending on block) for Year 2

LECTURERS

Course(s) context: A typical week in the PRIN and FMED courses includes 5-6 lectures, content-coordinated with the themes of the week and the case that is discussed in the tutorial sessions. The time allotted to a lecture is typically 1 hour. The class-size is about 300 (includes ~ 50 students from Dentistry, who attend most lectures in the first 2 years) since 2008.

Process: *Selective administration only* for new sessions and/or new instructors, or individual instructors requesting an assessment of their lecture for review, promotion and tenure.

Form: Five ratings of aspects of teaching (5-point scale, 1=strongly disagree; 5= strongly agree) and one rating of the degree to which the lecture promoted understanding of the topic (5-point scale, 1=Not at all, through 3=Average, to 5=Outstanding), and narrative comments on the strengths and suggestions for improvement.

Data: Data set covers time period since 2006/07 academic year; the average of the 6 ratings is used in this report. **Constraints:** Potential sampling bias (see Process); qualitative nature of judgment (ordinal scale)

Year	Number of records	Number of teachers	Average index	SD
06/07	1989	32	4.05	.71
07/08	5031	77	4.02	.78
08/09	2080	35	4.20	.71
09/10	2929	37	4.13	.72
10/11	2825	34	4.05	.72
11/12	3774	44	3.83	.86
12/13	2545	54	4.07	.80
13/14	2552	51	4.2	.76
14/15	1677	33	4.14	.79
15/16 (Year 1)	514	16	4.13	.72
15/16 (Year 2)	641	28	4.30	.73

CLINICAL SKILLS (INDE 410 AND INDE 420)

Throughout the first two years of the program, the Clinical Skills continuum involves 3 hours per week of contact time. The three hours are spent mostly in small-group tutorial sessions with some lectures and bed-side teaching sessions (the latter are in year 2 only). Content is organized by themes, which are coordinated (whenever possible) with the content of the FMED courses.

LECTURERS

Course context: Lectures in the Clinical Skills are usually 1 hour long and take place in the beginning of a theme. The class-size is about 260 since 2008, and increased to ~290 as of 2011-2012 academic year.

Process: *Selective administration only* for new sessions and/or new instructors, or individual instructors requesting an assessment of their lecture for review, promotion and tenure.

Form: Ten ratings of aspects of teaching (5-point scale, 1=strongly disagree; 5=strongly agree) and one overall rating (5-point scale: 1=Unacceptable, through 3=Average, to 5=Outstanding), and narrative comments on strengths and suggestions for improvement.

Data: Data set covers time period since 2006/07 academic year; the global rating was used in this report.

Constraints: Potential sampling bias (see Process); qualitative nature of judgment (ordinal scale)

Year	Number of records	Number of teachers	Average index	SD
08/09	118	5	3.69	.97
09/10	184	22	3.38	1.33
10/11	221	9	4.00	.93
11/12	1036	27	3.68	.74
12/13	650	19	3.92	.81
13/14	397	2	4.15	.94
14/15	1337	28	3.63	1.27
15/16 (Year 2)	35	2	4.23	.84

TUTORS

Context: Typical tutorial sessions in the Clinical Skills course involve interactive and hands-on small-group learning with an expert. Tutors work with groups of 4 to 6 students and the length of tutorial assignment varies from 1 to several sessions. **Process:** The assessment tool is administered at the end of each tutorial block (skill-based, various length) to students in a small-group (4-8);

Form: Five ratings of aspects of teaching and one overall rating of the quality of teaching (5-point scale, 1=Unacceptable, through 3=Average, to 5=Outstanding), and narrative comments on strengths and suggestions for improvement.

Data: Data set covers time period since 2006/07 academic year; the global rating was used in this report.

Constraints: Small N of some individual instructor assessments

Year	Number of records	Number of teachers assessed	Average index	SD
06/07	728	159	4.03	1.04
07/08	954	199	3.96	.94
08/09	343	58	4.45	.76
09/10	551	91	3.99	.95
10/11	556	65	4.03	1.00
11/12	2566	295	4.34	.74
12/13	1934	284	4.42	.72
13/14	Not available			
14/15	1066	166	4.53	.68

15/16 (Year 1)	1079	119	4.61	.65
15/16 (Year 2)	1832	282	4.57	.72

The SD is included to describe the spread of results. An error-term for statistical comparisons should be based on the standard-error of the mean of a group or individual teacher's overall scores.

DOCTOR, PATIENT & SOCIETY (DPAS 410 AND DPAS 420)

The Doctor, Patient & Society (DPAS) course focuses on the social aspects of medicine and physician's practice. Throughout the first two years of the program, the course involves 3 hours per week contact time. Typically, a weekly session starts with an hour to hour and a half whole class activity (lecture, panel discussions, guest presentations, etc.) followed by a tutorial group session. Content is organized by themes, which are coordinated (whenever possible) with the content of the FMED courses. The groups stay intact for one year.

TUTORS

Context: Tutorials in DPAS 410 and 420 are a form of small-group facilitative instruction. A typical tutorial group in the course is comprised of 8 students. In the second-year of the course, students have two learning options- Community Service Learning Option (CSLO) and Self-Directed Learning Option (SDPO). Under the Community Service Learning Option (CSLO), students may choose to involve in community-health project instead of attending tutorials. Instruction for this option is more like mentoring and the number of mentees per a teacher varies. Under Self-Directed Learning Option (SDPO) option, instead of attending tutorials students spend time working on an approved project, supervised by instructor. Instruction for this option is more like supervision and the number of students per a teacher varies.

Process: The assessment tool is administered at the end of each term to the students in the group [usually 8, but varies in DPAS 420 depending on how many students involve in the Community Service Learning Option (CSLO) and Self-Directed Learning Option (SDPO)].

Form: Single form was used for DPAS 410 and 420 tutor evaluations until 2012-2013. Tutors were assessed based on nine ratings on aspects of teaching, one overall rating of the quality of teaching and narrative comments on strengths and suggestions for improvement. A five point scale was piloted in 2011-2012, and has been used for all assessments of teaching in the course since then. SDPO and CSLO preceptors were assessed using separate forms comprising of seven ratings of aspects of teaching and one overall rating of teaching effectiveness (4-point scale, 1=Did not meet requirements; 2=Partially met requirements; 3=Met requirements; 4=Exceeded requirements), and narrative comments on strengths and suggestions for improvement.

In 2013-2014, separate forms were used for DPAS 410 and 420 tutor assessments. DPAS 410 form for tutor assessment included eight ratings on aspects of teaching, one global rating (5 point scale, 1= very poor; 2= poor; 3= adequate; 4= good; 5= excellent) and narrative comment on strengths and suggestions for improvement. DPAS 420 form assessed the tutors based on nine ratings on aspects of teaching, one overall rating of the quality of teaching (5 point scale, 1= very poor; 2= poor; 3= adequate; 4= good; 5= excellent) and narrative comments on strengths and suggestions for improvement. The same form was used for 2013-2014 CSLO and SDPO preceptor assessment.

Data: Data set covers time period since 2006/07 academic year; the global rating was used in this report. **Constraints:** Small N of some individual instructor assessments

4-point scale

Year	Number of records	Number of teachers	Average index	SD
06/07	761	116	3.59	.58
07/08	765	105	3.54	.58
08/09	642	65	3.59	.59
09/10	541	70	3.57	.64
10/11	347	76	3.49	.60

5-point scale

Year	Number of records	Number of teachers	Average index	SD
12/13	1253	105	4.52	.70

Community Service Learning Option (CSLO)

Year	Number of records	Number of teachers assessed	Average index	SD
06/07	43	8	3.67	.52
07/08	72	13	3.66	.53
08/09	70	14	3.62	.55
09/10	98	18	3.51	.61
10/11	107	17	3.51	.59
11/12	128	15	3.46	.57

Self-Directed Learning Option (SDPO)

Year	Number of records	Number of teachers assessed	Average index	SD
06/07	58	5	3.71	.56
07/08	78	5	3.45	.53
08/09	106	12	3.41	.57
09/10	160	18	3.42	.58
10/11	57	21	3.30	.60
11/12	75	11	3.31	.57

DPAS 410 Tutor assessment

Year	Number of records	Number of teachers	Average index	SD
13/14	158	24	4.52	0.82
14/15	421	49	4.68	.57

DPAS 420 Tutor assessment (including CSLO and SDPO preceptors)

Year	Number of records	Number of teachers	Average index	SD
13/14	310	27	4.52	0.70
14/15	484	53	4.64	.64
15/16	328	71	4.63	.59

FOUNDATIONS OF SCHOLARSHIP AND FLEXIBLE AND ENHANCED LEARNING (MEDD 419)

FLEX is a new, innovative series of three courses in the renewed MDUP. It offers students unique opportunities to pursue a variety of scholarly activities within a defined learning space. FLEX complements the common curriculum by enabling students to explore individual learning interests in greater depth.

All students will begin their FLEX experience in Year 1 by taking a common component termed the Foundations of Scholarship (FoS). FoS consists of a series of small-group lectures and sessions. It is designed to promote scholarly inquiry by providing students with a toolbox of skills. The remainder of the FLEX course time will offer opportunities for students to engage in individualized learning activities (selected from a database or self-defined). The student experience will be supported by an evolving activity database hosting a variety of course and project options with contributions from students, community practitioners and organizations, researchers, other institutions, and faculty members.

Student Assessment of FLEX Advisor

Year	Number of records	Number of teachers assessed	Average index	SD
15/16 (Year 1)	122	35	4.77	.53

Student Assessment of FOS Tutor

Year	Number of records	Number of teachers assessed	Average index	SD
15/16 (Year 1)	340	42	4.31	.94

FAMILY PRACTICE (FMPR 420) & FAMILY PRACTICE COMPONENT

Throughout the first two years of the program, the Family Practice continuum involves 3 hours per week contact time. The three hours are spent mostly in family practitioners' offices individually or in pairs. There are a few lectures or small-group sessions dispersed throughout each of the two years. These latter sessions have not been evaluated consistently over the years, thus, the assessment of teaching data are not reported here.

FMPR PRECEPTORS

Context: Preceptors in FMPR are either primary (most of the time is spent with a student (students) assigned to this preceptor, who is also responsible for a big part of the student's assessment); secondary preceptors (relatively less time spent with more students throughout the year); and/or diversity preceptors (students spend the least amount of time with diversity preceptors, usually in small groups and related to specific topics.)

Process: The assessment tool is administered at the end of term (A and B in each of FMPR 401 and 420)

Form: One form is used for all types of preceptors. The form consists of 18 ratings or check-list items (including one global rating of teaching effectiveness) and two narrative-comment items. Ratings are on a 5-point scale ranging from 1=Poor to 5= Excellent.

Data: Data set covers 2011/2012 and 2012/2013 academic years; the global rating was used in this report.

Constraints: Primary and secondary preceptors have a very small N, which, throughout the years, has delayed the provision of feedback to the instructor.

Year	Number of records	Number of teachers assessed	Average index	SD
11/12	697	194	4.25	.86
12/13	737	186	4.38	.78
13/14*	170	87	4.33	.77
14/15	647	210	4.35	.79
15/16 (Year 1)	284	187	4.66	.63
15/16 (Year2)	168	144	4.39	.70

*VFMP Only

YEAR 3

Clinical rotations are the educational organization context for the majority of the class in year 3. Teaching effectiveness data for the integrated Community Clerkships (ICC) will be available in 2013/2014 academic year. The rotations, and respectively, the assessment of teaching are managed by the clinical departments. There are interdepartmental differences in the organization of teaching, and respectively, in the assessment of teaching, but there are two constants: the role of clinical preceptor, and the role of presenter at academic half-days (AHDs, taking place once a week).

PRECEPTORS

Context: Varies.

Process: Varies with type of rotation: shorter rotations use often paper forms and data are generally not available in One45; longer rotations use a variety of forms with the schedule of information-collection ranging from shift to end-of-rotation frequency.

Form: Ob/Gyn and Pediatrics (Peds) use a form containing ratings of 25 aspects of teaching, one global rating on a 5-point scale and narrative comments. Medicine (IM) and Emergency Medicine (EM) use different forms requiring ratings of 8 teaching aspects, 1 global rating on a 5-point scale, and narrative comments. Surgery (Surg) uses a short 5-item form with 1 5-point scale rating. Psychiatry uses a form with ratings on a 10-point scale. Only data from forms with 5-point scale global ratings were included in this initial report.

Data: The data sets for 2011/2012 academic year of rotations using forms with a global rating on a 5-point scale are included in the report. The table below also lists the number of records for each discipline. Available data from all sites are included for each discipline.

Constraints: Different forms and different 5-point scales.

2011/2012 data

Discipline	Number of records	Number of teachers assessed	Average index	SD
OB/GYN	635	100	4.19	.97
EM	1967	253	4.54	.60
IM	314	46	4.67	.60
Peds	336	41	4.06	.89
Surg	1145	189	4.34	.73
11/12	4397	629	4.41	.71
12/13	8476	825	4.36	.74
14/15*	613	63	4.57	.54

*NMP only

2013-14 data

Year 3 EM	Number of records	Number of teachers assessed	Average index	SD
VFMP Only	2826	307	4.47	0.61

Year 3 ICC	Number of records	Number of teachers assessed	Average index	SD
13/14	45	11	4.22	.73
14/15	70	18	4.50	.70
15/16*	7	4	4.14	.69

*ICC NMP only

2015/16 data

Year 3	Number of records	Number of teachers assessed	Average index	SD
Emergency Medicine	329	31	4.61	.54
Ortho (VFMP)	13	10	4.38	.51
Internal Medicine	229	63	4.62	.58
OBGYN (VFMP)	43	35	4.60	.49

PMP (PREPARATION FOR MEDICAL PRACTICE)

LECTURER

Course context: Lectures in the PMP course are usually ~1 hour long. The class-size is about 260 since 2010, and increased to ~290 as of 2014-2015 academic year.

2010-2011

Process: Administered at the end of the PMP block (~ 3 weeks) in year 4.

Form: One item requiring rating of the instructional effectiveness of the teacher in each large-group session on a 5-point scale (1=Poor; 2=Satisfactory; 3=Good; 4=Very Good; 5=Outstanding), and ‘shared’ narrative comments on strengths and suggestions for improvement.

Data: Administered on a sub-set of the class (~25%) for each week; average rating used as the benchmark.

Constraints: some sessions were taught by multiple instructors, qualitative nature of the rating (ordinal scale);

2011-2012

Process: A long form and a short form were used. The short form was administered at the beginning of the week in which the lecture occurred. The long form was administered a day before the lecture occurred.

Form: The long form consisted of: i) eight teaching competencies rated as “Not applicable”, “An area for further improvement”, or “Does well, please continue”, ii) narrative comments on strengths and suggestions for improvement, and iii) a global rating on the lecturer’s contribution to the students’ learning (5-point scale, 1 = Very Poor, 2 = Poor, 3 = Adequate, 4 = Good, 5 = Excellent). The short form consisted of only the 5-point global rating.

Data: Each long form was distributed to 5 students while the short form was distributed to 30

students. Constraints: Distributing the form prior to the teaching session confused some students

2012-2013

Process: A long form and short form were used. Both of these were distributed within 24 hours after the delivery of the lecture.

Form: Same as 2011-2012

Data: Each long form was distributed to 10 students while the short form was distributed to 15 students

Constraints: None listed

2013-2015

Process: In 2013/14, teacher assessment was conducted for Year 4 PMP course. Only large group lectures were assessed and assessment was only required for first-time lecturers. In total 26 instructors got assessed. One45 sent out the assessment forms randomly to 25% of students province wide (approximately 75 students) one day after the completion of the lecture. Students were given 2 weeks to respond. Assessment by students is not mandatory; the response rate is approximately 50%.

Form: Same as 2011-2012

Data: Each long form was distributed to 10 students while the short form was distributed to 15 students

Constraints: None listed

Year	Number of records	Number of teachers assessed	Average index	SD
10-11	116	36	3.48	.60
11-12	928	49	3.87	.44
12-13	221	22	3.96	.44
13-14	649	26	4.04	.65
14-15	866	52	4.67	.63
15-16	232	9	4.08	.77