Faculty Development and Evaluation of Teaching Performance

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Thinking about faculty development usually conjures up a variety of available approaches to improve skills as a teacher, especially those national or regional faculty development workshops, where experts can hold forth on the content or process of teaching. Further consideration might raise other possible approaches to faculty development, even including local workshops or other structured efforts to improve the quality of teaching. It is not likely, however, that *evaluation* of teaching performance will be considered initially as a first-line method of faculty development. The opposite connotation of evaluation is more often evoked—an onerous burden, sporadically applied, involving the occasional collection and filing of routine evaluation forms partially filled out by medical students and/or residents in training.

The systematic evaluation of teaching performance represents a simple, readily available, and powerful method of faculty development. Its potential, however, has been neglected by many teaching programs for a number of reasons. Learners may see the completion of evaluation forms as a burdensome task of low priority. They may doubt that candid feedback will result in improvement of faculty teaching, and they may not want to risk alienating a faculty member by critical comments. Some faculty members may not be comfortable with constructive criticism of their teaching skills, and a larger number may be reticent to actively seek such evaluation. Program directors and departmental chairmen may relegate evaluation of teaching performance to a low priority compared with the many pressing needs and demands elsewhere in the patient care system and teaching program. They may also be reluctant to address known problems in faculty performance or to identify additional problems of this kind. Further, there are questions concerning confidentiality to be considered, such as where are the reports to be filed, who has access to them, and how are the results used? For these reasons, many teaching programs employ intermittent and ineffective evaluation of faculty performance, often without a consistent feedback loop to faculty members.

These problems are common throughout medical education irrespective of specialty lines. The University of Washington School of Medicine recently addressed this problem by appointing a task force to make specific recommendations for providing systematic evaluation of faculty teaching performance on an ongoing departmental basis. As a result, many departments have now implemented various kinds of regular evaluation procedures. In the Department of Family Medicine, for example, mechanisms have been established for regular evaluation and feedback of faculty teaching performance at all levels, including periodic ratings by learners (medical students, residents, Fellows, practicing physicians) and by faculty colleagues. Peer review of teaching performance is now a required part of the assessment and documentation

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of an individual faculty member's qualifications at the time of promotion and/or tenure decision. In order to simplify the process of faculty evaluation, Dr. Michael Gordon has developed an *Academic Activities Notebook,* which includes a summary of teaching activities, copies of all teaching evaluations, plans and projected timetables for career development, regularly updated curriculum vitae, and other materials which are needed to support qualifications for promotion when they are needed. (Descriptive materials are available on request from Michael Gordon, PhD, Department of Family Medicine RF-30, School of Medicine, University of Washington, Seattle, WA 98195.) Evaluation materials are confidential, except for review by the departmental chairman, and it is the responsibility of each faculty member to maintain his/her file. This simple mechanism facilitates ongoing, useful faculty evaluation with built-in mechanisms for improvement of teaching in both content and process.

In this issue, an excellent paper by Whitman and Schwenk describes an innovative approach to clinically evaluate teaching performance as a regular part of faculty development. They apply the medical model to evaluate the teaching performance through the equivalent of history, physical examination, and laboratory tests, followed by treatment based on the diagnosis of specific deficits.[1]

Evaluation of teaching performance deserves more emphasis than most of us have given it in the past. Fortunately, the medical educators are showing us better ways to include the regular evaluation of teaching performance as an integral part of faculty development. Family medicine can and should take a leadership role toward improving the quality of clinical teaching through meaningful faculty evaluation based upon candid feedback from peers and learners at all levels. Concerted emphasis upon this important area can have salutary effects on the quality of patient care, teaching, and learning as well as facilitate personal growth and increased satisfaction of clinical teachers.

Reference

1. Whitman N, Schwenk T: Faculty evaluation as a means of faculty development. J Fam Pract 14:1097, 1982