

UC Riverside, School of Medicine Policies and Procedures**Policy Title:** Teaching Enhancement Program at UCR SOM (RECITE)**Policy Number:** 950-06-037

Responsible Officer:	Senior Associate Dean, Medical Education
Responsible Office:	Office of Medical Education
Origination Date:	07/15/21
Date of Revision:	08/18/22; 12/13/22, 12/21/2023
Scope:	All faculty and non-faculty instructors, administrators

I. Policy Summary

UCR School of Medicine (SOM) faculty and non-faculty instructors have a critical role in the education of medical students. Residents are identified by students as significant contributors to their learning and professional growth in the clinical years. Non-faculty instructors contribute vital interdisciplinary and inter-professional perspectives and skill sets throughout medical students' education. Because faculty, residents, and non-faculty instructors are valued educators at UCR SOM, our institution has created the Review and Enhancement of Critical Institutional Teaching Elements (RECITE) program to optimize and support their teaching and assessment skills.

The RECITE Program has four components:

- A.** All course, clerkship and selective directors provide faculty, residents, and non-faculty instructors with their course/clerkship/selective learning objectives, a synopsis of their curriculum, and guidance on their expected teaching and assessment roles with students.
- B.** UCR SOM provides mandatory teaching development programs and resources for all non-faculty instructors and residents. Faculty instructor participation in existing teaching development programs is highly encouraged.
- C.** Medical students complete evaluations of faculty members', residents', and non-faculty instructors' teaching skills (e.g., lectures, small group facilitation, and clinical teaching) after each course and required clerkship/sub-internship/longitudinal experience.
- D.** Evaluations and other sources are used as the objective basis for commendation letters for excellence and the documented process of improvement plans for instructors with areas of concerns of their teaching and assessment skills.

 Review and Enhancement of Critical Institutional Teaching Elements (RECITE) Program for All Instructors in Required Courses, Clerkships and Longitudinal Experiences



• LCME Standards 6.1, 8.7 and 9.1 **LCME Standard 9.1
†LCME Standard 8.5 # LCME Standard 4.5

The RECITE program also supports UCR SOM's commitment to meet and exceed the Liaison Committee on Medical Education (LCME) element 9.1.

LCME element 9.1: “In a medical school, residents, graduate students, postdoctoral fellows, and other non-faculty instructors in the medical education program who supervise or teach medical students are familiar with the learning objectives of the course or clerkship and are prepared for their roles in teaching and assessment. The medical school provides resources to enhance residents’ and non-faculty instructors’ teaching and assessment skills, with central monitoring of their participation in those opportunities provided.”

Other Related LCME Standards:

Element 6.1: Program and Learning Objectives – “The medical school ensures that the learning objectives for each required learning experience (e.g., course, clerkship) are made known to all medical students and those faculty, residents, and others with teaching and assessment responsibilities in those required experiences.”

Element 8.5: Medical Student Feedback – “In evaluating medical education program quality, a medical school has formal processes in place to collect and consider medical student evaluations of their courses, clerkships, and teachers, and other relevant information.”

Element 8.7: Comparability of Education/Assessment – DCI Question: “Summarize how and by whom faculty at distributed sites are informed about learning objectives, assessment system, and required clinical encounters.”

II. Definitions

A non-faculty instructor can be a:

- Resident/Intern
- Post-doctoral research fellow*
- Clinical fellow*
- Graduate student
- MD-PhD student
- Peer medical student
- Nurse and Nurse Practitioner*
- Midwife*
- Nutritionist*
- Community worker*
- Social worker*
- Medical technician*
- Physician assistant*
- Standardized patient educators*

*without a faculty appointment

III. Policy Text

A. Requirement for the Provision of Course and Clerkship Objectives, Curriculum and Teaching/Assessment Roles to Faculty, Residents and Non-Faculty Instructors (Part A of the RECITE Program)

1. UCR SOM requires every course, module, clerkship and longitudinal clerkship director to compose a document addressing all faculty, residents, or non-faculty teachers who teach and/or supervise medical students in their course/clerkship.
2. The document, specifically tailored to each course/clerkship and selective, must contain the following information:
All courses (and modules), clerkships, Critical Care Medicine selective, Sub-internship selective, Longitudinal Ambulatory Care Experience (LACE):
 - a. The course/clerkship/longitudinal experience learning objectives (written as “learning outcomes”) for medical students.
 - b. A couple of brief paragraphs describing the overall course/clerkship/longitudinal experience curriculum for medical students.
 - c. Specific guidance on teaching roles expected of all faculty, residents, and non-faculty instructors in the course/clerkship/longitudinal experience.
 - d. A description of the assessment methods used to evaluate the performance of medical students in the course/clerkship/longitudinal experience (e.g., institutionally developed written exam, standardized shelf exam, oral presentation, observation with patients, etc.).
 - e. Specific guidance on any assessment roles expected of all faculty, residents, and non-faculty instructors in course/clerkship (e.g., observation of student oral presentations on rounds, observation of student participation in case-based group sessions) and how this contributes to the overall assessment of medical students’ performance in the course/clerkship. If there is no role in assessment for a type of instructor, this must be specifically stated.
 - f. The criteria used by medical students to evaluate teaching skills of their faculty, residents, and non-faculty instructors (e.g., copy of student evaluation of teaching forms as appropriate).
 - g. A copy of the mistreatment policy.
 - h. A copy of the overarching UCR SOM educational competencies of medical students must be included in each document.

All clerkships, Critical Care Medicine selective, Sub-internship selective, Longitudinal Ambulatory Care Experience (LACE) must also include:

- a. The work hours policy.
 - b. A copy of the required clinical encounters (RCEs) listing the diagnoses and procedures the students need to log in the clerkship and the level of student responsibility.
3. The document must be submitted and updated annually by each course/clerkship/selective/longitudinal experience director for review by the Executive Associate Dean for Pre-Clerkship Medical Education for courses; the Associate Dean for Clinical Medical Education for clerkships, LACE, Critical Care Medicine, Sub-internships; and the Associate Dean for Clinical Skills Education and Innovation for Doctoring 1 and 2, Clinical Skills 1 and 2 and Case-based Learning 1 and 2.
 - a. Course directors must provide this document no later than two weeks prior to the start of their course to the Block Coordinator in the Office of Medical Education.
 - b. Clerkship, Selective and LACE directors must provide this information by June 15th prior to the start of the academic year to the Clerkship Coordinator in the Office of Medical Education.
 4. Each course, block, clerkship and selective coordinator must furnish and update annually the contact information for all faculty, residents and non-faculty instructors who teach and assess students in their course (including modules within the block course) or clerkship/selective. This

should also include Division/Department affiliation, as well as the name and email of the Division/Department Chair (or direct supervisor). A spreadsheet document is provided by the Office of Assessment and Evaluation to course block, module and clerkship directors and block/clerkship coordinators to submit this information.

- a. Block course coordinators in collaboration with block course directors must provide this full contact information requested no later than two weeks prior to the start of the teaching event(s) involving faculty / residents / non-faculty instructors to the Executive Associate Dean of Pre-clerkship Medical Education and Office of Assessment and Evaluation. During the final week of the block course, this contact information list must be reverified and updated for accuracy by the block director and coordinator and sent to the Office of Assessment and Evaluation as teachers are subject to change during a course.
 - b. Clerkship and LACE directors and coordinators must provide this full contact information requested to Associate Dean of Clinical Medical Education and Office of Assessment and Evaluation for all incoming PGY-1s and the updated information for all faculty, senior residents, and non-faculty instructors (e.g., nurses, midwives, etc.) by July 15th of each academic year.
5. The distribution of this document will occur electronically to all faculty, residents, and non- faculty instructors:
- a. **Pre-clerkship courses:**
Faculty, Residents, and Non-faculty Instructors: The Office of Medical Education will upload the documents, names and email addresses of the faculty/residents/non- faculty instructors into a web-based distribution program (e.g., DocuSign). The Office of Medical Education will distribute the document via the DocuSign one week prior to the start of the teaching event(s) involving all instructors.
 - b. **Required clerkships/ selective sub-internships/courses:**
Faculty, Residents and Non-faculty Instructors: The Office of Medical Education will upload the documents, names and email addresses of the faculty/residents/non- faculty instructors into the DocuSign online program. The Office of Medical Education will distribute the document via the web portal once every August 15 (or earlier if available) of each academic year.
6. All instructors will electronically acknowledge receipt of the document. Email reminders will be sent every week to non-responding course instructors, and every two weeks to non-responding clerkship instructors. A final compliance data report will be generated by the Office of Medical Education and made available to each course director two weeks prior to the end of their course – and to clerkship directors by October 1.
7. Monitoring of this process and enforcement of this policy will be under the Office of Medical Education in cooperation with the Chairs of the Pre-clerkship Curriculum Subcommittee and the Clinical Curriculum Subcommittee and the Medical Education Committee.

B. Requirement for the Provision of Teaching Development Program by the Office of Medical Education to Residents and Non-Faculty Instructors (Part B of the RECITE Program)

LCME element 9.1 requires the institution provide resources (e.g., workshops, resource materials) to enhance the teaching and assessment skills of residents and other non-faculty instructors (e.g., graduate students, post-doctoral fellows, etc.). UCR SOM, in full cooperation with our affiliates,

requires the provision of teaching development programs to interns, residents, and non-faculty instructors in all courses and required clerkships and sub- internships.

These programs are provided via the two different mechanisms that will be described in this section:
Courses: Teaching development programs by the Executive Associate Dean for Pre-clerkship Medical Education and the Director of Faculty Development to non-faculty instructors

Clerkships/Selectives: Teaching development programs by the Office of Medical Education to interns (PGY-1s) and senior residents and non-faculty instructors

1. In Courses - The Office of Medical Education and The Office of Faculty Development will provide annual teaching development training for non-faculty instructors prior to the start of the academic year or block course. Instructors are required to attend all training sessions and must log attendance.
2. In Clerkships, LACE, Sub-internships, Clinical Care Medicine – UCR SOM requires the Office of Medical Education via the Associate Dean for Clinical Medical Education to coordinate annual teaching development sessions for PGY-1s and Senior Residents who teach and/or supervise medical students in required clinical rotations.
 - a. The Associate Dean for Clinical Medical Education along with the Site Directors at each clinical affiliate will designate specific UCR SOM and affiliate faculty to conduct these in-person teaching sessions at each clinical affiliate at an appropriate venue (e.g., intern orientation, residency retreat day, grand rounds) annually.
 - b. The sessions must integrate the following core teaching development topics which are standardized across all UCR SOM courses:
 - i. The roles and attributes of an effective teacher
 - ii. Setting clear expectations with learners
 - iii. The principles of effective feedback
 - iv. The micro-skills of learner-centered teaching
 - v. Establishing a positive learning climate
 - vi. Avoiding mistreatment of medical students including mistreatment policies, anti-discrimination policies and resources for reaching UCR campus Title IX resources
 - vii. Emergency phone number for occupational exposures for medical students
 - viii. Contact information if there are wellness concerns about a student.
 - c. At the end of each teaching development session, faculty facilitators must provide the interns and residents with access information to secondary online resources and programs hosted on a UCR SOM website: <https://residentteachingskills.ucr.edu> and <https://facdev.ucr.edu>
 - d. Attendance must be collected by the faculty facilitator at each teaching development session demonstrating intern and resident participation and delivered back to the Office of Medical Education Quality (OMEQ).

C. Process for Student Evaluation of Faculty, Residents and Non-Faculty Instructors' Teaching and Assessment Skills in Courses and Clerkships (Part C of the RECITE Program – Flow chart provided as Appendix C)

1. LCME element 9.1 states that there should be formal evaluation of the teaching and assessment skills of residents and other non-faculty instructors. UCR SOM students evaluate the teaching of faculty, residents, and non-faculty instructors.
2. Evaluation of Instructors in Pre-Clerkship Courses
 - a. In pre-clerkship courses where faculty, residents and non-faculty instructors teach and

- supervise medical students, all students are required to complete an evaluation of the teaching skills of these instructors by two weeks after the end of the course.
- b. Student grades are not released until the student has completed all the components of the course evaluation including the instructors' teaching evaluations.
3. Distribution of Individual Teaching Evaluations to Teachers in Pre-clerkship Years
- a. *Block Courses: After the end of a course, the individual teaching evaluations are reviewed by the Associate Dean for Assessment and Evaluation. Approximately 8 weeks after the course has ended, the Office of Assessment and Evaluation distributes the individual student evaluations of teachers (SETs) to the Executive Associate Dean for Pre-clerkship Medical Education and the respective department chairs for review. Individual SETs are sent by the block course coordinator to the faculty and non-faculty instructors via DocuSign. The block coordinator sends a copy of the DocuSign download data to the Office of Medical Education Quality as a verification that SETs have been sent to teachers.*
 - b. *Clinical Skills / Doctoring / Case-based Learning: Clinical Skills and Doctoring SETs are completed by students at the end of each Block Course. The individual teaching evaluations are reviewed by the Associate Dean for Assessment and Evaluation. Twice a year, the Office of Assessment and Evaluation distributes the individual student evaluations of teachers (SETs) to the Associate Dean for Clinical Skills Education and Innovation for review. Individual SETs are sent by the block course coordinator to the faculty and non-faculty instructors and their chairs via DocuSign by the Associate Dean for Clinical Skills Education and Innovation. The Associate Dean for Clinical Skills Education and Innovation sends a copy of the DocuSign download data to the Office of Medical Education Quality as a verification that SETs have been sent to teachers twice a year. This same process occurs for Case-based Learning teachers but instead takes place once a year.*
4. Distribution of Teaching Evaluation of Instructors in MS3 and MS4 Years
- a. In clerkships where faculty, residents and non-faculty instructors teach and supervise medical students, all students are required to complete all components of the clerkship evaluation, including the evaluation of the clinical teaching skills of these instructors.
 - b. Teaching evaluations must be completed two weeks after the rotation has finished.
 - c. Student grades are not released until the student has completed the faculty / resident / non-faculty instructor teaching evaluations.
 - d. Cumulative data are generated twice a year by the Office of Assessment and Evaluation for each instructor who teaches UCR SOM medical students in the LACE program, third year and fourth year clerkships and fourth-year required sub-internships and Critical Care Medicine. This data is generated once a year by OAE for the Transition to Residency course, Community-based Experience course, and Radiology course.
 - e. The SETs are first reviewed by the Associate Dean for Assessment and Evaluation.
 - f. The individual SETs are next sent out by OAE to the clerkship director(s), the Division/Department Chairs, the Associate Dean for Clinical Medical Education twice a year for their review.
 - g. OMEQ is responsible for distributing the evaluations twice a year via DocuSign to all faculty as appropriate for each clerkship and selective, and once a year for Y3 and Y4 courses and electives.
 - h. Individual resident teaching evaluation reports are sent out twice a year from the OMEQ to

all residency program directors via DocuSign. The evaluations may be used in formulating nomination for resident teaching awards. Questions about these reports should be directed to the Associate Dean for Assessment and Evaluation.

- i. The DocuSign download data is collected by the Office of Medical Education Quality as a verification that SETs have been sent to teachers twice a year.

Appendix A contains the current “Student Evaluation of Teaching” forms for the courses and clerkships/sub-internships.

D. Process for Remediation of Faculty, Residents, and Non-Faculty Instructors with Concerning Performance of Teaching and/or Assessment Skills (First step of Part D of the RECITE Program)

LCME Element 9.1 requires that residents and other non-faculty instructors are prepared for their roles in teaching and assessment of medical students and that there are programs and/or procedures to orient them to these roles and to develop their skills. The RECITE program builds on these requirements with initiatives to provide documented improvement plans of residents and non-faculty instructors where concerns about their teaching and/or assessment skills have been identified and extends this remediation process to also include concerns identified about faculty instructor teaching.

The identification and remediation of a faculty, resident, or non-faculty instructor where concerns have been raised regarding their teaching and/or assessment skills occurs via a summative process and/or a formative process.

1. Summative Process

Medical students appraise faculty, resident, and non-faculty instructors on their teaching/assessment skills after the end of each course and each clerkship rotation block using an evaluation form (e.g., “Student Evaluation of Faculty, Resident or Other Instructors Teaching”) via the electronic evaluation system (e.g., MedHub).

- a. Identification of teaching and/or assessment concerns with faculty, resident, or non-faculty instructor
 - i. The evaluation forms allow medical students to rate their faculty/residents/non-faculty instructors’ specific teaching abilities (e.g., feedback skills, safe learning climate) on a 4-point scale (1=unsatisfactory; 4=excellent) and their overall teaching performance on a 5-point scale (1=poor; 5=excellent). Medical students are also provided a section for narrative comments.
 - ii. The Office of Medical Education identifies concerns about faculty/resident/non-faculty instructor’s teaching after the conclusion of each course and for clerkships every August and January if an aggregate six-month report denotes:
 - a cumulative score ≤ 2.4 on any specific teaching behavior (scale 1- 4) or overall performance (scale 1- 5), from two or more medical students or any concerning narrative comments regardless of score.
 - In LACE clerkships, identification of concerns about an instructor’s teaching / assessment skills is based on a cumulative score less than ≤ 2.4 on any specific teaching behavior (scale 1- 4) or overall performance (scale 1- 5), from only one medical student or any concerning narrative comments regardless of score.
- b. **Notification** of the course/clerkship director and Department/Division Chair of a concern about faculty, resident, or non-faculty instructor’s teaching/assessment skills

- i. The Office of Assessment and Evaluation notifies the course/clerkship director, the Department/Division Chair and the Executive Associate Dean for Pre-Clerkship Medical Education (approximately 8 weeks after each course) or the Associate Dean for Clinical Medical Education (every January and August) that a challenged faculty/resident/non-faculty instructor has been identified by the summative evaluation process.
- ii. The Office of Medical Education provides the *course/clerkship director and Department/Division Chair with the “Faculty/Resident/Non-faculty Instructor Teaching Improvement Plan” form* (see Appendix B).
- c. Provision of feedback to the faculty, resident or non-faculty instructor about their teaching/assessment skills and formulation of a teaching improvement plan.
 - i. In pre-clerkship block courses,
 - *For biomed faculty flagged for teaching performance, the provision of feedback is by the Chair of the Division of Biomedical Sciences.*
 - *For clinical faculty flagged for teaching performance, the provision of feedback is by direct supervisor or Chair of the faculty member.*
 - *For non-faculty instructors flagged for teaching performance, the provision of feedback is by the Executive Associate Dean for Pre-clerkship Medical Education.*
 - *For Clinical Skills, Doctoring and Case-based Learning modules, the provision of feedback to the faculty /non-faculty instructor is by the respective module director.*
 - ii. In clerkships, selectives, LACE 1/2/3, or Y3 and Y4 courses – The director contacts the supervisor (e.g., site director, residency program director, fellowship director, nursing, or midwife director, etc.) of the faculty/resident/non-faculty instructor. The supervisor contacts the faculty/resident/non-faculty instructor directly to discuss the summative evaluation of their performance and create a mutual improvement plan. In some situations, the supervisor may be the course or clerkship director.
 - iii. Mistreatment of students – In the event that mistreatment is reported in either the course or clerkships:
 - Residents, fellows, nurses, other clinical staff, and their supervisors will follow the local departmental and hospital policies and procedures on mistreatment.
 - Faculty, graduate students, MD-PhD students, peer medical students and their course/clerkship directors will follow the existing policies and procedures on mistreatment of the UCR SOM.
- d. Resources for improvement of the faculty/resident/non-faculty instructor identified with concerns about their teaching/assessment skills
 - i. The resources for remediation that are provided to all faculty/resident/non-faculty instructors identified with concerns about teaching/assessment skills include counseling, mentoring, review of institutional policies, readings, direct observation of teaching with feedback, reflective exercises, online modules, and teaching development sessions (e.g., lectures, workshops, and retreats) provided by departments, hospitals, and the medical school (e.g., Office for Faculty Development).
- e. Documentation of the teaching improvement process
 - i. In courses, the “Faculty/Resident/Non-faculty Instructor Teaching Improvement Plan” form must be completed and signed by the person conducting the teaching improvement session and the Associate Dean for Pre- Clerkship Medical Education – and in clerkships, LACE, Clinical Skills, Doctoring and Case-based Learning by the clerkship director, Associate Dean for Clinical Skills Education and Innovation and/or the appropriate supervisor. This form must be returned in six weeks to the Office of Medical Education

Quality to document compliance with this remediation policy. A signature from the instructor identified with concerns about their teaching/assessment skills is not required on the form.

2. Formative Process

A faculty/resident/non-faculty instructor may be identified with concerns about their teaching / assessment skills DURING a course/clerkship rotation by the course director, clerkship director, or clerkship site director. This may occur by:

- a. direct observation by faculty
- b. student report in real time during the course/clerkship
- c. observation and report by others (e.g., peers or staff)

A faculty/resident/non-faculty instructor that is identified with concerns about their teaching/assessment skills during a course/clerkship rotation by the course/clerkship director will also follow the same process outlined in points c and d above, but documentation will not be required unless the summative process is activated.

3. Centralized Monitoring Process

A centralized process will address recurrent teaching improvement flags or flags of a serious nature. If any faculty or non-faculty instructor is repeatedly flagged for improvement for three reporting cycles, after and including the initial interventions, the Senior Associate Dean for Medical Education, Associate Dean for Clinical Medical Education and/or Associate Dean for Pre-Clerkship Medical Education, Associate Dean for Clinical Skills Education and Innovation, Course/Clerkship Director, Chair, and appropriate supervisor will meet to discuss a plan and outcome for the instructor. Any flag that is determined to be of an urgent, serious, and severe matter can also trigger this meeting to discuss a plan for the instructor at any time.

E. Process for Commendation Letters for Excellence in Teaching by Faculty and Non-Faculty Instructors (Second step of Part D of the RECITE Program)

The RECITE program provides letters of commendation for excellence in didactic skills, small group facilitation and clinical teaching by faculty and non-faculty instructors. Medical students evaluate faculty and non-faculty instructors on their teaching/assessment skills after the end of each course and each clerkship rotation block via an electronic evaluation system (e.g., MedHub). The evaluation forms allow medical students to rate their faculty/residents/non-faculty instructors' specific teaching abilities (e.g., feedback skills, safe learning climate) on a 4-point scale (1=unsatisfactory; 4=excellent) and their overall teaching performance on a 5-point scale (1=poor; 5=excellent). Medical students are also provided a section for narrative comments.

The criteria for an instructor to receive a teaching commendation letter:

1. All courses and clerkships:
 - a. Requires a mean score of:
 - i. ≥ 3.00 on each specific teaching behavior evaluated (on a 4-point scale) and
 - ii. \geq top quartile for the overall performance rating (on a 5-point scale).
2. No concerning student comments in the narrative section.
3. The candidate cannot have been flagged for teaching improvement in any other course or clerkship during the same academic year (if known at time of issuance).
4. All courses:

- a. For didactic teaching, the instructor must have presented two or more live lectures in the current year and received teaching evaluations from a minimum of 20 medical students (e.g., an instructor conducting one lecture in a course is not eligible).
 - b. For small group or laboratory facilitation, the instructor must have facilitated two or more sessions and received teaching evaluations from a minimum of five medical students (e.g., an instructor facilitating one case-based learning session is not eligible; *recorded lectures from previous years do not count as live lectures*).
5. All clerkships and sub-internships:
- a. For clinical teaching evaluations, the resident or faculty instructor requires a minimum of three medical student evaluations.
 - b. For didactic teaching, the instructor must have presented a minimum of two lectures and received teaching evaluations from a minimum of three medical students.
 - c. For small group facilitation, the instructor must have facilitated a minimum of one session and received teaching evaluations from a minimum of three medical students.
 - d. For clinical teaching evaluations in LACE 1, 2 and 3, the instructor requires a minimum of one medical student evaluation.
6. Commendation letters will be issued by the Office of Medical Education:
- a. For courses, six weeks after each course concludes.
 - b. For clerkships, six weeks after the end of an annual period as defined by the Office of Medical Education each academic year.
7. Notification of the course/clerkship director and the supervisor of the instructor of the commendation letter:
- a. The Office of Medical Education will first deliver the commendation letter of an instructor to Executive Associate Dean for Pre-clerkship Medical Education, the Associate Dean for Clinical Skills Education and Innovation and clerkship/selective/ course director as appropriate and not directly to the instructor. The course or clerkship director will also verify the teacher is an instructor in their course/clerkship, etc.
 - b. The course or clerkship director must next notify the appropriate supervisor of the instructor of the commendation letter. The supervisor will provide written justification to the Senior Associate Dean for Medical Education if there are other issues (e.g., not in good standing, etc.) where the supervisor would prefer the letter not be issued.
 - i. For faculty when referencing teaching duties, the supervisor is their Department/Division Chair or the appropriate supervisor for clinical faculty.
 - ii. For residents, the supervisor is the residency program director.
 - iii. For fellows, the supervisor is the fellowship director.
 - iv. For graduate students and MD-PhD students, the supervisor is the Associate Dean for Pre-Clerkship Curriculum.
 - v. For peer medical students, the supervisor would be the Office of Student Affairs.
 - vi. For other health professionals (e.g., midwives, nurse practitioners, social workers, physician assistants, etc.), their supervisor is the clinical supervisor.
 - vii. If the instructor has no supervisor, the course/clerkship director may release directly to the instructor.

8. Notification of the instructor.

If no issues are identified in the above review, the supervisor releases the commendation letter to the instructor.

IV. Forms/Instructions

Appendix A contains the current "Student Evaluation of Teaching" forms
Appendix B contains Instructor Teaching Improvement Plans

Approvals:

MEDICAL EDUCATION COMMITTEE (12/21/2023)

DocuSigned by:

1299E31510D447A...
 PABLO JOO., MD,
 SENIOR ASSOCIATE DEAN, MEDICAL EDUCATION
 SCHOOL OF MEDICINE

1/2/2024 | 10:54 AM PST
 DATE

DocuSigned by:

BC5CF44DC0494FA
 PAUL HACKMAN, J.D., L.L.M.
 CHIEF COMPLIANCE AND PRIVACY OFFICER,
 SCHOOL OF MEDICINE


1/2/2024 | 9:56 AM PST
 DATE

DocuSigned by:

870C12B416E84CB...
 DEBORAH DEAS, M.D., M.P.H
 VICE CHANCELLOR, HEALTH SCIENCES
 DEAN, SCHOOL OF MEDICINE

1/2/2024 | 2:20 PM PST
 DATE

Appendix A

 Student Evaluation of Faculty, Resident or Other Instructor					
Name of teacher evaluated with this form:		Name of student completing this form:			Date this form was completed: _/_/___
Name of course or clerkship:	Site:	Type(s) of teaching evaluated: _____ Inpatient clinical teaching _____ Outpatient clinical teaching _____ Small-group active learning/case discussion (<12 participants) _____ Scholarly activity mentoring _____ Large-group active learning/case discussion (≥12 participants) _____ Lecture _____ Other - Please explain:			Start and stop dates of teaching evaluated in this form: _/_/___ - _/_/___
Amount of contact*	1 - No contact	2 - Minimal	3 - Some	4 - Moderate	5 - Frequent
1. The amount of contact I had with this teacher was:	No contact	Brief, informal contact or discussions, or contact with this teacher as a presenter at one or more group teaching sessions	Contact through consultations or discussions, or presenter at one or more group teaching sessions	Classroom/ward/consult/clinic teacher for less than two weeks, and/or frequent group teaching presenter	Two or more weeks as classroom/ward/consult/clinic teacher
Global rating: Please select the corresponding number that best reflects the instructor's performance.					
2. On a scale of 1-5, I would rate my experience with this teacher as:	1 - Poor	2 - Below average	3 - Average	4 - Above average	5 - Excellent
	Bottom 20% of teachers	20th – 40th percentile of teachers	40th– 60th percentile of teachers	60th – 80th percentile of teachers	Top 20% of teachers
Please evaluate the instructor's teaching skills by selecting the appropriate rating below:					
This teacher...**	1 - Unsatisfactory	2 - Satisfactory	3 - Very Good	4 - Excellent	Not observed, or unable to assess
3. Conveyed expectations to students.					
4. Demonstrated interest in teaching and allotted time for it.					
5. Encouraged students to formulate and pursue learning goals.					
6. Consistently demonstrated how to perform clinical skills,					
7. Actively engaged students in discussion.					
8. Asked students questions aimed at increasing their understanding.					
9. Gave frequent constructive feedback.					
10. Showed support and respect for students and all others.					
11. Created a safe learning environment.					
12. Served as a role model of a health professional students would like to become.					
Conflict of interest attestation					
13. Has this teacher provided health and/or psychiatric/ psychological services for you?	<input type="checkbox"/> Yes, this teacher has provided health and/or psychiatric/ psychological services for me.		<input type="checkbox"/> No, this teacher has not provided health or psychiatric/ psychological services for me.		*Rating scale items adapted from: Williams BC, Litzelman DK, Babbott SF, Lubitz RM, Hofer TP. Validation of a global measure of faculty's clinical teaching performance. <i>Acad Med.</i> 2002;77:177-180. **Rating scale items adapted from: Stalmeijer RE, Dolmans HIM, Wolfhagen IHAP, Muijtens AMM, Scherpbier AJJA. The Maastricht Clinical Teaching Questionnaire (MCTQ) as a valid and reliable instrument for the evaluation of clinical teachers. <i>Acad Med.</i> 2010;85:1732-1738 Pettit JE, Avelson RD, Ferguson KJ, Rosenbaum ME. Assessing effective teaching: What medical students value when developing evaluation instruments. <i>Acad Med.</i> 2015;90:94-99.
Please provide constructive narrative comments about this teacher's strengths:			Please provide constructive narrative comments about how this teacher can improve:		
Thank you for providing a timely and constructive evaluation of your teacher!					

Appendix B

Instructor Teaching Improvement Plan

Date: _____ Course/Clerkship: _____

Name of Resident/Non-faculty/Faculty Instructor:

Time Period: _____

Dear Department/Division Chair, or clerkship director,

Medical students have appraised this resident/non-faculty/faculty instructor as having deficiencies on one or more specific teaching/assessment skills or inadequate overall performance. This was based on cumulative low score ≤ 2.4 on any specific teaching behavior (scale 1- 4) or overall performance (scale 1 – 5) or concerning comments on end of course/clerkship evaluations. **A copy of the teaching evaluations is attached to this document.**

SECTION 1: Areas of inadequate performance:

TO BE COMPLETED BY THE OFFICE OF MEDICAL EDUCATION:

Cumulative low rating (≤ 2.4)		<input type="checkbox"/> NARRATIVE COMMENTS (if any):
<input type="checkbox"/> CONVEYED EXPECTATIONS TO STUDENTS <input type="checkbox"/> DEMONSTRATED INTEREST IN TEACHING AND ALLOTTED TIME <input type="checkbox"/> ENCOURAGED STUDENTS TO FORMULATE AND PURSUE LEARNING GOALS <input type="checkbox"/> CONSISTENTLY DEMONSTRATED HOW TO PERFORM CLINICAL SKILLS <input type="checkbox"/> ACTIVELY ENGAGED STUDENTS IN DISCUSSION <input type="checkbox"/> ASKED STUDENTS QUESTIONS AIMED AT INCREASING UNDERSTANDING	<input type="checkbox"/> GAVE FREQUENT CONSTRUCTIVE FEEDBACK <input type="checkbox"/> SHOWED SUPPORT AND RESPECT FOR STUDENTS AND OTHERS <input type="checkbox"/> CREATED A SAFE LEARNING ENVIRONMENT <input type="checkbox"/> SERVED AS A ROLE MODEL OF A HEALTH PROFESSIONAL STUDENTS WOULD LIKE TO BECOME <input type="checkbox"/> OVERALL GLOBAL RATING OF THIS TEACHER	
Number of respondents completing performance evaluation (min of 2 required in courses, clerkships; only 1 required for LACE 1-2-3): _____		

The Division/Department chair for Biomedical Sciences faculty or appropriate supervisor for clinical faculty (e.g., Division/Department Chair, residency director, site leader, clinical supervisor, etc.) must provide direct feedback to the flagged instructor to discuss the summative evaluation of their performance, provide

resources for improvement, and mutually create an improvement plan.

NOTE: The course/clerkship director has the discretion to continue monitoring an instructor without discussing the summative evaluation *ONLY if this is the first flag for the instructor AND if there are no corresponding comments available.* A second recurring flag in any future time period requires a feedback meeting between the course/clerkship director (or supervisor) and the instructor regardless of if there are corresponding comments or none.

In all cases, the course/clerkship director and/or appropriate supervisor must complete section 2 (see next page) on this form and return this form to the Office of Medical Education.

Name of Resident/Non-faculty/Faculty Instructor:

SECTION 2: Feedback and Improvement Plan
1. Please indicate the date feedback was provided to the instructor: _____
2. What resources were provided to this instructor to improve their teaching/assessment skills? <input type="checkbox"/> counseling <input type="checkbox"/> mentoring <input type="checkbox"/> review of institutional policies <input type="checkbox"/> readings <input type="checkbox"/> direct observation of teaching with feedback <input type="checkbox"/> reflective exercises <input type="checkbox"/> online modules <input type="checkbox"/> teaching development sessions (e.g., workshops, retreats) <input type="checkbox"/> referred to the Office for Faculty Development for advisement <input type="checkbox"/> not invited to return to teach <input type="checkbox"/> this instructor has graduated or left the institution <input type="checkbox"/> other: _____ <input type="checkbox"/> ongoing monitoring only because this is the first flag for this instructor AND there are no corresponding comments available
Please outline the specific improvement plan:

Supervisor Name, Signature and Date

Course/Clerkship Director Name,
Signature and Date

COURSE/CLERKSHIP DIRECTORS: RETURN THIS FORM TO THE UCR SOM OFFICE OF MEDICAL EDUCATION via Ms. Pamela Hunter at Pamela.Hunter@medsch.ucr.edu

APPENDIX C

RECITE PROGRAM - PART C: DISTRIBUTION OF STUDENT EVALUATIONS OF TEACHING (SETs)

