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Faculty of Medicine and Dentistry

Procedure for Addressing Clinical Teaching Performance

Purpose:

This document is intended to provide a process to Department Chairs, Associate Deans of UGME and PGME, and their respective delegates to address concerns of underperformance of faculty members who participate in clinical teaching (i.e. clinical teachers). These procedures are not intended for non-clinical teaching, and are in harmony with the process to manage professionalism concerns or allegations of misconduct, through the Office of Professionalism.

Principles:

The values of the FoMD include safety, growth, inclusivity, diversity, respect, and kindness. We aim to foster a growth mindset in all members of our learning community.

It is an expectation of clinical teachers to:

- Provide a space for learner growth and psychological safety in classroom, research, and clinical settings
- Establish a "teaching contract" agreement with learner(s) - to set expectations of each other in building relationships
- Participate in faculty development in teaching, and be familiar with how to deliver feedback to and receive feedback from learners

When addressing underperformance, clinical teachers must be treated with dignity and respect.

This process should not be seen as punitive, but rather an opportunity for concerns and different perspectives both from the learners, and teachers to be heard. While the goal is to provide timely feedback prior to any corrective action or remediation, in the interests of all involved, the teaching interactions between a clinical teacher and selected learner or learners may be suspended pending an urgent exploration of the facts. This is intended to protect both the clinical teacher and the learners. It is also the intent that minor concerns be addressed in a timely fashion, to avoid a pattern of repeated underperformance, and subsequent need for escalation and remediation. The clinical teacher will be provided with a venue in which to meet their supervisor, and may, at their request, bring an advocate of their choosing. Potential advocates may include but are not limited to: an advocate from the zone staff medical association, a union representative, a mentor, or a peer to ensure the clinical teacher is well supported.

Feedback to Clinical Teachers and Levels of Intervention

All feedback to clinical teachers should provide a supportive preamble and a contact person (program education lead or Associate Dean UGME/PGME) if the individual wishes to discuss the concern.

I. Routine Feedback

On an annual basis, all programs at the UGME and PGME must provide timely, anonymized, summarized feedback from learners to all clinical teachers. Where there are insufficient evaluations to preserve anonymity from one program, the UGME and PGME will collate the feedback from different programs to create this summary. If this is still insufficient, feedback from more than one year should be collated. Chairs or delegated education leads are highly encouraged to review this feedback, and where appropriate, offer expressions of appreciation and gratitude to individuals with strongly positive evaluations. Most of the time, this routine feedback is provided for the information, appreciation and growth of the clinical teacher.

II. Occasional suboptimal evaluations

When a suboptimal evaluation is identified, the clinical teacher will be offered an opportunity to discuss this with the program education lead or Associate Dean for understanding, support, and coaching.

At the clinical teacher's request, the program education lead, or Associate Dean (UGME/PGME), will make themselves available to meet with these individuals to offer clarification, mentorship and support. The meeting will be initiated by the clinical teacher and not their supervisor. Goals of meeting with faculty will include:

- Discuss the clinical teacher's perspective
- Check on clinical teacher's wellbeing
- Clarify and classify concerns
- Provide constructive feedback and potential faculty development

As education leads may not possess skills in coaching and remediation strategies, each Department or Division should identify a faculty member that can act as a mentor or coach for the clinical teacher to contact, such that the clinical teacher has a safe space for open discussion and growth. The name of this individual should be included in the preamble of any teaching evaluation summary.

At this level of process, clinical teachers should be allowed to continue to have access to learners.

III. Repeated underperformance

Repeated concerns may trigger a meeting with the Department Chair and/or Associate Dean (UGME/PGME). Despite prior communication and review as outlined in section II, a clinical teacher may continue to underperform. Under these circumstances, the following process is to be followed:

- Associate Dean (UGME/ PGME) will identify this to the Chair of the Department
- The Chair or Divisional Director will communicate the concern in writing to the clinical teacher, requesting a scheduled appointment to:
 - Discuss the clinical teacher's perspective
 - Check on clinical teacher's wellbeing

- Establish an agreed upon remediation/coaching strategy to be implemented through a written contract
- Offer other sources of professional development, including teaching seminars or peer observership through the Faculty Development Office, which may form part of this contract.
- If required, the Chair may request the presence of the Associate Dean or relevant leader to attend this meeting
- Any supporting materials, discussions, or documentation pertaining to the review that has not been seen by the clinical teacher must be provided to the individual at least 2 weeks in advance, so that they may review and prepare a response.
- The clinical teacher may, at their discretion, bring an advocate or advisor to attend the meeting. An advisor may be from the Zone Medical Staff Association, be a Faculty leader, or other person who is well versed in policy and procedure related to faculty performance.
- Despite the above interventions, if the clinical teacher fails to follow through with remediation or coaching, the Chair and Associate Dean (UGME/PGME) may, upon mutual agreement, temporarily remove the clinical teacher from learners if it is determined that learner experience would be negatively impacted. In this instance, the member must be notified in writing and be advised of steps required to reinstate these teaching privileges.
- If the Associate Dean and Chair cannot agree on whether learners should be removed, this will be escalated to the Vice Dean, Education and/or Faculty Affairs depending on the situation, for decision.
- Upon successful completion of remediation or coaching, the clinical teacher should have access to learners restored. This should be communicated in writing to the Chair, with copies to the UGME, PGME and Faculty Affairs Offices.

IV. Potential egregious teaching concern

When potential egregious teaching concerns arise, they will usually cross into the area of professionalism, and may be managed through the Office of Professionalism and/or other applicable venues such as the CPSA or AHS. Notwithstanding, for the safety and well-being of our learners, the Associate Dean (UGME/PGME) may immediately remove learners from a clinical teacher for a potential egregious professionalism concern. This may include, but is not restricted to:

- Sexual boundary violations
- Discrimination (based on race, sexuality, gender, disability, etc.), intimidation and harassment
- Violence or threatening behaviour
- [Level 3 or 4 disruptive behaviour](#) as defined by the Health Quality Council of Alberta