



TEACHING EXCELLENCE COMPETENCIES MODEL

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INTRODUCTION

The Teaching Excellence Competencies Model is positioned to be a developmental and aspirational model for clinical teachers to move from a level of foundational teaching competence to excellence in clinical teaching. The goal for developing this framework was to create a model relevant for all teachers within a health care context (i.e., not profession specific), and to identify an actionable set of relational competencies that describe an excellent teacher (as opposed to a minimally competent teacher). The Teaching Excellence Competencies Model is intended to serve as a guide to assist individuals and organizations to develop their thinking and practices about teaching and the ongoing pursuit of excellence in teaching and learning. The model describes a set of competencies for teaching excellence that we hope will not only promote alignment of resources, tools, professional development and evaluation within the system, but will also be a tool that educators and faculty developers use to inform their work. This model is not meant to be prescriptive or directive.

Individuals who have roles as teachers, faculty developers, leaders, scholars and learners can use this framework, and can situate themselves at any place in the excellent teacher competency. We have included three case scenarios at the end of this guide to illustrate how individuals with different roles, in various contexts, have applied the framework.

We hope that the Teaching Excellence Competencies Model will promote lifelong learning about teaching, and inspire those using it to further their work as teachers, learners, leaders and scholars.



Teaching Excellence Competencies Model

EXCELLENT TEACHING COMPETENCIES

- 1 takes action to improve own teaching practice in response to feedback and reflection
- 2 models professionalism for learners, and creates opportunities for learners to do the same
- 3 collaboratively identifies and prioritizes educational needs and learning objectives with learners
- 4 provides timely, constructive and thoughtful feedback to learners.

MODEL COMPONENTS AND CONTEXT

Components

This Teaching Excellence Competencies Model includes four components:

- excellent teaching competencies
- foundational teaching competencies
- self as teacher/learner
- enablers.

Excellent teaching competencies can develop through careful attention to both the model's individual components and the synergies among the three components. The Teaching Excellence Competencies Model reflects a non-linear and iterative process whereby even experienced teachers would need to return to each component of the model at various points in time.

Context

The organizational context and culture will influence how the components in this framework will be used, and which foundational teaching competency framework might be chosen to describe these “baseline” skills and abilities. For example, some institutions or groups have already identified and/or implemented a teaching competency framework for use in their settings, and might choose to complement it with this model of teaching excellence. Others may identify a pre-existing framework for foundational teaching competencies¹ as a starting point from which to build on, and then incorporate this framework.

¹ Recent well-developed models for foundational teaching competencies include *Fundamental Teaching Activities in Family Medicine: A Framework for Faculty Development* (College of Family Physicians of Canada's Section of Teachers of Family Medicine, 2015, http://www.cfpc.ca/uploadedFiles/Education/_PDFs/FTA_GUIDE_TM_ENG_Apr15_REV.pdf) and *CSTD Competencies for Learning Professionals: Quick Reference* (Canadian Society for Training and Development, 2013, https://c.ymcdn.com/sites/cstd.site-ym.com/resource/resmgr/competencies/quick_reference-feb2013-fina.pdf).



Excellent Teaching Competencies

The four key teaching competencies for excellence in clinical teaching are:

- takes action to improve own teaching practice in response to feedback and reflection
- models professionalism for learners, and creates opportunities for learners to do the same
- collaboratively identifies and prioritizes educational needs and learning objectives with learners
- provides timely, constructive and thoughtful feedback to learners.

These four competencies were drawn from a range of established teaching competencies (from the literature and other sources) and were identified by learners, clinicians, leaders and faculty across the Toronto Academic Health Science Network system as the four that distinguished excellence in clinical teaching. It is important to note that these competencies were not intended to be mutually exclusive; several synergies and interdependencies are evident among these competencies.



Foundational Teaching Competencies

Many traditional teaching competency frameworks focus on foundational competencies as described by the associated knowledge, skills and attitudes required to be a competent teacher. This model recognizes that these are essential building blocks to becoming an excellent teacher and are therefore positioned as a critical component within the model. Traditionally, much faculty/clinical teacher development has focused on these foundational components that emphasize these teaching skills (e.g., understanding what a learning objective is, giving an effective lecture, demonstrating sensitivity and responsiveness to each learner as an individual).



Self as Teacher/Learner

This Teaching Excellence Competencies Model recognizes the importance of values, past experiences and personal attributes as influencing one's developmental goals as an aspiring excellent teacher. The Self as Teacher/Learner component considers important self-reflective questions that influence the setting and maintaining of goals. Some questions may include:

- How have my experiences as a learner shaped my teaching skills and assumptions about learning?
- How have I been influenced by teaching role models, and how does that play out in my teaching?
- Which of my values shape my approach to teaching and learning?
- How might my personal characteristics be enhanced by or conflict with my teaching approach?

Embedded are principles of self-awareness, authenticity, curiosity and values of learner-centredness that influence how a teacher may “show up” in any teaching and learning situation.



Enablers

Key enablers are processes and attributes that address the fluidity, flexibility and complexity of teaching and learning. Further, they reinforce the need for clinical teachers to intentionally apply many of the enablers in order to elevate teaching to a level of excellence. These enablers provide hints and possibilities for how to achieve teaching excellence, suggesting a developmental path the moves beyond teaching basics.

In a teaching/learning context, enablers may include the following:

- reflecting—discussing or thinking about one’s teaching- and learning-related experiences, thoughts and actions in order to deepen understanding, make meaning and arrive at new insights and implications for future teaching and learning
- engaging—fully involving learners in a way that is compelling and meaningful for them
- self-monitoring—cultivating active and ongoing awareness about oneself in relation to facilitating learning
- collaborating—working in partnership with learners toward desired learning outcomes.

For example, if someone is looking to enhance their knowledge, skills and attitudes related to learning objectives, one might engage in *collaboration* to further refine and perhaps co-construct effective and meaningful learning objectives with the learners.

For example, if someone aspires to enhance their knowledge, skills and attitudes related to providing feedback, one might *engage* the learner to understand the feedback and its impact on clinical practice. The teacher may invite feedback for oneself as well as exploring the meaning and plans emerging from the feedback discussions through *reflecting* and *self-monitoring*.

MODEL APPLICATION

Case Scenario 1: Debriefing Co-facilitation

A colleague and I at Sunnybrook Health Sciences Centre used the Model of Teaching Excellence to debrief an interprofessional education co-facilitation event. We are both experienced facilitators who work in education roles, but we had not taught together before. At the end of our co-facilitation experience, we had debriefed “on-the-fly” but found that we had focused mainly on logistics. We wanted to have a more fulsome conversation to elicit learnings that would help us to improve our co-facilitation. We started in different places in the model and jumped from one part to another in a free-flowing way—moving throughout the model and each of the model’s excellent teaching competencies. In addition we spent some time exploring more deeply with respect to enabling processes such as self-monitoring and reflecting. For our intended purpose we felt that using the model in a non-linear way was facilitative. We believe that having the diverse components of the model as prompts supported us to “dig deeper” than we would have in a typical debrief. For example we explored how facilitators may be challenged to model professional behaviours in instances where humour is raised within a group. We worked to identify strategies

we could draw on in instances where humour accessed stereotypes, and anticipated how these learning moments could be labelled in a way that is safe for learners and supportive of group process. Our recommendation to users of the Model of Teaching Excellence would be to start at the place in the model where it makes sense to you and allocate adequate time for detailed exploration. We had anticipated that our conversation would take 30 to 45 minutes and we ended up speaking for over an hour!

Case Scenario 2: Setting Criteria for Teaching Awards

We used the four competencies for teaching excellence in the Model of Teaching Excellence to help inform the selection criteria for an excellence in clinical teaching award at Holland Bloorview Kids Rehabilitation Hospital. We introduced the clinical teaching excellence award in 2015 and were looking for some help in the literature around judging excellence in clinical teaching to aid the awards committee. We knew of literature that identified basic competencies for teaching but we wanted to identify and recognize educators who really went above and beyond basic skills in clinical teaching. We shared the model with the awards committee, placing

specific emphasis on the four teaching excellence competencies. We then used those four competencies as criteria for judging candidates. We found that the model provided very clear language and descriptors around the four competencies and made the decision process easier. We recommend providing background information about the model and where it came from, as this was incredibly useful for the awards committee.

Case Scenario 3: Fostering Learning Conversations

We recently created a new supportive role at Holland Bloorview: Clinical Education Liaison (CEL). This role used to be primarily administrative with the bulk of the tasks and responsibilities focused on the processes and paperwork necessary to bring clinical students into the hospital. We now have one individual who leads the administration of students, so we saw this as an opportunity to re-imagine the CEL role to better contribute to the optimal student experience for all students. A new critical role of the CEL emerged—to have learning conversations with clinical faculty to help facilitate their growth as educators. We used the Model of Teaching Excellence to have that conversation. Sixteen CELs were educated about the model and then put through

a simulation of a learning conversation using the model. The group found that it provided everyone with a structure and common language to have these conversations. The CELs are only beginning to use this model as it requires them to be very familiar with it, and some are more comfortable with it than others. We learned that education about the model is critical to its successful use and that simulation could be an effective tool to help teach about it. We also recommend asking the individual who will be using the model to create their own professional pathway through the model, so that they can better understand its use.

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