

## Faculty Forum

January 25, 2008

### Minutes

Dr. Robert Bona, Chair of the Oversight Committee, facilitated the meeting and welcomed the attendees. Approximately 40 faculty members attended the forum.

#### Faculty Teaching Evaluation System

Dr. Koeppen provided background information regarding the proposal to implement a faculty teaching evaluation system. He explained that at the time of the last School of Medicine accreditation visit, a course evaluation system had recently been developed, and we indicated to the review team our intention to implement a faculty evaluation component. He noted that there had previously been a faculty evaluation program (Teaching Assessment Program or TAP), but there were a number of problems with the system. A task force, chaired by Dr. Wikel, looked at evaluation systems used at other schools and developed general recommendations and a proposal for evaluating the quality of faculty teaching. The Education Council endorsed the principles of the proposal and created an implementation committee, again chaired by Dr. Wikel, charged with developing the process and instruments. The plan is to pilot the instrument in Organ Systems 2 within the next few weeks; it will eventually be implemented across the curriculum.

Dr. Wikel and Mr. Huntington then provided information on how the system will be implemented. Dr. Wikel explained that the committee examined teaching evaluation methods used at a variety of institutions and interacted with the Institute for Teaching and Learning at Storrs. They then developed a process for the large lecture format. The committee identified the following two principles as important in guiding the development of this system:

1. While faculty teaching evaluation can and should be used for both formative (self-improvement) and summative (promotion and tenure decisions) purposes, these two purposes are distinct, and the processes by which faculty teaching evaluation contributes to each should be kept separate. The results of annual student and peer evaluations are intended strictly for formative purposes and should only be shared with the faculty member, the section and course leaders, and the appropriate department chair. For promotion and tenure review, the department chair should summarize the trends in a faculty member's annual student and peer evaluations and the faculty member should document her or his response to teaching evaluation results over time.

2. A bona fide faculty teaching evaluation system consists of the three following components – student evaluations, peer observation, and faculty development support.

He noted the need to develop a cadre of faculty who could serve as peer evaluators. He also noted that the implementation committee stressed the importance of having a mechanism of faculty development in place.

Surveys will be brief and anonymous and will be completed the week a faculty member completes his/her last presentation for a particular course. Dr. Wikel will be meeting with the students to emphasize the importance of completing the surveys and to stress the need for professionalism when evaluating faculty. Results will be reported back to the faculty. Meetings will be held with individual faculty members and with students to determine whether the process is worthwhile and achieves the goal of improving the quality of teaching and the quality of the course.

Mr. Huntington then briefly explained the survey. Students will receive a survey on each Friday to evaluate everyone who has completed their lectures that week. The surveys will include a picture of the faculty member and a list of the lecture dates and titles. After answering a series of questions, the students will be asked how long it took to complete the survey. Mr. Huntington will be working closely with the section leaders to be sure evaluations are accurate. **He was asked whether students log in to ensure completion of the survey only once. He explained that although they do not log in, the survey cannot be completed more than once. He added that although students are not required to complete the survey, they will be encouraged to do so. When asked how you can be sure a student attended a lecture, Dr. Wikel responded that it is on the honor system. It was suggested that students be provided with the survey during the lecture so they can complete it immediately after the lecture. However, others thought it would be more effective if the survey was completed after students had time to digest the information. One comment was that the evaluation system should not be created in such a way as to discourage creativity and innovation in teaching methods.** Dr. Bona encouraged faculty to e-mail additional questions or comments to Dr. Wikel.

Proposal to Create New Faculty Category - Collaborative Investigator and Collaborative Clinician Investigator

Dr. Setlow explained that Dr. Jacob asked the Oversight Committee to appoint a subcommittee charged with creating criteria for promotion and tenure of individuals whose major activities are as research collaborators. The subcommittee, chaired by Dr. Setlow, sought feedback from the Senior Appointments and Promotions Committee, department chairs, center directors, etc. and are now looking for feedback from the faculty. He explained that there are a number of individuals at the Health Center whose major function is collaborative. Under the current guidelines, it is very difficult to recruit and retain these individuals, as well as promote them. Some of the options considered by the subcommittee were (1) not grant faculty appointments to collaborators; (2) retain the present promotion and tenure criteria, which makes it very difficult for such individuals to get promoted; (3) create a separate professional category for collaborative individuals (he noted that this option was not favored by the subcommittee because of the number of professional categories that currently exist); (4) modify the current promotion and tenure criteria to give credit for collaborative work. One of the difficulties with number 4 is determining how to establish that an individual's collaborative contributions are essential and of high quality. The subcommittee had some suggestions as to how to accomplish this, such as requiring the PI of any research group to outline the individual's contributions and why they are essential, getting referees who could speak specifically to the individual's particular area, and getting many more outside letters from people in the collaborator's field. Dr. Tennen clarified that collaborators would also have to work with more than one PI and would be required to make independent contributions from time to time, but the bar for independence would be significantly lower from what it is currently. Dr. Setlow noted that the subcommittee had other suggestions as well, but they first want feedback from the faculty on the proposal before proceeding. **One suggestion was to modify the existing Investigator category to include collaborators. One comment was that the current categories are inadequate for basic scientists. Whereas clinicians have three categories to choose from (Clinician-Investigator, Clinician-Scholar, and Medical Educator), researchers primarily fall into the Investigator category and, therefore, come under the same criteria for promotion and/or tenure.** Dr. Setlow asked that additional comments or feedback be e-mailed to him. Dr. Jacob stressed the importance in dealing with this issue now, particularly as the institution prepares its CTSA application.

Proposal to Create New Faculty Category - Medical Researcher

Dr. Oliver presented the proposal to create a Medical Researcher professional category, which would balance the Medical Educator category for clinicians. He explained that the Medical Educator category was created to fill an immediate need for clinicians with a particular skill but who would not be required to achieve promotion to senior rank within a particular time frame. He believes that in the current fiscal climate, a comparable category should be available for researchers. He explained that the postdoctoral fellowship policy mandates that at the end of five years, postdoctoral fellows must transition into a different position or job title. Current options available to them include (1) moving to another institution as a postdoctoral fellow; (2) moving to another institution as an Assistant Professor, (3) being appointed Assistant Professor (in residence) at UCHC in either the Investigator or Clinician-Investigator professional category; (4) being appointed a research associate at UCHC. He noted that in some cases, people who choose to remain at the Health Center as Assistant Professors (in residence) may not be sufficiently independent to meet the requirements for promotion, yet they contribute substantially to the overall research effort at the Health Center. Such individuals teach and mentor, mostly in the laboratory, produce high quality, publishable data, are involved in collaborative research, co-author high quality publications of research findings, and qualify as members of a Masters or Ph.D. graduate program. The proposal he is presenting today recommends entry level requirements for appointment of these individuals as Assistant Professors in this new category. These requirements include having an advanced degree and completion of training, demonstration of autonomous function in their academic role, and meaningful contributions to the academic mission of the Health Center. Promotion requirements have not yet been created, but would probably be similar to those created by Dr. Setlow's subcommittee. Like the Medical Educator category, faculty in the Medical Researcher category would not be required to be promoted to senior rank within nine years. **It was noted that basic scientists could also choose to be in the Medical Educator category. However, Dr. Oliver feels that category would be appropriate for those who are primarily educators but also do research. The category he is proposing is for those who are primarily researchers but also teach. One comment was that perhaps the Medical Educator title is not attractive to researchers. It was also noted that very often such individuals are called staff scientists. Some thought the position of staff scientist should be explored here, but it was noted that this could create union problems.** Dr. Bona again asked that additional comments or questions be e-mailed to Dr. Oliver.

Respectfully submitted,

Lynn Donatelli