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# DEVELOPING A TEACHING PORTFOLIO

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# DISCLOSURE OF CONFLICT OF INTEREST

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# COMMON QUESTIONS

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- What is a teaching portfolio?
- Why do I need one?
- What do I include?
- How do I get evaluations of my teaching?
- What is my approach to teaching?



# SESSION OVERVIEW

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- Define the teaching portfolio
- Explore why we use teaching portfolios
- Examine organization of the McGill teaching portfolio
- Begin articulating your teaching approach
- Explore ways of obtaining evidence of and documenting teaching effectiveness
- Resources
- Questions



# WHAT IS A TEACHING PORTFOLIO?

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- A *concise* compilation of selected information that systematically documents the effectiveness as well as the *scope, complexity, and individuality* of an instructor's teaching.
- It reflects the *progression* of an instructor's teaching.
- It is formatted and organized so that this progression is *obvious to the reader*.



# WHO WILL READ YOUR TEACHING PORTFOLIO?

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- Reappointment and Promotion committees
- Awards committees

# GENERAL GUIDELINES

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- A. Teaching portfolio (5-10 pages)
  - 1) Statement of Teaching Approach
  - 2) Responsibilities
  - 3) Evidence of effectiveness
  - 4) Development activities
  
- B. Appendices (10 pages maximum)
  - A: Summary of Student Evaluations
  - B: Comments concerning supervision of Graduate Students
  - C: Statements from Peers on Teaching Effectiveness

Based on McGill Guidelines: <http://www.mcgill.ca/tls/teaching/portfolio>



# PURPOSE OF YOUR STATEMENT OF TEACHING APPROACH:

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- Clarifies your own thinking
- Helps uncover [tacit] beliefs about teaching
- Provides your rationale for decisions and actions
- Communicates your identity and development as a teacher



# EFFECTIVE TEACHING STATEMENTS:

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- offer evidence of practice
- convey reflectiveness
- communicate that teaching is valued
- are student- or learning-centered, attuned to differences in student abilities, learning styles, or levels
- are well written, clear, and readable

[http://www.crlt.umich.edu/sites/default/files/resource\\_files/CRLT\\_no23.pdf](http://www.crlt.umich.edu/sites/default/files/resource_files/CRLT_no23.pdf)



# EXCERPT FROM TEACHING STATEMENTS IN MEDICINE

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*One important aspect of my evolution as an educator in the past few years is the idea of intentionality in education....Clinical teaching in medicine, and probably in many other areas, has rested on informal and intuitive curriculum, teaching interventions and evaluation modes...the lack of reflection and planning, i.e., the lack of intentionality in our teaching, caused us to miss some crucial opportunities and be less efficient.*



# EXCERPT FROM TEACHING STATEMENTS IN MEDICINE

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*...I believe teachers in medicine can serve their students best by focusing on two aspects of teaching, which I have come to recognize as central to my craft. First, the information that students need is indeed easily accessible, but the vastness of it overwhelms even the most ambitious. Like Virgil with Dante, the teacher needs to guide the medical student through the circles of the biomedical universe (part paradise, part inferno...)....*



# EXCERPT FROM TEACHING STATEMENTS IN MEDICINE

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*I began to appreciate my second guiding principle while investigating learner perceptions of the 'academic half-day' (protected dedicated teaching time) in residency programs. Learners repeatedly expressed that the teaching sessions were most valuable when they were able to watch an expert thinking aloud while working through a clinical problem. The process of making an implicit thought process explicit to learners has informed my teaching since then....*

*The concept of teacher as a guide in a strange realm, modeling his thought processes to learners, leads readily to a broader vision of teaching as role modeling, applicable not to just to problem solving, but also to interactions with learners, patients, and colleagues....*



# EXCERPT FROM TEACHING STATEMENTS IN MEDICINE

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*The learning goals I have set for my students depend on the context....My primary goal at the undergraduate level is to teach medical students to communicate effectively and compassionately, particularly in areas such as giving bad news, truth-telling, teamwork, boundaries and difficult interviews.*

*At the postgraduate level, my goal is that they will all become excellent family physicians to whom I would gladly send my family members....I have used different methods for student evaluation such as direct observation, written assignments, oral presentations, written and oral examinations, case discussions and OSCE stations.*



# EXCERPT FROM TEACHING STATEMENTS IN MEDICINE

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*Medical students are bright and motivated, and the entire medical literature is easily accessible on the internet and elsewhere: why do such students need teachers at all? I believe teachers in medicine can serve their students best by focusing on two aspects of teaching, which I have come to recognize as central to my craft. First, the information that students need is indeed easily accessible, but the vastness of it overwhelms even the most ambitious. Like Virgil with Dante, the teacher needs to guide the medical student through the circles of the biomedical universe (part paradise, part inferno...). The teacher must help the student to recognize and learn the must-know, and to appreciate but place in perspective the nice-to-know. A particular challenge is helping medical students to see the value of the pure biological phenomena about which they learn: the complexity and rigor of basic science often resonates poorly with medical students, who are training in what is essentially a practical art. The teacher must continually strive to show how physiological, biochemical, or physical principles play out in the clinical setting.*

*I began to appreciate my second guiding principle while investigating learner perceptions of the 'academic half-day' (protected dedicated teaching time) in residency programs. Learners repeatedly expressed that the teaching sessions were most valuable when they were able to watch an expert thinking aloud while working through a clinical problem. The process of making an implicit thought process explicit to learners has informed my teaching since then. From subsequent work on the script concordance test, I believe cognitive psychologists would describe my procedure as helping students to develop their cognitive 'scripts', or frameworks by which facts and other information are organized for efficient retrieval during problem solving.*

*The concept of teacher as a guide in a strange realm, modeling his thought processes to learners, leads readily to a broader vision of teaching as role modeling, applicable not to just to problem solving, but also to interactions with learners, patients, and colleagues. Ultimately, the medical teacher is a role model, and this has become an overarching guide to my teaching, in the classroom and in the clinical sphere.*



# DEVELOPING YOUR STATEMENT

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## INDIVIDUAL QUICK WRITE

1. Describe a successful teaching/learning episode (either as teacher or learner) and what made this a positive teaching/learning experience.
2. Under what circumstances do you think students learn best? (“I think students learn best when...”)

## DISCUSSION

1. Discuss your example.



# TEACHING AND LEARNING ATTITUDES, VALUES AND BELIEFS

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From your discussion, extract a few general attitudes, values, beliefs you hold about teaching and learning and write them down.

**Congratulations! You have just begun  
articulating your teaching statement.**



# TEACHING STATEMENT: SUMMARY

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- Intentionality of teaching
- Principles, conceptions that underlie your approach to teaching
- Learning goals you have for students
- Why certain teaching methods are used
- Why you evaluate learning as you do
- Directions and plans for developing teaching



## 2) TEACHING RESPONSIBILITIES:

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- Clinical supervision
- Clinical teaching activities (grand rounds, etc.)
- Course, unit or program coordination
- Lecturing or small group teaching  
(course or clinical setting)
- Graduate supervision
- Professional development (CME, faculty development)
- Peer or student mentoring



# CLARIFY RESPONSIBILITIES

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Clinical teaching:

*My clinical work, based at the Montréal General Hospital, consists of 6 half-days per week of out-patient clinics, and 8-10 weeks per year of neurology in-patient ward and consultation service. In most of the clinics, I am supervising and teaching trainees ranging from junior medical students to post-residency fellows. During the in-patient and consultation service weeks, I supervise and teach a team consisting of 3-5 residents and 1-2 medical students.*

# 3) EVIDENCE OF EFFECTIVENESS

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- Student evaluations, both numerical and comments (from courses, clinical rotations, professional development activities, etc.)
- Letters from colleagues
- Letters from **former** students
- Invitations to teach
- Teaching awards
- Graduate Supervision: completion and subsequent success



# EVIDENCE OF EFFECTIVENESS: ACTING ON FEEDBACK

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*“As a clinical instructor, I have been reminded through evaluations by my trainees about the importance they give to feedback, and to which I needed to give more attention.”*

As a scholar in education and as an educator in the area of faculty development, I have had many opportunities to further reflect on this crucial aspect of education through attendance to courses as well as discussing and sharing experiences when co-leading workshops. As a result, I have come to value greatly the power of formative feedback, both as an instructor and an ongoing learner, aiming more recently at using it more intentionally on a regular basis.



# 4) EDUCATIONAL LEADERSHIP AND TEACHING DEVELOPMENT

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- Formal workshops/courses

# EDUCATIONAL LEADERSHIP AND TEACHING DEVELOPMENT

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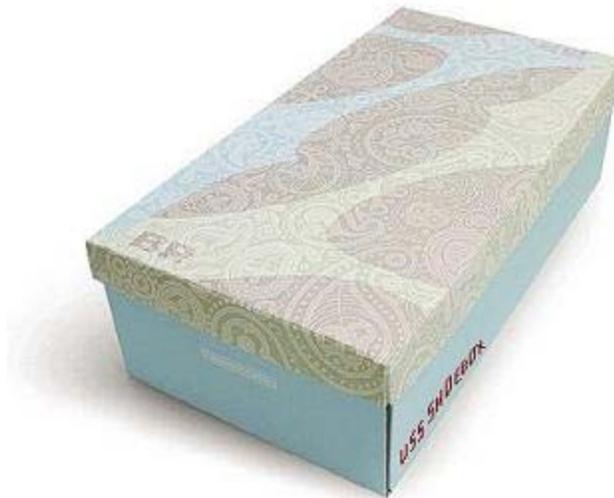
- Participate in departmental/Faculty/University teaching committees
- Help to design and facilitate educational workshops or seminar series (e.g., research seminar within faculty)



# RECOMMENDATIONS

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- Collect relevant materials (the shoebox)



- Keep an updated record

# RECOMMENDATIONS

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- Observe and talk to good teachers
- Find a mentor
- Have others review drafts of portfolio
- Participate in faculty development activities
- Review samples available online and at TLS



# RESOURCES

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<http://www.mcgill.ca/medicine-academic/teaching>

<http://www.mcgill.ca/tls/teaching/portfolio/guidelines> Guidelines for developing a teaching portfolio from **McGill University**

<http://www.crlt.umich.edu/tstrategies/tstpum> Information on writing the teaching philosophy from the **University of Michigan**— includes rubric for evaluating teaching statement



# QUESTIONS?

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**Thank you!**

