Mutual Responsibilities And Obligations

For Clinical Faculty And Faculty of Medicine

November 8, 1999

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Preamble

Medicine is unique among the professions in terms of the sheer number of individuals involved in the training of a single physician or surgeon. While students in all professions are taught their initial fundamental skills by a small university-based faculty, and while students in some professions also enjoy supervised practicums, or have the opportunity to observe practitioners in the course of their activities—the number of individuals who have direct contact with a student nevertheless remains small. In contrast, the individuals involved in the direct teaching of a *medical* student, at even the smallest medical faculty, may number in the hundreds. At a university as large as the University of British Columbia, the total number of individuals on the teaching roster exceeds a thousand. The majority of these individuals are **Clinical Faculty**—men and women who participate in the education of medical students and residents, but who are not salaried employees of the Faculty of Medicine. Furthermore, although the majority of Clinical Faculty will be physicians and surgeons, Clinical Faculty are also drawn from a variety of other health care professions.

It also appears that within Medicine an informal community exists in a way that is rarely seen in other professions. While Academic Faculty and Clinical Faculty constitute the primary teaching element of this community, many health care practitioners turn to their former teachers for guidance and advice throughout their careers, or seek services that only a central teaching facility can provide. They, in turn, constitute the 'real world' practice community into which the student is eventually accepted and without which the training of physicians and surgeons would be pointless. In many respects, Clinical Faculty are the pivotal link in this community, solidifying and uniting the relationship between the central training facility and the medical community at large. While there may be complex relationships amongst the bodies that govern the practice of medicine, there are strong bonds that unite virtually all practitioners of medicine.

Within this community, clinical faculty members have a central and critical part—without their input medical students are unlikely to acquire the skills they need to provide the highest possible standards of health care to the public. By the same token, there is an understanding that students will contribute in some way to the clinical practices of clinical faculty members or that the medical faculty will serve as a "home" for clinical faculty members' personal research pursuits. Each clinical faculty member derives clear benefits from his or her association with the University. The University takes pride in and is honoured by the accomplishments of their Clinical Faculty. The mutuality of this relationship is clear and obvious.

In beginning its mandate, the Task Force understood that it must *formalize*

much of what has been largely *informal* until now and in many respects, confusing and unclear to both groups. In essence, it was now necessary to articulate the relationship between the University and the Clinical Faculty to ensure that each participant finds the relationship satisfying and equitable. It was also understood that a case could be made for studying the historical evolution of Clinical Faculty relationships, as well as solutions—attempted within and outside of Canada—to issues that arise between clinical faculties and the universities with which they are associated. The Task Force took the position, however, that dealing with the "here and now" issues took precedence over a historical analysis. The current issues were too pressing, the available time too limited, and the size of such a task too great for the Task Force to undertake at this time. Issues became clear as a result of the initial mandate provided by the Dean of Medicine, Dr. Cairns, input from the University Clinical Faculty Association under the direction of Dr. Rae, and discussions with other members of the medical community. The Task Force would like to begin by commending all individuals for their openness, frankness, and earnest commitment to finding solutions acceptable to all concerned parties.

In establishing its mandate, the Task Force made three assumptions. First, any problems that might exist between Clinical Faculty and the Faculty of Medicine at UBC were not the result of any deliberate action by any individual or group of individuals at any time. Rather, it was assumed that problems arise in and of their own accord, as the result of small, but cumulative changes in medical affairs over the course of time. Secondly, it was assumed that the problems identified by the Clinical Faculty were in every sense real, current, and important. Further, it was assumed that the public voicing of these problems was consistent with modern political practices in which examination and re-examination of matters that have been long taken for granted or left sleeping in the past is to be encouraged. Those individuals who bring problems to a head are to be commended, for in the end, their activities will have benefited everyone. Thirdly, the Task Force made the simple and reasonable assumption that the problems facing Clinical Faculty and the Medical Faculty, however complex, could be solved.

The following document describes the issues facing Clinical Faculty and the Faculty of Medicine and outlines the mutual obligations and responsibilities that will contribute to the beginning of an improved, happy, and profitable relationship between the two. At this point, the Task Force would like to re-emphasize the importance of Clinical Faculty in the teaching of medical students. In this regard it might be said, to paraphrase a former British Prime Minister, that "never have so many contributed so much to so few".

- Dr. Monique Bertrand, Chair

Mission Statement

The Mission of the Faculty of Medicine is to advance the knowledge, understanding, and health of our society through education, scholarship, and health care, with excellence as the most important criterion for success.

In working to accomplish this, the objectives of the Faculty of Medicine are:

- To recognize and respond to the health care needs of our society through the education, in appropriate numbers, of future health care providers and biomedical scientists
- To promote active, life-long learning and self-reliance in our students based on cognitive and problem-solving skills, which emphasize an inquiring, critical approach.
- To adhere to, promote, and advance the highest moral and ethical standards in our students and faculty.
- To promote and advance better health in a compassionate, humanistic way that is sensitive to the social and cultural uniqueness of communities throughout our province and nation
- To advance knowledge and understanding of health and disease through free and independent scholarship and to facilitate transfer of research results into practice.
- To conduct and develop student and faculty research actively, vigorously and on a broad base.
- To emphasize selected activities in order to achieve pinnacles of success in education, research, and clinical care, which are recognized internationally.
- To provide an optimal and stimulating environment for both faculty and students in order to enhance learning, research, caring, and career development.

- To seek and develop partnerships in pursuit of our mission within our University, and with other post-secondary institutions, UBC-affiliated health care institutions, governments in Canada and abroad, and foundations, agencies, groups, and individuals who share our goals and aspirations.
- To seek improved awareness and support for the educational, research, and health care initiatives that are central to our mission through effective liaison and communication with the people and government of our province.

Approved at Faculty Committee
May 10, 1994

Note:
The Faculty of Medicine's Strategic Plan—including the Vision and Mission— is currently under review and will undergo further development. It is expected to be available within the next few months.

August 1999

Definitions

Clinical Faculty

Clinical faculty members are individuals who hold Clinical Faculty appointments in the Faculty of Medicine at the University of British Columbia.

Faculty of Medicine

Faculty of Medicine refers to all faculty members of The Faculty of Medicine at the University of British Columbia in its three schools; The School of Medicine, The School of Rehabilitative Sciences and The School of Audiology and Speech Sciences.

Roles

Clinical Faculty

The primary role of clinical faculty members, with reference to the University, is participation in and commitment to the education programs administered by the Faculty of Medicine. However, clinical faculty members may meet their commitment to the University through research or administrative activities.

The Faculty of Medicine understands that clinical faculty members also have important roles outside of the University in association with hospitals, community services, and a variety of other professional bodies. These roles include clinical care, quality assurance and improvement, education, administration, and research.

Faculty of Medicine

The primary role of the Faculty of Medicine, in support of its mission, is the development and administration of its programs in education and research. Of necessity, this includes the recruitment and retention of clinical faculty members, who are not usually employees of the University, and the development of a milieu that is conducive to their willing and effective participation in the mission of the Faculty of Medicine.

The prerequisite for a successful partnership between the Faculty of Medicine and the Clinical Faculty is detailed in the Responsibilities section.

Responsibilities

Clinical Faculty

While their primary role is education, clinical faculty members also serve many other roles within the Faculty of Medicine, each of which carries its own set of responsibilities. Clinical faculty members may fulfill some or all the responsibilities attendant upon these roles, depending on agreed-upon conditions of appointment, and individual interests and levels of expertise.

It is understood that clinical faculty members have other important responsibilities outside the jurisdiction of the University and that University activities might make up only a portion of an individual's day-to-day activities.

Clinical Faculty responsibilities are described below.

Education

- Education responsibilities of clinical faculty members may include:
  - Teaching of undergraduate students, residents, and fellows in university, hospitals and community settings
  - Supervision of clinical care (inpatient and outpatient) carried out by undergraduate and postgraduate trainees
  - Teaching of other trainees (e.g., allied health professionals, biomedical basic scientists)
  - Mentoring trainees
  - Participation in organizing and/or teaching continuing professional education activities in university and non-university settings
  - Participation in evaluation of programs, students, and faculty
  - Provision of reasonable access to their patients for teaching.

Professional Development

- Continuing professional development is required of all clinical faculty members. Responsibilities include:
  - Maintenance of professional good standing
  - Maintenance of professional clinical skills
  - Maintenance of the particular skills that apply to their role as clinical faculty members, such as teaching, research and administration as determined by an objective evaluation.

Research

- Research responsibilities of clinical faculty members may include:
  - Participation in clinical or basic research, including presentation and publication of results
  - Supervision of research trainees
  - Provision of reasonable access to their private practice patients for

research

- Participation in review of application for research grants and application for research personnel support.

Administration

- Administration responsibilities are as follows:
  - Clinical faculty members may choose to participate in Faculty of Medicine committees
  - Clinical faculty members may choose to be involved in the development of policies and procedures that define their participation in the programs of the Faculty of Medicine
  - Clinical faculty members are expected to attend Faculty, Departmental, and Divisional meetings
  - Clinical faculty members are expected to report, as required, activities performed to fulfill Clinical Faculty teaching, research, professional development, and administration responsibilities.

Faculty of Medicine

A fundamental responsibility of the University is the development of an infrastructure that attracts participation by the Clinical Faculty in the mission of the Faculty of Medicine. For this relationship to succeed a collegial environment of mutual respect and shared responsibility must exist between the Clinical Faculty and the University. As well, clinical faculty members must be involved in the development of policies and procedures that define this relationship.

Responsibilities of the Faculty of Medicine are as follows:

Education

- Development of education programs that include:
  - Achievement of accreditation standards where these apply
  - Development and implementation of curriculum and courses
  - Evaluation of programs, students, and faculty.

- Facilitation of clinical faculty member involvement in the Faculty of Medicine activities by providing a broad range of resources, such as:
  - Academic secretarial support
  - Timely communication of agreed-upon teaching responsibilities
  - Scheduling that is mindful of other professional responsibilities
  - Space for student instruction
  - Audiovisual, library, and computer facilities.

- Appointment and retention of clinical faculty members, which includes the responsibilities to:
  - Recruit clinical faculty members who have an interest in and talent for education and/or research
  - Clearly define and consistently apply conditions of appointment, reappointment, and promotion
  - Develop and fairly apply a system of remuneration, rewards, and recognition distinct from promotion alone
  - Develop, in collaboration with the Clinical Faculty, a document that describes the roles, rights, and representation of potential clinical faculty members.

Professional Development

- Provision of courses and resources to support:
  - Development and improvement of skills in the following areas:
    - Teaching and course design
    - Using computers and electronic communication
  - Continuation of medical education, clinical and non-clinical (e.g., ethics), that enhance education programs
- Provision of subsidized or reduced fees to attend such courses.

Research

- Development of a supportive milieu to encourage research by clinical faculty members, including:
  - Academic secretarial support for the preparation of grant applications, manuscripts, and audiovisual materials
  - Accounting support for the management of research funds
  - Start-up funding for clinical faculty members with an interest in and potential for research
  - Education in grant application and research methodology skills (e.g., study design)
  - Reinvestment of a proportion of clinical research overhead revenue in support of this infrastructure for Clinical Faculty.

Administration

- Establishment of committees for:
  - Development and implementation of curriculum and courses
  - Evaluation of programs, students, and clinical faculty members
  - Appointment, reappointment, and promotion of clinical faculty members
  - Determination of remuneration, recognition, and reward of clinical faculty members

- Creation of special awards for clinical faculty members
- Provision of continuing professional development opportunities for clinical faculty members.

- Establishment of processes for:
  - Involvement of clinical faculty members in the development of policies and procedures that define their participation in the programs of the Faculty of Medicine
  - Conflict resolution between the Clinical Faculty and the Faculty of Medicine
  - Appeal of decisions made by Department/Division Heads that impact Clinical Faculty reappointment and promotion
  - Appeal of decisions made by Department/Division Heads that impact on Clinical Faculty's hospital activities and privileges.

- Development and custodianship of current *curriculum vitae* on behalf of the clinical faculty members.

- Development and custodianship of current teaching dossiers on behalf of clinical faculty members, including evaluations and a summary of involvement.

Measurement and Rewards

Clinical Faculty must be involved in the on-going design, implementation, and monitoring of the Clinical Faculty *Measurement and Rewards* system. Their involvement ensures that the system is meaningful and adequately reflects the nature of the relationship between the Clinical Faculty and the Faculty of Medicine.

A significant contribution to the Faculty of Medicine's mission is expected from the Clinical Faculty, but only a reasonable contribution is expected from any one member. Therefore, it is important to have a means of assessing what the contribution from each clinical faculty member should be. A mechanism agreed upon by Clinical Faculty and the Faculty of Medicine will be developed to quantify the value of University activities that are to be carried out by clinical faculty members so that they can be assigned equitably. It needs to be acknowledged that the contribution of the Clinical Faculty to the Faculty of Medicine is vitally important, but that the contribution and impact cannot be easily measured.

Measurement

Building on the work previously completed *(see Appendix #3)*, a means to measure the contribution and impact of Clinical Faculty to the Faculty of Medicine—both quantitative and qualitative—relating to teaching activities of undergraduate and postgraduate students, administration, and research will be established.

Rewards

- Rewards in this context include:
  - Re-appointment and periodic promotion of clinical faculty members to positions commensurate with their experience, demonstrated competence, and contribution to the Faculty of Medicine
  - Awards for excellence in teaching
  - Awards for exceptional talent and/or service
  - Subsidization of tuition costs for courses/programs at the University taken by clinical faculty members
  - Subsidization of tuition costs for courses/programs at the University taken by dependents of clinical faculty members
  - Remuneration
  - Others benefits may include:
    - Support for study leave of absence
    - Support for CME courses
    - Faculty development/continuing education
    - Purchase and distribution of books

- Subscriptions to journals
- Computer grants
- Parking privileges
- Study Leave

Representation

The Faculty of Medicine recognizes the right of the Clinical Faculty to have independent representation in its dealings with the University when defining the roles, responsibilities, rights, and rewards of clinical faculty members.

Individual clinical faculty members will have the right to choose how they are to be represented. The Faculty of Medicine recognizes the right of clinical faculty members to form an association. If an individual clinical faculty member chooses to be represented by an association, the Faculty of Medicine recognizes the right of the association to be the sole representative of that clinical faculty member.

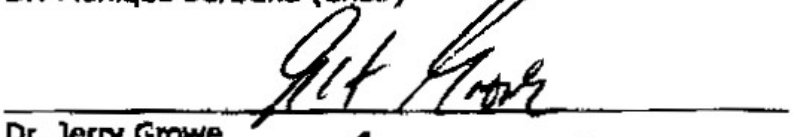
Rights of Clinical Faculty

Clinical Faculty members provide a substantial service to the Faculty of Medicine in education, research, and administration, and they are an integral part of the University community. As such, clinical faculty members have certain defined rights within the relationship between the Clinical Faculty and the Faculty of Medicine. These rights include:

- Representation by a Clinical Faculty association in their dealings with the Faculty of Medicine
- Full information to all Clinical Faculty appointees and potential appointees about the mutual responsibilities and obligations of both the Clinical Faculty and the Faculty of Medicine, and receipt of a copy of the *Mutual Responsibilities and Obligations* document
- Appeal through agreed-upon dispute resolution processes
- A harassment-free working environment
- The necessary support materials and equipment—both educational and administrative—to fulfill their duties as clinical faculty members
- The assurance of professional freedom to Clinical Faculty. While clinical faculty members are expected to participate in the activities of the Faculty of Medicine, the level of participation of an individual clinical faculty member will not determine whether or not health care resources are assigned, except by prior agreement at the time of appointment or reappointment. All such conditions will conform to established guidelines to be agreed upon between the Clinical Faculty and the Faculty of Medicine.
- The assurance that clinical faculty members will not be required, as a condition of their appointment, to make financial contributions to the Faculty of Medicine, except where this is voluntary and conforms to established guidelines to be agreed upon between the Clinical Faculty and the Faculty of Medicine.

Respectfully submitted:

Dr. Monique Bertrand (Chair)



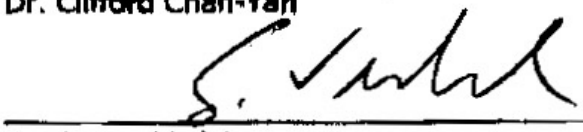
Dr. Jerry Growe

Dr. Victor Huckell

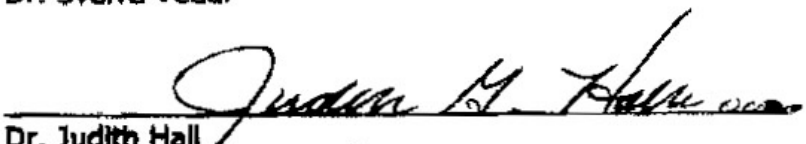
Dr. Derryck Smith

Dr. George Price

Dr. Clifford Chan-Yan

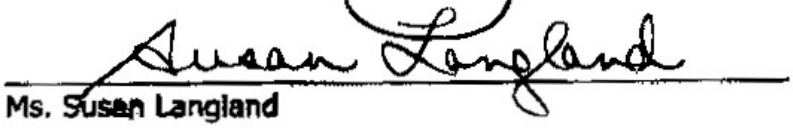


Dr. Sverre Vedal



Dr. Judith Hall

Dr. Clive Duncan



Ms. Susan Langland

Task Force Facilitation: Marion McAdam & Vicki Prince-Wright
Qualstar Solutions Inc.

Appendices:

Appendix # 1 – Mechanisms for Approval

The approval mechanism will be one in which the document is received by each of the parties involved in the Task Force—the Faculty of Medicine, the Committee on Clinical Faculty, and the University Clinical Faculty Association—and accepted by them as:

- Being representative of the contributions of all members of the task force as duly signed in the document
- Being inclusive of all the important issues that must be addressed to develop a new relationship between the Clinical Faculty and the Faculty of Medicine
- Containing a reasonable time frame for implementation of the recommendations.

Appendix # 2 Implementation Plan

The following are recommendations to facilitate the implementation of the key action steps:

1. Develop a comprehensive Implementation Plan by 30 September 1999—to include sequence of implementation, timelines for key action steps and overall communication strategy—as part of managing the culture change required to successfully implement the recommendations of the document.

2. Appoint a high-ranking individual whose sole responsibility initially is to implement the recommendations of the document and the Change Plan, (e.g. Associate Dean of Clinical Faculty Affairs).

3. Measure progress as follows:

- Conduct a survey in the fall of 1999 to form the baseline measurements of how Clinical Faculty perceive the relationship between Clinical Faculty and Faculty of Medicine
- Develop timeline measurements and monitoring process for all actions
- Develop task measurements specific to each action step/recommendation in the Implementation Plan

4. Establish appropriate committees and develop detailed project plans for the specific actions outlined in the attached high level Implementation Plan.

Clinical Faculty/Faculty of Medicine - *Mutual Responsibilities and Obligations* ***- Implementation Plan***

Content ***(changes required to implement)***	***Implications*** ***(what will result from the changes)***	***Accountable***		***Key Action Steps***
		Lead	***Involved***	
Roles CF / FoM				
Roles are communicated	• All parties understand each other's roles • Awareness	FoM	all	1. Orientation 2. Communication
Responsibilities CF				
Education • No significant changes	• Awareness of where CF can be involved	FoM	all	1. Orientation 2. Communication
Prof. Development • Consistent application	• Awareness • Consistent & fair evaluation	FoM	all	1. Establish a set of consistent criteria for evaluation of professional skills (teaching, research & admin.) as it relates to the individual roles of the CF and the FoM. 2. Develop an appropriate approach to measure against this set of criteria.
Research • No significant changes	• Awareness	FoM	all	1. Orientation 2. Communication
Administration • Involvement of CF in developing policies & procedures that affect them	• Participation • Involvement	CF	FoM	1. Communication
Responsibilities FoM				
Education • Consistent application of standards • Conditions of appointment, reappointment & promotion	• Consistency • Everyone has access to available resources • Awareness • Contract • An equitable system for appointment retention & promotion	FoM	CF	1. Develop necessary standards as per section 2. Define what resources will be made available to CF 3. Define conditions of appointment , reappointment & promotion 4. Develop a system of remuneration & recognition 5. Consistent application of standards 6. Review and develop effective appointment & retention process 7. Communication

Clinical Faculty/Faculty of Medicine - *Mutual Responsibilities and Obligations* ***- Implementation Plan***

Content ***(changes required to implement)***	***Implications*** ***(what will result from the changes)***	***Accountable***		***Key Action Steps***
Professional Development • Subsidized or reduced fees to attend courses	• Mechanism for registration and consistent application	FoM	CF	1. Develop mechanism for registration and application
Research • A policy that encourages research by CF	• Increased ability of CF to contribute to research • Consistency	FoM	CF	1. The research policy be reviewed & revised by 30 Sept 2000 to reflect: • Secretarial support • Accounting support • Start-up funding for CF research • Grant application & research support/education • Reinvestment of clinical research o/h revenue 2. Implement 3. Communicate
Administration • Consistent application of standards • Equitable processes for appeals & conflict resolution	• Committees established as outlined in document (pg 9) • Dispute resolution mechanism in place • CV & dossier update support	FoM	CF	1. Review & establish necessary committees 2. Develop process(es) for conflict resolution
Measurement & Rewards • CF involvement in design, implementation & monitoring of measures & rewards	• All parties will understand the quantitative & qualitative value of CF contribution to FoM	FoM	CF	1. Establish a committee to design and implement a system of measuring and rewarding CF contribution.

Content ***(changes required to implement)***	***Implications*** ***(what will result from the changes)***	***Accountable***		***Key Action Steps***
Rewards ◆ CF will be acknowledged and rewarded for their contribution	• clear definition of performance measures • a reward system for CF • disbursements to CF related to teaching, administration & research • increased morale • increased understanding (respect) of value of CF contribution • consistently applied criteria for promotion	FoM	CF	1. Design, implement & monitor rewards system – benefits remuneration, etc. 2. Develop a mutually agreed upon mechanism for disbursements to CF 3. Seek appropriate funding levels to meet the obligations of the agreed upon disbursement 4. Review & communicate criteria for appointment, reappointment and promotion
Representation				
• FoM recognizes right of independent representation • FoM recognizes right of CF to form an association	• Individual CF members need to know that they have the right of representation a99nd then understand their options for representation	FoM/ CF	all	1. The 'right of representation' implies that UBC recognizes the CFA as a negotiating body at this time. FoM needs to review process from the University's perspective and take necessary steps 'to make it so' 2. Communicate as part of overall communication plan
Rights				
• Established guidelines for organized representation • Full information - the right to have the document • "Reactivated" appeals processes • Materials & equipment • Financial contributions by CF to FoM are voluntary & not a condition of appointment	• CF will understand what their rights are • Mutually agreed upon dispute resolution • Harassment free working environment • CF will have the appropriate resources • Assurance of professional freedom	FoM	CF	1. Orientation/communication plan (distribution of the document) 2. Mechanism for updates to document 3. Review and develop where necessary - mechanism for appeal processes 4. Process review re: organization process for identification & distribution of resources ("tools" & materials) 5. Establish guidelines for Practice Plans & financial contributions

Appendix #3 Previous Work on Measurement

Clinical Faculty Committee
UBC Faculty of Medicine Draft (6)
Estimating the Value of Clinical Teaching

Preamble - As was stated by the Ad Hoc Committee of Clinical Faculty, University of British Columbia 1991, (the "Smith Report"), excellence in teaching is the "sine qua non" of the clinical faculty. The present report was prepared by a subcommittee of the Clinical Faculty Committee (CFC) in an effort to establish a means of assessing the value of various educational and teaching activities contributed to the University by the clinical faculty. Throughout this document the terns "clinician" and "practitioner" are used to refer to all health care professionals who are members of the Clinical Faculty, UBC Faculty of Medicine.

The CFC is committed to the principle that educating students, residents and fellows is an integral responsibility of every member of the Faculty of Medicine; this principle is based on the historical ethos of education within the medical profession. The CFC believes that the teaching contributions of the clinical faculty have a very significant inherent value, far greater than any dollar value of the University could ever hope to provide.

The recommendations in this document are based on input from numerous sources. Initial recommendations made by the CFC subcommittee were based on material made available from a previous survey which documented the number of "Faculty Contact Hours" in the various Departments and Divisions of the Faculty of Medicine. Published articles describing how teaching activities are measured in other medical faculties were reviewed. The CFC also reviewed information from all other Canadian Medical Schools regarding remuneration and benefits for clinical faculty (which reveals that clinical faculty across the country receive very little indeed from their respective universities). The subcommittee recommendations were reviewed and revised by the CFC, following which a draft document (“Draft 4”) was distributed to the entire clinical faculty. The CFC received written responses from numerous members of the clinical faculty and this feedback was most helpful in further revising the document.

The CFC recommends that time should be the standard unit for measuring the teaching contributions of the clinical faculty. All hours spent in teaching/education activities are to be valued equally, regardless of the number of students involved. It is recognized that different teaching formats require different amounts of preparation time in addition to the time spent in instruction itself. Some educational activities are also associated with an additional time commitment following the session, e.g. performance evaluation following oral examinations.

The following table is based on estimates of time requirements for various educational endeavours. Several of these estimates may require revision once the new UBC Medical School curriculum is implemented and the impact on clinical faculty can be assessed. It is recommended that the impact of the new curriculum on the clinical faculty should be fully assessed approximately one year after its implementation.

In all situations where teaching is not provided in conjunction with patient care, the value of the teaching activity is one "unit" per hour. In the case of formal lectures, seminars, and OSCEs an estimate has been made of the total time it would require for the faculty members to prepare and present the particular session.

Table

Activity	Value (units)
Formal Lecture (one hour)	5.0
Subsequent presentations	2.5
Faculty presented seminar (one hour)	5.0
Subsequent presentations	2.5
Faculty supervised seminar/tutorial – per hour	1.5
Clinical instruction not combined with patient care - per hour	1.0
Supervision of residents/students during patient care or ish/path/radiology, etc. – per hour	0.3
Initial curriculum development – case writers – per weekly unit in the undergraduate program	8.0
Preparation of the OSCEs – for initial preparation only	5.0
Faculty development of tutorial supervisors - per hour	1.0
Preparation/administration/evaluation of examinations – per hour	1.0

The formal lecture is familiar to all members of the clinical faculty; it consists of a didactic presentation, usually to a large number of students with the appropriate visual or other teaching tools being a standard part of the presentation. The new curriculum of the UBC Medical School is to be based primarily on small group tutorial lessons with much less time allocated to the traditional large group lecture. Consequently, the CFC suggests that the basic teaching unit be called the Faculty Presented Seminar, or FPS. The FPS is estimated to take the same amount of preparation time as the formal lecture, namely four hours, and one hour to present. The FPS will be more interactive than the formal lecture with the faculty member directing discussion, asking and answering questions of the students. Subsequent presentations of the same seminar are estimated to take 1.0 to 1.5 hours of preparation time. These same estimates apply to formal lecture. Using time as standard measure, with 1.0 units/hr, the FPS therefore has a value of 5.0 units when presented for the first time and 2.5 units for subsequent presentations.

The "Faculty supervised seminar" describes a teaching session where one of the student/residents presents the topic and leads the discussion. The faculty member is expected to have spent some time reviewing the topic and again will play an interactive role with the trainees.

Those members of the clinical faculty who have been involved as "case writers" in developing the weekly units which form the basis of the new curriculum have estimated that each such unit has required at least eight hours of their time for preparation.

The CFC rejected one of the conclusions in the above mentioned Survey of Faculty Contact Hour which stated that "...since most of the student's exposure to clinical faculty is in the context of providing clinical care .... expected that the number of contact hours attributed solely to teaching is small." During the provision of patient care the clinical faculty are, in fact, routinely involved in a variety of teaching activities with students and residents who are at markedly different stages of their education. It is recognized that the level of training of the student/resident is an important determinant of how much longer it would take the clinician to provide patient services compared to when the same service is provided by the clinician working alone. It is also recognized that the nature of the service provided i.e. diagnostic vs therapeutic vs lab is another determinant of the additional time it takes the clinician to provide patient care when working with a trainee.

It was felt to be virtually impossible to recommend different values for teaching activities depending on the mix of the variables just mentioned; therefore the CFC recommends that, at least initially, all student/resident teaching activities, when combined with patient care, are to be valued equally. It is estimated that the supervision of students and residents adds 30 percent to the time it would take the clinician to provide the same medical services if he/she were working alone. In the Table, one hour of office, OR, clinic or lab supervision/teaching is therefore valued at 0.3 units. Over the course of a 10 hour working day, with trainees in constant attendance, the clinician is estimated to be providing three hours of his/her time to the University.

It should be emphasized that time devoted solely to teaching which takes the practitioner away from any aspect of their practice (whether it be direct patient care, charting, dictation or other related activities) is considered to be "Clinical instruction not combined with patient care" and is valued at 1.0 units per hour.

In summary, the CFC makes the following recommendations:

1) That a standardized method such as that described above be utilized to assess the educational contributions of the clinical faculty.

2) That all members of the UBC Faculty of Medicine should be expected to contribute an appropriate minimum amount of time teaching students, residents and fellows. For clinical faculty it is suggested that the baseline be 15 units per year as determined according to the table.

3) That the Faculty Executive review an earlier document prepared by Drs. Fairholm and Chalmers which deals with excellence in medical education and which proposes criteria by which appropriate members of the clinical faculty could become recognized as "educational scholars".

4) That the UBC Faculty of Medicine standard curriculum vitae form be modified so as to document and recognize the teaching contribution of the clinical faculty.

Respectfully submitted,

CFC Subcommittee on the Value of Clinical Teaching

Scanned from original document, December 5, 2003
Approved at Faculty Executive March 1997
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