**Teaching Effectiveness Rubric**

**LSU Health Shreveport**

**Program in Occupational Therapy**

**Title of Course:**

**Instructional Design**

* Instructional goals and strategies explicitly based on learning theory
* Congruency between objectives, learning content and assessment
* Instructional strategies support student progression to higher order thinking, and are based on complexity of content and students’ prior knowledge
* Learning objectives explicitly address several types of learning (Fink and Blooms taxonomy), are outcome based and address applicable ACOTE standards
* Class activities promote active learning and student engagement. Lecture is minimized but if used, then interspersed with application/understanding exercises. Variety of formats presented throughout course (video, simulation, lecture, group discussion, online activities, etc.).
* Progression of content provides transfer of learning to other courses or real world context. Effort is made to point out links between content areas.
* Cognitive load is level throughout; good pacing of content delivery; adequate time allowed for processing
* Content sequencing is logical and builds on previous content when appropriate. Syllabus provides a concept map of the course if possible.
* Timing of assignments and exams takes into account other courses and assignments whenever *possible*. (Two exams in one week is acceptable, two exams in one day should be avoided.)

**Assessment:**

* Assessment methods include both
	+ Formative assessment
	+ Summative assessment

 And include two or more of the following:

* Student self-assessment or reflection
* Qualitative (paper, essay)
* Quantitative (exam, quiz)
* Real world task (treatment plan, SOAP note, standardized patient)
* Behavioral skill competency (ROM, test administration)
* Psychosocial skill competency (group facilitation)
* Presentations
* Discussion Boards
* Level I Evaluations
* Assignment weights are equal to the complexity and effort required to complete. Students are not given credit for participation.
* Assignments have rubrics (other than exams) which may or may not be available to students.
* If OBP course, then 25% of exam questions have clinical application (requires professional reasoning and synthesis from multiple sources)
* As outlined in course notebook, exam questions follow NBCOT format

**Instructional Strategies and Materials**

* Syllabus follows OT Program template; only minor scheduling changes once semester begins
* Assignment instructions are clear and comprehensive. Students have clear criteria for success.
* Optional resources provided for diverse learning styles (short video, web page, etc.) when appropriate and/or available.
* PowerPoints, handouts follow graphic design principles for learning (minimal text, large font, etc.) and are concise, and have logical sequence and clarity.
* Instructional presentation breaks down complex ideas into logical components, uses analogy when helpful, gives examples and non-examples.
* Cognitive support is given when material is complex and/or novel in the form of comparative organizers, outlines, graphics, mnemonics, decision trees, etc.
* Reading assignments, if assigned, are essential to learning and reasonably achieved. Reading content is **not** covered in depth in class.
* Instructional content is presented at level needed to progress to next semester/clinical experience, is evidenced based and aligns with current best practice.
* Class content is aligned with course objectives, ACOTE standards, class topic, and preparatory materials.

**Student Centered Design**

* Students are encouraged to ask questions and have access to instructor outside of class
* Breaks are scheduled on a regular basis; at least every hour.
* Students are encouraged to develop their own conceptual understanding. Instructors do not just answer questions, but guide students’ thinking instead. Students are encouraged to articulate the reasoning behind answers whenever possible.
* Group discussion is facilitated by seating arrangement, discussion prompts, and ill formed, real world problems to solve
* Instructors solicit feedback during the semester on student progression towards learning goals. (rate your understanding of this concept, muddy questions, non-graded quizzes, etc.)
* Students are encouraged to take responsibility for own learning. (The use of exam study guides, *requiring* students to meet with instructor outside of class, and allowing extra credit to make up a poor grade is discouraged.)
* Feedback on assignments is timely, constructive, and specific with examples from student work.
* Student learning goals are met as evidenced by exam scores, competency checks and end of semester assignments. Students can apply course content in following semesters or in fieldwork. (Given the appropriate prompts!)

**Summary**

* Instructor has implemented a few of these elements but needs to revise most of the instructional design of the course to meet the program’s standards. (1)
* Instructor has implemented the more superficial elements of good design but needs to more clearly articulate the theory behind strategies and/or needs to incorporate the more complex elements such as integration and transfer of learning. (2)
* Instructor has implemented most of the elements of good design and can articulate the theoretical rationale but continues to struggle with some elements. (3)
* Instructor has implemented all the elements and serves as a course design role model for other faculty. (4)

Summary Comments:

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Course Instructor Course Reviewer Date