Article 4 Responsibilities of Teaching Faculty

Article 4.01 General Responsibilities of Teaching Faculty

(1) Faculty must design courses that are appropriate for undergraduate medical education.

(2) Faculty must develop course content and structure that meet our core competencies and other curriculum goals described by the Education Committee. (See Article 3)

   (a) Content in courses must be selected based on its teaching value according to
       i. prevalence
       ii. importance
       iii. general applicability
       iv. particular illustrative value

(3) Faculty must inform students regarding course structure, assignments, expectations and evaluation criteria at the beginning of the course.

(4) Faculty must hold students to clearly stated standards of performance that are both realistic and achievable.

   (a) When necessary, faculty should provide additional assistance to students in meeting those standards. (See Article 7)

(5) Faculty must accurately assess and report both the strengths and weaknesses of student performance.

(6) Student assessments must reflect the content and emphases of what was taught. (See Article 6)

(7) Student assessments must be graded in a fair and timely manner following criteria communicated to students at the beginning of a course. (See Article 6)

(8) Faculty must use an array of data to assess their teaching, including data on students’ learning outcomes in conjunction with peer and student evaluation of faculty teaching.

(9) All faculty who teach must demonstrate a commitment to excellence in teaching.

   (a) Qualities that exemplify excellence include mastery of the content area, interest in and availability to students, enthusiasm for teaching, skills in organization and communication, and the ability to use multiple instructional strategies effectively.

(10) Because particular content areas often cross course boundaries, faculty must be familiar with the curriculum as a whole and maintain contact with others who teach in related areas to ensure consistency, coordination, integration, and minimal redundancy.
(11) Faculty must model professional behavior. Students, staff, colleagues, and patients must be treated with respect, consideration, and integrity. (See Appropriate Treatment of Medical Students Policy)

(12) In compliance with the University’s proctoring policy (http://www.unc.edu/faculty/faccoun/handbook/section_V.htm), which requires faculty to be present at examinations when necessary to ensure exam security, each Course Director in the School of Medicine pre-clinical curriculum is required to be present as a proctor at his or her course’s examinations or to send another faculty member in his or her place. It is important to announce to students that no content questions will be answered.

4.02 Oversight of Teaching Faculty

(1) Course directors and department chairs are responsible for overseeing and mentoring faculty performance.

(2) Course director committee co-chairs in consultation with the Vice Dean for Medical Education are responsible for overseeing course director performance.

(3) Course directors, department chairs, and course director committee co-chairs must report any faculty member’s persistent failure to meet requirements to the Vice Dean for Medical Education.

(4) Department chairs are responsible for providing a supportive environment for teaching faculty so they can fulfill the requirements of this Article. A supportive environment includes, but is not limited to, providing time, administrative support, and equipment appropriate to meeting these requirements.

4.03 Assistance to Faculty Fulfilling Teaching Responsibilities

(1) The Vice Dean for Medical Education may discuss a faculty member’s failure to meet requirements with his or her department chair. In consultation with the Vice Dean for Medical Education, the department chair will institute a plan to improve the faculty member’s performance.

(2) If the faculty member’s failure to meet requirements persists, the Vice Dean for Medical Education may issue a letter of reprimand for that faculty member to his or her department chair. In consultation with the Vice Dean for Medical Education, the department chair must continue to work toward improving the faculty member’s performance.

(3) The Vice Dean, in consultation with the Dean of the School of Medicine, may remove the faculty member from teaching medical students for repeatedly or willfully failing to meet requirements.

Approved by CMPC January 27, 2005
Approved by Dean Golden March 8, 2005
4.04 Notes and Procedures:

(1) Policy on Student Course Evaluation Data
It is the policy of the Office of Medical Education to protect the confidentiality of individual student course evaluation data. This policy protects individual student data and the identity of students by reporting all course evaluation data in the aggregate. It also protects the confidentiality of course directors and faculty by only releasing full course evaluation reports, containing student comments, to a limited group of individuals including the Education Committee and all relevant department chairs. Once the course evaluation data are released, only the course director may further distribute the report to faculty or students.

(2) End of Course Review Cycle

(a) The LCME standards specify that “the program’s faculty must be responsible for the detailed design and implementation of the components of the curriculum,” and that “the objectives, content, and pedagogy of each segment of the curriculum, as well as for the curriculum as a whole, must be subject to periodic review and revision by the faculty” (ED 34-35).

(b) Course review procedures:
   i. Course directors and the curriculum coordinator prepare together the course review form within 2 months after the end of the block and schedule a meeting with the curriculum director and the committee co-chairs to discuss outcomes of each course’s curriculum, supported by the course review form.
   ii. The Vice Dean for Medical Education reviews the form and submits it to the Education Committee for its approval.