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)

3) Content in courses must be selected based on its teaching value according to
   a) Prevalence
   b) Importance
   c) General applicability
   d) Particular illustrative value

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

5) 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)

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

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

8) 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)

9) 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.

10) 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.

11) 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.
12) 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)

13) 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 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 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 Education may discuss a faculty member’s failure to meet requirements with his or her department chair. In consultation with the Vice Dean for 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 Education may issue a letter of reprimand for that faculty member to his or her department chair. In consultation with the Vice Dean for 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.
4.04 Clinical Supervision of Medical Students

1) PURPOSE: The purpose of this University of North Carolina School of Medicine (UNC SOM) policy and procedure is to define the expectations for supervision of medical students on clinical services in the curriculum of the School of Medicine.

2) POLICY/PROCEDURE

   a) General. Medical students should be provided with appropriate levels of supervision as they progress through their education towards a career in patient care. A supervising physician will ensure that medical students are provided with opportunities to learn that are progressive and commensurate with the student’s level of learning. The purpose of this policy is to describe the procedures that should be followed by supervising physicians to ensure that the school adheres to expectations that protect patient and student safety in accordance with LCME Element 9.3 (see below):

   b) A medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to his or her level of training, and that the activities supervised are within the scope of practice of the supervising health professional.

   c) Scope. This policy applies to students in all courses on all campuses.

   d) Definitions

   i) Supervisor:

      (1) Attending physician of the School of Medicine

      (2) Community teaching physician

      (3) Resident physician or fellow in a Graduate Medical Education program contractually affiliated with the UNC SOM.

   ii) Levels of Supervision:

      (1) Direct Supervision: The supervisor is present in the same location as the learner and is able to provide direct instructions and feedback to the learner and can take over patient care duties if necessary. Alternatively, a resident physician or another health professional acting within her/his scope of practice may provide direct supervision under the indirect supervision of an attending physician.

      (2) Indirect Supervision: The supervisor is on duty, immediately available, and can be called to the location of the learner if necessary.

   e) Interactions with allied health professionals

   i) In situations where learners interact directly with allied health professionals (physician assistants, nurse practitioners, etc.) the supervisor and/or course director is responsible for ensuring that the allied health professional is appropriately credentialed or functioning under the supervision of a credentialed faculty member and is performing tasks that are within his/her scope of practice. The attending faculty member is responsible for the integrity of information and/or clinical
procedures. Supervisors should be familiar with the processes for credentialing of
non-faculty health professionals and ensure that students are only assigned to those
individuals with credentials relevant to the clinical service.

f) **Expectations of Supervisors/Course Directors.**
   i) Model professional behavior in interactions with patients, learners, staff and all
      other individuals in the health care team.
   ii) Provide students with progressively autonomous opportunities for learning that are
       commensurate with the learner’s level of knowledge and technical skill and address
       specific learning objectives for the course.
   iii) Ensure the student is appropriately supervised to ensure patient and student safety
       according to policies and procedures of the School of Medicine and of the medical
       facility.
   iv) Ensure call schedules permit availability of a supervising physician within a
       timeframe that is reasonable for the clinical setting. In situations where a supervisor
       may be off-site, a suitable supervising physician (including resident) must be
       available and be aware of this expectation.
   v) Ensure medical students are aware of expectations for their behavior and of the
       procedures or other tasks they are permitted to perform according to their level of
       competence.
   vi) Ensure medical students have appropriate access to medical records and are aware
       of their ability to enter information into such records. Note that the specific policies
       and procedures of each medical facility may vary and any variations should be
       explained to the medical students.
   vii) Ensure patients are aware of the status of medical students and that they accept that
       medical students may participate in their care.
   viii) Review and confirm information collected by students through history taking,
        physical examination or other activity on a regular basis and provide feedback that
        enhances the student’s learning experience.
   ix) Complete student assessments in a timely manner, with all assessments completed
       in time for calculation of final grades.

g) **Expectations of Students**
   i) Model professional behavior in interactions with patients, learners, staff and all
      other individuals in the health care team.
   ii) Maintain professional behavior standards with the supervising physician, other
       members of the medical team, including resident physicians other health
       professionals, members of the staff, patients and any other individuals encountered
       in the clinical setting.
   iii) Maintain self-awareness of own competence and seek assistance/advise when
       clarification is needed.
   iv) Inform patients and/or family members of their status as a medical student and the
       name of the supervising physician under whom they are working.
   v) Proactively inform the supervising physician or course director concerns about
       levels of supervision (excessive or sub-standard).
h) **Reporting Concerns**
   
i) Any student who is concerned about the level of supervision they are receiving should address their concerns as soon as possible with the supervisor and/or course director. Any student who is dissatisfied with the outcome of such a report should report their concerns to the campus director and/or the Assistant Dean of Clinical Education.

   
   ii) Expressions of concern will be held in strict confidence if possible. However, this may not be possible in situations where student or patient safety may be compromised, illegal activities may have occurred, or other situations needing immediate contact with reporting individuals.

i) **Monitoring.**

   
i) Course Directors provide annual report to the appropriate Phase Committee on how they are assuring that students are receiving the appropriate level of clinical supervision within their course

   
   ii) Students report on end of course questionnaires whether clinical supervision was appropriate

   
   iii) Education Committee: Review questionnaire data to identify any ongoing concerns with clinical supervision and report on consistent problem identified by student reporting. Review report of Foundation Phase, Application Phase and Individualization Committees on how they are assuring that students are receiving the appropriate level of clinical supervision.

j) **Responsibilities.**

   
i) The supervisor and/or Course Director is responsible for ensuring that this policy is followed and that all individuals who interact with the learner are appropriately trained and credentialed for the patient care interaction.

   
   ii) Course Directors define the appropriate level of responsibility delegated to students for their level of training.

   
   iii) Foundation Phase, Application and Individualization Phase Committee: Review and approval of course specific level of responsibility delegated to students for their level of training.

   
   iv) Education Policy Committee: Development/review of this and related policies. Review and approval of Foundation Phase, Application Phase and Individualization Phase Committee recommended course specific level of responsibility delegated to students for their level of training.

   
   v) Medical Students: Will be aware of the details of this policy and will identify and assist in rectifying any concerns about clinical supervision.

Article 4.04 Adapted from the 30.10 - *Clinical Supervision of Medical Students* at Texas Tech University Health Sciences Center

Approved by Education Committee February 20, 2017
4.05 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. Comment-free reports are distributed to student affairs in an effort to provide informative data to the students.

Approved by the CMPC 4/14/05

1) End of Course Review Cycle
   a. The LCME standards specify that: The faculty of a medical school are responsible for the detailed development, design, and implementation of all components of the medical education program, including the medical education program objectives, the learning objectives for each required curricular segment, instructional and assessment methods appropriate for the achievement of those objectives, content and content sequencing, ongoing review and updating of content, and evaluation of course, clerkship, and teacher quality. These medical education program objectives, learning objectives, content, and instructional and assessment methods are subject to ongoing monitoring, review, and revision by the faculty to ensure that the curriculum functions effectively as a whole to achieve medical education program objectives (Element 8.3).

2) Course review procedures:
   a. 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.
   b. The Vice Dean for Education reviews the form and submits it to the Education Committee for its approval.

Revised February 2012