



Policy on Faculty Instructional Development, Residents as Educators, and Remediation Processes

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Summary

This policy establishes required instructional development for faculty and residents teaching medical students across all phases of the MD program, defines procedures for referral and remediation when teaching performance falls below expectations, and specifies institutional responsibilities for monitoring compliance with faculty development requirements.

Related LCME Standards:

4.5 Faculty Professional Development

A medical school and/or its sponsoring institution provides opportunities for professional development to each faculty member in the areas of discipline content, curricular design, program evaluation, student assessment methods, instructional methodology, and research to enhance their skills and leadership abilities in these areas.

9.1 Preparation of Resident and Non-Faculty Instructors

In a medical school, residents, graduate students, postdoctoral fellows, and other non-faculty instructors in the medical education program who supervise or teach medical students are familiar with the learning objectives of the course or clerkship and are prepared for their roles in teaching and assessment. The medical school provides resources to enhance residents' and non-faculty instructors' teaching and assessment skills and provides central monitoring of their participation in those opportunities.

Applicability & Scope

This policy applies to all faculty and residents who teach medical students in the MD program.

Definitions

Faculty – Any faculty with a salaried or non-salaried position with the COM-T who teach medical students in the 4-year program leading to the MD degree.

Policy Statement

I. Statement of Faculty Instructional Development Philosophy

- A. The University of Arizona College of Medicine – Tucson (COM-T) takes an active approach to developing and improving teaching and assessment skills of its faculty. Therefore, the COM-T education philosophy defines remediation as faculty instructional development and support.

II. Scope, Notification, and Implementation of Policy

- A. All faculty who teach medical students will be offered and encouraged to participate in faculty instructional development.
- B. Adoption and publication of this policy to the faculty serves as notice of the requirements for faculty instructional development. In addition, reminders of these requirements shall be communicated annually in writing or by electronic means to all faculty subject to the requirements.

III. Required Faculty Instructional Development in Preclerkship Phase

- A. Faculty shall participate in instructional development for each method of teaching in which they will be engaged, as follows:
 - 1) Facilitators for Clinical Reasoning Course;
 - 2) Facilitators for Team-Based Learning;
 - 3) Faculty who author Team-Based Learning or Clinical Reasoning Course sessions;
 - 4) Faculty who serve as student mentors in the Doctor & Patient Course/Societies Program must participate in training as a Societies Mentor and in the regularly scheduled mentor faculty development sessions.

IV. Required Faculty Instructional Development in Clinical Rotations

A. Orientation of Faculty to Teaching and Assessment Responsibilities

- 1) All faculty teaching in clinical rotations in the Clerkship and Transition to Residency Phases of the MD program shall participate in an orientation to teaching to be conducted in a manner determined by the director(s) of the clerkship, selective, elective, or other program in which they teach medical students.

V. Requests or Referrals for Additional Faculty Instructional Development (Remediation)

A. Requests for Additional Faculty Instructional Development

- 1) Any member of the faculty may submit a request for additional faculty instructional development support to the office that conducts faculty instructional development.

B. Referrals for Additional Faculty Instructional Development

- 1) A block or clerkship director should refer a faculty member for additional faculty instructional development support when his or her performance as an educator falls below expectations as indicated by the average score on one or more core items on student, or peer or supervisor evaluations, or when a student has expressed reasonable concern about the faculty member's teaching and/or assessment skills. Residents may be referred for faculty instructional development support or remediation as described in Article 6, below.

VI. Residents as Educators

A. Orientation of Residents

- 1) Residents who teach medical students in the MD program are expected to participate in instructional development training within the month of the start of their residency training. This instructional development training will include ensuring that the residents are familiar with the learning objectives of the clerkship, assessment forms and practices, all relevant policies, and are prepared for their roles in teaching and assessment. Clerkship objectives, assessment forms and practices, and relevant policies, updated at least four weeks prior to the start of each clerkship year, will be provided to the GME Office by the Office of Curricular Affairs.

B. Ongoing Resident Instructional Development

- 1) During each subsequent year of residency training, all residents are expected to complete a minimum of two instructional development sessions (in-person or online). Additional instructional development sessions and/or online modules in clinical teaching may be offered at the request of clerkship and/or COM-T leadership.

C. Referring Residents for Additional Instructional Development (Remediation)

- 1) *Referral to Residency Training Program Director.* If the resident's performance as an educator falls below expectations, as indicated by student feedback on course evaluations, the resident will be referred to their respective residency program director.
- 2) *Referral to office conducting instructional development.* After conferring with the resident, the Program Director may remediate the skills found to be below expectations for RAE, and/or refer the resident to the Office of Graduate Medical Education for additional instructional development.

D. Central Monitoring

- 1) The procedure to centrally monitor compliance with this policy for resident instructional development includes the following:
 - a) *During the academic year,* residency programs will maintain records documenting resident attendance in instructional development activities and forward a copy of this record to the Office of Graduate Medical Education.
 - b) *On or before the close of each academic year,* the Office of Graduation Medical Education will provide the Office of Curricular Affairs and Office of Accreditation, Quality & Analytics the following:
 1. A summary description of the resident instructional development activities.

2. A record documenting all residents' attendance for in-person instructional development activities and a record documenting successful completion of asynchronous learning modules.
 3. A record documenting all incoming residents' attestation that they are familiar with the learning objectives of the clerkship, assessment forms and practices, all relevant policies, and are prepared for their roles in teaching and student assessment.
- c) Should a resident/residents require remediation during an academic year, the GME Office will provide a record to the Office of Curricular Affairs and Office of Accreditation, Quality & Analytics once the remediation is completed.

Procedures

None

Related Information

None

Revision History

2021/08/16: The Tucson Educational Policy Committee approved revisions to the policy.

2021/07/14: The Tucson Educational Policy Committee approved revisions to the policy.

2013/06/17: Policy approved.