**Faculty Evaluation, Management & Development**

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Introduction

Faculty development is a required component of graduate medical education. It is important to properly identify core faculty in your program and ensure faculty are being evaluated by residents on their supervision, teaching, and mentoring skills. In addition, the program director may encounter teaching faculty who are struggling in their professional responsibilities. This section discusses the ACGME requirements and resources pertaining to faculty development such as identifying core faculty, evaluating faculty, conducting faculty development, and working with struggling faculty.

Core Faculty

Adapted from: Guidelines for Core Teaching Faculty in Pediatric Subspecialty Fellowship, Children’s Mercy Kansas City

Identifying core faculty in a residency program is essential for creating and maintaining an optimal educational experience. The program director must ensure that the appointed teaching faculty feel comfortable and equipped to manage the additional responsibilities of supervising a resident while on clinical service, serving as a mentor and willing to be listed on the programs’ roster as core faculty. The criteria listed here are meant to provide a framework for residency program administration to identify, select, and invite faculty members that are suitable for this very important role. Core faculty must be designated by the program director and you should ensure that you appoint faculty members who will be able to fulfill this role. Core faculty members must complete the annual ACGME Faculty Survey.

*Criteria & Expectations*

1. ACGME Common Program Requirements (sections II.b.1, II.b.2):
   1. Demonstrate strong interest in education of residents
   2. Devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities
   3. Administer and maintain an educational environment conducive to educating residents
   4. Regularly participate in organized clinical discussions, rounds, journal clubs, and/or conferences
   5. Pursue faculty development designed to enhance their skills at least annually
   6. Be role models of professionalism
   7. Demonstrate commitment to the delivery of safe, quality, cost-effective, patient-centered care
2. ACGME Common Program Requirements (section II.b.4 “CORE FACULTY”):
   1. In addition to the program director, there must be at least one ABP- or ABOP-certified core faculty member for every five residents in the program.
3. Faculty rank of Assistant Professor of Pediatrics or higher
4. At least 3 years of clinical experience as a pediatric attending (all subspecialties), demonstrate scholarly productivity and consistently excellent to outstanding evaluation of clinical teaching by medical students and residents and regularly good to excellent 360-degree evaluations (at least two years).

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Faculty Evaluations

“The quality of the faculty’s teaching and clinical care is a determinant of the quality of the program and the quality of the residents’ future clinical care. Therefore, the program has the responsibility to evaluate and improve the program faculty members’ teaching, scholarship, professionalism, and quality care”.1

*Framework for evaluation of faculty in a residency program*

1. Review ACGME program requirements regarding faculty evaluations:

V.B.1: The program must have a process to evaluate each faculty member’s performance as it relates to the educational program at least annually.

V.B.1.a): Faculty evaluation must include a review of the faculty member’s clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities

1. Review process for residents to evaluate faculty1:
   1. Faculty members who interact with residents must be evaluated (education, clinical, research)
   2. Must have a confidential process and anonymous manner for trainees to evaluate a faculty members’ educational efforts
   3. Other aspects for the feedback may include research or clinical productivity, review of patient outcomes, or peer review of scholarly activity
   4. Feedback from the various sources described above should be summarized and provided to the faculty on an annual basis by a member of the leadership team of the program.
   5. Faculty must receive feedback at least annually
   6. Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans
2. Framework for setting up compliance of evaluations
   1. Must have a system in place for ensuring it is done anonymously (MedHub, New Innovations, etc)
   2. All faculty should be oriented to the process by the institution/program
3. ACGME mandates annual review of the program’s faculty members for this purpose and can be used as input into the Annual Program Evaluation.
4. The residency program director may need to work with others to determine the effectiveness of the program’s faculty performance regarding their role in the educational program.
5. Resident education on importance of completing evaluations of faculty is essential and important for program evaluation
   1. Must have education on gender parity and be free of bias; objective2 [see reference]
6. Example of a Faculty Evaluation Form in “Resources”

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Faculty Development

Per ACGME Common Program Requirement II.B.2.f4: “Faculty members must pursue faculty development designed to enhance their skills at least annually. Faculty development is intended to describe structured programming developed for the purpose of enhancing transference of knowledge, skill, and behavior from the educator to the learner. Faculty development may occur in a variety of configurations (lecture, workshop, etc.) using internal and/or external resources. Programming is typically needs-based (individual or group) and may be specific to the institution or the program. Faculty development programming is to be reported for the residency program faculty in the aggregate.”

Faculty development may occur at the program, department, or institutional level, but not all faculty may be aware of the opportunities or of the ACGME annual requirement. Program directors should communicate with their colleagues about existing faculty development opportunities and, if necessary, coordinate with their department chair to offer additional relevant faculty development opportunities. Faculty development topics relevant to graduate medical education include giving feedback, formal evaluation of learners, writing letters of recommendation, bedside teaching, incorporation of technology, and creating effective teaching materials.

Struggling Faculty

ACGME Common Program Requirement II.B.1 lists the following obligations of faculty involved in graduate medical education1:

“Faculty members must be role models of professionalism; demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; demonstrate a strong interest in the education of residents, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; administer and maintain an educational environment conducive to educating residents; regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and pursue faculty development designed to enhance their skills at least annually.”

Common Program Requirement II.A.4.a).(4) states “program directors have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval.”

* Occasionally, a faculty member will struggle with an aspect of their role in graduate medical education. This includes issues involving professionalism, bias, burnout, or impairment. The program director and department chair are responsible for identifying struggling faculty, addressing those concerns, and offering feedback and resources.

Resources

[ACGME Program Requirements for Graduate Medical Education in Pediatrics](https://www.acgme.org/globalassets/pfassets/programrequirements/320_pediatrics_2022_tcc.pdf), 2022

[ACGME Common Program Requirements](https://www.acgme.org/globalassets/pfassets/programrequirements/cprresidency_2023.pdf) 2023

Rebekah S. Shaw, Katrina L. Foo, Alexandra Blumer, Emily L. Jacobson, Julie Sturza, Sarah Hartley, Jennifer R. Lukela, Virginia Sheffield, Leah Rappaport; Gender Disparity in Teaching Evaluations of Pediatric Faculty by Residents. Hosp Pediatr December 2023; 13 (12): 1067–1076. <https://doi.org/10.1542/hpeds.2023-007228>

*Faculty development*

1. Mueller AS et al. Peer Coaching as a Faculty Development Tool: A Mixed Methods Evaluation (<http://dx.doi.org/10.4300/JGME-D-19-00250.1>)
2. Virant-Young DL et al. Practice Makes Better: Effective Faculty Educator Skill Development in the Virtual Space (<http://dx.doi.org/10.4300/JGME-D-21-00212.1> )
3. Yilmaz Y et al. Technology-Enhanced Faculty Development: Future Trends and Possibilities for Health Sciences Education (<https://doi.org/10.1007/s40670-020-01100-1>)
4. ACGME Common Program Requirements 2023 (<https://www.acgme.org/globalassets/pfassets/programrequirements/cprresidency_2023.pdf> )

*Struggling Faculty*

1. Cherr GS et al. Remediation of the Struggling Clinical Educator (<http://dx.doi.org/10.4300/JGME-D-18-00262.1>).
2. Cull WL et al. Longitudinal Analyses of Pediatrician Burnout (<http://dx.doi.org/10.1016/j.acap.2018.11.006> )
3. Haydar B et al. Resident characterization of better-than- and worse-than-average clinical teaching (<http://dx.doi.org/10.1097/ALN.0b013e31829b34bd> )
4. Hess LM et al. "PLEASE Complete Your Evaluations!" Strategies to Engage Faculty in Competency-Based Assessments (<http://dx.doi.org/10.1016/j.acap.2020.07.019> )
5. Mueller AS et al. Gender Differences in Attending Physicians' Feedback to Residents: A Qualitative Analysis (<http://dx.doi.org/10.4300/JGME-D-17-00126.1> )
6. Steinert Y. The “problem” learner: Whose problem is it? (<http://dx.doi.org/10.3109/0142159X.2013.774082> )
7. Tawfik DS et al. Organizational factors affecting physician well-being (<http://dx.doi.org/10.1007/s40746-019-00147-6>)

*Example Faculty Evaluation Form*

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