

Graduate Medical Education Policy	Faculty Evaluation
Facility/Sponsor	CMC/GMEC
Policy Origin Date	October 2007
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PURPOSE

Carilion Medical Center (CMC) is committed to ensuring high-quality physician training by assessing teaching effectiveness, promoting faculty development, ensuring compliance with standards, and identifying areas for program improvement, ultimately safeguarding patient care and trainee success through systematic feedback and performance monitoring. Evaluations cover clinical teaching, knowledge, professionalism, and scholarly activity, using resident feedback and other data to identify strengths and weaknesses, foster a culture of continuous improvement in graduate medical education.

SCOPE

This policy applies to all Accreditation Council for Graduate Medical Education (ACGME), Council on Podiatric Medical Education (CPME), and Commission on Dental Accreditation (CODA) accredited graduate medical education programs sponsored by Carilion Medical Center (CMC).

DEFINITIONS

Resident: refers to all interns, residents, and fellows participating in CMC's post-graduate medical education programs.

Program Director: the individual designated with authority and accountability for the operation of a residency/fellowship program, including compliance with all applicable program requirements.

PROCEDURE

1. Annual Evaluation Process
 - a. At least annually, the program must have a process to evaluate each faculty member's performance as it relates to the educational program.
 - b. This evaluation must include written, anonymous, and confidential evaluations by the residents
 - c. Faculty members must receive feedback on their evaluations at least annually
 - d. Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans
2. Faculty Evaluation Competencies
 - a. Core Evaluation Domains
 - i. Clinical Teaching Effectiveness: faculty must be evaluated on how effectively they teach and supervise learners in the clinical environment, including:
 1. Quality of bedside and real-time clinical teaching
 2. Clarity of expectations
 3. Ability to tailor teaching to trainee level
 4. Promotion of clinical reasoning and decision-making
 5. Teaching in ambulatory, inpatient, procedural, and interdisciplinary settings

- ii. Commitment to the Educational Program: Evaluation must assess faculty engagement with the mission and goals of the residency/fellowship, including:
 - 1. Participation in educational activities
 - 2. Attendance and engagement in teaching conferences
 - 3. Reliability and availability to learners
 - 4. Support of program goals and curriculum
- iii. Clinical Knowledge and Expertise. Faculty must be assessed on:
 - 1. Depth and accuracy of specialty-specific knowledge
 - 2. Evidence-based practice
 - 3. Ability to teach current standards of care
 - 4. Clinical judgment and patient care quality as observed by learners
- iv. Professionalism. Faculty evaluation must explicitly include professionalism, whether via resident/fellow feedback or program leadership review, including:
 - 1. Ethical behavior
 - 2. Respectful communication
 - 3. Role modeling professional conduct
 - 4. Civility and psychological safety
 - 5. Absence of harassment, discrimination, or mistreatment
- v. Scholarly Activity: faculty must be evaluated on scholarly contributions relevant to their role, which may include:
 - 1. Research involvement
 - 2. Educational scholarship
 - 3. Quality improvement work
 - 4. Innovation in teaching or patient safety
 - 5. Mentoring resident scholarly efforts
- b. Supervision, Feedback, and Evaluation of Learners
 - i. Quality of Supervision. Faculty must be evaluated on:
 - 1. Appropriateness of supervision level
 - 2. Responsiveness and availability
 - 3. Escalation of care and help-seeking culture
 - 4. Adherence to supervision policies based on trainee level
 - ii. Direct Observation. Evaluation must capture faculty performance in:
 - 1. Observing residents in real clinical work
 - 2. Procedural oversight
 - 3. Entrustment decisions
 - 4. Observation-driven teaching
 - iii. Feedback Quality. Faculty must be evaluated on:
 - 1. Frequency of feedback
 - 2. Timeliness
 - 3. Specificity and actionability
 - 4. Constructive remediation guidance
 - 5. Documentation of feedback

- iv. Evaluation and Assessment Skills. Faculty must be assessed on how effectively they:
 - 1. Complete milestone-based evaluations
 - 2. Provide objective assessments
 - 3. Avoid bias
 - 4. Contribute accurately to CCC processes
- c. Learning Environment and Patient Safety
 - i. Patient Safety and Quality Improvement. Faculty must be evaluated on:
 - 1. Modeling safe care
 - 2. Teaching error disclosure
 - 3. Engagement in QI initiatives
 - 4. Reporting safety events
 - 5. Teaching systems-based practice
 - ii. Transitions of Care and Communication. Evaluation includes faculty effectiveness in:
 - 1. Handoffs
 - 2. Interprofessional communication
 - 3. Care coordination
 - 4. Teaching structured communication
 - iii. Work Hours and Fatigue Management. Faculty must be evaluated on how they:
 - 1. Reinforce accurate duty-hour reporting
 - 2. Recognize trainee fatigue
 - 3. Promote alertness management
 - 4. Avoid coercive under-reporting
- d. Well-Being, Community, and Belonging
 - i. Resident and Faculty Well-Being Support. Faculty evaluation must assess:
 - 1. Promotion of healthy work behaviors
 - 2. Awareness of burnout
 - 3. Supportive responses to distress
 - 4. Role modeling self-care
 - ii. Community and Belonging. Faculty must be evaluated on:
 - 1. Fostering inclusive learning environments
 - 2. Cultural humility
 - 3. Addressing bias
 - 4. Respect for all learners and patients
- e. Faculty Development and Program Improvement
 - i. Participation in Faculty Development. Evaluation must track:
 - 1. Annual participation in development as educators
 - 2. Training in evaluation and assessment
 - 3. QI, patient safety, and well-being education
 - ii. Responsiveness to Feedback. Programs must evaluate whether faculty:
 - 1. Review evaluation results
 - 2. Demonstrate improvement over time
 - 3. Engage with coaching or remediation if needed

- iii. Contribution to Program Improvement. Faculty should be evaluated on:
 - 1. Engagement in curriculum improvement
 - 2. Innovation
 - 3. Responsiveness to trainee concerns
 - 4. Participation in program initiatives
- 3. ACGME Faculty Survey
 - a. Faculty must complete an annual ACGME survey about their program experience; high participation is monitored

Designated Institutional Official	Reviewing Committee	Date Approved
Daniel Harrington, MD	GMEC	January 1, 2012
Donald Kees, MD	GMEC	January 1, 2015
Donald Kees, MD	GMEC	June 18, 2019
Donald Kees, MD	GMEC	December 17, 2019
Arthur Ollendorff, MD	GMEC	March 21, 2023
Arthur Ollendorff, MD	GMEC	January 20, 2026