PROGRAM PERSONNEL: TEACHING FACULTY POLICY

All members of the teaching faculty of the Pikeville Medical Center ("PMC") Family Medicine Residency program will abide by all applicable PMC policies and procedures. At each participating site, there must be a sufficient number of faculty members qualified to instruct and supervise all residents at that location. Faculty members are appointed by the Program Director.

Requirements
Faculty will meet the following requirements

1. Each physician faculty member must be a member of the medical staff of PMC. The quality assurance and credentialing process involved in becoming a member of the PMC medical staff will ensure that the faculty member:
   • Holds a valid Kentucky medical license;
   • Has adequate medical malpractice insurance;
   • Is in good standing;
   • Holds appropriate medical staff appointment and admitting privileges at PMC;
   • Follows the PMC medical by-Laws and policies including, but not limited to, those dealing with professional behavior; and
   • Has privileges to perform the procedures which are involved in teaching.

2. Demonstrate a strong interest in teaching residents and allowing them to have meaningful involvement in the care of their patients.

3. Serve as a good role model of a family physician to residents.

4. Participate in faculty development, both personally and with the rest of the program faculty. Faculty development shall include, but not limited to, clinical, educational, administrative, leadership, research, and behavioral medicine activities.

5. Devote sufficient time to the program to fulfill their supervisory and teaching responsibilities.

6. Submit timely evaluations of residents and program.

7. Administer and maintain an educational environment conducive to educating residents in the AOA/ACGME competencies.

8. Physician faculty must obtain and maintain board certification in their specialty from the American Board of Family Medicine, American Board of Medical Specialties, or American Board of Osteopathic Family Physicians.
9. Physician faculty must maintain clinical skills by providing direct patient care.

10. Establish and maintain an environment of inquiry and scholarship with an active research component.

11. Participate in organized clinical discussions, rounds, journal clubs and conferences.

12. Support and encourage residents in scholarly activities.

13. Nonphysician faculty should possess certification as appropriate for their disciplines and hold appropriate institutional appointments.

Some members of the faculty should also demonstrate scholarship by or more of the following: peer reviewed funding, publication of original research or review articles in peer-review journals or chapters in textbooks, publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings, or participation in national committees or educational organizations.

**Evaluation of the Faculty**

Upon completion of each rotation, residents will complete a written evaluation of the overall teaching and performance of the faculty involved in that rotation.

Faculty will be evaluated annually by the residents that they teach. The residents shall evaluate the faculty member’s teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities.

The Program Director will evaluate each faculty member on an annual basis. This evaluation should include, but not necessarily be limited to, a review of the faculty member’s clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities.

Yearly reappointments of faculty will be made by the Program Director based on the faculty member’s performance and the aforementioned evaluations.

**Family Medicine Clinic Participating Site**

Whenever residents are performing clinical duties in the PMC Family Practice Clinic (“FPC”), there must be an appropriate number of physician faculty members who are engaged in active teaching and supervision of the residents and present in the FPC. The appropriate number of faculty will be determined in relation to the level of training of the residents, the number of patients being seen in a clinic session, and the competency of the residents. There will be at least one supervising physician faculty member who is freed of all other activities for every 4 residents working in the clinic at any given time. Faculty time involved with medical students and other learners under the faculty’s clinical supervision shall not dilute the supervision of residents.
In the first six (6) months of residency, all PGY1 residents must precept (be under direct supervision) for each patient at the time of visit with the attending physician present in the exam room for key assessment of the patient.