

POSTGRADUATE MEDICAL EDUCATION

SCHULICH SCHOOL OF MEDICINE & DENTISTRY

FACULTY EVALUATION POLICY

Approved by PGME Committee: June 8, 2022

Approved by ECSC: September 9, 2022

Date of Next Scheduled Review: Spring 2025

Preamble

The CanERA General Standards of Accreditation for Institutions, Residency Programs and Areas of Focused Competence (AFC) Programs require that all teaching faculty receive regular feedback on their teaching and supervision, which includes feedback from residents and AFC trainees. The timely delivery of feedback on teaching performance must be balanced with the preservation of confidentiality for learners.

This policy applies to all faculty involved in teaching of postgraduate residents and AFC trainees.

Applicable Standards

General Standards of Accreditation for Institutions with Residency Programs

- 6.1.1: There is a process of systematic teacher assessment and feedback.

General Standards of Accreditation for Residency Programs

- 7.1.1.1: There is an effective process for the assessment of teachers involved in the residency program, aligned with applicable central processes, that balances timely feedback with preserving resident confidentiality.
- 7.1.1.2: The system of teacher assessment ensures recognition of excellence in teaching and is used to address performance concerns.
- 7.1.1.3: Resident input is a component of the system of teacher assessment.
- 7.1.1.5: There is an effective process to identify, document, and address unprofessional behaviour by teachers.
- 9.1.1.6: The feedback provided to teachers in the residency program is reviewed.

General Standards of Accreditation for Area of Focused Competence Programs

- 6.1.1: Teachers are regularly assessed and supported.

Relevant Policies and Guidelines

- [College of Physicians and Surgeons of Ontario Professional Responsibilities in Medical Education](#)
- [Schulich School of Medicine and Dentistry PGME Policy on Faculty Supervision of Postgraduate Trainees](#)

- [Schulich School of Medicine & Dentistry Learner Mistreatment Guideline](#)

Definitions

AFC trainee: An individual registered in an accredited AFC program.

Assessment and Evaluation: Assessment and evaluation are terms that are often used interchangeably. Assessment generally refers to the performance of learners, and evaluation refers to the performance of teachers, programs and curricula. For the purposes of this policy, “evaluation” is the term used for teaching performance.

Department/Division: An organizational unit around which clinical and academic services are arranged.

Program Director: The individual responsible for the overall conduct and organization of the residency or AFC program.

Resident: An individual registered in an accredited residency program following eligible undergraduate training leading to certification or attestation in a recognized discipline.

Teacher: An individual responsible for teaching residents and AFC trainees. “Teacher” is often used interchangeably with terms such as “supervisor” or “preceptor”. In this policy, “teacher” refers to faculty appointed by Western University or affiliate.

Principles

1. All teachers in the program must be evaluated regularly with respect to the quality of their teaching.
2. Evaluation of teaching performance is grounded in the principle of continuous improvement and is intended to improve learner experience, provide meaningful feedback to teachers, and guide faculty development initiatives, and may be incorporated into a faculty teaching dossier for the purpose of promotion as well as Career Development Planning.
3. Residents and AFC trainees are expected to participate in the process of teacher evaluation.
4. The process of learners evaluating teachers involves an inherent power imbalance. Residents and AFC trainees must be able to provide feedback confidentially, with a process that does not expose them to potential negative ramifications.
5. Completed evaluations must be held in confidence and anonymized prior to distribution.
6. Serious concerns about the performance or behaviour of a teacher must be shared with the Department Chair and the Associate Dean, Postgraduate Medical Education (PGME).
7. Departments/divisions should be prepared to recommend and provide resources to teachers to assist them in enhancing their teaching skills.
8. Use of teaching evaluations to determine remuneration or teaching awards in isolation is discouraged.
9. Comprehensive teaching evaluations that include peer review, and innovations in teaching and education, are encouraged.

Responsibilities

Residents and AFC Trainees:

1. All resident and AFC trainees are expected to complete faculty teaching evaluations after completion of a block (4-week rotation) or following six months of a longitudinal clinical experience. Regular assessment of faculty should be appropriate to the length of the program and the clinical teaching exposure to residents and AFC trainees to individual teachers. Timely completion of evaluations is a professional responsibility; failure to submit teaching evaluations in a timely manner will be considered a breach of professional responsibility.
2. Narrative comments are expected to be entered in a professional manner.
3. Evaluation forms including narrative comments will remain unedited when reports are made available to individual faculty.
4. Residents and AFC trainees should bring concerns with respect to teaching or supervision impacting resident or AFC trainee safety or wellness, mistreatment, teacher professionalism, or patient safety to the attention of Postgraduate Medical Education, Learner Experience Office, their Program Director or the Chair of the program department or division immediately.

Program Responsibilities:

1. Program Directors are expected to orient residents and AFC trainees to the teaching evaluation policy and procedures. The orientation should include the purpose of teaching evaluations, the use of collected data, processes to ensure confidentiality, and the importance of constructive feedback. Residents and AFC trainees must be aware of Learner Experience supports available for learner mistreatment.
2. Residents and AFC trainees must be aware of central policies, including (but not limited to) the Policy on Faculty Supervision, the Learner Mistreatment Guidelines, and the Faculty Evaluation Policy.
3. Programs must ensure distribution of teaching evaluations for faculty involved in teaching and clinical supervision of residents and AFC trainees following each block (4-week rotation) or after 6 months of each longitudinal educational experience.
4. The program administrator, or delegate, is responsible for anonymizing and collating teacher evaluations every 12 months. Comments will not be edited.
5. The program administrator, or delegate, will bring any flagged (low performance) evaluations to the immediate attention of the Program Director as well as the Chair of the Department/Division. Concerns with respect to learner mistreatment must also be brought to the attention of Learner Experience. In the instance that the teaching performance of the Program Director is a concern, the program administrator or delegate will bring this to the attention of the Chair of the Department/Division and Associate Dean PGME.
6. Low performance evaluations must be put into context with other evaluations; recognizing that a single low performance evaluation may not represent low teaching performance, and may not be reliable or valid. Teaching evaluations, may be impacted by a number of factors.

Program Director and Department/Division Chair Responsibilities:

1. The collated, anonymized teaching evaluations will be provided to the Program Director and Department/Division Chair for review. Teaching evaluations will be made available to the Associate Dean Postgraduate Medical Education (PGME) upon request.
2. The Chair or delegate will provide teachers with their own evaluations, including comments, and with a collated summary of de-identified teaching evaluations of other teachers in the program for comparative purposes on an annual basis. (For small programs this may be every two years to ensure confidentiality for the residents and AFC trainees).
3. Teaching evaluations will form a component of the annual Career Development Planning (CDP) discussion with the Department/Division Chair.
4. Teachers will be supported by the Department/Division and PGME with opportunities to enhance and improve teaching skills. This may include faculty development, mentoring, individual consultation and coaching.

Residency Program Committee (RPC)/AFC Committee Responsibilities:

1. The Committee must review de-identified teaching evaluations as part of the systematic review of the residency program (program continuous improvement).
2. The Committee should use teaching evaluations, as well as the range of other data available to the program, to implement relevant and timely action plans. The effectiveness of the actions should be evaluated in order to take further action as required.

Teacher Responsibilities:

1. Teaching faculty are expected to review their teaching evaluations.
2. Teachers must consider strategies to address any areas for improvement identified.

Maintenance of confidentiality:

1. Teaching evaluations are confidential documents. Access to raw data will normally be limited to the Program Administrator or delegate, Program Director, Department/Division Chair and the Associate Dean PGME.
2. A minimum of five (5) evaluations is required before the evaluations can be distributed to the Chair or Program Director or individual faculty.
3. Maintenance of confidentiality may be challenging in small programs. Possible options to address this include:
 - i. Where possible teaching evaluations may be pooled, with teaching evaluations from residents, AFC trainees, and off-service residents combined and collated for individual teachers.
 - ii. Providing teaching evaluations to faculty every two years, or after residents and trainees have completed their training (this may be possible in programs that are 1-2 years in duration).
 - iii. Use of exit interviews and completion of teaching evaluations after the resident or AFC trainee has completed the program.

Low performance evaluations:

1. Low performance evaluations are defined as evaluations that provide quantitative data on the Likert scale of less than 3 on a 5-point scale (or equivalent) or include narrative comments specific to patient safety or learner mistreatment (including intimidation, harassment, or discrimination) or lapses in professional behaviour.
2. Low performance teaching evaluations will be reviewed by the Department/Division Chair.
3. Concerns with respect to supervision and teaching including provision of timely assessments of residents and AFC trainees, professionalism, and/or learner mistreatment must be addressed in a timely manner by the department/division Chair.
4. Low performance teaching evaluations or concerns with respect to teaching, supervision, assessment, professionalism and/or learner mistreatment must be brought to the attention of the Associate Dean, PGME.

Postgraduate Medical Education (PGME):

1. PGME will provide support and advice to Program Directors with respect to concerns with teacher performance.
2. PGME will provide guidance to programs and departments on developing and reviewing their teacher evaluation processes.
3. PGME will provide faculty development opportunities for teachers to improve teaching skills, and direction to available resources within Western University.