POSTGRADUATE MEDICAL EDUCATION
SCHULICH SCHOOL OF MEDICINE & DENTISTRY

FACULTY EVALUATION POLICY

Approved by PGME Committee: September 9, 2026
Approved by JSC: November 6, 2026
Date of Next Scheduled Review: 2029

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 institution 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

- CPSO Obligations in Practice: Availability of Most Responsible Physicians (MRPs) and Supervisors
- PGME Policy on Faculty Supervision of Postgraduate Trainees
- Schulich School of Medicine & Dentistry Learner Mistreatment Guideline

Definitions

AFC trainee: Trainees who are registered in an accredited AFC Program. They must meet the eligibility requirements for the Competency Training Requirements (CTR) for the AFC in which they are registered.

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 purpose 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, chairs the residency or AFC program committee, and is accountable to the Department Chair and to the Associate Dean Postgraduate Medical Education (PGME). In larger programs the program director may delegate some or all responsibilities under this policy to one or more faculty members on the program committee. All references to “program director” in this policy mean “program director or delegate”.

Resident: Trainees enrolled in a RCPSC or CFPC accredited training program, including RCPSC subspecialties and CFPC Enhanced Skills. Residents are eligible for certification from the RCPSC or CFPC.

Teacher: A member of faculty that has taken on the responsibility to observe, teach, and assess residents and AFC trainees. “Teacher" is often used interchangeably with terms such as “supervisor” or “preceptor”. In this policy, “teacher” refers to all full and part-time teaching faculty appointed by Western University or affiliate, including adjunct faculty.

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 aimed to protect them from 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 PGME. This includes concerns involving mistreatment, harassment, discrimination, racism, intimidation, safety, or professionalism. Concerns must be shared in writing.
7. Departments/divisions should be prepared to recommend and provide resources to teachers to assist them in enhancing their teaching skills. Resources to support Department/Division Chairs are available from both PGME and Clinical Faculty Affairs.

8. Use of teaching evaluations to determine remuneration or teaching awards in isolation is discouraged.
9. Resident and AFC trainee input is one component of faculty evaluation. Departments are encouraged to develop a comprehensive teaching evaluation process that includes additional sources of data, such as clinical fellow and Undergraduate Medical Education teaching evaluations, peer review, 360 feedback, and innovations in teaching and education. This policy only pertains to teaching evaluations completed by resident and AFC trainees.

Confidentiality

To protect the confidentiality of residents and AFC trainees, anonymized teaching evaluations are shared with faculty once per year and only when a minimum of three evaluations have been received. All evaluations are pooled and de-identified prior to distribution. If fewer than three evaluations are available, no evaluations will be shared. When necessary, evaluations may be combined with other appropriate data sources, such as clinical fellows or off-service residents, to meet minimum requirements. When combining data sources, programs remain responsible for creating a system for review of individual program specific data.

All evaluations provided to faculty will remain anonymous. However, selecting *strongly disagree* or *disagree* for questions related to supervision and learner mistreatment will trigger a confidential flag to program leadership. In these circumstances, the identity of the resident or AFC trainee will be known only to the Program Director, Program Administrator, and the Associate Dean PGME, or their delegates, to allow for appropriate follow-up, as required.

Responsibilities

Residents and AFC Trainees

1. All resident and AFC trainees are expected to complete faculty teaching evaluations after completion of a clinical rotation or following six months of a longitudinal clinical experience. Timely completion of evaluations (within 4-weeks of rotation completion) is a professional responsibility; failure to submit teaching evaluations in a timely manner may be considered a breach of professional responsibility.
2. All residents and AFC trainees are expected to complete faculty teaching evaluations in an honest, thoughtful, and constructive manner. Completed evaluations must not be retaliatory in nature and should reflect a professional and respectful assessment of teaching performance.
3. Concerns related to teaching or supervision that may affect the safety and wellness of residents or AFC trainees, as well as reports of learner mistreatment, teacher professionalism, or risks to patient safety, should be brought to the immediate attention of PGME, the Learner Experience Office, their Program Director, or the Chair of the respective Department or Division. Concerns specific to intimidation, harassment, and/or discrimination should also be directed to the Western Human Rights Office.

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 the Learner Experience supports available for learner mistreatment.

2. Residents and AFC trainees must be informed of institution processes, including, but not limited to, the Policy on Faculty Supervision, the Learner Mistreatment Guidelines, and the Faculty Evaluation Policy. Programs must document when this occurred.
3. Programs must ensure the distribution of teaching evaluations for faculty involved in teaching and clinical supervision of residents and AFC trainees following each clinical rotation or after 6 months of each longitudinal educational experience.
4. The Program Administrator, or delegate, is responsible for anonymizing and collating teacher evaluations. Comments will not be edited.
5. The Program Administrator, or delegate, is responsible for reviewing teaching evaluations a minimum of every three months, to identify and flag low performance (rating of <4/7) or concerns pertaining to supervision/maltreatment which require attention prior to faculty distribution.
6. 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 the PGME office in written format. 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. In the instance that the teaching performance of the Chair of the Department/Division is a concern, the Program Director, or delegate, will bring this to the attention of the Associate Dean PGME.
7. Recognizing that a single low-performance evaluation may not represent overall teaching performance and may not be reliable or valid, low-performance evaluations must be put into context with other evaluations. Teaching evaluations may be impacted by a number of factors.

Program Director and Department/Division Chair Responsibilities

1. The Department/Division Chair is expected to orient teachers to the Faculty Evaluation policy and the department/division's process for teacher evaluation. This includes an overview of the activities that will be evaluated, the frequency teachers receive collated evaluations, disclosure of who will have access to the evaluation data, an overview of the process should concerns be raised about teaching performance, and the use of teacher evaluations in the promotion process. The dates of such meetings documented.
2. Programs are expected to utilize PGME's standardized faculty evaluation form in Elentra. Programs may adapt the standardized form for use on individual program platform after consultation with the Associate Dean PGME. All faculty evaluation forms must be made available to the PGME Office upon request.
3. The Program Administrator, or delegate, will provide the Program Director and Department/Division Chair the collated, anonymized teaching evaluations for all faculty, a minimum of once per year.
4. A minimum of three (3) evaluations are required prior to distribution to faculty. Small programs may consider combining learner/trainee evaluations to allow for a minimum distribution.
5. The Department/Division Chair, or delegate, will provide teachers with their own evaluations, including comments, on an annual basis. If insufficient data exists, the faculty will be notified that current data does not meet the minimum number for distribution.
6. For distributed faculty, at least annually the Department/Division Chair, or delegate, will provide a collated summary of deidentified teaching evaluations to the Associate Dean

Windsor, for Windsor based faculty, or Site Leads, or delegate, for Distributed Education faculty.
7. Narrative comments should remain unedited. Edits to narrative comments may be considered after formal appeal.
8. Concerns regarding teaching, supervision, learner mistreatment, or professionalism, must be addressed in a timely and consistent manner. This includes concerns raised from sources outside the teacher evaluation process, such as Program Director meetings with residents and AFC trainees, rotation evaluations, or formal complaints. These meetings must be documented.
9. Teaching evaluations will form a component of the annual Career Development Planning (CDP) discussion with the Department/Division Chair.
10. 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, coaching, and, when required, remediation.

Residency Program Committee/AFC Program Committee Responsibilities

1. The Committee must review de-identified teaching evaluation summaries and process, at least annually, as part of the systematic review of the residency program. The Committee should also review the EPA and/or ITER completion timeliness of their faculty as a surrogate for the effectiveness of the teacher's feedback performance (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 and reflect on their teaching evaluations.
2. Teachers must consider strategies to address any areas for improvement identified.
3. Teachers must engage in any remedial teaching plans created in collaboration with the Department/Division Chair and the Associate Dean PGME.

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 three (3) evaluations is required before the evaluations can be distributed to the Department/Division Chair, 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 should be pooled, with teaching evaluations from residents, AFC trainees, clinical fellows, and off-service residents combined and collated for individual teachers. If programs choose to pool evaluations with off-service residents, the program should inform residents, AFC trainees, and faculty of this process. The pooled evaluations may skew evaluation results.
    ii. For programs that are 1-2 years in duration, providing teaching evaluations to faculty every two years or after residents and AFC trainees have completed their training.

Evaluations must still be reviewed by the Program Administrator a minimum of every three months to flag low-performance evaluations.

iii. The 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 4 on a 7-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. A follow up plan and action items should be documented.
4. All low-performance evaluation in the areas of learner supervision and safety, mistreatment and racism, and overall teaching scores will be automatically flagged by the PGME Office for review. Flagged teaching evaluations will remain anonymous except to the PGME Office Manager.

Postgraduate Medical Education (PGME)

1. PGME will provide support and advice to Program Directors and Department/Division Chairs with respect to concerns with teacher performance.
2. PGME will provide summary reports and advice to Distributed Site Leadership, in collaboration with the Assistant Dean, Distributed Education and the Associate Dean, Windsor.
3. PGME will provide guidance to programs and departments on developing and reviewing their teacher evaluation processes.
4. PGME will provide a standardized faculty appeals process for teaching evaluations.
5. PGME will provide ongoing follow-up of faculty concerns, including regular review of individual faculty evaluations when required.
6. PGME will alert Program Directors of concerns regarding teaching faculty as shared by Clinical Faculty Affairs, or through flagged teaching evaluations, and provide guidance regarding the ongoing supervision of residents or AFC trainees.
7. PGME will provide faculty development opportunities for teachers to improve teaching skills, and direction to available resources within Western University.