



Faculty of Medicine Policy

Policy Name:	Evaluation of the Faculty and Rotation by Residents
Application/ Scope:	All PGME Programs
Approved (Date):	FPGME Executive Committee, August 27, 2013
Review Date:	
Revised (Date):	
Approved By:	Faculty Executive Council Sept. 10, 2013

BACKGROUND

The Standards of Accreditation of the Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC) demand that the **Residency Program Committee** of each and every Residency Program conduct an ongoing review of every clinical and academic component of the Residency Program "to ensure that the educational objectives are being met." The review of the Residency Program includes evaluation of the individual rotations and evaluation of the teaching faculty that include the following:

- The opinions of the residents must be among the factors considered in the review.
- There must be an effective mechanism to provide teaching faculty in the Residency Program with honest and timely feedback of their performance.
- There must be a mechanism in place for rotation and faculty evaluation that respects resident anonymity and confidentiality.
- There must be a mechanism in place for the Residency Program Committee to effectively act on the information obtained through rotation and faculty evaluation.

DEFINITIONS

RCPSC - Royal College of Physicians and Surgeons of Canada

CFPC - College of Family Physicians of Canada

FPGME - Faculty of Medicine, Postgraduate Medical Education

PGME – Postgraduate Medical Education

PARIM - Professional Association of Residents and Interns of Manitoba

1. PURPOSE

- 1.1 To provide guidance for the Residency Programs with respect evaluation of teaching faculty and rotations by residents

2. STATEMENT OF POLICY

- 2.1 With respect to **Rotation Evaluation**, the following apply:

- 2.1.1 Each rotation should be evaluated by residents in an objective fashion by means of the following criteria:

- 2.1.1.1 Appropriate number of patients and associated work load?

- 2.1.1.2 Appropriate of range of clinical problems?

- 2.1.1.3 Value of ambulatory care component?

- 2.1.1.4 Appropriate number of consultations?

- 2.1.1.5 Adequate supervision for the level of training?

- 2.1.1.6 Educational/service ratio?

- 2.1.1.7 Constructive and timely feedback during the rotation?

- 2.2 With respect to **Faculty Evaluation**, the following apply:

- 2.2.1 Each teacher involved in the Residency Program should be evaluated by residents in an objective fashion, in CanMEDS format, based on the following criteria:

- 2.2.1.1 Did the preceptor provide formal and informal teaching?

- 2.2.1.2 Did the preceptor stimulate the resident to learn?

- 2.2.1.3 Did the preceptor demonstrate a consistent and clear approach to patient care?

- 2.2.1.4 Did the preceptor allow the residents to take appropriate responsibility?

- 2.2.1.5 Did the preceptor provide appropriate supervision?

- 2.2.1.6 Did the preceptor provide constructive and timely feedback?

- 2.2.1.7 Were the goals and objectives of the rotation discussed at the beginning of the rotation?

- 2.2.1.8 Were the goals and objectives of the rotation met?

- 2.3 Preceptor evaluations should be designed so that the type of contact is made clear. This includes without limitation, the following:

- 2.3.1 Regular involvement on ward/teaching area

- 2.3.2 Occasional involvement on ward/teaching area
- 2.3.3 On-call involvement only
- 2.3.4 Involvement during academic duties only
- 2.4 There must be methodology in place to ensure confidentiality of evaluations with the information made available to the Program Director on an annual basis in the form of aggregate/collated reports of all evaluations made by residents for the particular rotation/teacher.
 - 2.4.1 An additional mechanism should be set up to allow for emergent situations such as liaison between the Chief Resident and Program Director to discuss a concern with respect to a teacher or a specific rotation
- 2.5 There must be evidence that these evaluations are being reviewed on an annual basis to and that the information is utilized effectively to improve the educational experiences of the residents.

3. PROCEDURES

- 3.1 Residents must submit evaluations of the teachers and rotations in order to receive their rotation evaluations. The evaluations done by the resident cannot be accessed by faculty and must be kept confidential and available only to the Program Director.
- 3.2 Evaluations are collected and reviewed on a yearly basis so that a number of residents will have evaluated the rotation/teacher.
- 3.3. Changes to rotation and promotion/demotion or dismissal of preceptors will take into account the resident evaluations.
- 3.4 Completion of preceptor and rotation evaluations by the resident is a professional obligation. Poor compliance will be considered a breach of professionalism and may be reflected in the resident ITER.

POLICY CONTACT: Associate Dean, PGME

REFERENCES

Royal College of Physicians and Surgeons of Canada Specific Standards of Accreditation for Residency Programs in General Surgery 2010.

http://www.royalcollege.ca/cs/groups/public/documents/document/y2vk/mdaw/~edisp/tztest3rcpsce_d000765.pdf

Resident Evaluations of Rotations and Preceptors UBC Faculty of Medicine 2013

<http://postgrad.med.ubc.ca/program-information/policies/resident-evaluations-of-rotations-and-preceptors/>

McGill Post Graduate Medical Education Evaluation of the Faculty and Rotation
http://www.medicine.mcgill.ca/postgrad/welcometopostgrad_evaluationpromotions.htm

College of Family Physicians of Canada, Red Book, Program Evaluation, page 10
<http://www.cfpc.ca/uploadedFiles/Red%20Book%20English.pdf>