



* indicates a mandatory response

ASSESSMENT of TEACHER (FACULTY) by LEARNER - Clinical

This form is for a **teacher (faculty)** and not a resident. If you are not assessing a faculty, or if this is for the wrong person, please do not fill out this form (email [Teacher Assessment Support](#) to rectify this error).

If you feel that you have experienced mistreatment please report it through the [Faculty of Medicine Mistreatment Help](#) website.

To continue to improve, we ask you to provide an assessment for your **teacher (faculty)** using the form below. The data from your assessment will provide feedback to faculty, will inform programmatic improvements, and it may be used for the assignment of teaching awards.

Your response will be kept **strictly anonymous**.

*N/A – The specific item on the scale does not apply [is unrelated] to the teaching of your required learning experience, therefore you cannot provide a rating.

CORE TEACHING COMPETENCY

The Teacher:

| | *N/A | Strongly Disagree (1) | Disagree (2) | Neutral (3) | Agree (4) | Strongly Agree (5) |
|--|-----------------------|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| *Reviewed objectives for the learning experience with me | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *Observed my performance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *Probed my clinical reasoning | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *Provided me with timely and constructive feedback | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *Gave me responsibility appropriate to my level of competence | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *Created a collaborative teaching environment with learners and health professionals | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *Role-modelled compassionate patient-centred care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

New: Refer to this [link](#) for helpful tips on how to provide constructive feedback.

*Please provide at least one constructive comment on your Teacher's strengths:

*Please provide at least one constructive comment on how your Teacher can improve:

This is especially important if you have selected score of 1 (Strongly Disagree) or 2 (Disagree) for any of the questions. Please ensure that your submissions are constructive. Forms with unprofessional comments will be removed.

OVERALL

| | Strongly Disagree (1) | Disagree (2) | Neutral (3) | Agree (4) | Strongly Agree (5) |
|---|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| *Overall, the instructor was an effective teacher | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

The following will be displayed on forms where feedback is enabled...

(for the evaluator to answer...)

*In addition to filling out this form, was this feedback also discussed with the student directly (in person or via phone/videoconference) (for the evaluator)

Yes

No

(for the evaluatee to answer...)

*Was this feedback also discussed with you by your preceptor/supervisor (in person or via phone/videoconference)?

Yes

No