

UNDERGRADUATE MD PROGRAM
END- MEDICAL FOUNDATION/CLERKSHIP ROTATION
EVALUATION OF FACULTY PERFORMANCE

To be completed independently by each student at the end of each unit/rotation

Tutor ____ Co-Tutor ____ Professional Skills Preceptor/Clinical Supervisor ____ Other _____

Instructor Name _____ MF/Rotation _____ Class of _____

Department _____ MF Chair/Clerkship Coordinator Signature _____

Knowledge of MD Program approaches to Learning and Evaluation

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____
Poor Acceptable Good Very Good Excellent

Facilitation of group norms development, scheduling, timekeeping

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____
Poor Acceptable Good Very Good Excellent

Facilitation of group participation of members

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____
Poor Acceptable Good Very Good Excellent

Effective management of group dynamics (conflict, collusion, professional behaviour)

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____
Poor Acceptable Good Very Good Excellent

Understanding of core curricular concepts and use of expert knowledge

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____
Poor Acceptable Good Very Good Excellent

Use of effective questioning to challenge in a supportive way

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____
Poor Acceptable Good Very Good Excellent

Ability to give effective feedback

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____
Poor Acceptable Good Very Good Excellent

Professional Behaviour – Responsibility, Availability, Role Model

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____
Poor Acceptable Good Very Good Excellent

Overall effectiveness of the instructor as a Tutor/Co-Tutor/Clinical Supervisor/Other

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____
Poor Acceptable Good Very Good Excellent

Comments:

Please return completed form to: Undergraduate MD Program Medical Education Office,
McMaster University, MDCL - 3101

Final Distribution: A copy of this form will be sent to the Dept. Chair or Residency Program Director, a copy goes to the Tutor/ Preceptor and a copy will be retained by Medical Education Office.