

**MCMASTER UNIVERSITY, FACULTY OF HEALTH SCIENCES
DEPARTMENT OF SURGERY
FACULTY TEACHING EVALUATION FORM**

Your cooperation in completing this form is appreciated. This important information will be used in the reappointment and tenure and promotion processes. Please ensure that an evaluation form is completed for all faculty involved in this teaching session.

Please return the form to Dr. B. Petrisor, Associate Chair, Education, Department of Surgery
(c/o: Kathy Wilson; kawilso@mcmaster.ca).

The evaluations will be kept in the faculty member's education file. We will ensure the faculty member does not receive copies of the evaluations for several months after the session has been completed.

***** Please do not put your name or other identifying information on the evaluation form so that confidentiality may be maintained *****

Faculty Member (Full Name): _____

Title of Topic: _____

Date (Month/Year): _____

Location (Hospital): _____

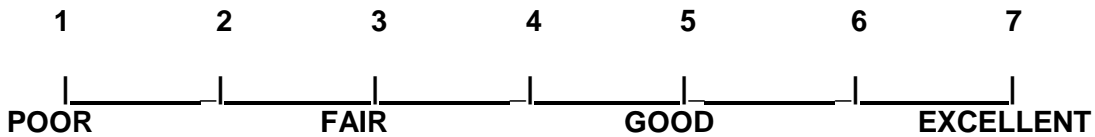
Session Type (Clinical Skills, Problem-Based Learning, Lecture, Mock Oral, Mini-CEX or Other):

Learner Level (Please Check): Medical Student PGY1-2 PGY 3-5 Fellow

Approximate Contact Hours: _____

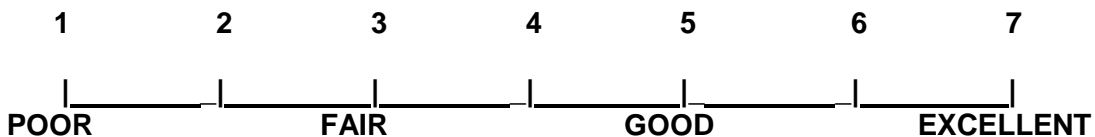
Please evaluate the teaching abilities of the above-named faculty member by checking the appropriate number corresponding to your rating.

(1) OVERALL EFFECTIVENESS OF TEACHING



(2) CONTENT

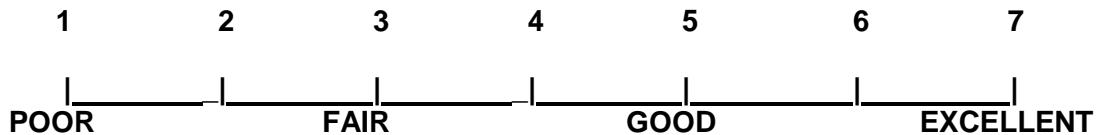
Important clinical issues were addressed, integrated basic science and clinical problems, addressed appropriate societal, clinical and environmental issues, used an evidence-based approach (extensive research and appraisal of evidence, excellent summary of evidence, "bottom line" or clinical usefulness of evidence).



COMMENTS:

(3) PROCESS

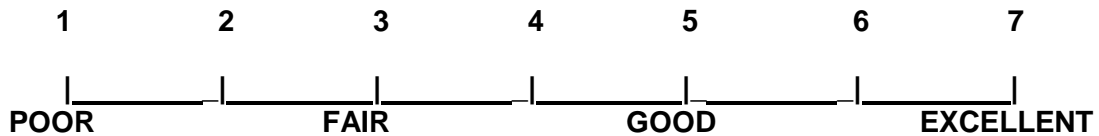
Displayed interest and enthusiasm for teaching – prepared, made the experience and material interesting, engaged the audience, encouraged questions, well-spoken.



COMMENTS:

(4) ORGANIZATION

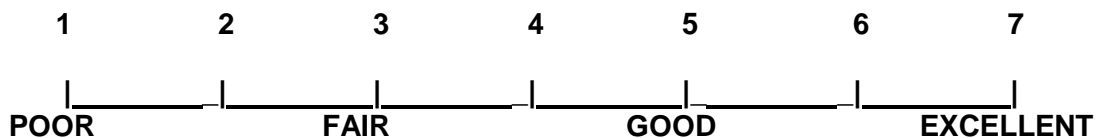
Focused on appropriate issues, was organized and punctual, session well-paced, effective use of visual aids and supplementary materials.



COMMENTS:

(5) EVALUATION (N/A __)

Evaluation was fair, well-constructed and provided in a timely manner, feedback was constructive and informative.



COMMENTS:
