



McMaster University, Department of Surgery PEER TEACHING EVALUATION REPORT

Return completed forms to: Dr. B. Petrisor, Associate Chair, Education, Department of Surgery (c/o K. Wilson - kawilso@mcmaster.ca)

Name of Candidate: _____
(Please Print)

Name of Appraiser: _____
(Please Print)

Signature of Appraiser: _____ Date: _____

Describe the nature of the teaching session you are evaluating, e.g. indirect (OR/clinic/ward) or direct teaching (tutoring, presentation at academic half-day, rounds or journal club, technical skills session, etc.):

DOMAIN	BELOW AVERAGE		SATISFACTORY			EXCELLENT	
	1	2	3	4	5	6	7
Development of an effective learning environment, and use of a learner-centred approach							
COMMENTS: _____	_____						
Use of a variety of effective teaching skills and techniques							
COMMENTS: _____	_____						
Professional behaviour and Integrity as a teacher							
COMMENTS: _____	_____						
Content of teaching material, credibility with learners/other teachers							
COMMENTS: _____	_____						

Did you share this evaluation with the faculty member? Yes No

Suggestions to improve teaching effectiveness: _____
