Principles and expectations for student completion of teacher and course evaluations

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Overview: Value and use of student feedback

The MD Program relies on various sources of information to provide feedback on the quality of the program as a whole, on individual components including courses, and on individual teachers. This feedback enables evidence-based continuous quality improvement of the program and student experience. It is also a core element of a faculty member’s teaching dossier, which is used for promotion and related purposes.

One of the chief sources of such feedback is data obtained from students via teacher and course evaluations.

Course directors should communicate their evaluation expectations to students at the beginning of the course and at subsequent points as necessary. Course directors should work with student course representatives to ensure that the importance of timely evaluation completion is well understood and that the outcomes of previous student feedback are highlighted.

For its part, the MD Program leadership commits to support the ongoing improvement and coordination of evaluation strategies for the benefit of students, course directors, and faculty at large who are the recipients of evaluation data. Particular attention should be paid to strategies that promote sufficient response rates to allow meaningful interpretation, while respecting the challenges students may face in addressing large numbers of evaluation requests.

For their part, students should recognize the important role that providing evaluations and constructive feedback plays in their development as future members of health care teams, as managers, collaborators, and professionals.

Included below are principles and expectations for student completion of teacher and course evaluations.

Principles

1. One of the most powerful and effective tools used to assess the quality and effectiveness of the MD Program curriculum and its teachers is constructive student feedback. It is the professional responsibility of students to participate in this process.

2. Students in the MD Program are in training to enter a profession that relies to a considerable extent on collegial critique for self-improvement. Giving effective feedback and responding to feedback are essential competencies that students must learn.

3. The MD Program endeavours to educate medical students in a manner that fosters personal accountability and professional growth. Students will receive appropriate instruction in providing and receiving feedback.

4. Students are essential partners in the education program: they have a strong interest in the program functioning as effectively as possible, for the sake of their own education and the education of
students who will attend the school in later years. As such, students should contribute to the planning and implementation of a reasonable, required program of course and teacher evaluation.

5. The time required to complete evaluations of teachers and courses should be minimized by ensuring:
   a. That the process of completion of forms be as easy as possible, including:
      i. That the forms be concise and only include essential information.
      ii. That whenever possible, dedicated time be set aside during school hours for students to complete evaluations.
      iii. That the forms be available for completion on a variety of technological platforms, including smartphones.
   b. That the number of students required to complete the forms be determined with regard to statistical principles. For example, to provide reliable data, the weekly evaluations of the Preclerkship block courses do not generally need to be completed by every student, but rather by a randomly chosen subset (generally 1/3 to 1/4) of the class.
   c. That requests and/or reminders to complete any forms be limited to no more than once per week.

Expectations

1. In light of the preceding five principles, students will be required to complete a minimum number of requested assessments as established by each course. The minimum number of clinical teacher assessments will be no less than three. In courses where there is substantial contact with residents a minimum of one resident assessment will be required. All end of course evaluations must be completed. The number of additional required assessments (e.g. weekly evaluation, lecturer, PBL tutor, anatomy lab demonstrator, seminar leader etc.) will be set to not exceed 80% of forms available for completion.

2. Students are expected to complete assessments forms upon receipt of the request and will receive reminders no more frequently than weekly. Assessment forms must be submitted prior to a cut-off of 60 days from the time of receipt of the original request with the exception of clerkship students in a LinC stream for whom the cut-off will be 120 days. The cut-off date is intended to ensure that feedback data remains valid and is not unduly influenced by recall bias.

3. Completion of required evaluation forms will be monitored by the central MD Program administration. The number of additional forms required will be displayed to students automatically by MedSIS. Students who have not completed the required number of assessments will not have electronic access to evaluations completed on MedSIS pertaining to their own performance until they have submitted the required evaluations in that course. Midterm feedback forms will be exempt from this restriction on access. If a student does not meet this requirement they may still view their own evaluations by scheduling a meeting with the course director at which time they should be prepared to discuss why they have not completed their evaluations as requested.

4. If students encounter a technical difficulty that hinders the completion of an evaluation form, it is their responsibility to bring this problem to the attention of the course administrator, course director, or technical staff in a timely manner.