Policy	Preceptor, Rotation and Academic Advisor/Coach Evaluation Policy and Procedures
Approved by PGMEC	April 9th, 2025
Approved By SOMAC	May 12th, 2025
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Review to Commence	May 2028
Responsible Portfolio/Unit/Committee	Postgraduate Medical Education
Responsible Officer(s)	Associate Dean, PGME Director, Assessment and Evaluation PGME
Relevant Policies	General Standards of Accreditation for Institutions with Residency Programs General Standards of Accreditation for Residency Programs

1. Purpose

Queen's Postgraduate Medical Education (PGME) program evaluation policy outlines processes and procedures for the collection, aggregation, and sharing of information gathered from learners about the quality of teaching, learning, and support they experience. Standard Queen's PGME forms must be distributed by all programs so that results from learners across different programs can be combined and serve as a foundation for PGME and program-specific continuous quality improvement (CQI).

This policy addresses the following CanERA accreditation standards for institutional and residency program standards can be found here. Both institutional and residency program standards are also mapped (where appropriate) to the items on the evaluation forms in Appendix A.

Institutional Standards:

Standard 4: Safety and wellness are promoted throughout the learning environment.

Indicators

4.1.3.1: Safety is actively promoted throughout the learning environment for all those involved in residency education.

4.1.4.1: There is a positive learning environment for all involved in residency education.

Standard 6: Teachers are valued and supported in the delivery of residency programs.

Indicators

6.1.1.1: There is an effective process for the assessment of teachers involved in residency education.

6.1.1.2: The process for the assessment of teachers includes resident input, balancing timely feedback with preserving resident confidentiality.

6.1.1.3: The process for the assessment of teachers informs teacher recognition, continuous improvement of residency programs, and the assignment of residents to teachers.

6.1.1.4: Concerns with teacher behaviour or performance are addressed in a fair and timely manner.

6.1.1.6: Teachers and residents are aware of the process to report concerning behavior by teachers.

Standard 9: There is continuous improvement of the learning sites to improve the educational experience, ensuring the learning environment is appropriate, safe, and conducive to preparing residents for independent practice.

Indicators

9.1.1.1: There is a process to regularly review the learning environment at each learning site with respect to the delivery of the clinical components of the residency program, including the quality of clinical care and resources, as it relates to residents' achievement of competencies.

9.1.1.2: Review of the learning environment considers influences, positive or negative, resulting from the presence of the hidden curriculum.

9.1.2.1: Information from multiple sources, including feedback from residents, teachers, administrative personnel, and program directors, as appropriate, is regularly reviewed. (evident in policy)

Residency Program Standards:

Standard 3: Residents are prepared for independent practice.

Indicators

3.2.4.4: Residents' clinical responsibilities do not interfere with their ability to participate in mandatory academic activities.

3.3.1.2: Teachers align their teaching appropriately with residents' stage or level of training, and individual learning needs and objectives.

3.3.1.3: Teachers contribute to the promotion and maintenance of a positive learning environment.

3.4.1.2: The system of assessment clearly identifies the methods by which residents are assessed for each educational experience.

3.4.1.4: The system of assessment includes identification and use of appropriate assessment tools tailored to the residency program's educational experiences, with an emphasis on direct observation where appropriate.

3.4.2.1: Residents receive regular, timely, meaningful, in person feedback on their performance.

3.4.2.6: Residents and teachers have shared responsibility for recording residents' learning and achievement of competencies and/or objectives for their discipline at each level or stage of training.

Standard 4: The delivery and administration of the residency program are supported by appropriate resources

Indicators

4.1.2.4: Resident training takes place in functionally inter- and intra-professional learning environments that prepare residents for collaborative practice.

4.1.3.4: Residents have appropriate access to adequate facilities and services to conduct their work, including on-call rooms, workspaces, internet, and patient records.

Standard 5: Safety and wellness are promoted throughout the learning environment.

Indicators:

5.1.1.2: Teachers are available for consultation regarding decisions related to patient care in a timely manner.

5.1.2.1: Safety is actively promoted throughout the learning environment for all those involved in the residency program.

5.1.3.1: There is a positive learning environment for all involved in the residency program.

Standard 7: Teachers deliver and support all aspects of the residency program effectively

Indicators

7.1.1.1: There is an effective process for the assessment of teachers involved in the residency program, aligned with applicable institution processes, that balances timely feedback with preserving resident confidentiality.
7.1.1.3: Resident input is a component of the system of teacher assessment.

Standard 9: There is continuous improvement of the educational experiences, to improve the residency program and ensure residents are prepared for independent practice
Indicators:
9.1.1.2: There is an evaluation of the learning environment, including evaluation of any influence, positive or negative, resulting from the presence of the hidden curriculum.
9.1.2.1: The process to review and improve the residency program uses various sources of data and input, including feedback from residents, teachers, program directors, program administrative personnel, and others as appropriate.

2. Scope

This policy applies to all PGME residency programs accredited by the College of Family Physicians of Canada (CFPC) and the Royal College of Physicians and Surgeons of Canada (RCPSC) within the School of Medicine at Queen's University. It governs the collection, aggregation and sharing of evaluation data to support quality assurance in medical training.

3. Principles

The evaluation of preceptors, rotations, and academic advisors/coaches within Queen's PGME is grounded in the following core principles, ensuring that there is a systematic, equitable, and constructive approach to evaluation:

3.1 Confidentiality and Psychological Safety: The integrity of the evaluation process relies on preserving resident confidentiality. The institution and programs must foster an environment in which learners can provide candid, constructive feedback without fear of reprisals.

3.2 Standardization and Integrity: Evaluation processes should be based on fairness, consistency and the highest standard of educational integrity to ensure meaningful and equitable evaluation across all PGME programs.

3.3 Accountability and Excellence: All faculty, administrators, trainees and educators should be committed to maintaining the highest standards of educational integrity to ensure meaningful and equitable evaluation across all PGME programs**.**

3.4 Transparency and Trust: The evaluation process must be open and clear, fostering trust and mutual respect among learners, faculty, and leadership.

3.5 Growth and Professionalism: Evaluation should support a culture of continuous quality improvement.

3.6 Equity and Inclusion: Evaluation processes should provide the opportunity to identify systemic biases, ensuring that evaluations are fair and inclusive for all learners and are sensitive to diverse contexts.

4. Definitions

4.1 Academic Advisor/Coach (AA/AC)

In the case of Royal College of Physicians and Surgeons of Canada (RCPSC) programs academic advisors/coaches (AA/AC) are faculty members who are directly responsible for supporting residents and supervising their progression through training by:

- meeting with assigned learners at regular intervals to conduct comprehensive reviews of performance information;
- co-creating individualized learning plans with learners which should be shared by them with supervisors in upcoming rotations or alternative learning experiences (educational handover);
- participating in the process of developing modified learning plans, remediation and probation plans for learners in difficulty;
- generating reports about learners' progress and recommendations for promotion for the competence committee.

In the case of College of Family Physicians of Canada (CFPC) programs academic advisors/coaches (AA/AC) are faculty members who are directly responsible for supporting learners and supervising their progression through training by:

- meeting with assigned learners at regular intervals to review performance;
- co-creating individualized learning plans with learners which should be shared by them with supervisors in upcoming rotations or alternative learning experiences (educational handover);
- participating in the process of developing modified learning plans, remediation and probation plans for learners in difficulty.

4.2 Associate Dean, Postgraduate Medical Education

Appointed by the provost of Queen's University, the associate dean, postgraduate medical education is the faculty member responsible for the overall conduct and supervision of postgraduate medical education within the faculty. They report to the dean and director of the School of Medicine, Queen's Health Sciences.

4.3 Central Competence Committee (CCC) and Site Competence Committees - College of Family Physicians of Canada

The CCC working in collaboration with Site CCs are subcommittees of the residency program committee in the Department of Family Medicine responsible for monitoring and determining resident progress and promotion.

4.4 Competence Committee (CC) – Royal College of Physicians and Surgeons Canada

The CC is a decision-making subcommittee of a residency program committee (RPC) responsible for determining resident progress and promotion in all RCPSC programs.

4.5 Department Head

An individual who serves simultaneously as the head of the university academic department and also as the head of the respective clinical department.

4.6 Faculty Members
Members appointed by the provost to the faculty of the School of Medicine as professors, associate or assistant professors, or lecturers in Queen's Health Sciences and may be geographic full time (GFT), full time, or adjunct faculty.

4.7 MD learner
An individual registered in undergraduate medical training.

4.8 Preceptor
An individual (e.g., faculty, senior resident, etc) responsible for observing and supervising resident performance (either directly or through case review), providing feedback/coaching, and documenting assessments.

4.9 Program
A residency training program accredited by the CFPC or RCPSC in the School of Medicine, Queen's Health Sciences.

4.10 Program Administrator (PA)/Program Coordinator (PC)
An individual responsible for supporting the program's director (PD), faculty, and residents or clinical fellows, and working with regulatory, educational and accreditation bodies as required.

4.11 Program Director (PD)
A university faculty member most responsible for the overall conduct of the residency program in a given discipline and responsible to the head of their department and to the associate dean for Postgraduate Medical Education at Queen's University.
Program directors may delegate responsibility for program activities as they deem appropriate.

4.12 Residency Program Committee (RPC)
The RPC oversees the planning and overall operations for individual residency programs to ensure that all requirements as defined by RCPSC/CFPC are met and may hear appeals of a competence committee/central competence committee decision that imposes remediation

4.13 Rotation
A period of time a resident is assigned to a clinical or research service. These periods of time may be in the form of block rotations, normally not shorter than 1 block and not longer than 6 blocks. Blocks are defined as four-week periods of time. The PGME academic year is composed of thirteen blocks. Alternatively, a resident may be involved in a different curriculum model incorporating horizontal clinical or research experiences into longitudinal clinical experiences (ALE: Alternative Learning Experience). The term rotation includes ALEs.

4.14 Resident
Includes residents and elective residents.

5. Responsibilities

5.1 **Associate Dean, PGME:** Ensures institutional oversight and compliance with this policy
5.2 **Department Heads:** Oversee program-level adherence, review evaluation data and work with the program director to determine follow-up actions where appropriate**.**
5.3 **Program Directors:** Implement evaluation processes and review feedback for CQI and determine follow-up actions where appropriate in consultation with department head**.**
5.4 **Residents:** Provide timely, constructive, and honest feedback on evaluations.

6. Procedures

6.1 Data Collection

6.1.1 It is the program director's (or delegate's) responsibility to ensure Queen's standard PGME forms (preceptor and rotation evaluations) are distributed electronically to every resident in their program at the end of each rotation or at minimum, within 6 months of beginning an alternative learning experience.

6.1.2 It is the program director's (or delegate's) responsibility to ensure academic advisor/coaches (AA/AC) evaluation forms are distributed electronically to every resident in their program annually at minimum.

6.1.3 Programs may add additional program specific questions to Queen's standard PGME forms but may not change or delete any standardized questions

6.1.4 The flagging function will always be activated for responses falling below the mid-point of the response scale on designated items (see Appendix A).

6.2 Aggregation and Sharing of Data

6.2.1 Once a minimum of 3 preceptor evaluation forms has been completed for an individual, that batch will be combined into an aggregate report available through the preceptor's Elentra dashboard 'My Reports' button.

6.2.2 Subsequent batches of 3 preceptor evaluations will be added into the aggregate report as they become available. These evaluations can be from MD learners, and/or residents.

6.2.3 Preceptors at distributed sites must log into Elentra to access their reports. Should they not have an Elentra account they will need to create one to access their report or contact the program administrator for assistance.

6.2.4 Programs should develop a program specific strategy to support providing feedback to preceptors who do not participate in the annual review process (e.g., adjuncts).

6.2.5 It is the program's responsibility to review preceptor and rotation evaluation and AA/AC reports.

6.2.6 When sufficient data affords confidentiality to residents, summary reports must be generated, and reviewed by the program, at least annually for preceptors, core and off-service rotations, and academic advisor/coach reports, ensuring adequate review for continuous quality improvement.

6.2.7 Preceptor summary reports:

6.2.7.1 Individual preceptor reports are reviewed by the department head (or delegate)

6.2.7.2 Collated reports are reviewed by the RPC for CQI purposes.

6.2.8 Rotation summary reports:

6.2.8.1 Reports for both core and off-service rotations must be reviewed by the department head (or delegate) and the residency program committee (or delegate subcommittee).

6.2.8.2 Off-service rotation reports must be forwarded to the department head (or delegate), as home programs cannot generate reports for off-service residents.

6.2.9 Academic advisor/Coach Reports:
6.2.9.1 Must be reviewed by the department head, program director, or delegate as part of the annual performance review and continuous quality improvement process (e.g., distributed sites).

6.3 Confidentiality and Access to Raw Data

6.3.1 Completed evaluation forms are confidential documents. Access is normally restricted to the department head or delegate(s) (e.g., program director, assistant program director, clinical or site leads, program administrator (PA)/program coordinator (PC) and the associate dean of PGME or delegate)

6.3.2 Access to raw attributed preceptor, rotation, and AA/AC evaluation data will also be limited to the department head or delegate(s) and the associate dean of PGME or delegate(s). Notifications of flagged items must be forwarded to these individuals for review.

6.3.3 Under NO circumstances are completed individual preceptor evaluation forms to be shared with preceptors.

6.3.4 Residents completing evaluation forms must be assured confidentiality (see Appendix A).

6.4 Flag Notifications

6.4.1 The notification of a flagged item will trigger a comprehensive review process by the department head or delegate (e.g., program director) and the associate dean of PGME or delegate(s) in collaboration with site leads and/or MD program leadership where applicable.

6.4.2 In the event that a preceptor evaluation of a PD is flagged, the PD will not have access to that flagged evaluation. However, all others who normally receive flag notifications will have access including the the associate dean of PGME or delegate(s).

6.4.3 In cases where flagged items involve professional misconduct, incompetence, or incapacity, the PGME office is required to report these to hospital administration and the CPSO.

Approval History:

PGMEC- Faculty Assessment and Rotation Evaluation Policy now renamed PRAC	June 28, 2017	SOMAC	n/a	Faculty Board	n/a

Appendix A:

Standard Preceptor Evaluation PGME

Preamble

Alternative Reporting Mechanism: Preceptor evaluations are intended for constructive feedback. For matters requiring urgent attention please also use an alternative reporting mechanism e.g., contact your program director, use the 'Share your feedback' button on the PGME website. *(institutional 6.1.1.6)*

Confidentiality Statement: To protect the confidentiality of learners, a minimum of three evaluations are pooled and de-identified before being released to preceptors. If the minimum threshold of three is not met during the current reporting period, no report will be generated. Data from the current year and the following year will be aggregated across learners from the MD and postgraduate programs to meet the reporting threshold. However, by selecting either *strongly disagree* or *disagree* for certain items, your identity with the preceptor remains confidential, but your identity will be known to the program director (or delegate) and the associate dean PGME (or delegate) for follow-up if deemed necessary. *(Institutional 6.1.1.2, 6.1.1.4, Program 7.1.1.1, 7.1.1.3)*

Questions

1. Preceptors are effective to the degree that they help you acquire the knowledge, skills, and attitudes that are the basis of our profession. In terms of this definition, how do you rate this preceptor in terms of effectiveness?
   Scale: **detrimental (**1), NOT effective (2), minimally effective (3), effective (4), very effective (5)
   NOTE: only 'detrimental' response will be flagged and comments prompted

Open-ended:

2. In what ways is this preceptor effective?
3. In what ways could this preceptor be more effective?

(NOTE: (flag – number(s) following an item indicate which responses will be flagged. Comments will be prompted for all flagged items)

In my experience, this preceptor:

(**Scale**: Unable to assess (1), strongly disagree (2), disagree (3), agree (4), strongly agree (5))

Is respectful and inclusive towards everyone

4. Demonstrated **collegiality and professionalism** towards myself, other learners, allied health care professionals, physicians in the same and other disciplines, and patients *(flag - 1,2,3)* [*Institution: 9.1.1.2/ Program 4.1.2.4*]
5. Interacted with people from **equity deserving groups** compassionately (flag - 2,3) [*program* 5.1.3.1]

Is supportive of my learning

6. Maintained a **positive learning environment** that welcomed and supported differing points of view (flag - 2,3) *[Institutional: 4.1.4.1, program 3.3.1.3]*
7. **Adjusted their teaching** activities to my level of experience [*program 3.3.1.2*]
8. Adjusted the **scope of my independent responsibilities** in line with my level of training, ability/competence, and experience.
9. Was **available for discussion** in a timely manner (flag - 2,3) [*program 5.1.1.2*]

Gave helpful feedback

10. **Directly observed** my performance enough for assessment [*program 3.4.1.4*]
11. Offered useful/actionable **oral feedback** about my performance [*program 3.4.2.1, 5.1.1.2*]
12. Offered useful/actionable **written feedback** about my performance [*program 3.4.2.1*]
13. **Documented assessment**(s) in a timely manner [*program 3.4.2.6*]

14. This preceptor served as a **role model** of the kind of doctor I want to be (e.g., knowledgeable, professional, empathetic) (flag - 2,3)

Queen's PGME Standard Rotation/Learning Experience Evaluation Questions

1. A learning experience is effective to the degree that it helps you acquire the knowledge, skills, and attitudes that are the basis of our profession. In terms of this definition, how do you rate the overall effectiveness of this learning experience?

Scale: **detrimental (1),** NOT effective (2), Minimally Effective (3), Effective (4), Very Effective (5)
NOTE: only 'detrimental' response will be flagged, and comments prompted

Open-ended:

2. In what ways is this learning experience effective?
3. In what ways could this learning experience be improved?

(NOTE: (flag – number(s) following an item indicate which responses will be flagged. Comments will be prompted for all flagged items)

Scale: Unable to assess (1), **Strongly Disagree (2), Disagree (3)**, Neutral (4), Agree (5), Strongly Agree (6)

4. There is a **positive and respectful** learning environment (flag - 2,3) *[Institutional: 4.1.4.1, 9.1.1.1, program: 3.3.1.3]*
5. The **orientation** for this rotation/learning experience was adequate
6. **Learning objectives** for this rotation/learning experience were made clear to me
7. Expected **standards of performance** were made clear with me *[program: 3.4.1.2]*
8. **Feedback** opportunities were available (e.g., regular, action oriented, timely, fulsome) [program *3.4.1.2*]
9. There was adequate **supervision** on this rotation/learning experience (flag - 2,3) [*program 5.1.1.2*]
10. The education to service **ratio** was reasonable
11. Clinical responsibilities did NOT interfere with my **participation in academic activities** [*program 3.2.4.4*]
12. **Facilities and services** were adequate (e.g., on-call rooms, workspaces, internet, patient records) [*program 4.1.3.4*]
13. People behaved **collegially and professionally** towards others (flag- 2,3) *[Institution: 9.1.1.2/program 5.1.3.1/4.1.2.4*]
14. **Equity deserving groups** were treated compassionately (flag - 2,3) [*program* 5.1.3.1]
15. **Safety** was actively promoted throughout the learning environment (flag - 2,3) [Institutional 4.1.3.1/*program* 5.1.2.1]
16. I had a good **variety** of learning opportunities
17. I had sufficient **volume** of learning opportunities

Additional comments:

Queen's Standard Academic Advisor/Coach Assessment Questions

(**Scale**: Unable to assess (1), strongly disagree (2), disagree (3), agree (4), strongly agree (5))

Responses 3 or below should be flagged and comments prompted

My Academic advisor:

1. Was accessible and responsive
2. Met with me in accordance with program requirements
3. Acted as a support in relation to my well being
4. Provided coaching to help me meet my academic/professional goals

Open-ended feedback:

Accreditation Standards Mapped to Location

Institutional Standards:	Location
Standard 4: Safety and wellness are promoted throughout the learning environment.	
Indicators	
4.1.3.1: Safety is actively promoted throughout the learning environment for all those involved in residency education.	*Rotation eval: item 15*
4.1.4.1: There is a positive learning environment for all involved in residency education.	*Preceptor eval: item 6* *Rotation eval: Item 4*
Standard 6: Teachers are valued and supported in the delivery of residency programs.	
Indicators	
6.1.1.1: There is an effective process for the assessment of teachers involved in residency education.	*Policy*
6.1.1.2: The process for the assessment of teachers includes resident input, balancing timely feedback with preserving resident confidentiality.	*Preamble in preceptor evaluation form*
6.1.1.3: The process for the assessment of teachers informs teacher recognition, continuous improvement of residency programs, and the assignment of residents to teachers.	*Policy*
6.1.1.4: Concerns with teacher behaviour or performance are addressed in a fair and timely manner.	*Preamble in preceptor evaluation form*
6.1.1.6: Teachers and residents are aware of the process to report concerning behavior by teachers.	*Preamble in preceptor evaluation form*
Standard 9: There is continuous improvement of the learning sites to improve the educational experience, ensuring the learning environment is appropriate, safe, and conducive to preparing residents for independent practice.	
Indicators	
9.1.1.1: There is a process to regularly review the learning environment at each learning site with respect to the delivery of the clinical components of the residency program, including the quality of clinical care and resources, as it relates to residents' achievement of competencies.	*Rotation eval: item 4*
9.1.1.2: Review of the learning environment considers influences, positive or negative, resulting from the presence of the hidden curriculum.	*Preceptor eval: item 4* *Rotation eval: Item 13*
9.1.2.1: Information from multiple sources, including feedback from residents, teachers, administrative personnel, and program directors, as appropriate, is regularly reviewed.	*Policy*

Residency Program Standards:	Location
Standard 3: Residents are prepared for independent practice.	
Indicators	
3.2.4.4: Residents' clinical responsibilities do not interfere with their ability to participate in mandatory academic activities.	*Preceptor eval: Item 11*
3.3.1.2: Teachers align their teaching appropriately with residents' stage or level of training, and individual learning needs and objectives.	*Preceptor eval: item 7*
3.3.1.3: Teachers contribute to the promotion and maintenance of a positive learning environment.	*Preceptor eval: item 6* *Rotation eval: item 4*
3.4.1.2: The system of assessment clearly identifies the methods by which residents are assessed for each educational experience.	*Rotation eval: item 7&8*

3.4.1.4: The system of assessment includes identification and use of appropriate assessment tools tailored to the residency program's educational experiences, with an emphasis on direct observation where appropriate.	*Preceptor eval: item 10*
3.4.2.1: Residents receive regular, timely, meaningful, in person feedback on their performance.	*Preceptor eval: item 11&12*
3.4.2.6: Residents and teachers have shared responsibility for recording residents' learning and achievement of competencies and/or objectives for their discipline at each level or stage of training.	*Preceptor eval: item 13*
Standard 4: The delivery and administration of the residency program are supported by appropriate resources	
Indicators	
4.1.2.4: Resident training takes place in functionally inter- and intra-professional learning environments that prepare residents for collaborative practice.	*Preceptor eval: item 4* *Rotation eval: Item 13*
4.1.3.4: Residents have appropriate access to adequate facilities and services to conduct their work, including on-call rooms, workspaces, internet, and patient records.	*Preceptor eval: Item 12*
Standard 5: Safety and wellness are promoted throughout the learning environment.	
Indicators:	
5.1.1.2: Teachers are available for consultation regarding decisions related to patient care in a timely manner.	*Preceptor eval: item 9 & 11* *Rotation eval: Item 9*
5.1.2.1: Safety is actively promoted throughout the learning environment for all those involved in the residency program.	*Rotation eval: item 15*
5.1.3.1: There is a positive learning environment for all involved in the residency program.	*Preceptor eval: item 5* *Rotation eval: Item 13&14*
Standard 7: Teachers deliver and support all aspects of the residency program effectively	
Indicators	
7.1.1.1: There is an effective process for the assessment of teachers involved in the residency program, aligned with applicable institution processes, that balances timely feedback with preserving resident confidentiality.	*Preamble in preceptor evaluation form*
7.1.1.3: Resident input is a component of the system of teacher assessment.	*Preamble in preceptor evaluation form*