6. FACULTY EVALUATION OF AND FEEDBACK TO STUDENTS

An essential role of faculty members in medical education is to provide evaluation and feedback to learners. Feedback is information about how a trainee’s observed performance compares with an accepted performance standard that is given with the intent of assisting the trainee to improve performance. Effective feedback should be frequent, specific and timely and given in a climate of respect and mutual trust.

It is most important that students be given formative feedback regularly along the course of a rotation or course including mid-rotation feedback so that they have an opportunity to improve their performance before the final evaluation. LCME Standard ED-31 states: “Each student should be evaluated early enough during a unit of study to allow time for remediation.” Faculty should strive to provide direct observation of medical student activities in order to give optimal feedback and evaluation.

It is an important responsibility of each faculty member to complete course evaluations in an accurate, complete and timely fashion. Students and trainees deserve the feedback provided by evaluations. The LCME requires that grades be completed in a timely fashion and delayed evaluations can hinder this process. Any questions about evaluations should be addressed to the clerkship, rotation or course coordinators or directors.

**Past or present health care provider relationship with students and evaluation policy**

Faculty and other health care professionals who provide sensitive health, psychiatric or psychological care to medical students must not evaluate student academic performance or participate in decisions regarding student advancement and/or graduation. Faculty are required to attest that they have not provided such care to students when they fill out evaluations or participate in course grading or committee academic review or promotion decisions or to recuse themselves from these academic roles if they have provided such care at any time in the past.