

ROTATION ASSESSMENT - RESIDENT PERFORMANCE
Drug Information Rotation
2010-2011 rotation cycle

Resident Name:

Preceptor Name:

Rotation Dates:

Rotation Type:

Rotation Site:

- Assessment Point: Mid (Informal constructive feedback by the preceptor and resident self-assessment; If the resident's performance is below expectation, the preceptor should complete the Mid-term Assessment) OR
- Final (Resident assessment by preceptor)

ROTATION GOAL:

TO REINFORCE THE KNOWLEDGE AND SKILLS REQUIRED TO ACCURATELY, THOROUGHLY CONCISELY, YET EFFECTIVELY RESPOND VERBALLY AND IN WRITING TO GENERAL OR PATIENT-SPECIFIC DRUG INFORMATION QUESTIONS.

Indicate the level of performance in each area with comments included where appropriate, using black pen to ensure readable transmission if faxing.

ASSESSMENT

MID-TERM: BY THE END OF THE FIRST WEEK, THE RESIDENT HAS:

OR

FINAL: BY THE END OF THE 2 WEEKS, THE RESIDENT HAS:

No.	Assessment Criteria*	N/A	LEVEL OF PERFORMANCE					Comments
			(5) Exceptional	(4)	(3) Expected	(2)	(1) Unacceptable	
1	Determined the exact question being asked?							
2	Determined the time frame available for response?							
3	Determined the nature and depth of the required response (written, verbal, brief or in-depth review of the literature)?							
4	Obtained the appropriate background information relating to the request?							
5	Determined the appropriate references to utilize and in which order to utilize these references (i.e. when it is appropriate to utilize only textbooks versus beginning with textbooks and proceeding to review articles or original literature)?							
6	Located the relevant information in an efficient and timely manner?							
7	Accurately judged when sufficiently reliable information has been obtained?							
8	Accurately summarized the relevant information in a concise manner which is appropriate for the question?							

MID-TERM ASSESSMENT (Assess at the end of 1st week of rotation)

- Resident Self-Assessment
 Preceptor Assessment (required if resident is failing rotation)

Resident Name: _____

Preceptor Name: _____

Rotation Dates: _____

Rotation Type: _____

Rotation Site: _____

RESIDENT'S COMMENTS

RESIDENT STRENGTHS:

RESIDENT WEAKNESSES:

MID-TERM MARK (BASED ON WORK COMPLETED DURING FIRST 2 WEEKS)

- HONOURS (Average of all criteria ≥ 4.0)
 PASS (Average of all criteria $\geq 3.0 < 4.0$)
 FAIL (Average of all criteria < 3.0) Send along with complete evaluation form and a completed learning contract outlining areas resident needs to address in order to pass repeat rotation

In order to pass this rotation, I need to:

- Continue to perform at my current level or
 Improve the following: _____

Please contact the Rotation Co-ordinator and send a copy of

- Mid-term assessment
 Updated Learning Contract

PRECEPTOR'S COMMENTS

I have reviewed this self-assessment with my preceptors and any disagreements have been indicated clearly on the assessment. I understand that final decisions will be based upon the preceptors' final rotation assessment.

Resident Signature

Date

Preceptor Signature

Date

FINAL ASSESSMENT (Overall performance assessment for the entire rotation)

Resident Name: _____ Preceptor Name: _____

Rotation Dates: _____ Rotation Type: _____

Rotation Site: _____

PRECEPTOR'S COMMENTS

RESIDENT STRENGTHS:

RESIDENT WEAKNESSES:

RESIDENT'S COMMENTS

of personal leave days taken during this rotation: _____ ; # of sick days taken during this rotation:

FINAL MARK (BASED ON OVERALL ASSESSMENT FOR THE ENTIRE ROTATION)

- HONOURS (Average of all criteria ≥ 4.0)
- PASS (Average of all criteria $\geq 3.0 < 4.0$)
- FAIL (Average of all criteria < 3.0) Send along with complete evaluation form and a completed learning contract outlining areas resident needs to address in order to pass repeat rotation

I have reviewed this assessment with my preceptors and any disagreements have been indicated clearly on the assessment.

Resident Signature **Date**

Preceptor Signature **Date**