ROTATION ASSESSMENT - RESIDENT PERFORMANCE GSK Marketing Rotation 2010-2011 Rotation cycle

Resident	Name:	Preceptor Name:
Rotation	Dates:	Rotation Type:
Rotation	Site:	
	Assessment Point:	Mid (Resident's self-assessment. If resident's performance is below expectation, preceptor should complete the Mid-term
		Assessment) <u>OR</u> Final (Resident assessment by preceptor)

ROTATION GOAL:

TO ALLOW THE RESIDENT TO ACQUIRE INSIGHT INTO THE STRUCTURE AND FUNCTIONS OF RELATED AREAS WHICH REQUIRE DIFFERENT KNOWLEDGE, SKILLS AND VALUES SUCH AS PHARMACY ADMINISTRATION OR VARIOUS PHARMACY OR HEALTH CARE RELATED ORGANIZATION.

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

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No.	Assessment Criteria		1	LEVEL	OF PERFO	RMAN	CE	Comments
			(5) Exceptional	(4)	(3) Expected	(2)	(1) Unacceptable	
	A. Rotation Specific Objectives:							
1	To understand the process of how promotional materials are reviewed and approved within the company.							
2	to develop an understanding of how scientific data and prescription sales data are incorporated into marketing plans							
3	To develop an understanding of how pharmaceutical products are marketed in Canada (both physician-directed and direct- to-consumer), and what differences or legal constraints there are between Canada and the U.S. and/or Europe, in terms of approval of marketing tools (e.g., what information must be mentioned, what information is prohibited from being disseminated, etc.)							
4	to gain an understanding of how marketing, education and research budgets are set for each year, and how various projects are evaluated and prioritized with respect to return-on-investment for the company as well as contribution to medical knowledge or advancing principles in HIV care							
5	to gain an understanding of what the process for new drug approval is in Canada							
6	To learn how pharmaceutical representatives are trained							
7								
8								

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No.	Assessment Criteria		1	LEVEL	OF PERFO	ORMANC	CE .	Comments
			(5) Exceptional	(4)	(3) Expected	(2)	(1) Unacceptable	
B. Obje	B. Objectives relating to general skills and attitude:							
1	Has the ability to problem-solve in a systematic, logical manner.							
	Able to identify and prioritize learning objectives, and continually expand and modify these objectives as required throughout the rotation.							
	Undertook independent self-directed learning by utilizing resources appropriately, completing learning within the required time frame and appropriately identifying when assistance is required from the preceptor?							
	Provided well-prepared and organized case, therapeutic &/or teaching presentations, including presenting the information at the appropriate depth and answering questions in an accurate, thorough, clear, succinct manner?							
	Functioned as a responsible, reliable, representative of the residency program.							
	Demonstrated motivation and enthusiasm for research and learning?							
	Was able to evaluate and respond to constructive feedback in a positive manner and attempted to modify behaviours as recommended?							
	Total Points (A and B)							Average: /5

The balance of this sheet may be used for any additional comments:

Elective Non-Clinical Rotation Assessment of resident performance - page 4

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FINAL ASSESSMENT (Overall performance assessment for the entire rotation)

Resident Name:	Preceptor Name:
Rotation Dates:	Rotation Type:
Rotation Site:	
RESIDENT STRENGTHS:	PRECEPTOR'S COMMENTS
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