HIV Specialty Residency
McGill University Health Centre & Toronto General Hospital
Adapted from: University of Toronto, Pharm.D. Program

ROTATION ASSESSMENT - RESIDENT PERFORMANCE
Therapeutic Drug Monitoring Rotation
2015-2016 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)

<u>ROTATION GOAL:</u>

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.

<u>ASSESSMENT</u>

MID-TERM: BY THE END OF THE **2** WEEKS, HAVE I / THE RESIDENT HAS:

<u>OR</u>

FINAL: BY THE END OF THE **4** WEEKS, THE RESIDENT HAS:

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Elective Non-Clinical Rotation Assessment of resident performance - page 2

No.	Assessment Criteria	N/A	LEVEL OF PERFORMANCE					Comments
			(5) Exceptional	(4)	(3) Expected	(2)	(1) Unacceptable	
	A. Rotation Specific Objectives:							
1	Describe the literature supporting antiretroviral therapeutic drug monitoring and the arguments against antiretroviral therapeutic drug monitoring.							
2	Explain the policies and procedures of the Québec Antiretroviral Therapeutic Drug Monitoring Program.							
3	Describe the pharmacokinetic / pharmacodynamic properties of the antiretrovirals analyzed.							
4	Calculate pertinent PK / PD parameters : extrapolated Cmin, genotypic inhibitory quotients, weighted genotypic inhibitory quotients, virtual inhibitory quotients.							
5	Interpret plasma concentrations of antiretrovirals and and make appropriate recommendations based on indication for TDM, history of past virologic failure; genotypic and phenotypic viral resistance, and clinical data (viral load, CD4, adverse drug reactions).							
6	Provide appropriate and concise drug information in a timely manner to health professionals who have queries on antiretroviral TDM or on a specific patient TDM interpretation report.							
7	Develop a TDM algorithm for dose adjustments or another TDM-related project.							

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No.	Assessment Criteria	N/A	LEVEL OF PERFORMANCE					Comments
			(5) Exceptional	(4)	(3) Expected	(2)	(1) Unacceptable	
B. Objectives relating to general skills and attitude:								
1	Has the ability to problem-solve in a systematic, logical manner.							
2	Able to identify and prioritize learning objectives, and continually expand and modify these objectives as required throughout the rotation.							
3	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?							
4	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?							
5	Functioned as a responsible, reliable, representative of the residency program.							
6	Demonstrated motivation and enthusiasm for research and learning?							
7	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:

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

MID-TERM ASSESSMENT (Assess at the end of 2nd 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 ≥ 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 <u>or</u>

☐   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**