

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) OR
- 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.

ASSESSMENT

MID-TERM: BY THE END OF THE 1ST WEEK, HAVE 1 / THE RESIDENT HAS:

OR

FINAL: BY THE END OF THE 2ND WEEK, THE RESIDENT HAS:

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:

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 _____