

**TORONTO GENERAL HOSPITAL/ MCGILL UNIVERSITY HEALTH CENTRE
DEPARTMENTS OF PHARMACY SERVICES
HIV SPECIALTY RESIDENCY PROGRAM**

ROTATION EVALUATION FORM

Resident: _____ Date: _____

Preceptor: _____ Rotation: _____

	Disagree Strongly		Agree Strongly		Comments	
GENERAL						
1. Length of rotation is adequate.	5	4	3	2	1	N/A
2. Time of year allocated to the rotation is appropriate	5	4	3	2	1	N/A
3. The workload was reasonable	5	4	3	2	1	N/A
4. The rotation was well organized	5	4	3	2	1	N/A
5. The rotation enhanced my ability to apply learned knowledge to practical situation.	5	4	3	2	1	N/A
6. The rotation enhanced my ability to identify and solve Drug Related Problems.	5	4	3	2	1	N/A

	Disagree		Agree			Comments
	Strongly			Strongly		
7. The rotation improved my ability to develop a monitoring plan and evaluate patient response to drug therapy.	5	4	3	2	1	N/A
8. The rotation improved my communication skills.	5	4	3	2	1	N/A
9. The rotation enhanced my confidence in dealing with patients and other health professionals.	5	4	3	2	1	N/A
10. The rotation improved my overall confidence as a pharmacist	5	4	3	2	1	N/A
11. The rotation was worthwhile and valuable to my future practice.	5	4	3	2	1	N/A
OBJECTIVES						
1. The objectives were clearly defined.	5	4	3	2	1	N/A
2. The objectives of the rotation were accomplished.	5	4	3	2	1	N/A
3. Evaluation criteria are appropriate to meet the objectives of the rotation	5	4	3	2	1	N/A

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ACTIVITIES	MEETS PERSONAL G/O					WHICH G/O?	COMMENTS
Description of Activities and Projects	Disagree Strongly	5	4	3	2	Agree Strongly	
	5	4	3	2	1		
	5	4	3	2	1		
	5	4	3	2	1		
	5	4	3	2	1		
	5	4	3	2	1		
	5	4	3	2	1		
	5	4	3	2	1		

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1. Which aspects of this rotation was most enjoyable or valuable and why?

2. Suggest some improvements that could be made to this rotation.

3. Additional comments

Signature: _____