**Resident Assessment of Rotation**

**NAME OF ROTATION:**  **ROTATION DATES: \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME OF RESIDENT:**   **NAME OF PRECEPTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Objectives:** | 1 | 2 | 3 | 4 | NOT APPLICABLE |
| The objectives were defined and reviewed within the first 3 days of the rotation. | □No discussion occurred regarding objectives. | □Some objectives reviewed, others not well described OR reviewed late in rotation. | □All objectives reviewed and discussed in an appropriate time frame. | □Objectives clearly defined during first 3 days. Additional objectives as defined by the resident's own learning plan also discussed. | □ |
| The objectives were tailored to meet the individual learning needs of the resident. | □Objectives were not tailored to meet individual learning needs. | □Some objectives were appropriately selected, some were inappropriate for the resident's education level. | □Majority of the objectives were tailored to meet the individual learning needs of the resident. | □All objectives were tailored to the level of knowledge of the resident and were defined and managed consistently. | □ |
| Planned activities were designed to meet the objectives. | □Activities were not planned to meet the needs of the rotation and/or resident. | □Some activities were appropriately selected, while some were inappropriate to achieve the rotation objectives. | □Majority of the activities were tailored to meet the individual learning needs of the resident and supported achievement of the rotation objectives. | □All activities were tailored to the level of knowledge of the student and were supported achievement of the defined objectives. | □ |
| Justify your rating using concrete examples: |
| **Expectations:** | 1 | 2 | 3 | 4 | NOT APPLICABLE |
| Ongoing communication occurred regarding work schedules and proposed resident meeting times. | □No discussion occurred regarding expectations. | □Some expectations were reviewed; however schedule was not flexible to meet the resident's needs. | □All expectations were reviewed and discussed. Schedule was flexible and allowed ample time to complete required tasks. | □Expectations were clearly defined within the first 3 days of rotations. Additional expectations as defined by the resident's individual learning plan also discussed. | □ |
| Orientation to the ward and health care team facilitated workflow. | □Orientation not provided. | □Resident was oriented to the ward and some of the care team members. | □Resident was oriented to the ward and all health care team members. | □Resident was oriented to the ward and team members. Roles, expectations and relationships with pharmacy discussed. | □ |
| Discussion of required activities facilitated understanding and promoted success. | □Activities were not discussed and failed to meet the needs of the rotation and/or resident. | □Activity expectations were discussed briefly, but were not elaborated upon. | □Majority of activities were discussed in detail and tailored to meet the individual learning needs of the resident. Examples were provided. | □All activities were tailored to the level of knowledge of the resident and were appropriately discussed using examples as needed to achieve the defined objectives. | □ |
| Justify your rating using concrete examples: |

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| --- | --- | --- | --- | --- | --- |
| **Assessment:** | 1 | 2 | 3 | 4 | NOT APPLICABLE |
| Formal assessments were conducted at mid point and at the end of the rotation period. | □No assessments were provided. | □Assessments were conducted in a non-formal manner (verbal) and/or were not complete. | □Midpoint (verbal) and final (verbal and written) assessments were provided and resident was able to discuss results openly with preceptor. | □Midpoint (verbal) and final (verbal and written) assessments were provided. Resident was able to openly discuss results with preceptor. Assessments were completed by the last day of the rotation. | □ |
| Assessments highlighted areas of strength and areas for improvement. | □Areas of strength/improvement were not discussed. | □Areas of strengths/improvement were briefly discussed but not clearly defined. | □Areas of strengths/improvements were discussed with student (both written/verbal) with clearly defined steps and suggestions for improvement. | □Areas of strengths/improvement were discussed with the student (both written/verbal) using concrete examples. Preceptor provided suggestions for improvement. | □ |
| Midpoint and final assessments were consistent with progress throughout the rotation. | □Formal feedback was not consistent with feedback provided during the rotation. | □Formal feedback contained some information not discussed in prior interactions with resident. | □Feedback provided was consistent with the resident's progress throughout the rotation and was not a surprise to the resident. | □Formal feedback provided was consistent with the resident's progress. Resident was aware of strengths and areas for improvement prior to formal evaluation. | □ |
| Justify your rating using concrete examples: |

Note: expected level is shaded area (#3).

General Comments/Suggestions: (may include items such as timing or length of rotation, interprofessional collaborations, rotation environment)

Resident Signature/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preceptor signature/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by residency coordinator/date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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