# evaluation of residency program director by resident

\*Please complete and return this form to the Residency Coordinator(s) within 3 months of the completion of your residency program.

Date:

Resident:

Director:

**OBJECTIVES SCORE\* COMMENTS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1. | 2. | 3. | 4. | 5. | N/O |  |
| The director is accessible and approachable. | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |
| The director served as an effective mentor and role model. | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |
| The director provided guidance and support. | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |
| The director established a rapport with me on a professional level. | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |
| The director communicated clearly and effectively with me. | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |
| The director encouraged me to ask questions and express ideas. | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |
| The director encouraged me to seek out the opinions, advice and guidance of other staff in the hospital in order to help with decision making processes, in preparation for project proposal and development of a research question. | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |
| The director encouraged me to become actively involved in professional activities. | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |
| The director provided timely positive and constructive feedback (e.g. journal club presentations, project). | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |
| The director invited ongoing feedback and ideas regarding the residency program. | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |
| The director participated as a member of the Residency Advisory Committee (RAC). | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |
| The director demonstrated knowledge and competency, including Canadian Pharmacy Residency Board (CPRB) standards and requirements. | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |

\*Score

1. Unsatisfactory (Poor)

2. Needs Improvement (Weak)

3. Average (Good)

4. Above Average (Very Good)

5. Excellent (Superior)

N/O. Not Observed

**Resident Comments:**

**Resident Signature:       Date:**

**Director Comments:**

**Director Signature:       Date:**

*Last updated July 2019*