# summative evaluation of residency program 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(s):

Coordinator(s):

**Evaluation Domains SCORE\* COMMENTS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 1. | 2. | 3. | 4. | 5. |  |
| **General** |  |  |  |  |  |  |
| The rotation schedule was well organized and supported achievement of both program and personal learning objectives and goals. |  |  |  |  |  |  |
| There were sufficient variety and volume of learning experiences to allow achievement of both program and personal learning objectives and goals. |  |  |  |  |  |  |
| Learning activities were relevant and supported achievement of both program and personal learning objectives and goals. |  |  |  |  |  |  |
| There were adequate resources available to support rotation assignments and activities, and allow objectives to be achieved. |  |  |  |  |  |  |
| The residency program maintains realistic expectations and workload. |  |  |  |  |  |  |
| Program preceptors were effective teachers and mentors. |  |  |  |  |  |  |
| The program coordinators effectively managed the residency program and took responsibility for their role in my learning. |  |  |  |  |  |  |
| Methods/criteria used to evaluate performance were appropriate. |  |  |  |  |  |  |
| Program Goals and Objectives |  |  |  |  |  |  |
| The program has increased my knowledge of medications and disease states, with an emphasis on HIV and viral hepatitis and related comorbidities. |  |  |  |  |  |  |
| The rotations enhanced my ability to identify and prioritize patient drug related problems/issues. |  |  |  |  |  |  |
| The rotations improved my clinical decision making skills. I can develop therapeutic plans with greater confidence. |  |  |  |  |  |  |
| The rotations improved my ability to develop a monitoring plan and evaluate patient response to drug therapy (endpoints and outcomes). |  |  |  |  |  |  |
| The rotations enhanced my confidence in dealing with patients and other health care professionals. |  |  |  |  |  |  |
| I am able to effectively integrate clinical skills in the delivery of pharmaceutical care. |  |  |  |  |  |  |
| The program has strengthened my written communication skills. |  |  |  |  |  |  |
| The program has strengthened my verbal communication skills. |  |  |  |  |  |  |
| The program has strengthened my non-verbal skills. |  |  |  |  |  |  |
| The program has enhanced my proficiency in delivering educational programs to members of the pharmacy department, and/or other health care professionals, or patient groups (e.g. case presentations, journal club, research project). |  |  |  |  |  |  |
| The program has enhanced my preceptorship skills. |  |  |  |  |  |  |
| The program has developed my understanding of basic research design including: identification of a problem or question, systematic investigation, proposal of a solution, and manuscript preparation. |  |  |  |  |  |  |
| I successfully completed a project related to HIV, viral hepatitis or related comorbidities. |  |  |  |  |  |  |
| The knowledge and skills gained in the residency program will help me participate / conduct future research projects. |  |  |  |  |  |  |
| I can effectively and efficiently define drug information questions, gather and critique information from appropriate data sources, and summarize information to form a response. |  |  |  |  |  |  |
| Overall |  |  |  |  |  |  |
| The pharmacy residency program helped me achieve a level of overall performance that I could not have achieved on my own. |  |  |  |  |  |  |

\*Score

1. Strongly Disagree

2. Disagree

3. Neutral

4. Agree

5. Strongly Agree

What did you like best about the residency program?

How could the residency program improve?

What is your employment plan post residency completion?

Do you feel the pharmacy residency has prepared you for this new position?

Other Comments:

Resident Signature:       Date:

Coordinator Signature:       Date:

Coordinator Signature:       Date:

*Last updated August 2019*