

## HIV ADVANCED (YEAR 2) PHARMACY RESIDENCY

### RESPONSIBILITIES OF THE PRECEPTOR

**The preceptor is expected to:**

1. The primary preceptor of a rotation will develop, in collaboration with the residency coordinators, a rotation outline describing the rotation setting, goals and objectives of the rotation and resident activities. This will be updated at least every two years.
2. To meet with resident at the beginning of the rotation to review the goals, objectives and activities of the rotation and to approve the resident's personal learning objectives. The preceptor will also review feedback from previous preceptor in order to identify longitudinal learning progress.
3. To ensure that the designated activities for the rotation are completed in accordance with the objectives.
4. Provide regular feedback to the resident throughout the rotation.
5. To meet at least weekly with the resident during the rotation to review the progress of the resident.
6. To prepare a reading list of appropriate references for the resident to review prior to and during the rotation (if applicable).
7. To schedule meetings or visits for the resident with other hospital departments, pharmacies, or professional groups which will enhance the resident's understanding of the subject areas.
8. If more than one preceptor participates in a given rotation, a primary preceptor will be designated. This person must inform the secondary preceptors of the rotation objectives, the resident's personal learning objectives, the resident's progress to date and the expectations for assessment.
9. To provide an evaluation at the mid-point of the rotation. This may be done verbally if there are no significant issues identified. If significant deficiencies or problems are present, then a written mid-point evaluation must be completed as described in 10.

## HIV ADVANCED (YEAR 2) PHARMACY RESIDENCY

10. To provide appropriate feedback to the Program Coordinators (if necessary) regarding the resident's progress mid- way in the rotation so that deficiencies or problems can be identified early and rotations can be lengthened/ altered if necessary. If the resident is felt to be failing the rotation at the midpoint evaluation, the preceptor needs to contact the Program Coordinators as soon as possible. In addition, the preceptor should complete a written evaluation form and indicate in writing what areas the resident needs to improve, and specify what standards need to be met in order for the resident to successfully pass the rotation.
11. To complete a written evaluation at the end of the rotation and review this with the resident. This must be finalized at the latest the last day of the rotation.
12. To identify resident strengths & weaknesses to communicate to the next preceptor (within and between rotations) for continuity and building of learning.
13. To verify that all assessments related to the rotation have been completed (resident midpoint and final self-assessment, preceptor midpoint and final assessment, resident assessment of preceptor and rotation, assessments of presentations and other practice-based teaching activities).
14. To submit the rotation evaluation and copies of all projects or assignments completed during the rotation to the Program Coordinators.
15. To complete a self-assessment at the end of the rotation or year.
16. To make active use of constructive feedback received to improve preceptor skills and future rotations.
17. To participate in mandatory preceptor training and orientation activities as outlined in the "Preceptor Training, Orientation and Development" document.