

CLINICAL ROTATION RESIDENT ASSESSMENT FORM

NAME OF ROTATION:		ROTATION DATES:	
NAME OF RESIDENT:		NAME OF PRECEPTOR:	
COMPLETED BY:	<input type="checkbox"/> PRECEPTOR <input type="checkbox"/> RESIDENT	TYPE OF ASSESSMENT:	<input type="checkbox"/> MIDPOINT <input type="checkbox"/> FINAL
PRECEPTOR CHECKLIST At the start of the rotation, I have reviewed:			
<input type="checkbox"/> Resident's personal learning objectives			
<input type="checkbox"/> Final assessment of the previous clinical rotation (strengths / areas for improvement)			
<input type="checkbox"/> Longitudinal Knowledge Tracking Form			

ROTATION OUTCOMES:

The resident will develop the clinical knowledge, skills, and professional values to:

- A. Provide evidence-based direct patient care as a member of inter-professional teams
- B. Manage and improve medication-use systems
- C. Exercise leadership
- D. Provide medication- and practice-related education

***Designated level of performance:** at the end of the rotation the resident will be able to independently manage moderately complex drug therapy problems. Moderately complex problems have either complex drug related knowledge required (ie. Protease inhibitor dosing / TDM) or a complex situation (ie. treatment failure).

KNOWLEDGE CONTENT: In this rotation the following drugs, disease states and clinical skills were discussed/developed:

Drug therapies	Disease States	Clinical Skills

	1	2	3	4	5	NOT OBSERVED
1. ACADEMIC/CONTENT KNOWLEDGE Evaluation methods may include the following: <ul style="list-style-type: none"> <input type="checkbox"/> resident/preceptor discussion <input type="checkbox"/> observation of resident interaction with health care team member <input type="checkbox"/> review of therapeutic plans <input type="checkbox"/> review of written chart documentation <input type="checkbox"/> presentation content <input type="checkbox"/> observation of resident interaction with patients/family 						
Medication knowledge	<input type="checkbox"/> Inadequate fund of knowledge to apply to the resolution of clinical problems at the designated level of performance.*	<input type="checkbox"/> Superficial fund of knowledge to apply to resolution of clinical problems at the designated level of performance.*	<input type="checkbox"/> Satisfactory fund of knowledge to resolve effectively most clinical problems at the designated level of performance.*	<input type="checkbox"/> Substantial fund of knowledge to resolve consistently and effectively all clinical problems at the designated level of performance.*	<input type="checkbox"/> Exceptional fund of knowledge to resolve consistently and perceptively all clinical problems at the designated level of performance.*	<input type="checkbox"/>
Disease knowledge	<input type="checkbox"/> Inadequate fund of knowledge to define priorities and manage clinical problems at the designated level of performance.*	<input type="checkbox"/> Superficial fund of knowledge to define priorities and manage clinical problems at the designated level of performance.*	<input type="checkbox"/> Satisfactory fund of knowledge to define priorities and manage effectively most clinical problems at the designated level of performance.*	<input type="checkbox"/> Substantial fund of knowledge to define priorities and manage consistently and effectively all clinical problems at the designated level of performance.*	<input type="checkbox"/> Exceptional fund of knowledge to define priorities and manage consistently and perceptively all clinical problems at the designated level of performance.*	<input type="checkbox"/>
Ethical, Legal and Standards of Practice Knowledge	<input type="checkbox"/> Inadequate funds of knowledge in any or all three domains to practice within appropriate perimeters at the designated level of performance.*	<input type="checkbox"/> Superficial funds of knowledge in any or all three domains to practice within appropriate perimeters at the designated level of performance.*	<input type="checkbox"/> Satisfactory funds of knowledge in all three domains to practice within appropriate perimeters at the designated level of performance.*	<input type="checkbox"/> Substantial funds of knowledge in all three domains to practice within appropriate perimeters at the designated level of performance.*	<input type="checkbox"/> Exceptional funds of knowledge in all three domains to practice consistently and perceptively ensuring best practices at the designated level of performance.*	<input type="checkbox"/>
Justify your rating using concrete examples (MANDATORY if any item scored <3): 						
2. PATIENT CARE PROCESS Evaluation methods may include the following: <ul style="list-style-type: none"> <input type="checkbox"/> resident/preceptor discussion <input type="checkbox"/> review of written chart documentation <input type="checkbox"/> review of written consult notes (for internal/external staff) 						

	1	2	3	4	5	NOT OBSERVED
<input type="checkbox"/> review of patient work ups/therapeutic plans <input type="checkbox"/> observation of resident interaction with health care team member <input type="checkbox"/> observation of resident interaction with patients/family members <input type="checkbox"/> resident case presentation <input type="checkbox"/> written patient information provided <input type="checkbox"/> completion of incident / accident reports <input type="checkbox"/> completion of adverse drug report (to Health Canada, industry, case reports)						
Data gathering, medication history and literature review.	<input type="checkbox"/> Information gathered is incomplete, and/or inaccurate; important information is missing.	<input type="checkbox"/> Information gathered is superficial, but accurate, and/or some important information is missing.	<input type="checkbox"/> Information gathered is comprehensive, mostly relevant, and accurate.	<input type="checkbox"/> Information gathered is comprehensive, relevant and accurate.	<input type="checkbox"/> Information gathered is precise, perceptive, and appropriately detailed.	<input type="checkbox"/>
Identification of Drug Therapy Problems (DTPs)	<input type="checkbox"/> Fails to discern relevant from irrelevant data; fails to identify the patient's real and/or potential DTPs.	<input type="checkbox"/> Discerns some relevant data, but not enough to identify consistently the patient's real and/or potential DTPs.	<input type="checkbox"/> Discerns sufficient relevant data to identify major problem(s), but may not always prioritize options effectively and/or consistently distinguish between the patient's real and potential DTPs.	<input type="checkbox"/> Discerns all relevant data to identify major real and potential DTPs and appropriately prioritizes them.	<input type="checkbox"/> Precisely discerns the relevant data, weighs alternatives, justifies choices, synthesizes and integrates data to identify all real and potential DTPs, and appropriately prioritizes them.	<input type="checkbox"/>
Determining endpoints and outcomes.	<input type="checkbox"/> Unable to determine appropriate endpoints and/or outcomes.	<input type="checkbox"/> Determines some appropriate endpoints and/or outcomes.	<input type="checkbox"/> Determines most appropriate endpoints and outcomes.	<input type="checkbox"/> Determines appropriate endpoints and outcomes, considering most aspects of patient care.	<input type="checkbox"/> Determines all appropriate endpoints and outcomes considering all aspects of patient care.	<input type="checkbox"/>
Clinical Decision making	<input type="checkbox"/> Often poor and/or not derived from the data; difficulty in arriving at decisions; fails to make use of content knowledge and all available information. Unable to make an	<input type="checkbox"/> Sometimes shows poor judgement; some difficulty in decision making. Often requires guidance in order to make an informed clinical decision/	<input type="checkbox"/> Shows good judgement and usually makes sound clinical decisions; some difficulty in complex situations or when there is ambiguity/lack of	<input type="checkbox"/> Good judgement and decision making skills; exhibits good problem solving skills including for complex situations. Recognizes situations of uncertainty/	<input type="checkbox"/> Consistently arrives at right decision even on highly complex matters without delay; analyzes available data; produces concise, substantive problem list; superb	<input type="checkbox"/>

	1	2	3	4	5	NOT OBSERVED
	informed clinical decision/ recommendation based on patient, disease, and drug-specific factors and guiding principles of practice when data are limited/absent, or when there is more than one potential solution or course of action.	recommendation based on patient, disease, and drug-specific factors and guiding principles of practice when data are limited/absent, or when there is more than one potential solution or course of action.	data. Sometimes requires guidance in order to make an informed clinical decision/ recommendation based on patient, disease, and drug-specific factors and guiding principles of practice when data are limited/absent, or when there is more than one potential solution or course of action.	ambiguity, and is usually able to make an informed clinical decision/ recommendation based on patient, disease, and drug-specific factors and guiding principles of practice when data are limited/absent, or when there is more than one potential solution or course of action.	clinical judgement. Recognizes situations of uncertainty/ ambiguity, is consistently able to make an informed clinical decision/ recommendation based on patient, disease, and drug-specific factors and guiding principles of practice when data are limited/absent, or when there is more than one potential solution or course of action.	
Development of a Therapeutic Plan	<input type="checkbox"/> Plans are incomplete or inappropriate; significant data is overlooked and/or difficulty is experienced in interpreting the available data . Plans do not include consideration of determinants of health such as disease prevention, health promotion and/or health surveillance or available scientific evidence.	<input type="checkbox"/> Plans are frequently incomplete or superficial; significant data may be overlooked or misinterpreted. Plans often lack consideration of determinants of health such as disease prevention, health promotion and/or health surveillance or available scientific evidence.	<input type="checkbox"/> Plans are usually complete, appropriate, and reflect the current standards of practice and available scientific evidence; most data is correctly interpreted and logically applied. Plans may include consideration of determinants of health such as disease prevention, health promotion and/or health surveillance.	<input type="checkbox"/> Plans are complete, appropriate, and reflect the current standards of practice and available scientific evidence; all data is correctly interpreted, logically applied, considering most aspects of patient care. Plans often include consideration of determinants of health such as disease prevention, health promotion and/or health surveillance.	<input type="checkbox"/> Plans are consistently complete, appropriate, and reflect best in current practice and key scientific evidence, precisely and perceptively interpreting all data, strategically applying data and considering all aspects of patient care. Plans consistently include consideration of determinants of health such as disease prevention, health promotion	<input type="checkbox"/>

	1	2	3	4	5	NOT OBSERVED
					and/or health surveillance.	
Establish and implement monitoring/follow-up plan	<input type="checkbox"/> Monitoring plans are incomplete or inappropriate; significant monitoring parameters are overlooked and/or difficulty is experienced in interpreting the available data.	<input type="checkbox"/> Monitoring plans are frequently incomplete or superficial; significant monitoring parameters may be overlooked or misinterpreted.	<input type="checkbox"/> Monitoring plans are usually complete, appropriate, and reflect the current standards of practice; most monitoring parameters are correctly interpreted and logically applied.	<input type="checkbox"/> Monitoring plans are complete, appropriate, and reflect the current standards of practice; all monitoring parameters are correctly interpreted and appropriate follow-up is implemented, some new drug therapy problems are subsequently identified (if applicable).	<input type="checkbox"/> Monitoring plans are consistently complete, appropriate, and reflect best in current practice, precisely and perceptively interpreting all monitoring parameters with appropriate follow-up, strategically considering all aspects of patient care. All new drug therapy problems are subsequently identified (if applicable).	<input type="checkbox"/>
Patient Care Documentation (e.g., chart notes, consult notes, etc.)	<input type="checkbox"/> Often inaccurate, incomplete, disorganized and/or confusing; not clearly expressed.	<input type="checkbox"/> Sometimes inaccurate, incomplete, disorganized and/or confusing; not consistently presented in a clear, understandable way.	<input type="checkbox"/> Usually accurate, complete, adequately organized and referenced, and presented in a clear, understandable way.	<input type="checkbox"/> In most cases, accurate, complete, adequately organized and referenced, and presented in a clear, concise, and understandable way.	<input type="checkbox"/> Consistently accurate, comprehensive, coherently organized, concise, and referenced; excellent command of expression.	<input type="checkbox"/>
Patient and Medication Safety	<input type="checkbox"/> Engages in unsafe practices, which may result in near misses or medication incidents/accidents. Unable to recognize unsafe / suboptimal	<input type="checkbox"/> Inconsistently recognizes unsafe practices (own and system-wide). With significant guidance, accepts responsibility for addressing unsafe	<input type="checkbox"/> Consistently evaluates practice, recognizing unsafe or suboptimal practices (own and practice-wide). With some guidance, accepts	<input type="checkbox"/> Consistently evaluates practice, recognizing unsafe or suboptimal practices (own and system-wide). Accepts responsibility for	<input type="checkbox"/> Consistently evaluates practice, recognizing unsafe or suboptimal practices (own and system-wide). Accepts responsibility for	<input type="checkbox"/>

	1	2	3	4	5	NOT OBSERVED
	practices (own and system-wide) or does not recognize own responsibility to manage unsafe practices.	/ suboptimal practices and managing near misses or medication incidents / accidents.	responsibility for addressing unsafe / suboptimal practices and managing near misses or medication incidents / accidents.	addressing unsafe / suboptimal practices and effectively manages near misses or medication incidents / accidents. With some guidance, performs practice analyses for the purposes of patient safety, continuous quality assurance, and practice improvement to prevent unsafe / suboptimal practices in the future.	addressing unsafe / suboptimal practices and effectively manages near misses or medication incidents / accidents. Independently seeks out and leads practice analyses for the purposes of patient safety, continuous quality assurance, and practice improvement to prevent unsafe / suboptimal practices in the future.	
Justify your rating using concrete examples (MANDATORY if any item scored <3):						
3. COMMUNICATION SKILLS, PROFESSIONAL AND INTERPERSONAL BEHAVIOUR Evaluation methods may include the following: <ul style="list-style-type: none"> <input type="checkbox"/> observation of resident interaction with patients/family members <input type="checkbox"/> observation of resident interaction with team members/students <input type="checkbox"/> presentations to patient/community groups <input type="checkbox"/> team member/patient/family member feedback on resident performance <input type="checkbox"/> review of patient work ups/therapeutic plans <input type="checkbox"/> review of written chart documentation <input type="checkbox"/> formal presentation preparation and delivery <input type="checkbox"/> resident self-assessment post interaction/activity <input type="checkbox"/> mid-rotation self-assessment of resident 						
Communication with Patients/Caregivers; Interviewing skills	<input type="checkbox"/> Often incomplete and/or inaccurate, difficult to follow and/or hard to understand and/or inappropriate for the specific individual(s).	<input type="checkbox"/> Sometimes incomplete and/or inaccurate, superficial, rambling and not always understandable or inappropriate for the specific individual(s).	<input type="checkbox"/> Usually complete and accurate, adequately organized, and understandable and appropriate for the specific individual(s).	<input type="checkbox"/> In most cases appropriately, comprehensively and effectively focused, accurate, organized and delivered; consistently clearly expressed and appropriate for the specific individual(s).	<input type="checkbox"/> Precisely focused, coherently organized, accurate, clearly and succinctly expressed and always appropriate for the specific individual(s).	<input type="checkbox"/>
Pharmacist/Patient Relationships	<input type="checkbox"/> Lacks communication	<input type="checkbox"/> Inconsistent	<input type="checkbox"/> Communicates	<input type="checkbox"/> Establishes good	<input type="checkbox"/> Establishes	<input type="checkbox"/>

	1	2	3	4	5	NOT OBSERVED
	skills; does not listen to patients; discourteous and/or inappropriate. Unable to communicate issues or recommendations with patients without significant support from preceptor or team member.	communication and interpersonal skills; attention may be focused more on perceived problems than on patients. Uncomfortable in communicating with patients to identify issues and propose recommendations; requires prompting or support from preceptor or team member.	his/her concern for the patient; establishes a rapport with the patient. Communicates issues and recommendations to resolve issues, sometimes requires support from preceptor or team member.	rapport; listens actively to patients; is respectful, empathetic, and caring. Consistently and proactively communicates issues and recommendations to resolve issues, sometimes requires support from preceptor.	exceptional empathetic rapport; excellent listening skills; creates a caring therapeutic relationship with patients. Proactively communicates issues and makes recommendations to resolve issues on a consistent basis, with minimal assistance from preceptor.	
Communication with other pharmacists, interprofessional team	<input type="checkbox"/> Often incomplete and/or inaccurate, difficult to follow and/or hard to understand and/or inappropriate for the specific professional.	<input type="checkbox"/> Sometimes incomplete and/or inaccurate, superficial, rambling and not always understandable or inappropriate for the specific professional.	<input type="checkbox"/> Usually complete and accurate, adequately organized, and understandable and appropriate for the specific professional.	<input type="checkbox"/> In most cases appropriately, comprehensively and effectively focused, accurate, organized and delivered; consistently clearly expressed and appropriate for the specific professional.	<input type="checkbox"/> Precisely focused, coherently organized, accurate, clearly and succinctly expressed and always appropriate for the specific professional.	<input type="checkbox"/>
Interpersonal Team Relationships	<input type="checkbox"/> Behaviour interferes with the working of the team; discourteous to other members of the team; undermines team; may be condescending, patronizing, passive or aggressive.	<input type="checkbox"/> Poor team player, behaviour does not facilitate team functioning, difficulty communicating with team members; fails to take responsibility for own contribution to the team.	<input type="checkbox"/> Active member of the team who works well with other members, but whose leadership skills are underdeveloped.	<input type="checkbox"/> Good, active team player with developing leadership qualities.	<input type="checkbox"/> An active member of the team whose leadership qualities are recognized by others; able to achieve best results in difficult situations without antagonizing others.	<input type="checkbox"/>
Conflict resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1	2	3	4	5	NOT OBSERVED
	Avoids participating in situations requiring conflict resolution, or behavior/actions are the cause of conflict with patients/care team.	Hesitant to initiate and manage complex conversations; requires significant guidance to employ collaborative negotiation techniques.	With some assistance from preceptor/team member, can initiate and manage complex conversations and employ collaborative negotiation techniques.	Able to initiate and manage complex conversations and employ collaborative negotiation techniques, with occasional assistance from preceptor/team member.	Consistently able to initiate and manage complex conversations and employ collaborative negotiation techniques, with minimal assistance from preceptor/team member.	
Sense of responsibility	<input type="checkbox"/> Not responsible; does less than prescribed work; needs repeated reminders.	<input type="checkbox"/> Cannot always be depended upon; needs reminders sometimes.	<input type="checkbox"/> Dependable; reliable; honest; prompt; appropriate follow-up of patients.	<input type="checkbox"/> Takes initiative; acts independently; always completes assigned tasks; reliable and honest.	<input type="checkbox"/> Very conscientious, consistently displays exceptional attention to duties and is prepared to give extra time willingly.	<input type="checkbox"/>
Self-Assessment Ability (Insight)	<input type="checkbox"/> Unaware of own limitations; does not seek feedback; unable to request required assistance; unable to take advice professionally.	<input type="checkbox"/> Inconsistent awareness of own limitations; some difficulty seeking feedback and taking advice professionally.	<input type="checkbox"/> Usually aware of own limitations; often seeks feedback and/or assistance to overcome deficiencies.	<input type="checkbox"/> Aware of own limitations; seeks feedback regularly and acts to improve behaviour.	<input type="checkbox"/> Well aware of own limitations; raises constructive questions; seeks feedback to excel.	<input type="checkbox"/>

Justify your rating using concrete examples (MANDATORY if any item scored <3):

4. TEACHING / PRECEPTING

IMPORTANT – In addition to completing this assessment form, the preceptor and resident (self-assessment) must complete the “Practice Based Teaching Activity Assessment Form” for each teaching / precepting activity (presentations, including teaching / lectures at faculty and in-service presentations, facilitation of small-group workshops or discussions, co-precepting of pharmacy students / residents). Please send the “Practice Based Teaching Activity Assessment Forms” with the Clinical Rotation Assessment Form. The grade in this section of the assessment form should be considered as a summative of the individual practice-based teaching activity assessments.

Evaluation methods may include the following:

- formal presentation slides/handouts (pharmacy department)
- formal presentation slides/handouts (healthcare team)
- clinical teaching/lectures (faculty of pharmacy)

- precepting year 1 pharmacy residents / Masters in advanced pharmacotherapy residents
- facilitation of students/residents/other healthcare professionals during workshops / clinical teaching / journal clubs, etc

	1	2	3	4	5	NOT OBSERVED
☐ precepting entry-level PharmD student			☐ student/resident feedback on resident performance			
Oral presentation and/or teaching <ul style="list-style-type: none"> • presentation skills, style, & content 	☐ Often incomplete and/or inaccurate, difficult to follow and/or hard to understand and/or inappropriate for the specific audience.	☐ Sometimes incomplete and/or inaccurate, superficial, rambling and not always understandable or inappropriate for the specific audience.	☐ Usually complete and accurate, adequately organized, and understandable and appropriate for the specific audience.	☐ In most cases appropriately, comprehensively and effectively focused, accurate, organized and delivered; consistently clearly expressed and appropriate for the specific audience.	☐ Precisely focused, coherently organized, accurate and comprehensive, clearly and succinctly expressed and always appropriate for the specific audience.	☐
Preceptorship (Practice-based teaching roles: direct instruction, role modeling, coaching, facilitation)	☐ With significant guidance, provides some support and education to pharmacy students and residents. Is unable to define the 4 practice-based teaching roles and/or chooses the incorrect role for a given situation. Has significant difficulties demonstrating these roles. Teaching plan is absent or incomplete. Gives feedback to the learner that is inaccurate, incomplete and/or detrimental.	☐ With some guidance, provides support and education to pharmacy students and residents. Has a partial understanding of the 4 practice-based teaching roles and needs guidance to choose the appropriate role for a given situation. Has some difficulties demonstrating these roles. With some guidance, creates an effective teaching plan and ensures a safe learning environment for the learner; ensures patient safety is maintained. Feedback provided to the student/resident is	☐ With minimal guidance, provides support and education to pharmacy students and residents. Is able to explain the differences between the 4 practice-based teaching roles and chooses the appropriate role for a given situation. Has some difficulties demonstrating coaching and facilitation. Creates an effective teaching plan and ensures a safe learning environment for the learner; ensures patient safety is maintained. Feedback to the	☐ With minimal guidance, provides support and education to pharmacy students and residents. Is able to clearly explain the differences between the 4 practice-based teaching roles and consistently chooses the appropriate role for a given situation. Is able to demonstrate the four roles appropriately. Creates an effective teaching plan and ensures a safe learning environment for the learner; ensures patient safety is maintained. Feedback to the student/resident is	☐ Is recognized as a role model for the students and residents. Independently, effectively and consistently chooses the appropriate practice-based teaching role for a given situation and demonstrates these with ease. Creates an effective teaching plan and ensures a safe learning environment for the learner; ensures patient safety is maintained. Feedback to students/residents is complete, accurate, constructive and is well received by the learner.	☐

	1	2	3	4	5	NOT OBSERVED
		accurate but incomplete.	student/resident is for the most part accurate and complete.	always accurate and complete.		
Justify your rating using concrete examples (MANDATORY if any item scored <3):						
5. LEADERSHIP and IMPROVEMENT OF MEDICATION-USE SYSTEMS Evaluation methods may include the following: <ul style="list-style-type: none"> <input type="checkbox"/> resident/preceptor discussion <input type="checkbox"/> observation of resident interaction with health care team member <input type="checkbox"/> observation of resident interaction with patients/family members <input type="checkbox"/> development of protocols/pre-defined order sets/algorithms, policies, etc. <input type="checkbox"/> engagement with community partners and leaders 						
Medication-Use Systems	<input type="checkbox"/> Unable to recognize areas within medication-use systems which may lead to unsafe / suboptimal care. Refuses to contribute to tools or processes to improve consistency and/or quality of care.	<input type="checkbox"/> Inconsistently engages with care team members (including patients/families when appropriate) in a collaborative manner to improve medication-use and related systems in healthcare. Makes minor contributions to tools (e.g., protocols, checklists, clinical pathways, clinic memos/ directives, etc) to improve consistency and/or quality of care.	<input type="checkbox"/> Consistently engages with care team members (including patients/families when appropriate) in a collaborative manner to improve medication-use and related systems in healthcare. With some guidance, prepares tools (e.g., protocols, checklists, clinical pathways, clinic memos/ directives, etc) to improve consistency and/or quality of care.	<input type="checkbox"/> Consistently engages with care team members (including patients/families when appropriate) in a collaborative manner to improve medication-use and related systems in healthcare. With occasional guidance, prepares tools (e.g., protocols, checklists, clinical pathways, clinic memos/directives, etc) to improve consistency and/or quality of care.	<input type="checkbox"/> Consistently engages with care team members (including patients/families when appropriate) in a collaborative manner to improve medication-use and related systems in healthcare. Takes initiative in preparing tools (e.g., protocols, checklists, clinical pathways, clinic memos/ directives, etc) to improve consistency and/or quality of care.	<input type="checkbox"/>
Leadership/ advocacy	<input type="checkbox"/> Unable to identify outstanding needs or issues within a community or	<input type="checkbox"/> With guidance, contributes to advocacy efforts for system-level change;	<input type="checkbox"/> With occasional guidance, identifies needs of the community/	<input type="checkbox"/> Proactively identifies needs of the community/ population and	<input type="checkbox"/> Proactively identifies needs of the community/ population and takes	<input type="checkbox"/>

	1	2	3	4	5	NOT OBSERVED
	population. Uninterested in participating in advocacy or system-change processes to improve health in the community/ population served.	makes minor contributions to process to improve health in the community/ population served.	population and contributes to advocacy efforts for system-level change; participates in process to improve health in the community/ population served.	contributes to advocacy efforts for system-level change; takes an active participatory role in process to improve health in the community/ population served.	initiative for advocating for system-level change; takes an active/leading role in process to improve health in the community/ population served.	
Justify your rating using concrete examples (MANDATORY if any item scored <3):						

RESIDENT'S PERSONAL LEARNING OBJECTIVES FOR THIS ROTATION

Please assess whether the resident's personal learning objectives were met during the rotation

ASSESSMENT OF PERFORMANCE	Unmet	Partially Met	Met	NOT OBSERVED
List personal learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MID-ROTATION ASSESSMENT OF RESIDENT

	1	2	3	4	5	NOT OBSERVED
OVERALL						
ASSESSMENT OF PERFORMANCE	<input type="checkbox"/> Requires significant guidance to practice at the expert level. Critical or significant gaps identified that require development.	<input type="checkbox"/> Often requires guidance to practice at the expert level. Some gaps identified that require further focused development.	<input type="checkbox"/> Requires some guidance to work at the expert level. A few gaps remain that require development.	<input type="checkbox"/> Requires minimal guidance to work at the expert level.	<input type="checkbox"/> Works independently at the expert level.	<input type="checkbox"/>

If overall performance at mid-point rated at 1 or 2, resident should develop and implement a plan to address the areas requiring improvement. Residency coordinator should be aware of and assist in development and implementation of plan, along with rotation preceptor. Individual areas also rated as a 1 or 2 should also have an action plan developed to address and improve these specific areas.

Resident's detailed action plan:

Resident signature:	Date:
Preceptor signature:	Date:

FINAL ROTATION ASSESSMENT OF RESIDENT

Evaluation Domain	Domain Average	Weighting	Sub-Total
1) Academic / Content Knowledge	/5	x2	/10
2) Patient Care Process	/5	x2	/10
3) Communication Skills, Professional and Interpersonal Behaviour	/5	x1	/5
4) Teaching / Precepting	/5	x1	/5
5) Leadership and Improvement of Medication Use Systems	/5	x1	/5
		Total:	/35

Overall Grade:

- HONOURS (Average ≥ 3.0 in each domain and total $\geq 28/35$)
- PASS (Average ≥ 3.0 in each domain and total $< 28/35$)*
- FAIL (Average < 3.0 in any domain)

***Requirements to pass the rotation:**

- 1) All clinical rotations except final HIV clinical rotation: minimum preceptor rating of 3 for each item and minimum domain average of ≥ 3
- 2) Final HIV clinical rotation: minimum preceptor rating of 3 for each item and minimum domain average of ≥ 4 .

RESIDENT COMMENTS (MANDATORY)	PRECEPTOR COMMENTS (MANDATORY)
Strengths:	Strengths:
Areas for improvement:	Areas for improvement:
Resident signature:	Preceptor signature:
Date:	Date:

Please forward copies of completed & signed midpoint (resident self-assessment) and final assessment forms (resident & preceptor) to alice.tseng@uhn.ca and nancy.sheehan@umontreal.ca by the last day of the rotation. Please attach "Practice Based Teaching Activity Assessment Forms" if applicable. **IMPORTANT** – At the start of a new rotation, the resident must forward the last page ("Final Rotation Assessment of Resident") of this assessment form to their new rotation preceptor. This serves as preceptor-to-preceptor communication of resident's strengths and areas for improvement.

Adapted with permission from Clinical Rotation Assessment Form, Year 1 UHN Residency.

Reviewed by Residency Coordinator(s):