

## HIV ADVANCED (YEAR 2) PHARMACY RESIDENCY

### Resident Assessment of Rotation

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

Objectives:	1	2	3	4	NOT APPLICABLE
The objectives were defined and reviewed within the first 3 days of the rotation.	<input type="checkbox"/> No discussion occurred regarding objectives.	<input type="checkbox"/> Some objectives reviewed, others not well described OR reviewed late in rotation.	<input type="checkbox"/> All objectives reviewed and discussed in an appropriate time frame.	<input type="checkbox"/> Objectives clearly defined during first 3 days. Additional objectives as defined by the resident's own learning plan also discussed.	<input type="checkbox"/>
The objectives were tailored to meet the individual learning needs of the resident.	<input type="checkbox"/> Objectives were not tailored to meet individual learning needs.	<input type="checkbox"/> Some objectives were appropriately selected, some were inappropriate for the resident's education level.	<input type="checkbox"/> Majority of the objectives were tailored to meet the individual learning needs of the resident.	<input type="checkbox"/> All objectives were tailored to the level of knowledge of the resident and were defined and managed consistently.	<input type="checkbox"/>
Planned activities were designed to meet the objectives.	<input type="checkbox"/> Activities were not planned to meet the needs of the rotation and/or resident.	<input type="checkbox"/> Some activities were appropriately selected, while some were inappropriate to achieve the rotation objectives.	<input type="checkbox"/> Majority of the activities were tailored to meet the individual learning needs of the resident and supported achievement of the rotation objectives.	<input type="checkbox"/> All activities were tailored to the level of knowledge of the student and were supported achievement of the defined objectives.	<input type="checkbox"/>
Justify your rating using concrete examples:					

## HIV ADVANCED (YEAR 2) PHARMACY RESIDENCY

Expectations:	1	2	3	4	NOT APPLICABLE
Ongoing communication occurred regarding work schedules and proposed resident meeting times.	<input type="checkbox"/> No discussion occurred regarding expectations.	<input type="checkbox"/> Some expectations were reviewed; however schedule was not flexible to meet the resident's needs.	<input type="checkbox"/> All expectations were reviewed and discussed. Schedule was flexible and allowed ample time to complete required tasks.	<input type="checkbox"/> Expectations were clearly defined within the first 3 days of rotations. Additional expectations as defined by the resident's individual learning plan also discussed.	<input type="checkbox"/>
Orientation to the ward and health care team facilitated workflow.	<input type="checkbox"/> Orientation not provided.	<input type="checkbox"/> Resident was oriented to the ward and some of the care team members.	<input type="checkbox"/> Resident was oriented to the ward and all health care team members.	<input type="checkbox"/> Resident was oriented to the ward and team members. Roles, expectations and relationships with pharmacy discussed.	<input type="checkbox"/>
Discussion of required activities facilitated understanding and promoted success.	<input type="checkbox"/> Activities were not discussed and failed to meet the needs of the rotation and/or resident.	<input type="checkbox"/> Activity expectations were discussed briefly, but were not elaborated upon.	<input type="checkbox"/> Majority of activities were discussed in detail and tailored to meet the individual learning needs of the resident. Examples were provided.	<input type="checkbox"/> 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.	<input type="checkbox"/>
Justify your rating using concrete examples:					

## HIV ADVANCED (YEAR 2) PHARMACY RESIDENCY

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

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

## HIV ADVANCED (YEAR 2) PHARMACY RESIDENCY

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: \_\_\_\_\_

Adapted with permission from Trillium Health Centre, K. Cameron, June 2010. Do not use without consultation with [Cleo.Boyd@utoronto.ca](mailto:Cleo.Boyd@utoronto.ca)  
Adapted from UHN Year 1 residency program; Last updated August 2019