



HIV ADVANCED (YEAR 2) PHARMACY RESIDENCY

EVALUATION OF RESIDENCY PROGRAM COORDINATOR 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: _____

Coordinator evaluated: _____

(please complete one evaluation form per coordinator)

OBJECTIVES	SCORE	COMMENTS
The coordinator discussed residency program policies and procedures from the manual with me at the beginning of the year.		
The coordinator discussed my background and experience to help me establish personal learning objectives for the year.		
The coordinator structured rotations to help me meet both program and personal learning objectives (i.e. rotation scheduling).		
The coordinator is accessible and approachable.		
The coordinator served as an effective mentor and role model.		
The coordinator provided guidance and support.		
The coordinator established a rapport with me on a professional level.		
The coordinator communicated clearly and effectively with me.		
The coordinator encouraged me to ask questions and express ideas.		
The coordinator helped me allocate my time and prioritize my activities.		
The coordinator 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 coordinator encouraged me to become actively involved in professional activities.		
The coordinator provided timely positive and constructive feedback (e.g. journal club presentations, mid-year performance appraisal, end of year performance appraisal).		



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The coordinator helped ensure mutual exchange of feedback between myself and rotation preceptors.	<input type="checkbox"/>	
The coordinator conducted a mid-year and end of year (final summative) performance appraisal.	<input type="checkbox"/>	
The coordinator took responsibility for his/her role in my learning (e.g. helped ensure I met program and personal learning objectives).		
The coordinator invited ongoing feedback and ideas regarding the residency program.	<input type="checkbox"/>	
The coordinator participated as a member of the Residency Advisory Committee (RAC).	<input type="checkbox"/>	
The coordinator 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	Coordinator Comments
Resident Signature	Coordinator Signature