

## HIV ADVANCED (YEAR 2) PHARMACY RESIDENCY

### EVALUATION OF RESIDENCY PROGRAM DIRECTOR 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: \_\_\_\_\_

OBJECTIVES	SCORE*	COMMENTS
The director is accessible and approachable.	<input type="checkbox"/>	
The director served as an effective mentor and role model.	<input type="checkbox"/>	
The director provided guidance and support.	<input type="checkbox"/>	
The director established a rapport with me on a professional level.	<input type="checkbox"/>	
The director communicated clearly and effectively with me.	<input type="checkbox"/>	
The director encouraged me to ask questions and express ideas.	<input type="checkbox"/>	
The director 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.	<input type="checkbox"/>	
The director encouraged me to become actively involved in professional activities.	<input type="checkbox"/>	
The director provided timely positive and constructive feedback (e.g. journal club presentations, project).	<input type="checkbox"/>	
The director invited ongoing feedback and ideas regarding the residency program.	<input type="checkbox"/>	
The director participated as a member of the Residency Advisory Committee (RAC).	<input type="checkbox"/>	
The director demonstrated knowledge and competency, including Canadian Pharmacy Residency Board (CPRB) standards and requirements.	<input type="checkbox"/>	

\*Score: 1. Unsatisfactory (Poor); 2. Needs Improvement (Weak); 3. Average (Good); 4. Above Average (Very Good); 5. Excellent (Superior); N/O. Not Observed

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<b>Resident Comments</b>	<b>Coordinator Comments</b>
<b>Resident Signature</b>	<b>Coordinator Signature</b>

*Last updated February 2021*