



HIV ADVANCED (YEAR 2) PHARMACY RESIDENCY

SUMMATIVE EVALUATION OF RESIDENCY PROGRAM BY RESIDENT

| completion of your residency program. | Residency (| coordinator(s) within 3 months of the |
|---|---------------|---------------------------------------|
| Date: Res | sident: | |
| Director(s): Cod | ordinator(s): | |
| EVALUATION DOMAINS | SCORE | COMMENTS |
| General | | |
| The rotation schedule was well organized and supported achievement of both program and personal learning objectives and goals. | | |
| There were sufficient variety and volume of learning experiences to allow achievement of both program and personal learning objectives and goals. | | |
| Learning activities were relevant and supported achievement of both program and personal learning objectives and goals. | | |
| There were adequate resources available to support rotation assignments and activities, and allow objectives to be achieved. | | |
| The residency program maintains realistic expectations and workload. | | |
| Program preceptors were effective teachers and mentors. | | |
| The program coordinators effectively managed the residency program and took responsibility for their role in my learning. | | |
| Methods/criteria used to evaluate performance were appropriate. | | |
| Program Goals and Objectives | | |
| The program has increased my knowledge of medications and disease states, with an emphasis on HIV and viral hepatitis and related comorbidities. | | |
| The rotations enhanced my ability to identify and prioritize patient drug related problems/issues. | | |





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| EVALUATION DOMAINS | SCORE | COMMENTS |
|---|-------|----------|
| The rotations improved my clinical decision making skills. I can develop therapeutic plans with greater confidence. | | |
| The rotations improved my ability to develop a monitoring plan and evaluate patient response to drug therapy (endpoints and outcomes). | | |
| The rotations enhanced my confidence in dealing with patients and other health care professionals. | | |
| I am able to effectively integrate clinical skills in the delivery of pharmaceutical care. The program has strengthened my written | | |
| communication skills. The program has strengthened my verbal | | |
| communication skills. The program has strengthened my non-verbal | | |
| skills. The program has enhanced my proficiency in | | |
| delivering educational programs to members of the pharmacy department, and/or other health | | |
| care professionals, or patient groups (e.g. case presentations, journal club, research project). The program has enhanced my preceptorship | | |
| skills. The program has developed my understanding | | |
| of basic research design including: identification of a problem or question, systematic investigation, proposal of a solution, and manuscript preparation. | | |
| I successfully completed a project related to HIV, viral hepatitis or related comorbidities. | | |
| The knowledge and skills gained in the residency program will help me participate / conduct future research projects. | | |
| I can effectively and efficiently define drug information questions, gather and critique information from appropriate data sources, and summarize information to form a response. | | |
| Overall | | |
| The pharmacy residency program helped me achieve a level of overall performance that I could not have achieved on my own. | | |





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| What did you like best about the residency program? |
|--|
| How could the residency program improve? |
| What is your employment plan post residency completion? |
| Do you feel the pharmacy residency has prepared you for this new position? |
| Other Comments: |
| Resident Signature: |
| Coordinator Signature: |
| Coordinator Signature: |
| |

Last updated February 2021