

UNIVERSITY HEALTH NETWORK/ MCGILL UNIVERSITY HEALTH CENTRE HIV ADVANCED (YEAR 2) RESIDENCY PROGRAM

CLINICAL LONGITUDINAL ASSESSMENT FORM (CLAF)

NAME OF RESIDENT: NAMES OF COORDINATORS: NAMES OF DIRECTORS:	<input type="checkbox"/> Midpoint meeting: <input type="checkbox"/> End of year meeting:	Date:
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OBJECTIVES OF THE CLAF:

The clinical longitudinal assessment form (CLAF) is meant to facilitate tracking of resident's progress to meet the key educational outcomes of the HIV Advanced (Year 2) Residency Program. It is the resident's responsibility to complete this form at the end of each clinical rotation using the preceptor's final assessment of the resident. This must be completed with assessments of the following rotations:

Rotation	Please specify dates of rotation:
Community Pharmacy	
Ambulatory Care Rotation UHN (part 1)	
Inpatient rotation (Casey House)	
Ambulatory Care Rotation UHN (part 2)	
Elective clinical rotation	
Ambulatory Care Rotation MUHC (part 1)	
Geriatric Rotation	
Ambulatory Care Rotation MUHC (part 2)	

This form will be reviewed at the Resident - Coordinator(s)/Director(s) midpoint and end of year meetings.

	1	2	3	4	5	NOT OBSERVED
1. ACADEMIC/CONTENT KNOWLEDGE						
* 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)						
Medication knowledge	<input type="checkbox"/> Inadequate fund of	<input type="checkbox"/> Superficial fund of	<input type="checkbox"/> Satisfactory fund of	<input type="checkbox"/> Substantial fund of	<input type="checkbox"/> Exceptional fund of	<input type="checkbox"/>

	1	2	3	4	5	NOT OBSERVED
	knowledge to apply to the resolution of clinical problems at the designated level of performance.*	knowledge to apply to resolution of clinical problems at the designated level of performance.*	knowledge to resolve effectively most clinical problems at the designated level of performance.*	knowledge to resolve consistently and effectively all clinical problems at the designated level of performance.*	knowledge to resolve consistently and perceptively all clinical problems at the designated level of performance.*	
Community Pharmacy						
Ambulatory Care Rotation UHN (part 1)						
Inpatient rotation (Casey House)						
Ambulatory Care Rotation UHN (part 2)						
Elective clinical rotation						
Ambulatory Care Rotation MUHC (part 1)						
Geriatric Rotation						
Ambulatory Care Rotation MUHC (part 2)						
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"/>
Community Pharmacy						
Ambulatory Care Rotation UHN (part 1)						
Inpatient rotation (Casey House)						
Ambulatory Care Rotation UHN (part 2)						

	1	2	3	4	5	NOT OBSERVED
Elective clinical rotation						
Ambulatory Care Rotation MUHC (part 1)						
Geriatric Rotation						
Ambulatory Care Rotation MUHC (part 2)						
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"/>
Community Pharmacy						
Ambulatory Care Rotation UHN (part 1)						
Inpatient rotation (Casey House)						
Ambulatory Care Rotation UHN (part 2)						
Elective clinical rotation						
Ambulatory Care Rotation MUHC (part 1)						
Geriatric Rotation						
Ambulatory Care Rotation MUHC (part 2)						
2. PATIENT CARE PROCESS						
Data gathering, medication history	<input type="checkbox"/> Information gathered	<input type="checkbox"/> Information gathered	<input type="checkbox"/> Information gathered	<input type="checkbox"/> Information gathered	<input type="checkbox"/> Information gathered	<input type="checkbox"/>

	1	2	3	4	5	NOT OBSERVED
and literature review.	is incomplete, and/or inaccurate; important information is missing.	is superficial, but accurate, and/or some important information is missing.	is comprehensive, mostly relevant, and accurate.	is comprehensive, relevant and accurate.	is precise, perceptive, and appropriately detailed.	
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Ambulatory Care Rotation MUHC (part 1)						
Geriatric Rotation						
Ambulatory Care Rotation MUHC (part 2)						
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"/>
Community Pharmacy						
Ambulatory Care Rotation UHN (part 1)						
Inpatient rotation (Casey House)						
Ambulatory Care						

	1	2	3	4	5	NOT OBSERVED
Rotation UHN (part 2)						
Elective clinical rotation						
Ambulatory Care Rotation MUHC (part 1)						
Geriatric Rotation						
Ambulatory Care Rotation MUHC (part 2)						
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"/>
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Ambulatory Care Rotation MUHC (part 2)						
Clinical Decision making	<input type="checkbox"/> Often poor and/or not derived from the data; difficulty in arriving at decisions; fails to	<input type="checkbox"/> Sometimes shows poor judgement; some difficulty in decision making.	<input type="checkbox"/> Shows good judgement and usually makes sound clinical decisions;	<input type="checkbox"/> Good judgement and decision making skills; exhibits good problem solving skills	<input type="checkbox"/> Consistently arrives at right decision even on highly complex matters without delay;	<input type="checkbox"/>

	1	2	3	4	5	NOT OBSERVED
	make use of content knowledge and all available information. Unable 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.	Often 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.	some difficulty in complex situations or when there is ambiguity/lack of 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.	including for complex situations. Recognizes situations of uncertainty/ 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.	analyzes available data; produces concise, substantive problem list; superb 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.	
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	1	2	3	4	5	NOT OBSERVED
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 and/or health surveillance.	<input type="checkbox"/>
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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"/>
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Ambulatory Care Rotation MUHC (part 2)						
Patient Care Documentation (e.g., chart notes, consult	<input type="checkbox"/> Often inaccurate, incomplete,	<input type="checkbox"/> Sometimes inaccurate,	<input type="checkbox"/> Usually accurate, complete, adequately	<input type="checkbox"/> In most cases, accurate, complete,	<input type="checkbox"/> Consistently accurate, comprehensive,	<input type="checkbox"/>

	1	2	3	4	5	NOT OBSERVED
notes, etc.)	disorganized and/or confusing; not clearly expressed.	incomplete, disorganized and/or confusing; not consistently presented in a clear, understandable way.	organized and referenced, and presented in a clear, understandable way.	adequately organized and referenced, and presented in a clear, concise, and understandable way.	coherently organized, concise, and referenced; excellent command of expression.	
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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 practices (own and system-wide) or does not recognize own responsibility to manage unsafe practices.	<input type="checkbox"/> Inconsistently recognizes unsafe practices (own and system-wide). With significant guidance, accepts responsibility for addressing unsafe / suboptimal practices and managing near misses or medication incidents / accidents.	<input type="checkbox"/> Consistently evaluates practice, recognizing unsafe or suboptimal practices (own and practice-wide). With some guidance, accepts responsibility for addressing unsafe / suboptimal practices and managing near misses or medication incidents / accidents.	<input type="checkbox"/> Consistently evaluates practice, recognizing unsafe or suboptimal practices (own and system-wide). Accepts responsibility for addressing unsafe / suboptimal practices and effectively manages near misses or medication incidents / accidents. With some guidance, performs practice	<input type="checkbox"/> Consistently evaluates practice, recognizing unsafe or suboptimal practices (own and system-wide). Accepts responsibility for addressing unsafe / suboptimal practices and effectively manages near misses or medication incidents / accidents. Independently seeks out and leads practice	<input type="checkbox"/>

	1	2	3	4	5	NOT OBSERVED
				analyses for the purposes of patient safety, continuous quality assurance, and practice improvement to prevent unsafe / suboptimal practices in the future.	analyses for the purposes of patient safety, continuous quality assurance, and practice improvement to prevent unsafe / suboptimal practices in the future.	
Community Pharmacy						
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Ambulatory Care Rotation MUHC (part 2)						
3. COMMUNICATION SKILLS, PROFESSIONAL AND INTERPERSONAL BEHAVIOUR						
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"/>
Community Pharmacy						

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Pharmacist/Patient Relationships	<input type="checkbox"/> Lacks communication 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.	<input type="checkbox"/> Inconsistent 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.	<input type="checkbox"/> Communicates 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.	<input type="checkbox"/> Establishes good 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.	<input type="checkbox"/> Establishes 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.	<input type="checkbox"/>
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Geriatric Rotation						
Ambulatory Care Rotation MUHC (part 2)						
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"/>
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Geriatric Rotation						
Ambulatory Care Rotation MUHC (part 2)						
Interpersonal Team	<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
Relationships	Behaviour interferes with the working of the team; discourteous to other members of the team; undermines team; may be condescending, patronizing, passive or aggressive.	Poor team player, behaviour does not facilitate team functioning, difficulty communicating with team members; fails to take responsibility for own contribution to the team.	Active member of the team who works well with other members, but whose leadership skills are underdeveloped.	Good, active team player with developing leadership qualities.	An active member of the team whose leadership qualities are recognized by others; able to achieve best results in difficult situations without antagonizing others.	
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Geriatric Rotation						
Ambulatory Care Rotation MUHC (part 2)						
Conflict resolution	☐ 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.	☐
Community Pharmacy						

	1	2	3	4	5	NOT OBSERVED
Ambulatory Care Rotation UHN (part 1)						
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Ambulatory Care Rotation MUHC (part 1)						
Geriatric Rotation						
Ambulatory Care Rotation MUHC (part 2)						
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"/>
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Geriatric Rotation						
Ambulatory Care Rotation MUHC (part 2)						

	1	2	3	4	5	NOT OBSERVED
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"/>
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Elective clinical rotation						
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Geriatric Rotation						
Ambulatory Care Rotation MUHC (part 2)						
4. TEACHING / PRECEPTING						
Oral presentation and/or teaching • presentation skills, style, & content	<input type="checkbox"/> Often incomplete and/or inaccurate, difficult to follow and/or hard to understand and/or inappropriate for the specific audience.	<input type="checkbox"/> Sometimes incomplete and/or inaccurate, superficial, rambling and not always understandable or inappropriate for the specific audience.	<input type="checkbox"/> Usually complete and accurate, adequately organized, and understandable and appropriate for the specific audience.	<input type="checkbox"/> In most cases appropriately, comprehensively and effectively focused, accurate, organized and delivered; consistently clearly expressed and appropriate for the specific audience.	<input type="checkbox"/> Precisely focused, coherently organized, accurate and comprehensive, clearly and succinctly expressed and always appropriate for the specific audience.	<input type="checkbox"/>
Community Pharmacy						

	1	2	3	4	5	NOT OBSERVED
Ambulatory Care Rotation UHN (part 1)						
Inpatient rotation (Casey House)						
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Ambulatory Care Rotation MUHC (part 1)						
Geriatric Rotation						
Ambulatory Care Rotation MUHC (part 2)						
Preceptorship (Practice-based teaching roles: direct instruction, role modeling, coaching, facilitation)	<input type="checkbox"/> 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.	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 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,	<input type="checkbox"/>

	1	2	3	4	5	NOT OBSERVED
		maintained. Feedback provided to the student/resident is accurate but incomplete.	patient safety is maintained. Feedback to the student/resident is for the most part accurate and complete.	is maintained. Feedback to the student/resident is always accurate and complete.	constructive and is well received by the learner.	
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Geriatric Rotation						
Ambulatory Care Rotation MUHC (part 2)						
5. LEADERSHIP and IMPROVEMENT OF MEDICATION-USE SYSTEMS						
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,	<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,	<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,	<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,	<input type="checkbox"/>

	1	2	3	4	5	NOT OBSERVED
		checklists, clinical pathways, clinic memos/ directives, etc) to improve consistency and/or quality of care.	clinical pathways, clinic memos/ directives, etc) to improve consistency and/or quality of care.	checklists, clinical pathways, clinic memos/directives, etc) to improve consistency and/or quality of care.	clinical pathways, clinic memos/ directives, etc) to improve consistency and/or quality of care.	
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Leadership/ advocacy	<input type="checkbox"/> Unable to identify outstanding needs or issues within a community or population. Uninterested in participating in advocacy or system-change processes to improve health in the community/ population served.	<input type="checkbox"/> With guidance, contributes to advocacy efforts for system-level change; makes minor contributions to process to improve health in the community/ population served.	<input type="checkbox"/> With occasional guidance, identifies needs of the community/ population and contributes to advocacy efforts for system-level change; participates in process to improve health in the community/ population served.	<input type="checkbox"/> Proactively identifies needs of the community/ population and contributes to advocacy efforts for system-level change; takes an active participatory role in process to improve health in the community/ population served.	<input type="checkbox"/> Proactively identifies needs of the community/ population and takes initiative for advocating for system-level change; takes an active/leading role in process to improve health in the community/ population served.	<input type="checkbox"/>
Community Pharmacy						
Ambulatory Care						

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ROTATION EVALUATION GRADES, STRENGTHS, AREAS TO IMPROVE

Rotation	Final Grade (Honours/Pass/Fail)	Strengths (specify R=resident, P=preceptor)	Areas to Improve (specify R=resident, P=preceptor)
Community Pharmacy			
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Geriatric Rotation			
Ambulatory Care Rotation MUHC (part 2)			

Resident signature	Date:
Coordinator signature	Date:
Coordinator signature	Date:
Director signature	Date:

Please submit completed CLAF at least 1 week prior to the scheduled midpoint/final resident/coordinators/directors meeting.

Adapted with permission from Clinical Rotation Assessment Form, Year 1 UHN Residency. Updated May 2023.