



Resident Assessment of Rotation and Preceptor

NAME OF ROTATION: _		RC	TATION DATES:			
NAME OF RESIDENT: _		NAME OF PRECEPTOR(S):				
Objectives:	1	2	3	4	NOT APPLICABLE	
ROTATION:						
The objectives were defined and tailored to meet the individual learning needs of the resident.	Objectives were not defined and not tailored to meet individual learning needs.	Some objectives were appropriately selected, some were inappropriate for the resident's education level.	Objectives were defined and reviewed with the resident within 3 days of the rotation; Majority of the objectives were tailored to meet the individual learning needs of the resident.	Objectives were defined and reviewed with the resident on the first day of the rotation; All objectives were tailored to the level of knowledge of the resident.		
Expectations regarding resident workload, performance, in person/remote work, etc. were clearly defined.	No discussion occurred regarding expectations.	Only some expectations were reviewed; schedule was not flexible to meet the resident's needs.	All expectations were reviewed and discussed. Schedule was flexible and allowed ample time to complete required tasks.	Expectations were clearly defined within the first 3 days of rotations. Additional expectations as defined by the resident's individual learning plan also discussed. Schedule was flexible and allowed ample time to complete required tasks		
The rotation was organized in a structured manner and	Rotation not	Some activities were	Majority of the activities	All activities were tailored to		



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activities were planned to meet the rotation and the resident's objectives	Activities were not planned or did not meet the needs of the rotation and/or resident.	while some were inappropriate to achieve the rotation objectives.	individual learning needs of the resident and supported achievement of the rotation objectives.	the resident and supported achievement of the rotation objectives.	
The resident was introduced to appropriate staff and was provided an orientation to the practice area.	Introductions and unit orientation were not provided.	Introductions to some staff only and orientation to the practice area was incomplete.	Resident was oriented to the practice area and majority/all health care team members.	Resident was oriented to the entire practice area and all team members. Roles, expectations and relationships with pharmacy were discussed.	
The rotation learning environment was conducive to achieving the educational outcomes.	The learning environment provided no opportunities for interprofessional collaboration and insufficient opportunities to develop skills to work with patients. Workspace and resources were inadequate.	The learning environment was not optimal for interprofessional collaboration, and the rotation offered few opportunities to develop skills to work effectively with patients. Workspace and resources were available but insufficient.	The learning environment supported interprofessional collaboration, and provided opportunities to develop skills to work effectively with patients. Workspace and resources were sufficient.	The learning environment allowed substantial intraprofessional and interprofessional collaboration, and provided many opportunities to develop skills to work effectively with patients, administrators, educators, and students. Workspace and resources were optimal.	
PRECEPTOR:					
Set dedicated time for resident teaching, observation, and assessment	There was no time for teaching and observing. Assessments were not completed.	Some time was available for teaching and observing but not consistently. Assessments were not	Time for teaching and observing was usually available on a regular basis. Most assessments were provided in a timely	Time for teaching and observing was consistently available on a daily basis. Activities were planned in advance. All assessments	



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		completed in a timely manner.	manner, within 7 days after the end of the rotation.	were completed by the last day of the rotation.	
Has good therapeutic knowledge in the practice area.	□ Knowledge in the rotation therapeutic area is lacking.	□ Has superficial knowledge of the rotation therapeutic area.	Has good knowledge of the rotation therapeutic area.	Has excellent knowledge of the rotation therapeutic area.	
Used a variety of teaching skills to promote the resident's understanding of information. Explained concepts clearly and understandably to the resident.	Teaching skills were not demonstrated to promote the resident's learning on the rotation. Explanations were not clear or easy to understand.	Some teaching skills were demonstrated to promote the resident's learning but not consistently. Mainly direct instruction was used. Some common concepts were explained well. Complex topics required clarification.	Most teaching skills were used to promote the resident's learning. A balance of direct instruction, modelling, coaching and facilitation were appropriately used. Teaching skills are consistently effective and the resident was appropriately challenged. All common concepts were thoroughly explained. Most complex concepts were usually explained well. Additional resources were used to supplement resident's learning.	A variety of teaching skills were masterfully used consistently and adapted based on the resident's learning needs throughout the rotation. Teaching skills promoted critical thinking in the resident. All common and complex topics were clearly explained. Additional resources were used to supplement resident's learning. Resident was encouraged to ask for clarification.	
Listened and responded to the resident's feedback to promote a positive learning experience.	Did not respond to/incorporate resident's feedback to	Occasionally addressed/incorporated resident's suggestions to enhance the	Consistently addressed/incorporated resident's suggestions.	Consistently addressed/incorporated resident's suggestions. Resident felt heard;	





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	promote the resident's learning on rotation.	resident's learning on rotation.	Majority of resident's needs were addressed.	resident's thoughts and ideas were considered.	
Assessments highlighted areas of strength and areas for improvement and constructive feedback was provided regularly.	Areas of strength/improvement were not discussed and feedback was rarely given.	Areas of strengths/improvement were briefly discussed but not clearly defined. Feedback was given on occasion only.	Areas of strengths/improvements were usually discussed with resident (both written/verbal) with some defined steps and suggestions for improvement. Regular feedback was provided during the rotation.	Areas of strengths/improvement were always discussed with the resident (both written/verbal) using concrete examples. Preceptor provided suggestions for improvement. Regular feedback was provided during the rotation and was constructive.	
Was an effective role model, demonstrated patient-centred care, inter-professional collaboration, and professional values and ethics.	Is not a role model. Did not demonstrate compassionate and respectful patient-centred care, effective inter-professional collaboration, or professional values/ethics.	Demonstrated compassionate and respectful patient-centred care, effective inter-professional collaboration or professional values/ethics in some situations but not consistently.	Preceptor was a good role model; consistently provided compassionate and respectful care to all patients, demonstrated professionalism when interacting with team members and modeled high standards for professional values and ethics.	Preceptor was an exemplary role model; consistently demonstrated compassionate and respectful patient-centred care for all patients, advocates for patient's goals, promotes interprofessional collaboration and consistently models exemplary professional values and ethics.	

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





General Comments/Suggestions:	
Resident Signature/Date:	Preceptor signature/Date:
Reviewed by residency coordinator/date:	

Adapted from UHN Year 1 residency program; Last updated August 2025