

HIV ADVANCED (YEAR 2) PHARMACY RESIDENCY

EVALUATION OF RESIDENCY PROGRAM COORDINATORS BY RESIDENT

*Please complete and submit this form to the Residency Coordinators within 2 weeks of the completion of your residency program.

Date: _____ Resident: _____

Coordinators evaluated: _____

OBJECTIVES	SCORE			
	Needs Improvement	Meets Expectations	Exceeds Expectations	Not Applicable
The coordinators discussed residency program policies and procedures from the manual with me at the beginning of the year.				
The coordinators structured rotations and other residency activities to help me meet both program and personal learning objectives. They considered my background, experiences and prior learning assessment to help build the residency schedule.				
The coordinators were accessible and approachable.				
The coordinators demonstrated knowledge and competency in the defined area of practice.				
The coordinators served as effective mentors and role models.				
The coordinators provided guidance and support, including how to prioritize my activities and allocate my time.				
The coordinators communicated clearly and effectively with me. They encouraged me to ask questions and express ideas.				
The coordinators encouraged me to seek out the opinions, advice and guidance of other staff in the hospital in order to help with decision making in regards to the management projects, the research project and other leadership initiatives.				
The coordinators encouraged me to become actively involved in professional activities.				
The coordinators provided timely and constructive feedback (e.g. presentations, mid-year and end of year performance appraisals, research project).				
The coordinators took responsibility for his/her role in my learning (e.g. helped ensure I met program and personal learning objectives).				
The coordinators invited ongoing feedback and ideas regarding the residency program.				

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Resident Comments

Resident Signature

Coordinator Signatures

Last updated September 2025