Evaluation of Residency Program Directors by Resident

Name of Resident Completing Evaluation: **Name of Directors:**

Date Completed:

Scale: Scale: *NI – Needs Improvement* *ME – Meets Expectations* *EE – Exceeds Expectations* *NA – Not Applicable*

During the residency program, the directors:	**NI**	**ME**	**EE**	**NA**
• provided guidance and direction when required.	☐	☐	☐	☐
• were knowledgeable of the current learning environment, learning resources, residency goals/objectives, expectations of an advanced (Year 2) pharmacy resident, etc.	☐	☐	☐	☐
• were approachable and accessible for questions and informal/extra meetings, and communicated clearly and effectively.	☐	☐	☐	☐
• provided constructive feedback and suggestions for improvement on performance (e.g., during the Residency Advisory Committee meetings, at mid-year and end of year performance appraisals, research project).	☐	☐	☐	☐
• were supportive and aided in conflict resolution on an as needed basis.	☐	☐	☐	☐
• projected enthusiasm for the profession and practice of pharmacy.	☐	☐	☐	☐
• were advocates for the residency program's continual growth and success (e.g., promoted the residency program, acquisition of resources, quality improvement).	☐	☐	☐	☐

Signature of Resident:_____ **Date:** _____

Signature of Coordinator _____ **Date:** _____ **or** **Signature of Director:**_____ **Date:** _____

Adapted from the PRFO Resident Evaluation of Residency Program Director form - Last updated September 2025