

HIV ADVANCED (YEAR 2) PHARMACY RESIDENCY

EVALUATION OF RESIDENCY PROGRAM BY RESIDENT

*Please complete and submit this form to the Residency Coordinator(s) within 2 weeks of the completion of your residency program.

Date: _____ Resident: _____
 Director(s): _____ Coordinator(s): _____

EVALUATION DOMAINS	SCORE				
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
General					
The rotation schedule was well organized and supported achievement of both program and personal learning objectives and goals.					
There were adequate variety and volume of learning experiences to allow 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, permitting work:life balance.					
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.					
The residency program's learning environment was supportive and free from harassment, intimidation, and other forms of abuse.					
Comments:					

HIV ADVANCED (YEAR 2) PHARMACY RESIDENCY

EVALUATION DOMAINS	SCORE				
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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 improved my clinical decision making skills. I can develop therapeutic plans for people living with or at risk of HIV and conduct appropriate monitoring and follow-up with greater confidence.					
The rotations enhanced my confidence in dealing with patients and other health care professionals.					
The program has strengthened my written communication skills.					
The program has strengthened my verbal communication 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 enhanced my competency in research: identification of a problem or question, protocol development, data collection, analysis and interpretation, and manuscript preparation.					
I successfully completed a project related to HIV, viral hepatitis or related comorbidities.					
I can effectively peer review a scientific manuscript and provide written constructive feedback.					
I have demonstrated leadership in HIV care and scholarly activities.					
Comments:					

HIV ADVANCED (YEAR 2) PHARMACY RESIDENCY

EVALUATION DOMAINS	SCORE				
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Overall					
The pharmacy residency program helped me achieve a level of overall performance that I could not have achieved on my own.					
Comments:					

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: