

Lower Mainland Pharmacy Services LMPS Yr1 Residency	Evaluated By : evaluator's name Evaluating : person (role) or moment's name (if applicable) Dates : start date to end date	
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* indicates a mandatory response

LMPS Pharmacy Residency Program

Direct Patient Care Rotation Assessment of the Resident

Competency-Based Assessment

For Evaluation Policies and Resources and guidance on the performance rubric(s), please see:

<http://www.lmpsresidency.com/residents/resident-manual/evaluation-outcomes>

<http://www.lmpsresidency.com/residents/resident-manual/evaluation-policies>

Please note that for the 2-week Clinical Orientation rotation, only a FINAL evaluation is required to be completed.

*This evaluation is a:

- ☐ Midpoint
☐ Final

*Counting only the resident's 4-week clinical rotations, this is Direct Patient Care Rotation #

[0, or positive number only, no decimals]

Preceptors: Please ensure you have reviewed and are aware of the resident's expected level of performance based on the number of direct patient care rotations they have had to date. This is outlined in the box immediately below.

If you are unable to see this box because of your site's web browser, please refer to the LMPS residency program website for the Expectations of Resident Performance at <http://www.lmpsresidency.com/residents/resident-manual/evaluation-outcomes>

***Note* If you have any questions or concerns about a resident not meeting the expected level of performance - please contact the residency coordinator to discuss as soon as possible during the rotation block.**

Expectations of Resident Performance (for MODERATELY COMPLEX patients)

Note: Given the trajectory of learning during the program, the resident is meant to progress to the expected level of performance indicated by the end of the block of rotations in each time point (eg. Advanced Beginner by the end of rotation 2, or Competent by the end of rotation 5 or Proficient by the end of rotation 8). We should be working towards that goal during each time block. Evaluations that are flagged as low performance will be assessed on a case by case basis and the need for the resident to complete a remedial rotation will take into account the longitudinal progress of the resident.

Knowledge Rubric

Level	Characteristics
Remembering	Data recall. Able to state/list previous learned information. Shallow processing, draws out factual answers.
Understanding	Understands meaning. Demonstrates understanding of facts/ideas through the ability to translate, interpret and extrapolate information.
Applying	Uses learning in novel situations. Able to use/implement information in settings that are new, unfamiliar or have a new slant.
Analyzing	Understands elements and relationships. Able to break down information into parts and determine how they relate to one another and the overall organizational structure or purpose. Able to use this information to solve problems.

Skills (Provision of Pharmaceutical Care) Rubric

Level	Characteristics
<i>Novice</i>	Has incomplete understanding and minimal or “textbook” knowledge without connecting it to practice. Approaches tasks mechanistically. Little or no conception of dealing with complexity. Needs close supervision or instruction.
<i>Advanced Beginner</i>	Has a working understanding and knowledge of key aspects. Tends to see actions as a series of steps. Appreciates complex situations, but only able to achieve partial resolution. Able to achieve some steps using own judgement, but supervision needed for overall task.
<i>Competent</i>	Has good working and background understanding. Now sees actions at least partially in terms of longer-term goals. Copes with complex situations through deliberate analysis and planning. Able to work independently to a standard that is acceptable though it may lack refinement. Able to achieve most tasks using own judgement.
<i>Proficient</i>	Has a deeper understanding. Sees overall “picture” and how individual actions fit within it. Sees what is most important in a situation. Deals with complex situations holistically. Decision-making is more confident. Applies information across scenarios with adaptable approaches. Can achieve a high standard routinely and independently. Able to take full responsibility for own work.

**Rubrics based on Bloom's Taxonomy and the Dreyfus Model of Skill Acquisition

A. Knowledge

			Lists basic facts of pathophysiology and common signs & symptoms.	Makes connections between groups of signs & symptoms to specific systems (e.g., cough, tiredness & edema to the cardiovascular system; weakness, tiredness & pallor to hematologic system).	Makes connections between patient specific clinical findings to medical conditions (e.g. a patient presenting with increased WBC count, fever, productive cough & consolidation on CXR may suggest pneumonia).	Integrates relevant elements of patient's medical conditions into clinical assessments and incorporates these into care plans (e.g. therapeutic decisions address the overlap in presentation of CHF and pneumonia for a specific patient)
	Not assessed (Explain why not assessed)	Remembering	Understanding	Applying	Analysing	
<p>*1. Knowledge of Medical Conditions (CPRB 3.1.1.b)</p> <p>Pathophysiology, risk factors, etiology and clinical presentation, including symptoms, physical assessment, relevant diagnostics, and laboratory findings</p> <p>Some residents may have greater depth of knowledge in certain medical conditions and still require further development in other conditions. Please evaluate overall performance but provide comments below if this is the case.</p> <p>Please provide evidence to support your rating:</p>						

*Please provide evidence to support your rating:

		Lists basic characteristics of common medication classes. (e.g. explains the mechanism of ACEIs in the RAAS.)	Identifies connections between characteristics of the medication and the medical condition(s) it is intended to treat (e.g. relating the mechanism of action of ACEIs to their nephro-protective effects in patients with renal disease).	Draws connections between patient-specific factors and medication knowledge (e.g. identifying ACEIs as a potential contributing factor in a patient with a decline in renal function following initiation of an ACEI).	Integrates medication knowledge and associated best available evidence to create patient-specific clinical assessments and care plans (e.g. careful initiation of an ACEI in a patient with renal dysfunction and hyperkalemia to reduce cardiovascular mortality associated with heart failure).
	Not assessed (Explain why not assessed)	Remembering	Understanding	Applying	Analysing
<p>*2. Knowledge of Pharmacotherapeutics (CPRB 3.1.1.b, 3.1.2.a.b.c)</p> <p>Consideration of pharmacology, pharmacokinetics, therapeutics, and integration of best available evidence into clinical assessments.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Please provide evidence to support your rating:

		Lists common policies & procedures associated with safe medication practices. Requires supervision to write/clarify safe medication orders.	Explains the benefit of common policies & procedures associated with safe medication practices. Requires some supervision to write/clarify safe medication orders.	Incorporates basic safe medication principles into daily practice. Is able to utilize medication administration policies as it applies to patient care. All medication orders written/clarified are safe and appropriate.	Proactively identifies and anticipates medication safety issues for patients. Prevents errors, manages and improves medication use for patients. All medication orders written/clarified are safe and appropriate.
	Not assessed (Explain why not assessed)	Remembering	Understanding	Applying	Analysing
<p>*3. Knowledge of Safe Medication Practices (CPRB 3.2.5, 3.2.6, 3.3.2)</p> <p>In order to manage and improve medication use for INDIVIDUAL patients (in daily practice) and GROUPS of patients (at an organizational level) the ability to demonstrate safe and appropriate:</p> <p>a) medication ordering and/or prescribing b) order clarifications (using approved abbreviations) c) medication incident reporting d) application of medication administration policies (eg. parenteral medications), and e) use of prescribing tools such as pre-printed orders</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Please provide evidence to support your rating:

B. Skills (Provision of Pharmaceutical Care)

		Requires intensive coaching in order to prioritize patients and/or drug therapy problems.	Appreciates varying levels of patient complexity and recognizes patients at higher risk of drug therapy problems some of the time.	Organizes work using a strategy to accommodate varying levels of patient complexity and addresses patients at higher risk of drug therapy problems first.	Organizes and conducts work efficiently. Proactively prepares for and effectively manages changing situations.
	Not assessed (Explain why not assessed)	Novice	Advanced Beginner	Competent	Proficient
<p>*4. Patient Triage and Prioritization (CPRB 3.1.1.a, 3.1.7)</p> <p>Within the group of the resident's assigned patients (or when selecting patients on the ward), the ability to place a high priority on, and be accountable for prioritizing and providing care to patients who are most likely to experience drug therapy problems.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Please provide evidence to support your rating:

		Requires intensive coaching and supervision during patient interactions.	Initiates patient interaction with prompting and guidance. Focuses on information collection and unable to consistently recognize verbal or non-verbal cues.	Establishes a strong rapport and caring relationship. Occasionally may lack refinement in certain patient/caregiver interactions. Able to recognize verbal or non-verbal cues.	Proactively and independently establishes a strong rapport and caring relationship. Adapts to situational differences and patient preferences to enhance the interaction.
	Not assessed (Explain why not assessed)	Novice	Advanced Beginner	Competent	Proficient
<p>*5. Relationship with Patient (CPRB 3.1.4, 3.1.8.a)</p> <p>Ability to perform patient-centered clinical assessments and establish care plans by establishing a respectful, professional and ethical relationship with the patient and/or caregiver(s).</p> <p>Ability to engage in empathetic, compassionate, non-judgmental, culturally safe and tactful conversations.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Please provide evidence to support your rating:

		Very task oriented and cannot adapt to a new clinical scenario. Requires intensive coaching to gather patient information using a variety of sources.	Gathers information from a variety of sources which is sometimes incomplete and/or irrelevant. Can sometimes explain the significance of clinical findings.	Differentiates between relevant and irrelevant data with minimal coaching. Gathers information from a variety of sources that is comprehensive and accurate. Can usually explain significance in relation to a specific patient assessment.	Gathers information in a systematic and thorough manner. Independently differentiates between relevant and irrelevant data. Presents pertinent information and explains its significance in relation to the specific patient assessment.
	Not assessed (Explain why not assessed)	Novice	Advanced Beginner	Competent	Proficient
<p>*6. Patient Information Gathering (CPRB 3.1.8.d.e)</p> <p>Ability to gather, evaluate and interpret relevant patient information from all appropriate sources in an organized, thorough and timely manner, including effectively eliciting a patient history and performing assessments. (Examples of information gathered include but are not limited to: chief complaint, history of present illness, past medical history, social history, review of systems, investigations, past and current medications, etc.)</p> <p>Ability to report all pertinent findings and explain their significance.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Please provide evidence to support your rating:

		Requires intensive coaching to identify all the chief medical problem(s) as well as other medical problems. Has difficulty prioritizing based on level of acuity.	Identifies chief medical problem(s), but misses some medical problems. Sometimes has difficulty prioritizing, providing only superficial justification.	Identifies the chief medical problem(s) and most other medical problems. Accurately prioritizes based on level of acuity, providing appropriate justification.	Identifies a thorough and comprehensive list of all medical problems, accurately prioritized with appropriate justification. Articulates how the chief medical problem may affect coexisting conditions.
	Not assessed (Explain why not assessed)	Novice	Advanced Beginner	Competent	Proficient
<p>*7. Medical Problem List (CPRB 3.1.8.f)</p> <p>Ability to develop a prioritized medical problem list.</p> <p>Ability to describe currently active issues that are responsible for the patient's admission or clinic visit.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Please provide evidence to support your rating:

		If guided to use a step-wise approach is able to identify some actual and potential drug therapy problems. Does not consistently assess all medication orders for appropriateness.	Utilizes relevant data and is developing a systematic step-wise approach to clinical assessments with some coaching, but unable to consistently identify and prioritize all major actual and potential drug therapy problems. Assesses medications for appropriateness but may miss some patient specific factors at times.	Utilizes a systematic approach to identify major actual and potential drug therapy problems by integrating relevant patient data and therapeutic knowledge into clinical assessments, with minimal coaching. Able to prioritize problems based on level of acuity, but may lack refinement at times.	Utilizes a systematic approach to identify all actual and potential drug therapy problems by integrating relevant patient data and therapeutic knowledge into clinical assessments. Able to consistently prioritize based on level of acuity, and provide appropriate justification.
	Not assessed (Explain why not assessed)	Novice	Advanced Beginner	Competent	Proficient
<p>*8. Drug Therapy Problems (CPRB 3.1.8.c, 3.2.4)</p> <p>Ability to identify, justify and prioritize patient-specific drug therapy problems.</p> <p>Ability to assess medication orders for appropriateness using all available information and resolve problems.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Please provide evidence to support your rating:

		Able to identify basic desired outcomes. Requires coaching to identify disease-specific outcomes.	Identifies obvious disease-specific outcomes. Requires coaching to make them patient-specific and to advocate for patient's goals.	Establishes patient's desired outcome(s) that are specific and measurable. Usually incorporates shared decision-making when developing care plans.	Establishes patient's desired outcome(s) that are specific and measurable. Consistently integrates shared decision-making and consideration of patient's and other team member's goals when developing care plans.
	Not assessed (Explain why not assessed)	Novice	Advanced Beginner	Competent	Proficient
<p>*9. Goals of Therapy (CPRB 3.1.5, 3.1.6, 3.1.8.b.f)</p> <p>Ability to establish and incorporate patient's desired outcome(s) of therapy and principles of shared decision-making into his/her practice.</p> <p>Ability to advocate for the patient in meeting their health-related needs.</p> <p>Ability to establish care plans for individual patients that include consideration of the patient's goals and the roles of the other team members.</p>					

*Please provide evidence to support your rating:

		Able to integrate relevant patient data and therapeutic knowledge with intensive coaching to identify basic therapeutic alternatives.	Identifies some therapeutic alternatives but requires coaching to develop a comprehensive list.	Identifies a comprehensive list of therapeutic alternatives; however justification of choices and anticipation of consequences of each alternative may lack refinement at times.	Incorporates evidence, integrates relevant patient data to identify and justify a comprehensive list of viable therapeutic alternatives. Is able to articulate justification of choices. Anticipates consequences of each alternative.
	Not assessed (Explain why not assessed)	Novice	Advanced Beginner	Competent	Proficient
<p>*10. Therapeutic Alternatives (CPRB 3.1.2.b.c, 3.1.8.d.e.f)</p> <p>Ability to identify, prioritize, assess, and justify therapeutic alternatives.</p> <p>Ability to perform patient-centered clinical assessments and establish care plans integrating best available evidence for individual patients through a process that includes: discussion of all viable alternatives, considering efficacy, safety, patient factors, administration issues and cost.</p>	○	○	○	○	○

*Please provide evidence to support your rating:

		Only able to make therapeutic recommendations to the preceptor with intensive coaching.	Makes basic therapeutic recommendations as part of care plan to the preceptor, drawing on superficial therapeutic knowledge and some patient data. Requires coaching to discuss issues with the health care team.	Makes recommendations for most important drug therapy problems. Actively participates in care decisions with minimal coaching. Defends care plan recommendations to the preceptor and the health care team; may lack refinement at times.	Develops evidence-based comprehensive care plans and prioritizes recommendations in the context of the patient. Actively participates in care decisions. Defends recommendations to the health care team and proactively addresses their questions and concerns. Recommendations are generally accepted by the team.
	Not assessed (Explain why not assessed)	Novice	Advanced Beginner	Competent	Proficient
<p>*11. Therapeutic Recommendations and Implementing Care Plans (CPRB 3.1.1.d, 3.1.3.c, 3.1.8.f.g)</p> <p>Ability to develop, prioritize and implement a care plan for their individual patients based upon their patient-centered clinical assessment.</p> <p>Ability to proactively communication issues to affected stakeholders, including patients and their families, and to resolve those issues, when possible.</p> <p>Ability to work effectively with other healthcare professionals by actively participating in care decisions.</p>					

*Please provide evidence to support your rating:

		Able to design a basic monitoring plan with intensive coaching. Does not recognize education needs of the patient.	Designs a basic monitoring plan, but unable to consistently integrate patient-specific factors or make sound clinical judgements; requires coaching. Provides basic patient education on the main medication change.	Designs an appropriate and comprehensive patient-specific monitoring plan with minimal coaching, and provides rational justification for these decisions. Usually provides thorough patient education and recognizes opportunities for patient self-management.	Develops comprehensive patient-specific monitoring plans, and provides rational justification for these decisions. Anticipates possible outcomes and proactively modifies care plans on the basis of new information. Proactively provides patient education and guidance for patient self-management.
	Not assessed (Explain why not assessed)	Novice	Advanced Beginner	Competent	Proficient
<p>*12. Monitoring Plan and Patient Education (CPRB 3.1.8.h.i)</p> <p>Ability to proactively monitor drug therapy outcomes, and revise care plans on the basis of new information.</p> <p>Ability to provide patient education related to their medication, self-management and/or monitoring of their condition as applicable.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Please provide evidence to support your rating:

		Only able to communicate with health care providers for collaborative care with coaching and supervision. Does not always recognize the need for collaboration or appreciate the relevant information to include in the handover of care.	Communicates with health care providers in a professional manner, but does not consistently do so in an organized fashion. Requires coaching to appreciate the overlap in responsibilities and the relevant information to include in the handover of care. Requires prompting to be timely with communication of handover.	Communicates with health care providers in an organized and professional manner. Recognizes overlap and sharing of responsibilities. Provides relevant information in the handover of care; may lack refinement at times. Occasionally, the communication of handover could be timelier.	Proactively collaborates with health care providers in a timely, focused, organized and professional manner. Recognizes overlap and sharing of responsibilities. Is able to provide timely, comprehensive and organized handover of care.
	Not assessed (Explain why not assessed)	Novice	Advanced Beginner	Competent	Proficient
<p>*13. Collaborative Care and Seamless Care (CPRB 3.1.3.a.b.e.f)</p> <p>Ability to establish and maintain effective inter- and intra-professional working relationships for collaborative care, recognizing when overlap of responsibilities exist.</p> <p>Ability to engage in respectful, compassionate, non-judgmental, culturally safe, tactful conversations with members of the healthcare team.</p> <p>Ability to provide safe and effective transfer of care responsibility during care transitions.</p> <p>Ability to recognize when care should be handed over to another team member.</p>					

*Please provide evidence to support your rating (include any feedback from other team members as applicable):

		Able to document in an accurate and organized manner with intensive coaching.	Documents when provided with a structured format, but may miss some key information. Requires coaching to keep documentation organized, relevant and concise.	Documents care plans in an accurate, complete and organized manner, but articulation of therapeutic issues may lack refinement. May require coaching to keep documentation focused and concise.	Proactively documents comprehensive care plans in an organized, relevant and concise manner. Identifies patients for whom documentation is a priority.
	Not assessed (Explain why not assessed)	Novice	Advanced Beginner	Competent	Proficient
<p>*14. Documentation (CPRB 3.1.3.f, 3.1.8.i)</p> <p>Ability to proactively communicate care plans using written or electronic means of documentation about the care being provided, in a manner that will optimize clinical decision-making, patient safety, confidentiality and privacy.</p>					

*Please provide evidence to support your rating:

		Requires intensive coaching to identify the typical references to use as well as to respond to most medication- and practice-related questions.	Responds to simple questions but requires time. Has awareness of typical references to use and demonstrates basic literature search skills, but is unable to critically appraise findings.	Effectively responds to most questions. Demonstrates a strategy for selecting and navigating the literature and sometimes applies critical appraisal skills to formulate evidence-based responses.	Efficiently triages and responds to all questions using a sophisticated, thorough and directed strategy for selecting and navigating literature. Routinely applies critical appraisal skills to formulate evidence-based responses.
	Not assessed (Explain why not assessed)	Novice	Advanced Beginner	Competent	Proficient
<p>*15. Medication and Practice-Related Questions (CPRB 3.1.2.a.b.c, 3.5.1.a.b.c.d.e)</p> <p>Ability to effectively respond to medication- and practice-related questions, and educate others in a timely manner at a level of detail appropriate to the requestor.</p> <p>Ability to effectively select and navigate resources, utilize systematic literature search and critical appraisal skills to formulate a response and communicate responses both verbally and in writing, as appropriate.</p>					

*Please provide evidence to support your rating:

		Requires intensive coaching to prioritize tasks and manage time, unable to cope with complexity.	Able to prioritize work, but requires coaching to balance multiple competing priorities. Utilizes critical thinking and problem-solving skills to attempt to solve moderately complex problems but requires coaching to achieve full resolution.	Able to prioritize work and balance multiple competing priorities with minimal coaching. Utilizes critical thinking and problem-solving skills to solve moderately complex problems but may lack refinement at times.	Independently prioritizes work and balances multiple competing priorities. Continually refines critical thinking and problem solving to solve moderately complex problems.
	Not assessed (Explain why not assessed)	Novice	Advanced Beginner	Competent	Proficient
*16. Critical Thinking and Time Management (CPRB 2.1.5.3, 3.1.1.c, 3.4.1) Ability to independently prioritize tasks, think critically, use scientific reasoning, problem solve and manage own time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Please provide evidence to support your rating:

****NOTE:** If an oral presentation has been completed by the resident, residents are to send Preceptor(s) a separate "Faculty Evaluation of Resident Case Presentation" or "Faculty Evaluation of Resident Inservice Presentation" via one45 for completion

C. Attitudes and Behaviours (Professional Characteristics)

	Does Not Consistently Exhibit	Consistently Exhibits
*17. Responsibility for Own Learning (CPRB 2.1.5.3, 2.1.5.4, 3.1.1.c, 3.4.1) Self-direction, motivation Modification of behavior in response to feedback Professional conduct (punctuality, communication about patient care activities, rotation expectations and deadlines, accountable for own actions) Reliability and follow-through on all tasks assigned	<input type="radio"/>	<input type="radio"/>

*Please provide evidence to support your rating:

	Does Not Consistently Exhibit	Consistently Exhibits
*18. Recognizing Role (CPRB 3.1.3.a.b.c.d, 3.2.2, 3.3.4)		
Commitment to profession	<input type="radio"/>	<input type="radio"/>
Demonstrates professional and ethical conduct	<input type="radio"/>	<input type="radio"/>
Demonstrates respect for colleagues and members of care teams		
Understanding of role within the interprofessional team		

*Please provide evidence to support your rating:

D. Rotation Specific Objectives (to be filled in and evaluated by the Preceptor/Resident as needed)

(Note: Do not add objectives that are already covered by those objectives listed above - such as specific pharmacokinetic assessment of a drug, or particular patient teaching. Just add specific feedback comments to the objective above.)

1.

	Not assessed (Explain why not assessed)	Remembering/ Novice	Understanding/ Advanced Beginner	Applying/ Competent	Analysing/ Proficient
Rotation (listed above) Objective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide evidence to support your rating:

2.

	Not assessed (Explain why not assessed)	Remembering/ Novice	Understanding/ Advanced Beginner	Applying/ Competent	Analysing/ Proficient
Rotation (listed above) Objective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide evidence to support your rating:

3.

	Not assessed (Explain why not assessed)	Remembering/ Novice	Understanding/ Advanced Beginner	Applying/ Competent	Analysing/ Proficient
Rotation (listed above) Objective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide evidence to support your rating:

4.

	Not assessed (Explain why not assessed)	Remembering/ Novice	Understanding/ Advanced Beginner	Applying/ Competent	Analysing/ Proficient
Rotation (listed above) Objective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide evidence to support your rating:

5.

	Not assessed (Explain why not assessed)	Remembering/ Novice	Understanding/ Advanced Beginner	Applying/ Competent	Analysing/ Proficient
Rotation (listed above) Objective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide evidence to support your rating:

***Mid-Point Goals & Focus and Final Preceptor Handover Comments
(CPRB 2.2.3.7.b)**

Midpoint: Please briefly highlight the areas of focus for the final 2 weeks of the rotation.

Consider things that the resident should:

- keep doing or do more of because it is going well
- start doing or consider trying
- change/adapt how they're doing something
- stop doing

Final Assessment:

Please describe the resident's strengths and the progress the resident made while on rotation with you. Describe areas you suggest the subsequent preceptor and resident focus on to further develop the resident's skills. Provide any overall comments/feedback.

NOTE The resident is to forward the comments from this box from their Final rotation assessment form to their subsequent preceptor to allow for communication of the resident's continual progress through the program. The resident is to copy the Program Coordinator on these emails.

The following will be displayed on forms where feedback is enabled...

(for the evaluator to answer...)

***Did you have an opportunity to meet with this trainee to discuss their performance?**

☐ Yes

☐ No

(for the evaluatee to answer...)

***Did you have an opportunity to discuss your performance with your preceptor/supervisor?**

☐ Yes

☐ No