

Lower Mainland Pharmacy Services LMPS Yr1 Residency	Evaluated By: <b>evaluator's name</b> Evaluating : <b>person (role) or moment's name (if applicable)</b> Dates : <b>start date to end date</b>	
--	--	--

\* indicates a mandatory response

## LMPS Preceptor Self Assessment

In accordance with CPRB Accreditation Standards (2.1.4.r.6): preceptors shall be committed to self-assessment and making active use of constructive feedback provided by the resident, coordinator, program director, and (where applicable) other preceptors.

This evaluation is kept confidential from the residents.

This evaluation may be used as part of a regular discussion for performance coaching & planning with your coordinator to help form your professional development goals for the upcoming year.

	Never	Sometimes	Usually	Always
*I am knowledgeable and up-to-date on the relevant literature and issues in my practice/clinical area.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*I feel engaged in my professional responsibilities, including precepting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*I review the resident's own rotation-specific learning objectives at the start of each rotation, and reassess at midpoint and final	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*I demonstrate interest in my resident's learning, professional development, and personal well-being.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*I am approachable and available to my resident(s) when needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*I adapt my teaching style to the different needs of individual residents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*I take the time to explain concepts fully and clearly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*I use a variety of teaching methods including direct instruction, modeling, coaching, and facilitation with my resident(s) to promote their skill and knowledge development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*I provide constructive and timely feedback.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*I demonstrate professionalism with my residents, colleagues, and care team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*I feel that I am supported by the LMPS Program to have the skills to precept.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any additional comments related to the above:

\*Please describe one thing that went well on your rotation(s) in the past year.

\*Please describe any challenges you had during rotation(s).

\*From your experiences this past year, what opportunities have you identified that you plan to implement in future rotations?

\*How can the Residency Program further support your development as a preceptor? What suggestions do you have about delivering this support?

**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