

Lower Mainland Pharmacy Services LMPS 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 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.

*Please describe two things that went well on your rotation(s) with pharmacy residents this year.

Please describe any unexpected challenges you had on the rotation(s).

*To assist in planning the rotation for future residents, please outline any changes or updates you plan to implement to improve the rotation.

How can the Residency Coordinator further support your development as a preceptor?

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