

Lower Mainland Pharmacy Services LMPS 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>	
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\* indicates a mandatory response

## LMPS Pharmacy Practice Residency Program

### Resident Evaluation of Preceptor and Rotation

The purpose of this evaluation is to provide the preceptor, the site Clinical Coordinator and Residency Coordinator with constructive feedback in order to assist in the continual quality improvement of the rotation. Please provide honest and constructive feedback as they are vital to the preceptor and to the overall improvement of the program.

This evaluation should be completed and discussed with your preceptor at the end of the rotation and will become a part of the permanent records of the LMPS Pharmacy Practice Residency Program.

\*During the rotation, this preceptor was a

- Primary Preceptor
- Co-preceptor

#### A. Preceptor

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
*1. The preceptor reviewed the rotation goals and objectives with me at the start of the rotation	<input type="radio"/>				
*2. The preceptor gave me an opportunity to identify personal goals and objectives and learning needs for the rotation and was flexible in tailoring the rotation when possible	<input type="radio"/>				
*3. The preceptor provided an appropriate orientation to the practice/clinical area and personnel	<input type="radio"/>				
*4. The preceptor clearly and effectively communicated expectations	<input type="radio"/>				
*5. The preceptor was an effective and enthusiastic teacher and demonstrated an interest in my learning, professional development and personal well-being	<input type="radio"/>				
*6. The preceptor assumed the most appropriate teaching role (direct instructor, model, coach, facilitator) in the moment to promote the development of my skills and knowledge	<input type="radio"/>				
*7. The preceptor provided relevant and constructive feedback in a timely manner	<input type="radio"/>				
*8. The preceptor was approachable and readily available when needed	<input type="radio"/>				
*9. The preceptor was knowledgeable and up-to-date on the relevant literature and issues in their practice/clinical area	<input type="radio"/>				
*10. The preceptor demonstrated a good rapport and professional relationships with their colleagues and the health care team	<input type="radio"/>				

Please provide evidence to support or explain your ratings for any of the above questions, as required:

\*11. What are the strengths of the preceptor?

\*12. How could the preceptor further improve his/her precepting or teaching skills?

## B. Rotation

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
*1. The rotation was well organized and structured	<input type="radio"/>				
*2. The rotation objectives, manual, activities and pre-readings were up-to-date, readily accessible and appropriate for my level of knowledge	<input type="radio"/>				
*3. The rotation workload and assignments were appropriate in nature and quantity	<input type="radio"/>				
*4. The rotation offered the necessary opportunities to meet the rotation goals and objectives, as well as my personal goals and objectives	<input type="radio"/>				
*5. The rotation provided opportunity for high-level interactions with other health care providers and meaningful opportunities to contribute to patient care	<input type="radio"/>				
*6. Overall, the rotation met my expectations and I would recommend this rotation to other residents	<input type="radio"/>				

Please provide evidence to support or explain your ratings for any of the above questions, as required:

\*7. What are the strengths of this rotation?

\*8. How do you think this rotation could be improved?

\*OVERALL feedback/comments of the preceptor and rotation:

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**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