



BC Pharmacy  
IHA Pharmacy

Evaluated By: evaluator's name

Evaluating : person (role) or moment's name (if applicable)

Dates : start date to end date

\* indicates a mandatory response

## Interior Health Pharmacy Residency Program Direct Patient Care Rotation ITAR (In-Training Assessment of Resident) Competency-Based Assessment

**Note: If a text box pops-up when you open the assessment form that says: "Do you want to view only webpage content that was delivered securely?" click NO. This will allow you to view the performance rubrics tables below. Alternatively, these tables can be viewed by clicking the link below.**

**For information on Assessment and Evaluation Policies and Resources, including Resident Expected Level of Performance, Knowledge Rubric, Skills Rubric see:**  
<http://www.ihpharmacy.com/direct-patient-care-rotation-e/>

### Resident Expected Level of Performance

Time Point	Expected Level of Performance (for <u>moderately</u> complex patients and drug therapy problems)	
Direct Patient Care Rotations 1 - 3	A. Knowledge B. Skills C. Attitudes and Professional Behaviour	Understanding Advanced Beginner Consistently Exhibits
Direct Patient Care Rotations 4 - 6	A. Knowledge B. Skills C. Attitudes and Professional Behaviour	Applying Competent Consistently Exhibits
Direct Patient Care Rotations 7+	A. Knowledge B. Skills C. Attitudes and Professional Behaviour	Analyzing Proficient Consistently Exhibits

## Knowledge Rubric

Level	Characteristics
<b>Remembering</b>	Data recall. Able to state/list previous learned information. Shallow processing, draws out factual answers.
<b>Understanding</b>	Understands meaning. Demonstrates understanding of facts/ideas through the ability to translate, interpret and extrapolate information.
<b>Applying</b>	Uses learning in novel situations. Able to use/implement information in settings that are new, unfamiliar or have a new slant.
<b>Analyzing</b>	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
<b>Novice</b>	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.
<b>Advanced Beginner</b>	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
<b>Competent</b>	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.
<b>Proficient</b>	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.

## A. Knowledge

		Remembering	Understanding	Applying	Analyzing
--	--	-------------	---------------	----------	-----------

	Not assessed (Explain why not assessed)	Lists basic facts of pathophysiology and common signs & symptoms.	Makes connections between groups of signs & symptoms and specific systems (e.g., cough, tiredness & edema to the cardiovascular system; weakness, tiredness & pallor to hematologic system).	Makes connections between patient-specific clinical findings and 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 HF and pneumonia)
<b>*1. Knowledge of Medical Conditions (2018 CPRB 3.1.1.b)</b>					
Pathophysiology, risk factors, etiology and clinical presentation, including symptoms, physical assessment, relevant diagnostics, and laboratory findings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide evidence to support your rating:

		Remembering	Understanding	Applying	Analyzing
	Not assessed (Explain why not assessed)	Lists basic characteristics of common medication classes.	Makes connections between characteristics of the medication and the medical condition(s) it is intended to treat (e.g. how an ACE inhibitor lowers blood pressure in a patient).	Makes connections between patient-specific factors and medication knowledge (e.g. vancomycin dosing in an older patient with decreased renal function).	Relates medication knowledge and associated best available evidence to patient-specific factors and considers this in therapeutic decision-making (e.g. initial dosing of antibiotics in a patient with sepsis and unstable renal function).
<b>*2. Knowledge of Pharmacotherapeutics (2018 CPRB 3.1.1.b, 3.1.2.a.b.c)</b>					
Pharmacology, pharmacokinetics, therapeutics and integration of best available evidence into clinical assessments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide evidence to support your rating:

		<b>Remembering</b>	<b>Understanding</b>	<b>Applying</b>	<b>Analyzing</b>
	Not assessed (Explain why not assessed)	Lists common policies & procedures associated with safe medication practices. Requires supervision to write/clarify medication orders using safe medication practices.	Explains the benefit of common policies & procedures associated with safe medication practices. Requires some supervision to write/clarify medication orders using safe medication practices.	Incorporates basic safe medication principles into daily practice. Is able to utilize medication administration policies as they apply 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.
<p><b>*3. Knowledge of Safe Medication Practices (2018 CPRB 3.2.5, 3.2.6, 3.3.2)</b></p> <p>In order to manage and improve medication use for individual patients (in daily practice) and groups of patients (at an organizational level), ability to demonstrate safe and appropriate:</p> <p>a.) medication ordering and/or prescribing (using approved abbreviations)</p> <p>b.) order clarifications (using approved abbreviations)</p> <p>c.) medication incident reporting</p> <p>d.) application of medication administration policies (e.g. parenteral medications), and</p> <p>e.) use of prescribing tools such as pre-printed orders</p>	○	○	○	○	○

Please provide evidence to support your rating:

**B. Skills (Provision of Pharmaceutical Care)**

		<b>Novice</b>	<b>Advanced Beginner</b>	<b>Competent</b>	<b>Proficient</b>
--	--	---------------	--------------------------	------------------	-------------------

	Not assessed (Explain why not assessed)	Requires intensive coaching to prioritize patients based on their risk for 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.
<p><b>*4. Patient Triage and Prioritization</b> (2018 CPRB 3.1.1.a, 3.1.7)</p> <p>Within assigned group of patients or when selecting patients to provide care to, ability to place a high priority on, and be accountable for, selecting, prioritizing and providing care to patients who are most likely to experience drug therapy problems.</p>	○	○	○	○	○

Please provide evidence to support your rating:

		<b>Novice</b>	<b>Advanced Beginner</b>	<b>Competent</b>	<b>Proficient</b>
	Not assessed (Explain why not assessed)	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.
<p><b>*5. Relationship with Patient</b> (2018 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). Ability to engage in empathetic, compassionate, non-judgemental, culturally safe and tactful conversations.</p>	○	○	○	○	○

Please provide evidence to support your rating:

		<b>Novice</b>	<b>Advanced Beginner</b>	<b>Competent</b>	<b>Proficient</b>
	Not assessed (Explain why not assessed)	Very task orientated and cannot adapt to new clinical scenarios. 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 its 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 a specific patient assessment.
<p><b>*6. Patient Information Gathering (2018 CPRB 3.1.8.d.e)</b></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, ect.)</p> <p>Ability to report all pertinent findings and explain their significance.</p>	○	○	○	○	○

Please provide evidence to support your rating:

---

	<b>Novice</b>	<b>Advanced Beginner</b>	<b>Competent</b>	<b>Proficient</b>
--	---------------	--------------------------	------------------	-------------------

	Not assessed (Explain why not assessed)	Requires intensive coaching to identify 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.
<p><b>*7. Medical Problem List (2018 CPRB 3.1.8.f)</b></p> <p>Ability to develop a prioritized medical problem list.</p> <p>Ability to describe current 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:

		<b>Novice</b>	<b>Advanced Beginner</b>	<b>Competent</b>	<b>Proficient</b>
--	--	---------------	--------------------------	------------------	-------------------

	<p>Not assessed (Explain why not assessed)</p>	<p>If guided to use a step-wise approach is able to identify some actual and potential drug therapy problems. Does not consistently assess medications for appropriateness.</p>	<p>Utilizes relevant data and is developing a systematic 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.</p>	<p>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.</p>	<p>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.</p>
<p><b>*8. Drug Therapy Problems</b> (2018 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>	○	○	○	○	○

Please provide evidence to support your rating:

---

		<b>Novice</b>	<b>Advanced Beginner</b>	<b>Competent</b>	<b>Proficient</b>
--	--	---------------	--------------------------	------------------	-------------------



	<p>Not assessed (Explain why not assessed)</p>	<p>Able to identify basic desired outcomes. Requires intensive coaching to identify disease-specific outcomes.</p>	<p>Identifies obvious disease-specific outcomes. Requires coaching to make them patient-specific and to advocate for the patient's goals.</p>	<p>Establishes patient's desired outcome(s) that are specific and measurable. Usually incorporates shared decision-making when developing care plans.</p>	<p>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.</p>
<p><b>*9. Goals of Therapy</b> (2018 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 other team members.</p>	○	○	○	○	○

Please provide evidence to support your rating:

---

		<b>Novice</b>	<b>Advanced Beginner</b>	<b>Competent</b>	<b>Proficient</b>
--	--	---------------	--------------------------	------------------	-------------------

	Not assessed (Explain why not assessed)	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.
<p><b>*10. Therapeutic Alternatives</b> (2018 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 by 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:

---

		<b>Novice</b>	<b>Advanced Beginner</b>	<b>Competent</b>	<b>Proficient</b>
--	--	---------------	--------------------------	------------------	-------------------

	<p>Not assessed (Explain why not assessed)</p>	<p>Only able to make therapeutic recommendations to the preceptor with intensive coaching.</p>	<p>Makes basic therapeutic recommendations as part of a care plan to the preceptor, drawing on superficial therapeutic knowledge and some patient data. Requires coaching to discuss recommendations with the healthcare team.</p>	<p>Makes recommendations for the most important drug therapy problems. Actively participates in care decisions with minimal coaching. Defends care plan recommendations to the preceptor and healthcare team; may lack refinement at times.</p>	<p>Develops evidence-based comprehensive care plans and prioritizes recommendations in the context of the patient. Actively participates in care decisions. Defends recommendations to the healthcare team and proactively addresses their questions and concerns. Recommendations are generally accepted by the team.</p>
<p><b>*11. Therapeutic Recommendations and Implementing Care Plans</b> (2018 CPRB 3.1.1.d, 3.1.3.c, 3.1.6, 3.1.8.f.g)</p> <p>Ability to develop, prioritize and implement care plans for individual patients based on a patient-centered clinical assessment.</p> <p>Ability to proactively communicate 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>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>

Please provide evidence to support your rating:

---

		<p><b>Novice</b></p>	<p><b>Advanced Beginner</b></p>	<p><b>Competent</b></p>	<p><b>Proficient</b></p>
--	--	----------------------	---------------------------------	-------------------------	--------------------------

	<p>Not assessed (Explain why not assessed)</p>	<p>Able to design a basic monitoring plan with intensive coaching. Does not recognize education needs of the patient.</p>	<p>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/issue.</p>	<p>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.</p>	<p>Designs comprehensive patient-specific monitoring plans, and provides rational justification for these decisions. Anticipates possible outcomes and proactively modifies care plans based on new information. Proactively provides patient education and guidance for patient self-management.</p>
<p><b>*12. Monitoring Plan and Patient Education (2018 CPRB 3.1.8.h.i)</b></p> <p>Ability to proactively monitor drug therapy outcomes, and revise care plans based on new information.</p> <p>Ability to provide patient education related to their medication, self-management and/or monitoring of their condition as applicable.</p>	○	○	○	○	○

Please provide evidence to support your rating:

---

		<b>Novice</b>	<b>Advanced Beginner</b>	<b>Competent</b>	<b>Proficient</b>
--	--	---------------	--------------------------	------------------	-------------------

	<p>Not assessed (Explain why not assessed)</p>	<p>Only able to communicate with healthcare 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.</p>	<p>Communicates with healthcare 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.</p>	<p>Communicates with healthcare 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.</p>	<p>Proactively collaborates with healthcare 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.</p>
<p><b>*13. Collaborative Care and Seamless Care (2018 CPRB 3.1.3.a.b.e.f)</b></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-judgemental, 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>	<p style="text-align: center;">○</p>	<p style="text-align: center;">○</p>	<p style="text-align: center;">○</p>	<p style="text-align: center;">○</p>	<p style="text-align: center;">○</p>

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

---

		<b>Novice</b>	<b>Advanced Beginner</b>	<b>Competent</b>	<b>Proficient</b>
--	--	---------------	--------------------------	------------------	-------------------

	Not assessed (Explain why not assessed)	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.
<p><b>*14. Documentation</b> (2018 CPRB 3.1.1.d, 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>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide evidence to support your rating:

		<b>Novice</b>	<b>Advanced Beginner</b>	<b>Competent</b>	<b>Proficient</b>
	Not assessed (Explain why not assessed)	Requires intensive coaching to identify typical references to use, as well as 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.

<p><b>*15. Medication and Practice-Related Education</b> (2018 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:

		Novice	Advanced Beginner	Competent	Proficient
	Not assessed (Explain why not assessed)	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.
<p><b>*16. Critical Thinking and Time Management</b> (2018 CPRB 2.1.5.3, 3.1.1.c, 3.4.1)</p> <p>Ability to independently prioritize tasks, think critically, use scientific reasoning, problem solve and manage own time.</p>	○	○	○	○	○

Please provide evidence to support your rating:

**C. Attitudes and Behaviours (Professional Characteristics)**

	Does Not Consistently Exhibit	Consistently Exhibits
<p><b>*17. Responsibility for Own Learning</b> (2018 CPRB 2.1.5.3, 2.1.5.4, 3.1.1.c, 3.4.1)</p> <p>Self-direction, motivation</p> <p>Modification of behaviour in response to feedback</p> <p>Professional conduct (punctuality, communication about patient care activities and rotation expectations and deadlines, accountable for own actions)</p> <p>Reliability and follow-through on all assigned tasks</p>	<input type="radio"/>	<input type="radio"/>

Please provide evidence to support your rating:

---

	Does Not Consistently Exhibit	Consistently Exhibits
<p><b>*18. Recognizing Role</b> (2018 CPRB 2.1.5.6, 3.1.3.a.b.c.d, 3.2.2, 3.3.4)</p> <p>Commitment to profession</p> <p>Demonstrates professional and ethical conduct</p> <p>Demonstrates respect for colleagues and members of care team</p> <p>Understanding of role within the interprofessional team</p>	<input type="radio"/>	<input type="radio"/>

Please provide evidence to support your rating:

---

**D. Resident's Own Objectives and/or Rotation Specific Objectives. To be completed and assessed by the Preceptor/Resident as needed. The resident can be assessed on these objectives if the resident and/or preceptor feels there are specific objectives not encompassed in the assessment criteria above. Resident's own objectives can be assessed here.**

---

1.

---

	Not assessed (Explain why not assessed)	Remembering/ Novice	Understanding/ Advanced Beginner	Applying/ Competent	Analyzing/ Proficient



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

Please provide evidence to support your rating:

---

#### Overall Comments/Feedback and Communication of Resident's Continual Progress (2018 CPRB 2.2.3.11.b)

Describe the resident's strengths and progress made on this rotation. Describe areas of focus for further development of resident's knowledge, skills, attitudes and behaviours.

The resident is to forward (via email) the comments from this box on their final assessment for this rotation to their subsequent direct patient care rotation preceptor to allow for communication of the resident's continual progress over the course of the Program and to individualize each rotation based on previous experience.

---

#### 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