

NAME OF ROTATION

University of Washington Medical Center
Pharmacy Practice Residency Rotation Evaluation

Resident Name: _____ Preceptor Name _____

Rotation Name: _____ Rotation Date: _____

Residency Director Review: _____

Evaluation instructions: Please evaluate the resident for each aspect of the rotation using rating scale provided below. Review the evaluation together at mid rotation and at the end of rotation. Return the completed form to the Residency Coordinator at Box 356015.

1 = Fails to meet expectations

2 = Needs improvement to reach expectations

3 = Performs within the expectations

4 = Performs significantly above expectations

GENERAL REQUIREMENTS

Mid-Rotation Evaluation	End of Rotation Evaluation	
		Maintain a professional demeanor: punctuality, respect and compassion, and an appropriate attitude
		Respect and adhere to the UW/HMC patient confidentiality policy
		Accept of constructive criticism
		Manage time appropriately
		Take responsibility for projects and/or patient outcomes
		Dress in appropriate attire and wear nametags at all times while in the medical center
		Notify the preceptor in the event of tardiness or absence

PERFORMANCE OBJECTIVES

Mid-Rotation Evaluation	End of Rotation Evaluation	
		Attend and participate in clinic activities as scheduled: clinic meetings, pharmacy journal clubs, scheduled talks
		Conduct patient interviews and provide appropriate assessments for all pharmacy visits: scheduled, walk-in, and tag-on
		Take initiative to complete necessary follow-ups (i.e. via telephone or interpreters)
		Process necessary refills authorizations in a timely manner
		Document all recommendations, interventions, and patient education in the medical record.
		Provide drug information to other health care providers in a timely and effective manner
		Demonstrate ability to problem-solve and provide good therapeutic decisions
		Prepare appropriately for all therapeutic discussions with the preceptor(s) and complete assigned readings

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SPECIFIC CLINIC LEARNING OBJECTIVES:

Mid-Rotation Evaluation	End of Rotation Evaluation	

OPTIONAL ACTIVITIES

Mid-Rotation Evaluation	End of Rotation Evaluation	

MID-ROTATION evaluation Comments _____

Rotation evaluation date: _____

Resident Signature _____ **Preceptor Signature:** _____

FINAL rotation evaluation comments: _____

Final evaluation date: _____

Resident Signature _____ **Preceptor Signature** _____