

**Winnipeg Regional Health Authority
Pharmacy Practice Residency Program
RESIDENT'S QUARTERLY PERFORMANCE APPRAISAL**

Resident: _____

Quarter/Year: First _____ Second _____ Third _____ Final _____

Please attach a completed copy of the CSHP Personal Practice Inventory to this document for your First and Final quarterly performance appraisal.

A. Disease states for which an understanding of pathophysiology and treatment has been demonstrated during this rotation (for the purpose of identifying, preventing and resolving drug-related problems):

(Core requirements for program are in bold):

- | | |
|---|--|
| <input type="checkbox"/> not applicable to this rotation | <input type="checkbox"/> AIDS/HIV infection |
| <input type="checkbox"/> acute coronary syndrome | <input type="checkbox"/> antibiotic pharmacotherapy review |
| <input type="checkbox"/> anemia | <input type="checkbox"/> clinical toxicology topic (specify) _____ |
| <input type="checkbox"/> asthma (exacerbation) | <input type="checkbox"/> Ca ⁺⁺ /PO ₄ bone disease (dialysis patient) |
| <input type="checkbox"/> atrial fibrillation | <input type="checkbox"/> urinary tract infection |
| <input type="checkbox"/> congestive heart failure | <input type="checkbox"/> soft tissue infection |
| <input type="checkbox"/> COPD (exacerbation) | <input type="checkbox"/> C. diff. (pseudomembranous) colitis |
| <input type="checkbox"/> electrolyte abnormality (K⁺, Na⁺) | <input type="checkbox"/> endocarditis |
| <input type="checkbox"/> deep venous thrombosis (treatment) | <input type="checkbox"/> fungal infection (systemic) |
| <input type="checkbox"/> deep venous thrombosis (prophylaxis) | <input type="checkbox"/> hypo-hyperthyroidism |
| <input type="checkbox"/> depression or delirium or dementia (circle one) | <input type="checkbox"/> inflammatory bowel disease |
| <input type="checkbox"/> dehydration | <input type="checkbox"/> meningitis |
| <input type="checkbox"/> diabetic ketoacidosis | <input type="checkbox"/> prophylaxis of surgical infections |
| <input type="checkbox"/> diabetes mellitus | <input type="checkbox"/> pulmonary embolism |
| <input type="checkbox"/> drug withdrawal (specify _____) | <input type="checkbox"/> seizures (specify) _____ |
| <input type="checkbox"/> hyperlipidemia | <input type="checkbox"/> other (specify) _____ |
| <input type="checkbox"/> hypertension | <input type="checkbox"/> other (specify) _____ |
| <input type="checkbox"/> immunization | <input type="checkbox"/> other (specify) _____ |
| <input type="checkbox"/> malignancy (specify) _____ | <input type="checkbox"/> other (specify) _____ |
| <input type="checkbox"/> pain management | <input type="checkbox"/> other (specify) _____ |
| <input type="checkbox"/> pneumonia (community OR hospital acquired) | <input type="checkbox"/> other (specify) _____ |
| <input type="checkbox"/> renal failure (acute OR chronic) | <input type="checkbox"/> other (specify) _____ |
| <input type="checkbox"/> shock syndrome (specify) _____ | <input type="checkbox"/> other (specify) _____ |
| <input type="checkbox"/> stroke | <input type="checkbox"/> other (specify) _____ |
| <input type="checkbox"/> ulcer disease (treatment) | <input type="checkbox"/> other (specify) _____ |
| <input type="checkbox"/> ulcer disease (prophylaxis) | <input type="checkbox"/> other (specify) _____ |

B. Types of patients with whom you have worked during this rotation, to provide pharmaceutical care:

(Core requirements for program are in bold- Refer to CSHP Direct Patient Care Curriculum Module#1 for definitions)

- | | |
|--|--|
| <input type="checkbox"/> not applicable to this rotation | <input type="checkbox"/> visually impaired patient (legally blind) |
| <input type="checkbox"/> patient with hearing loss | <input type="checkbox"/> somatizing/hypochondriac patient |
| <input type="checkbox"/> speech impaired (eg. stroke, dysphagia) | <input type="checkbox"/> drug-seeking patient |
| <input type="checkbox"/> non-English speaking patient (no translator) | <input type="checkbox"/> overdependent patient |
| <input type="checkbox"/> non-English speaking patient (translator) | <input type="checkbox"/> litigious patient |
| <input type="checkbox"/> unmotivated patient | <input type="checkbox"/> abusive patient |
| <input type="checkbox"/> angry or upset patient/caregiver | <input type="checkbox"/> inebriated patient |
| <input type="checkbox"/> dying patient | <input type="checkbox"/> "Please don't tell my doctor.." patient |
| <input type="checkbox"/> other (specify) _____ | <input type="checkbox"/> other (specify) _____ |
| <input type="checkbox"/> other (specify) _____ | |

C. Using the following evaluation scale (0 = minimal/none; 3 = beginner; 6 = functional; 10 = expert) to describe your current knowledge, skills and ability to perform in your role as a pharmacist:

Knowledge, Skill or Attitude	Q1	Q2	Q3	Q4
Identify drug-related problems				
Prevent drug-related problems				
Resolve drug-related problems				
Develop a care plan				
Implement a care plan				
Evaluate a care plan				
Establish a relationship with my patient				
Prioritize drug-related problems				
Document my patient-care activities				
Engage in self-directed learning				
Effectively plan & organize work				
Plan projects				
Conduct projects				
Work cooperatively in an interprofessional team environment				
Self-confidence (in role as a pharmacist)				
Exercise leadership				
Manage my own practice of pharmacy				
Contribute to improving safe medication use and safe patient care				
Provide medication and practice related education				
Manage medication use systems				
Improve medication use systems				
Demonstrate an ability to prepare and dispense medications according to organizational policies				
Other goal (specify)				
Other goal (specify)				
Other goal (specify)				

D. Summary of progress in completing residency program requirements:

- Valid Manitoba intern or pharmacist registration is on file at the WRHA Pharmacy Program office
_____ (date) _____ (date)
- Self-evaluates progress in the residency program in a timely fashion
- Is an active (active-in-training) member of CSHP on or before the first day of September
- Actively participates in CSHP (Manitoba Branch) activities
- Attended the Resident's and Student's Night, CSHP (Manitoba Branch)
- Participates in department/ residency program-related professional/educational activities _____ (date)
- Completed **six required** and six self-selected critical reflections in monthly reports:
#1____/____/____ (IP Team) #2____/____/____ (Safety) #3____/____/____ (Leadership)
#4____/____/____ (CPE) #5____/____/____ (Expertise) #6____/____/____ (Conflict)
- Has developed, presented and met expectations for at least **one** case presentation:
#1____/____/____
- Has developed, presented and met expectations for at least **one** journal club presentation:
#1____/____/____
- Has developed, presented and met expectations for at least **one** defense of residency project:
#1____/____/____
- Has developed, presented and met expectations for at least **one** nursing inservice:
#1____/____/____
- Has developed, presented and met expectations for at least **three** other formal verbal presentations:
#1____/____/____ #2____/____/____ #3____/____/____
#4____/____/____ #5____/____/____ #6____/____/____
- Has formulated and communicated a clear and comprehensive written response to a drug information request, in a suitable format.
- Successfully completed core objectives for **required** rotations (date completed)

<input type="checkbox"/> Drug Information _____	<input type="checkbox"/> Preceptorship _____
<input type="checkbox"/> Medication Use System _____	<input type="checkbox"/> Administration _____
<input type="checkbox"/> Clinical Practice I _____	<input type="checkbox"/> Project I _____
<input type="checkbox"/> Clinical Practice II _____	<input type="checkbox"/> Project II _____
<input type="checkbox"/> Clinical Practice III or IV (circle one) _____	
<input type="checkbox"/> Clinical Practice V _____	
- Successfully completed core objectives for **elective** rotations (date completed)

<input type="checkbox"/> Medical/Surgical ID _____	<input type="checkbox"/> Emergency _____
<input type="checkbox"/> Dialysis/Renal Health _____	<input type="checkbox"/> Family Medicine _____
<input type="checkbox"/> Critical Care _____	<input type="checkbox"/> CIVP _____
<input type="checkbox"/> Pediatrics _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Psychiatry _____	<input type="checkbox"/> Other _____
- Successfully completed Project requirements
 - prepared a project proposal (Project 2) –due the 3rd Friday in December
 - prepared a project protocol (Project 2) –due the last day of residency
 - collected data (Project 1)
 - analyzed data (Project 1)
 - interpreted results and formulated conclusions (Project 1)
 - prepared an abstract for a poster presentation
 - prepared and presented a poster presentation
 - wrote a paper associated with the completed project, in a form suitable for publication in a peer-reviewed journal (Project 1) - due the 1st Friday in March
- Submitted final report outlining Administration rotation mini-project
- Meets all attendance, code of conduct requirements
- Makes responsible use of available leave/sick time

Summary of progress in completing other desirable (elective) learning/professional activities:

- Has participated in a public service activity
- Was a secondary preceptor to Faculty of Pharmacy undergraduate students
- Participates in professional awards programs
- Prepared or reviewed all or a portion of a Formulary Submission.
- Submitted a case report or drug information question for publication

E. Goals & learning plan for next quarter:

Pharmacy Resident

Date

Residency Coordinator

Date

Residency Director

Date