



Redeployment will be permitted for as short a period as is necessary to address the acute need during the COVID-19 pandemic. The roles and performance of redeployed residents should be recorded and evaluated separately from their regularly assigned rotation and activities. The primary supervisor must provide an assessment of resident duties while on deployment. This assessment should be completed within 5 days of the completion of service and submitted to the Resident’s Home Program Director.

To track redeployment duties, please prepare proper documentation and submit this form **within 5 days** of the end of service to:

- **the Residency Home Program Director for review and tracking**

Section 1: Resident Information

Name (First/Last):	
Training Year:	
Resident Home Program:	
Start & End Date of Redeployment:	&
Redeployed To (program & location):	

Section 2: Redeployment Assessment

- 1. Service Provided by Resident:** Please provide a short description of the service provided by the resident during the redeployment period.

- 2. Assessment of Resident Performance:** For each of the CanMEDS Roles below, please rate the resident’s performance during the redeployment period with consideration for his/her level of training (check the appropriate column).

CanMEDS Role	Required others to complete task(s)	Required supervision/guidance	Required minimal supervision/guidance	Did not require supervision/guidance	Demonstrated leading practice(s)/acted as a role model	N/A
Medical Expert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaborator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Advocate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scholar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



3. Comments

a. Strengths:

b. Areas for Improvement:

c. Patient safety concerns

- No
- Yes, please provide comments:

d. Professionalism issues

- No
- Yes, please provide comments:

Section 4: Approval & Signatures

Resident Was Directly Supervised or Unsupervised:	Supervised: <input type="checkbox"/>	Unsupervised: <input type="checkbox"/>
If Unsupervised, please provide name of Department Head/Area Lead/MRP etc:		
Primary Supervisor Name:		
Primary Supervisor Signature:		Date:
Resident Signature (acknowledging feedback on performance):		Date:
Received by Program:		Date: