

Student:

Rotation Dates:

Preceptor:

All questions must be answered and all comments entered before this form can be submitted. Since certain items may not be applicable to every site, please select “Not Applicable” where appropriate. The information in the preceptor evaluation will remain anonymous and will only be provided back to the preceptor in a format that summarizes the feedback of all students. Your name and the block the rotation was completed will not be provided to the preceptor. This information will be used to help improve the rotation. In instances where problems are noted, Experiential Education faculty will make site visits and determine whether the site should continue to be a part of the program. Therefore, accurate perceptions are essential. Please provide constructive thoughts on how each aspect of the rotation can be improved.

Section 1 Site/Experience

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
The site had adequate facilities (e.g. space, resources, computer / internet access) needed to precept students					
Scheduled activities were designed to meet specified course goals and objectives					
Participation in patient care activities helped improve my ability to contribute to patient care					
Non-preceptor staff is engaged in student training activities					

Section 2 Preceptor

Facilitation of Learning	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
Provided an effective orientation to the practice site					
Communicated thoroughly his/her expectations of me at the beginning of and throughout the practice experience					
Reviewed the grading process for the rotation					
Evaluated my ideas and completed tasks fairly, objectively, and thoroughly					
Had a desire to facilitate learning among students					
Was willing to educate others; including patients, caregivers, students, and other					

health care professionals					
Recognized my difficulties in understanding new tasks and new information					
Challenged me to think critically or solve problems independently					
Used guided questions to help me identify and solve drug-related problems when I could not do this independently					
Encouraged me to consider various perspectives about a single problem					
Was tolerant of opposing viewpoints					
Motivated me to do my best work					
Communication Skills					
Was available to me to constructively answer any questions					
Effectively communicated pertinent concepts to me					
Clearly and logically demonstrated new tasks/information					
Communicated effectively with patients, other healthcare professionals, and support staff					
Professionalism					
Served as a role model I would want to emulate					
Demonstrated a caring attitude toward patients					
Maintained a professional image and professional competence					
Accepted personal responsibility for patient outcomes					
Practiced ethically and with compassion for patients and delivered patient centered care					
Practiced in accordance with legal, ethical, social, and economic guidelines					
Effectiveness of Pharmacy Education					
Clearly and logically demonstrated the use of clinical and scientific publications in clinical care decision making and evidence-based practice					
Provided medication therapy management and/or disease state management					

Promoted health wellness and disease prevention in patients in cost-effective ways					
Demonstrated quality improvement initiatives and processes					
<p style="text-align: center;">Activities Provided</p> <p style="text-align: center;">(The Activities listed below may not be available at all sites. If this is the case for your current experience please select Not Applicable.)</p>					
Identified, evaluated, and communicated to patients, nurses, physicians, and other healthcare professionals the appropriateness of the patient's specific pharmacotherapeutic agents, dosing regimens, dosage forms, routes of administration, and delivery systems					
Consulted with patients regarding self-care products					
Recommended prescription and OTC medications, dietary supplements, diet, nutrition, complementary and alternative therapies					
Administered medications where practical and consistent with the practice environment and where legally permitted					
Identified and reported medication errors and adverse drug reactions					
Managed the drug regimen through monitoring and assessing patient information					
Provided pharmacist-delivered care and patient education to a diverse patient population					
Educated the public and health care professionals regarding medical conditions, wellness, dietary supplements, durable medical equipment, and medical and drug					
Accessed, evaluated, and applied information to promote optimal health care					
Ensured continuity of pharmaceutical care among health care settings					
Participated in discussions and assignments regarding compliance with accreditation, legal, regulatory/legislative, and safety requirements					
Participated in discussions and assignments regarding the drug approval process and the role of key organizations in public safety and standards					
Participated in discussions and assignments concerning key health care policy matters that may affect pharmacy					
Worked with technology used in pharmacy					

practice					
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Section 3 Overall Evaluation					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
This pharmacy practice experience possessed an adequate level of organization and structure					
This pharmacy practice experience provided a sufficient degree of challenge					
The pharmacy practice experience allowed me to apply what I have learned in other pharmacy courses					
This pharmacy practice experience stimulated my interest in this area of practice					
This pharmacy practice experience has the potential to provide a positive learning experience for future students					

OVERALL TEACHING ABILITY RATINGS:					
Please rate the primary or designated preceptor					
Primary Preceptor Name:	Poor	Adequate	Good	Very Good	Exceptional
This Preceptor's OVERALL TEACHING ABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If another preceptor assisted or co-taught this rotation, please rate this preceptor					
Co-Preceptor Name:	Poor	Adequate	Good	Very Good	Exceptional
This Preceptor's OVERALL TEACHING ABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe the **STRENGTHS** of this rotation / preceptor(s):

Please describe the **WEAKNESSES** of this rotation / preceptor(s). (Include constructive suggestions for improving the experience). *Weaknesses imply this site should continue to be used for instruction while the weaknesses are resolved.

Please describe **PROBLEMS** of this rotation / preceptor(s). (Include constructive suggestions for improving the experience). *Problems are areas that suggest the site / rotation should be reevaluated. The site / rotation has clear deficits. **NOTE: This section will only be seen by Experiential Program Faculty**

Would you recommend this preceptor for the **PRECEPTOR OF THE YEAR AWARD**?

Yes No

If Yes, please explain.