

Student Preceptor Overall Evaluation Form II

for Pharmacy Training

This form should be submitted within 2 weeks after student completion of the rotation cycle.

This report is CONFIDENTIAL and should be returned officially to the college of pharmacy.

Assessment of Student Performance on Pharmacy Training

Rate the student based on performance during the rotation cycle. We encourage comments on any items, but comments are required for ratings on the high and low extremes of the scale.

Student Name: _____ **ID:** _____

Institution: _____ **Training Period:** _____

Far exceeds expectations for the outcome	Extraordinary Performance	5
Exceeds expectations	Very Good Performance	4
Meets expectations for outcome	Acceptable Performance	3
Student demonstrates skills, but not at the level of competence/expectations for this outcome	Needs Performance Improvement	2
Student demonstrates skills significantly below competence expectations for this outcome	Unacceptable Performance	1
Not able to assess. Skills for outcome not observed or insufficiently to rate student	Not Assessable	N/A
No opportunities exist on this rotation to allow student to demonstrate skills	No Opportunity	N/O

For each evaluation item below, rate the student's performance using the above rating scale.

Evaluation Item	Rating (See Above Scale)
Rotation	
Inpatient	5 4 3 2 1 N/A N/O
Outpatient	5 4 3 2 1 N/A N/O
IV/TPN	5 4 3 2 1 N/A N/O
Drug information service	5 4 3 2 1 N/A N/O
Clinical pharmacy	5 4 3 2 1 N/A N/O
Quality control	5 4 3 2 1 N/A N/O
Others (specify):	5 4 3 2 1 N/A N/O
Personal and behavioral information	
Attendance	5 4 3 2 1 N/A N/O
Attitude	5 4 3 2 1 N/A N/O
Communication skills	5 4 3 2 1 N/A N/O
Punctuality	5 4 3 2 1 N/A N/O
Enthusiasm	5 4 3 2 1 N/A N/O
Knowledge background	5 4 3 2 1 N/A N/O
Professional appearance	5 4 3 2 1 N/A N/O
Other activities	
Presentation	5 4 3 2 1 N/A N/O
Project	5 4 3 2 1 N/A N/O
Report	5 4 3 2 1 N/A N/O
Patient counseling	5 4 3 2 1 N/A N/O
Medication history	5 4 3 2 1 N/A N/O

Should be calculated from a total of 95 and the remaining 5 is for attendance and punctuality. (If N/A or N/O the grade is 5)

Total Grade: _____

Preceptor name: _____ Position: _____

Signature: _____

Case Presentation Evaluation Part

Written Patient Case Report	5	4	3	2	1
1. Report submitted on time, as instructed					
2. Patient information is clear and complete (e.g. demographic data, CC/HPI, Social history and Health belief)					
3. Rx and OTC use is clear and complete					
4. Allergies and ADRs are documented					
5. Problem (Acute/Chronic) list is appropriate					
6. Recommendations are clear and appropriate					
7. Monitoring goals/targets are specific and appropriate					
8. Patient education plans are clear and appropriate					
9. Predicted outcomes and proposed patient participation is clear and appropriate					
Verbal report Evaluation					
10. Patient HX summarized					
11. Rx and OTC use summarized					
12. Care plan summarized					
13. Patient education detailed					
14. Follow up accomplished, if possible predict /real outcomes revealed					
15. Verbal presentation audible and understandable					
16. Questions are answered appropriately and non defensively					
Total presentation score/16 =					

Outpatient Evaluation Part

Skills and practical demonstration requirements	Rating (See Above Scale)
Please fill in the appropriate response	
Knows minimum standard of ambulatory care pharmacy	5 4 3 2 1 N/A N/O
Dispensing Medication (New prescriptions)	5 4 3 2 1 N/A N/O
Dispensing Medication (Refill)	5 4 3 2 1 N/A N/O
Understand dispensing skills	5 4 3 2 1 N/A N/O
Know the pharmaceutical abbreviation used in prescriptions	5 4 3 2 1 N/A N/O
Proficient in patient medication counseling	5 4 3 2 1 N/A N/O
Dispensing Controlled Prescriptions	5 4 3 2 1 N/A N/O
Practice Dispensing Narcotics Prescriptions	5 4 3 2 1 N/A N/O
Understand refill medication system	5 4 3 2 1 N/A N/O
Know how to deal with returned medication	5 4 3 2 1 N/A N/O
Inventory Control (Request and Stock issues)	5 4 3 2 1 N/A N/O
Medication Error Reporting, and ADR	5 4 3 2 1 N/A N/O
Comments:	

IV Preparation Evaluation Part

Skills and practical demonstration requirements	Rating See Above Scale
Please fill in the appropriate response	
Intravenous Admixture	5 4 3 2 1 N/A N/O
1. Aseptic Techniques	
a) Hand washing techniques	5 4 3 2 1 N/A N/O
b) Demonstration of gowning, gloving and masking	5 4 3 2 1 N/A N/O
c) Operating and cleaning laminar flow hood	5 4 3 2 1 N/A N/O
2. Storage of IV fluids	5 4 3 2 1 N/A N/O
3. Preparation of:	
a) Premixed medications	5 4 3 2 1 N/A N/O
b) Chemotherapeutics agents	5 4 3 2 1 N/A N/O
c) IV fluids	5 4 3 2 1 N/A N/O
d) Mini bags	5 4 3 2 1 N/A N/O
e) TPN	5 4 3 2 1 N/A N/O
f) Stat orders	5 4 3 2 1 N/A N/O
g) Drips	5 4 3 2 1 N/A N/O
h) Syringes	5 4 3 2 1 N/A N/O
i) Narcotics and controlled drugs	5 4 3 2 1 N/A N/O
4. Recycling of IV fluids	5 4 3 2 1 N/A N/O
5. Disposal of:	
Mini bags	5 4 3 2 1 N/A N/O
Large volume bags	5 4 3 2 1 N/A N/O
Cytotoxic medications	5 4 3 2 1 N/A N/O
6. Pharmaceutical calculations	5 4 3 2 1 N/A N/O
Comments:	

Clinical Rotation Evaluation Part

Skills and practical demonstration requirements	Rating See Above Scale
Please fill in the appropriate response	
Attended journal club, all students/residents presentations, and continuing education program	5 4 3 2 1 N/A N/O
Ability to gather and review all patient data regarding history, physical assessment, working diagnosis, laboratory, and drug therapy	5 4 3 2 1 N/A N/O
Present patient information in an orderly and critical manner	5 4 3 2 1 N/A N/O
Ability to identify drug related problems	5 4 3 2 1 N/A N/O
Understand the use and selection of serum drug concentration monitoring and factors that may affect the concentration	5 4 3 2 1 N/A N/O
Comments:	