



Appendix C: Student-Completed Evaluations

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|--|-------------------|
| 15. Time spent with a designee was valuable. | 4 3 2 1 NA |
| 16. The preceptor asked questions that challenged me and helped me to gain a greater depth of knowledge. | 4 3 2 1 NA |

Please describe any score of "1" in the previous section.

17. What were the strengths of this preceptor or site?

18. Please describe any area where you did not receive appropriate training or instruction from the preceptor.

19. How was this experience helpful for your professional growth?

20. Why would you recommend or discourage this experience to a classmate or underclassman?

21. Did you feel adequately prepared for this experience? What could you have been taught at Union that would have better prepared you?

Question for Introduction to Community Pharmacy only.

Please rate your general knowledge of non-prescription products. *(Check one)*

Excellent	Good	Needs Improvement	Poor
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Please rate your ability to apply knowledge of non-prescription products to patient recommendations and patient counseling. *(Check one)*

Excellent	Good	Needs	Poor
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		Improvement	
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Additional Comments about the preceptor, site, or experience:

Student Signature _____ Date _____

Union University School of Pharmacy
Student Evaluation of Training Site

Student Name: _____

Site: _____

Preceptor Name: _____

Your responses to the following statements and questions are vitally important. Please evaluate the training site (physical environment, pharmacists, technicians, support staff) honestly and fairly. Please complete all sections. Information will be shared anonymously with preceptors at the end of the academic year.

4= Strongly Agree 3= Agree 2= Disagree 1= Strongly Disagree NA=not applicable

Training Environment

- | | | | | | |
|--|---|---|---|---|----|
| 1. The site was clean and orderly. | 4 | 3 | 2 | 1 | NA |
| 2. Students are provided the necessary work space to complete academic and other assignments. | 4 | 3 | 2 | 1 | NA |
| 3. The site provided adequate references for the completion of assignments and to answer drug information questions. | 4 | 3 | 2 | 1 | NA |
| 4. The site offered an adequate patient population for learning. | 4 | 3 | 2 | 1 | NA |

Staff Members

- | | | | | | |
|--|---|---|---|---|----|
| 5. Members of the staff were supportive of student training. | 4 | 3 | 2 | 1 | NA |
| 6. Staff members were approachable and helpful when I had questions. | 4 | 3 | 2 | 1 | NA |

Overall Site Assessment

- | | | | | | |
|--|---|---|---|---|----|
| 7. The site stimulated my interest in this area of practice. | 4 | 3 | 2 | 1 | NA |
| 8. The site was conducive to learning. | 4 | 3 | 2 | 1 | NA |
| 9. The site provided the training that I was expecting and wanting. | 4 | 3 | 2 | 1 | NA |
| 10. Pharmacy workload does NOT prevent quality student-preceptor interactions. | 4 | 3 | 2 | 1 | NA |
| 11. I would recommend this site to a classmate. | 4 | 3 | 2 | 1 | NA |

What are the strengths of this practice site?

What are the weaknesses of this practice site?

Student Signature _____ Date _____

Union University School of Pharmacy

IPPE Student Self Evaluation

Student Name: _____

Site: _____

Preceptor Name: _____

Please rate the student on each of the following areas using the rating scale listed below.

<i>Performs consistently above expectations (Grade=A)</i>	<i>Performance occasionally exceeds or consistently meets expectations (Grade=B)</i>	<i>Performance occasionally meets expectations or consistently needs improvement (Grade=C)</i>	<i>Performance consistently below expectations, occasionally potentially harmful (Grade=F)</i>	<i>Not applicable</i>
4	3	2	1	NA

Description	Rotation Activity	Rating Scale
<i>Drug Distribution (30%)</i>		
Order clarification or verification	Medication dispensing	
Order preparation and labeling	Medication dispensing	
Utilization of pharmaceutical calculations (minimum of 4 examples)	Medication dispensing	
Final checking for accuracy	Medication dispensing	
Comments:		
<i>Communication Skills (25%)</i>		
Interactions were courteous, respectful, compassionate, and culturally sensitive.	Patient counseling, Interactions with healthcare team	
Information provided was accurate and appropriate	Patient counseling, Interactions with healthcare team	
Discussed options with the preceptor prior to making recommendations	Patient counseling	
SOAP Notes written concisely; contained adequate and accurate information	Patient counseling, SOAP Notes	

Comments:		
Description	Rotation Activity	Rating Scale
Drug Information (15%)		
Utilized appropriate resources	Med Fact Sheets, Formal presentation	
Medication Fact Sheets are complete and accurate	Med Fact Sheets	
Information obtained correctly and adequately answered questions	Questions	
Comments:		
Professionalism (10%)		
Adhered to dress code	Attendance	
Professional, courteous, respectful, compassionate behavior	Patient counseling, Interactions with healthcare team	
Maintained confidentiality (HIPAA)	All	
Exhibited cultural sensitivity (sensitive to ethnicity, economic status, age, etc)	Patient counseling, Interactions with healthcare team	
Punctual, no unapproved absences	Attendance	
Dependability, attitude, motivation, sense of duty	All	
Comments:		

Additional Comments:

Student Signature _____ **Date** _____

Preceptor Signature _____ **Date** _____

Please fax completed form to:
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