MWU Chicago College of Pharmacy APPE
Drug Information Paper OR Monograph OR Alternate Project (see list below) Evaluation Form

Student Name: ___________________________________________  Date: _____________________
Preceptor Name: ___________________________________________  Site Name: ____________________

USE THE FOLLOWING 4-POINT SCALE TO ANSWER THE FOLLOWING QUESTIONS.
**ONLY WHOLE NUMBERS MAY BE USED; NO FRACTIONS OR DECIMALS

Please Note: A final score of 1 in any item numbered 1 – 3 will result in failure of the rotation

<table>
<thead>
<tr>
<th></th>
<th>4 Excellent</th>
<th>3 Very Good</th>
<th>2 Satisfactory</th>
<th>1 Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Student was outstanding in effectiveness and consistency leading only to rare interventions. Student exhibits knowledge and/or skills well above minimum competency.</td>
<td>Student was above average in effectiveness and consistency leading to occasional intervention. Student exhibits knowledge and/or skills above minimum competency.</td>
<td>Student was usually effective and consistent leading to consistent intervention. Student exhibits knowledge and/or skills at minimum competency.</td>
<td>Student was ineffective and inconsistent leading to extensive intervention. Student exhibits knowledge and/or skills below minimum competency</td>
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<td>2.</td>
<td>The student appropriately researched background materials/information necessary for the clinical project/activity.</td>
<td>The student demonstrated the ability to follow-through with the clinical project/activity from conception to conclusion and used effective time management in completing the clinical project/activity.</td>
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<td>3.</td>
<td>The clinical project/activity and supporting materials were of a professional quality. All educational materials were properly referenced.</td>
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**Grading** = Total points for all sections (maximum points = 12)  
Final Score: _______

**Transfer the student’s overall score to the Final Evaluation Form Section III: Rotation Specific Assignments DI Paper Dimension when completing the final evaluation online via RMS.

Comments:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Preceptor signature: ___________________________________________  Date: _____________________

In lieu of a DI paper or Drug Monograph, an assignment from the list below may be completed.

- Newsletter
- In-service presentation
- Patient education or community awareness presentation
- Drug Utilization Review (DUE)
- Case presentation
- Journal Club
- DI paper/Drug monograph

This is by no means an exclusive list. Preceptors can assign other projects/activities. Format, including handouts, will be determined by type/scope of project and as required by preceptor.