MWU COLLEGE OF PHARMACY DOWNERS GROVE
General Medicine APPE (PPRAD 1804) Final Evaluation by Preceptor

Student Name____________________________________________ Date ______________________

Preceptor Name___________________________________________

Site Name ___________________________________________________________

DIRECTIONS:
For each item listed below, please select the value which best describes the student’s typical performance.
Please note: The 4, 3, 2, 1 on the rubric do not correspond to a final grade of A, B, C or F. The student’s final rotation grade is based on points earned out of a total 400 possible points.

Section I: Professionalism Assessment

PLEASE USE THIS 4-POINT SCALE TO ASSESS THE FOLLOWING:
* * *ONLY WHOLE NUMBERS MAY BE USED; NO FRACTIONS OR DECIMALS*

<table>
<thead>
<tr>
<th>4 Very Good</th>
<th>3 Good</th>
<th>2 Needs Improvement</th>
<th>1 Significant Deficit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student has performed very well for professional &amp; social behaviors. Functions in an independent manner. (&gt; 80% of time)</td>
<td>Student has performed above minimum requirements for professional &amp; social behaviors. Functions in an independent manner. (&gt; 70% of time)</td>
<td>Student has met some minimum requirements for professional &amp; social behaviors. Functions in an independent manner. (&gt; 50% of time)</td>
<td>Student has not met minimum requirements for professional &amp; social behaviors. Cannot function independently.</td>
</tr>
</tbody>
</table>

Please Note: A final score of 1 in any item numbered 1 – 8 will result in failure of the rotation

1. **Student is punctual:** arrives at practice site, meetings, activities & rounds on or before the designated time; completes all assignments, tasks & responsibilities on time as required by the preceptor. 4 3 2 1

2. **Student is ethical:** behaves in an ethical manner, i.e., acts in patients’ best interests; acts in accord with the profession’s and/or practice site’s code of ethics. 4 3 2 1

3. **Student maintains confidentiality:** maintains confidentiality of patient and/or site specific data and documents; strictly follows HIPAA guidelines. 4 3 2 1

4. **Student does not plagiarize:** avoids plagiarism (copying another person’s idea or written work and claiming it as their own); clearly and correctly acknowledges other’s ideas or works (i.e., uses proper citations). 4 3 2 1

5. **Student is respectful:** professional in interactions with preceptor, patients, other health care professionals, administrators & colleagues; communicates in a respectful, professional, and nonjudgmental style using appropriate body language; avoids inappropriate comments & gestures. 4 3 2 1

6. **Student adheres to site policies:** strictly follows policies established by the site & preceptor, such as use of personal electronic devices, and site materials, equipment or devices; dress code required by the site. 4 3 2 1

7. **Student is self-directed, reliable & accountable:** for all tasks, duties, & responsibilities; responds maturely to feedback and constructive criticism; learns independently. 4 3 2 1

8. **Student is motivated, engaged, & involved:** actively listens to others, is motivated to learn and apply new knowledge and skills; involved in daily operations of the rotation site; volunteers for or seeks out additional opportunities to apply new knowledge and skills. 4 3 2 1
Section II: Patient Care and Practice Management Competency Assessment

PLEASE USE THIS 4-POINT SCALE TO ASSESS THE FOLLOWING:
**ONLY WHOLE NUMBERS MAY BE USED; NO FRACTIONS OR DECIMALS**

<table>
<thead>
<tr>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Very Good</strong></td>
<td><strong>Good</strong></td>
<td><strong>Needs Improvement</strong></td>
<td><strong>Significant Deficit</strong></td>
</tr>
<tr>
<td>Student has performed very well for patient care and practice management. Functions in an independent manner. (&gt; 80% of time)</td>
<td>Student has performed above minimum requirements for patient care and practice management. Functions in an independent manner. (&gt; 70% of time)</td>
<td>Student has met some minimum requirements for patient care and practice management. Functions in an independent manner. (&gt; 50% of time)</td>
<td>Student has not met minimum requirements for patient care and practice management. Cannot function independently.</td>
</tr>
</tbody>
</table>

Please Note: A final score of 1 in any item numbered 1 – 11 will result in failure of the rotation

1. **Communication Skills (Verbal):** Effectively communicates and articulates relevant information through oral communications. 4 3 2 1
2. **Communication Skills (Written):** Effectively communicates and documents professional knowledge to patients and health care providers. Documents patient care activities and outcomes appropriately. 4 3 2 1
3. **Critical Thinking:** In problem solving: identifies, retrieves, analyzes, and evaluates information needed to make informed, rational and ethical decisions appropriate for a given patient or situation. 4 3 2 1
4. **Patient Care Skills:** Establishes relationships with patients, care givers, and other health care professionals as necessary to provide patient-centered care; applies the Pharmacist Patient Care Process (PPCP); demonstrates empathy and consideration towards others; attempts to identify with other perspectives. 4 3 2 1
5. **Patient Assessment:** Obtains patient histories, reviews patient records and/or conducts physical assessments appropriately. 4 3 2 1
6. **Patient Care Plans:** Demonstrates the ability to propose reasonable, practical, and sensible solutions to patient problems and develops appropriate patient care plans. 4 3 2 1
7. **Drug Therapy Knowledge:** Exhibits knowledge of drug therapies and ability to recall brand/generic, common FDA indications, drug class, mechanism of action, renal dosing adjustments, available dosage forms, dosing, common side effects, serious side effects, monitoring parameters, counseling points, drug interactions, black box warnings, and contraindications. 4 3 2 1
8. **Drug Therapy Assessment:** Demonstrates the ability to assess the appropriateness of the patient’s drug therapy in relation to evidence-based practice standards. 4 3 2 1
9. **Drug Therapy Plans:** Demonstrates the ability to formulate appropriate therapeutic care plans: determining therapeutic endpoints, screening for potential adverse drug events and identifying when patient follow-up is warranted. 4 3 2 1
10. **Implementation of Patient Care Activities:** Effectively counsels, communicates, refers, and selects the appropriate medications or care plans for patients. 4 3 2 1
11. **Evidence Based Clinical Decision Making:** Effectively retrieves and evaluates medical literature and is able to analyze and apply information in decision-making. 4 3 2 1
12. **Interprofessional Experience:** Effectively works with other healthcare professionals to foster a team approach to patient care. 4 3 2 1
13. **Public Health and Wellness:** Demonstrates the ability to provide patient education regarding disease prevention and appropriate self-care (including lifestyle modifications and nonprescription therapies). 4 3 2 1
14. **Practice Management:** Demonstrates the knowledge and abilities to function in accordance with pharmacy laws and regulations. 4 3 2 1
15. **Practice Management:** Demonstrates the knowledge and abilities to manage the resources, personnel, and technology of a practice site. Organizes daily operations to function efficiently in the practice setting. 4 3 2 1
16. **Formulary and/or Quality Assurance Programs:** Demonstrates the knowledge and abilities to evaluate aspects of a health-system formulary or quality assurance program to optimize patient care outcomes and medication delivery. 4 3 2 1
**Section III: Rotation Specific Assignments and Assessment**

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

<table>
<thead>
<tr>
<th>4 Excellent</th>
<th>3 Very Good</th>
<th>2 Satisfactory</th>
<th>1 Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<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>
</tr>
</tbody>
</table>

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

1. **Case Presentation**: transfer score from paper copy Case Presentation evaluation form
   - Patient presentation: 4 3 2 1
   - Knowledge: 4 3 2 1
   - Handout/presentation quality: 4 3 2 1

2. **Journal Club**: transfer score from paper copy Journal Club evaluation form
   - Study design, methodology & results (including abstract & introduction): 4 3 2 1
   - Critique & clinical relevance: 4 3 2 1
   - Handout/presentation quality: 4 3 2 1

3. **Di Paper or Monograph or Project**: transfer score from paper copy evaluation form
   - Appropriately researched background materials/information necessary for the clinical project/activity: 4 3 2 1
   - Demonstrated ability to follow-through with the clinical project/activity from conception to conclusion and used effective time management in completing the project/activity: 4 3 2 1
   - The clinical project/activity and supporting materials were of a professional quality. All educational materials were properly referenced.: 4 3 2 1

4. **General skills**: Student successfully completed tasks on the Skills/Observation/Discussion sheet. 4 3 2 1

**Interprofessional Experience (IPE) Opportunities**

1. During this rotation did the student have the opportunity to work with an interprofessional health care team?  
   - ☐ Yes   - ☐ No  
   If yes, please also reply to items 2-4 below.

2. The student had interactions with the following health care professionals. Check all that apply.
   - ☐ Physicians
   - ☐ Medical students
   - ☐ Mid-level practitioner (PA, NP)/mid-level students
   - ☐ Dentists/dental students
   - ☐ Nurses/nursing students
   - ☐ Speech therapy
   - ☐ Physical therapy
3. Select the deepest level of student interactions with the health care professionals noted in #2.

- Passive professional interaction (observation/shadowing)
- Active professional interaction (actively participating, making recommendations)
- Collaborative professional interaction (integrated, shared decision making)

4. Select the frequency of student interactions with the health care professionals noted in #2.

- 1-2 times per week
- 3-4 times per week
- Daily

<table>
<thead>
<tr>
<th>MANUAL GRADE CALCULATION</th>
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<tbody>
<tr>
<td>1. Section I Grade Calculation: Total all dimensions from Section I and divide by 8 = ______, multiply x 0.30 = ______, multiply by 100 ________</td>
</tr>
<tr>
<td>2. Section II Grade Calculation: Total all dimensions from Section II and divide by 16 = ______, multiply x 0.40 = ______, multiply by 100 ________</td>
</tr>
<tr>
<td>3. Section III Grade Calculation: Total all dimensions from Section III and divide by 10 = ______, multiply x 0.30 = ______, multiply by 100 ________</td>
</tr>
<tr>
<td>4. Final grade: Sum of sections 1 + 2 + 3 = __________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>400-350</td>
<td>349-310</td>
<td>309-270</td>
<td>&lt; 269</td>
</tr>
</tbody>
</table>

Final Letter Grade = ________________

The student has completed a minimum of 240 hours on this rotation.  □ Yes  □ No

*****Proper documentation of student APPE rotation hours is required. These hours are reported to the IL State Board of Pharmacy. Preceptors are required to inform Professor Lullo if a minimum of 240 hours has not been completed by the student.

Preceptor Signature __________________________________________________ Date ______________

If you are completing a paper copy evaluation form, please fax to OEE at 630/515-6103, or email to ccpoee@midwestern.edu