Midwestern University College of Pharmacy
IPPE Mid-Rotation Evaluation (Summer 2024)

Student Name ____________________________________________ Date ______________________

Preceptor Name ______________________________________________________________________

Site Name __________________________________________________________________________

Directions
The preceptor MUST complete a mid-rotation evaluation for each student by the end of week two. This form must be presented to the student. Their progress, strengths, and areas for improvement should be discussed.

<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 and functions in an independent manner (&gt; 80% of time).</td>
<td>Student has performed above minimum requirements and functions in an independent manner (&gt; 70% of time).</td>
<td>Student has met some minimum requirements and functions in an independent manner (&gt; 50% of time).</td>
<td>Student has not met minimum requirements and cannot function independently.</td>
</tr>
</tbody>
</table>

If a score of 1 is chosen, please contact OEE so a Performance Improvement Plan may be initiated.

PROFESSIONALISM & ACCOUNTABILITY
Punctual, ethical, diplomatic, respectful, accountable, self-aware, motivated, engaged

Comments:

PHARMACIST PATIENT CARE PROCESS (PPCP) – DIRECT PATIENT CARE

COLLECT: Collects appropriate and pertinent patient information
ASSESS: Interprets, analyzes, and evaluates patient information and medication orders/prescriptions
Applies foundational knowledge to patient care, performs fundamental pharmacy calculations
PLAN: Contributes to daily pharmacy operations
Demonstrates appropriate problem-solving and critical thinking skills
IMPLEMENT: Implements the patient care plan
Communicates effectively
FOLLOW-UP – MONITOR & EVALUATE: Monitors response to therapy to ensure positive outcomes

Comments:

ROTATION ASSIGNMENTS
Assignments to date turned in on time, complete, accurate, and of professional quality

Comments:

Evaluate the student’s overall performance to date as either:  
☐ PASS – at or above minimum competency
☐ FAIL – below minimum competency

Preceptor signature ____________________________________________ Date ______________________