

UNIVERSITY OF MISSISSIPPI SCHOOL OF PHARMACY
ADVANCED PHARMACY PRACTICE EXPERIENCES

Student: _____ Date: ___/___/___ Rotation Type: **ADULT MEDICINE** Rotation #

Preceptor: _____ Preceptor Signature: _____

APPE Adult Medicine PRCT 586 Inpatient Protocol Development

Directions: Ask your preceptor where the facility keeps its policies and protocols (some may be in print while others are available online). Find at least 1 protocol for the institution and answer the following questions. Examples include: anticoagulation protocols, IV to PO switch protocols, etc.

Identify the impetus behind the development of this protocol. (Question 1 of 6 - Mandatory)

Was this protocol developed to address patient safety issues, drug cost issues, etc? (Question 2 of 6 - Mandatory)

What information does this document contain? (Question 3 of 6 - Mandatory)

What was the regulatory path that this document followed prior to its implementation (committee approvals, administration approvals, etc)? (Question 4 of 6 - Mandatory)

Identify one area of the protocol that you feel could be changed or improved upon. Why do you think this change is needed? (Question 5 of 6 - Mandatory)

How does the institution ensure that this protocol is followed? (Question 6 of 6 - Mandatory)

Review your answers in this evaluation. If you are satisfied with the evaluation, click the SUBMIT button below. Once submitted, evaluations are no longer available for you to make further changes.