

UNIVERSITY OF MISSISSIPPI SCHOOL OF PHARMACY
ADVANCED PHARMACY PRACTICE EXPERIENCES

Student: _____ Date: ___/___/___ Rotation Type: **AMBULATORY CARE** Rotation #

Preceptor: _____ Preceptor Signature: _____

APPE Ambulatory Care PRCT 587 Guideline Analysis

Directions: Answer the following questions related to a thorough review of national guidelines.

Identify one set of national guidelines applicable to your rotation practice setting. Discuss the guidelines, formally or informally, with other students, other health care professionals, or your preceptor. Provide the reference for the guidelines below. (Question 1 of 3 - Mandatory)

When were the last guidelines updated? Is there an expected update in the future, and if so, when? (Question 2 of 3 - Mandatory)

Provide your critique of the guidelines below. Are there other guidelines that contradict the ones you have reviewed? (Question 3 of 3 - 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.