



UNIVERSITY OF MISSISSIPPI SCHOOL OF PHARMACY  
INTRODUCTORY PHARMACY PRACTICE EXPERIENCES

Student Name: \_\_\_\_\_ Preceptor: \_\_\_\_\_

Rotation Type: INSTITUTIONAL (PRCT 376)

Rotation Week #:  1  2

Instructions: Taking into consideration all activities performed, use the scale below to rate the overall performance of the student.

Professional Education Abilities	Satisfactory	Needs Improvement	Unsatisfactory
1a. Collect and organize patient data, medical records, interviews, and psychomotor evaluations			
1b. Evaluate and interpret patient data			
1c. Apply knowledge of medical terminology and abbreviations			
1d. Apply knowledge of specified drugs and drug classes			
2a. Apply understanding of indications for pharmacologic and non-pharmacologic therapy			
4b. Appropriately manage safe, accurate and time-sensitive medication distribution			
4d. Assure that medication use systems minimize medication errors and optimize patient outcomes			
5a. Employ communication styles and techniques appropriate to the audience.			
7a. Display empathy in patient interactions			
<b>Personal Qualities of the Student</b>			
The student displays a positive attitude toward the practice of pharmacy.			
The student exhibits good judgment and ability to cope with a variety of situations.			
The student shows initiative.			
The student demonstrates good punctuality and attendance.			

**FINAL EVALUATION:**

PASS \_\_\_\_\_ FAIL \_\_\_\_\_

Student Name: \_\_\_\_\_ Preceptor: \_\_\_\_\_

**Preceptor Comments (attach additional pages if necessary):**

**Student Response to Evaluation (attach additional pages if necessary)**

**FINAL EVALUATION:**

PASS \_\_\_\_\_ FAIL \_\_\_\_\_

*By signing below, both parties agree that the student has completed the minimum number of rotation hours set forth by course requirements.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preceptor Signature

\_\_\_\_\_  
Date