



UNIVERSITY OF MISSISSIPPI SCHOOL OF PHARMACY
INTRODUCTORY PHARMACY PRACTICE EXPERIENCES

EVALUATION

Student Name: _____ Preceptor Name: _____

Rotation Type: **COMMUNITY**

Circle Rotation #: 1 2 3 4

Circle Final Grade: PASS FAIL

Instructions: Taking into consideration all completed activities, use the scale below to indicate (by ✓) the performance of the student. Any “needs improvement” or “unsatisfactory” scores require written comments.

Professional Education Abilities		Satisfactory	Needs Improvement	Unsatisfactory	N/A
1.b	Evaluate and interpret patient data				
1.c	Apply knowledge of medical terminology and abbreviations				
1.d	Apply knowledge of specific drugs and drug classes				
1.e	Apply knowledge of specific physiologic systems				
1.f	Apply knowledge of specific disease pathology and co-morbid conditions				
2. e	Develop rational plans for monitoring therapeutic outcomes				
2. f	Develop rational plans for monitoring and managing adverse events				
2. g	Develop plans for anticipating, avoiding, and resolving drug interactions, drug-drug interactions, drug-food interactions, drug-disease interactions, drug-lab interactions, and drug-procedure interactions				
3. a	Analyze epidemiologic and pharmaco-economic data, medication use criteria, medication use review, and risk reduction strategies				
4. d	Assure that medication use systems minimize medication errors and optimize patient outcomes				
5.a	Employ communication styles and techniques appropriate to the audience				
5. c	Include patient and caregiver as integral parts of a treatment plan				
8.a	Serve as a reliable and credible source of drug information				
8.b	Effectively educate patients using all appropriate communication modalities				
10.a	Engage in health-related community outreach activities				
10. f	Help design pharmacy benefits				

Completed forms may be faxed to the PEP Office: 601-815-1160

Student Name: _____ Preceptor Name: _____

Personal Qualities of the Student	Satisfactory	Needs Improvement	Unsatisfactory
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 _____

Preceptor Comments (attach additional pages if necessary):

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

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