



UNIVERSITY OF MISSISSIPPI SCHOOL OF PHARMACY
INTRODUCTORY PHARMACY PRACTICE EXPERIENCES

EVALUATION

Student Name: _____ Preceptor Name: _____

Rotation Type: **INSTITUTIONAL** 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				
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				
2.i	Document recommendations and services accurately and comprehensibly				
3. a	Analyze epidemiologic and pharmaco-economic data, medication use criteria, medication use review, and risk reduction strategies				
3.b	Apply knowledge of protocol utilization for the initiation and modification of drug therapy				
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.b	Work effectively within a multidisciplinary/interdisciplinary environment				
8.a	Serve as a reliable and credible source of drug information				

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