

Midwestern University College of Pharmacy
APPE Mid-Rotation Evaluation – Direct Patient Care (For 1802, 1803, 1804, 1805 & 1806)

Student Name _____ Date _____

Preceptor Name _____

Site Name _____

Directions

The preceptor **MUST** complete a mid-rotation evaluation for each student by the end of week three.
 This form must be presented to the student. Their progress, strengths, and areas for improvement should be discussed.

4 Very Good	3 Good	2 Needs Improvement	1 Significant Deficit
Student has performed very well and functions in an independent manner (> 80% of time).	Student has performed above minimum requirements and functions in an independent manner (> 70% of time).	Student has met some minimum requirements and functions in an independent manner (> 50% of time).	Student has not met minimum requirements and cannot function independently.

If a score of 1 is chosen, please contact OEE so a Performance Improvement Plan may be initiated.

PROFESSIONALISM & ACCOUNTABILITY				
Punctual, ethical, diplomatic, respectful, accountable, self-aware, motivated, engaged	4	3	2	1
Comments:				

PHARMACIST PATIENT CARE PROCESS (PPCP) – DIRECT PATIENT CARE				
COLLECT: Collects appropriate and pertinent patient information	4	3	2	1
ASSESS: Interprets, analyzes, and evaluates patient information and medication orders/prescriptions Applies foundational knowledge to patient care, performs fundamental pharmacy calculations	4	3	2	1
PLAN: Contributes to daily pharmacy operations Demonstrates appropriate problem-solving and critical thinking skills Develops a collaborative patient-centered care plan	4	3	2	1
IMPLEMENT: Implements the patient-centered care plan Communicates effectively	4	3	2	1
FOLLOW-UP – MONITOR & EVALUATE: Monitors and evaluates effectiveness of the care plan	4	3	2	1
Comments:				

ROTATION ASSIGNMENTS				
Assignments to date turned in on time, complete, accurate, and of professional quality	4	3	2	1
Comments:				

Evaluate the student's overall performance to date as either: ■ PASS – at or above minimum competency
■ FAIL – below minimum competency

Preceptor signature _____ Date _____