

Midwestern University College of Pharmacy Downers Grove
Office of Experiential Education
Preceptor Guidelines for Students Failing Advanced Pharmacy Practice Experience (APPE)
2023-2024

Please notify OEE if the student is at risk of failing at any time during the rotation. Informing OEE as soon as possible will allow us to provide guidance to the preceptor, and guidance and due process to the student.

OEE recommends creating a 'Performance Improvement Plan' for any student that is failing or may be approaching a failing grade. This will not only help the student understand areas of deficiency but also outline a plan to improve during the remainder of the APPE period.

DIRECTIONS FOR PRECEPTORS:

We have provided a sample Performance Improvement form (attached) for your use. This form will also be available on our preceptor resource page.

1. During the initial meeting with the student:
 - Note and discuss the identified performance issues with the student
 - List and discuss specific performance goals that need to be met
 - Both student and preceptor sign the form
 - Submit the form to OEE

2. Follow up meetings: Add notes from each follow up meeting to the originally created form so that all notes are kept on the same document
 - Discuss improvements in performance and where improvement is still needed
 - If needed, provide guidance for continued improvement
 - Both student and preceptor sign the form
 - Submit the form to OEE

Please submitted this form to anyone listed below:

COURSE DIRECTORS:

Amy Lullo, BPharm, RPh Director, Experiential Education 630-515-6043 alullo@midwestern.edu	Susan Cornell, PharmD, CDE, FAPhA Associate Director, Experiential Education 630-515-6191 scorene@midwestern.edu
---	---

If you have any questions, please do not hesitate to contact us.

Midwestern University College of Pharmacy Downers Grove
Office of Experiential Education
Notice to students at risk of failing an Advanced Pharmacy Practice Experience (APPE)
2023-2024

Performance Improvement Plan

Student Name:	Date:
Preceptor Name:	Rotation:
Performance Issue(s): Below list each identified area for improvement.	
✓	
✓	
✓	
✓	
✓	
✓	
✓	
✓	
Action Plan for Improvement: List the performance goals that need to be met.	
➤	
➤	
➤	
➤	
➤	
➤	
➤	
➤	
Follow-Up Date #1	
Student Signature	
Preceptor Signature	

Follow-Up Assessment #1	
Next Follow-up Date	
Student Signature	
Preceptor Signature	

Follow-Up Assessment #2	
Next Follow-up Date	
Student Signature	
Preceptor Signature	

Follow-Up Assessment #3	
Next Follow-up Date	
Student Signature	
Preceptor Signature	