

Midwestern University College of Pharmacy
APPE Mid-Rotation Evaluation – Direct Patient Care (For PPRAD: 1781, 1782, 1784, 1785 & 1787)

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 _____