

**APPE Student Evaluation of Preceptor  
Southwestern Oklahoma State University College of Pharmacy**

Thank you for taking the time to complete this evaluation about one of your APPE rotations. Feedback from students to preceptors can help preceptors make improvements to their rotation. The information provided will also be used by the Office of Experiential Education (OEE) to continually evaluate our program. The information will be shared with the preceptor after the completion of each semester, in an anonymous, aggregate form. It will in no way affect your evaluation or grade. The SWOSU College of Pharmacy and OEE make every attempt to protect students anonymity in the evaluation process, but due to the individual nature of rotations, students are sometime identifiable.

**Indicate by checking the appropriate box how much time you spent in each of the following areas.** Depending on which evaluation was used for your rotation; the areas below may correlate to some areas of the evaluation that your preceptors completed about you, the student. **The percentage cannot exceed 100% for this section.**

*(Question 1 of 5 - Mandatory)*

	≤10%	≤20%	≤30%	≤40%	≥50%	N/A
Provision of Patient Centered Care	1.0	2.0	3.0	4.0	5.0	0
Practice Management (Inventory, Financials Personnel Management, Marketing, etc.)	1.0	2.0	3.0	4.0	5.0	0
Medication Use Systems (Formulary, Medication Errors, ADR's, DUE's, Etc.)	1.0	2.0	3.0	4.0	5.0	0
Pharmaceutical Dispensing	1.0	2.0	3.0	4.0	5.0	0
Public Health (Promotion of Patient Health and Wellness)	1.0	2.0	3.0	4.0	5.0	0
Professional Communication (Patient and Other Health Care Providers)	1.0	2.0	3.0	4.0	5.0	0
Addressing Patient Socioeconomic and/or Cultural Needs	1.0	2.0	3.0	4.0	5.0	0

**Total Percentage: (Question 2 of 5)**

**Use the Following Scale to Indicate Your Agreement with the Following Statements (please check the appropriate box):**

1 = Disagree    2 = Neutral    3 = Agree    4 = Strongly Agree    NA = Not Applicable (*Question 3 of 5 - Mandatory*)

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>N/A</b>
Orientation to the site was provided	1.0	2.0	3.0	4.0	0
My preceptor communicated rotation expectations to me at the beginning of the rotation	1.0	2.0	3.0	4.0	0
My preceptor maintained professional and ethical standards in their practice site	1.0	2.0	3.0	4.0	0
My preceptor demonstrated an interest and ability to teach	1.0	2.0	3.0	4.0	0
My preceptor is enthusiastic about their practice area and inspires interest in pharmacy practice	1.0	2.0	3.0	4.0	0
My preceptor is knowledgeable in their response to questions and their approach to therapy	1.0	2.0	3.0	4.0	0
The rotation activities were structured and well organized	1.0	2.0	3.0	4.0	0
My preceptor encouraged me to participate in independent problem solving and asked questions that stimulated critical thought	1.0	2.0	3.0	4.0	0
My preceptor contributed to my learning experience by being open to questions, providing constructive comments, and properly supervising me	1.0	2.0	3.0	4.0	0
My preceptor gave me feedback about my areas of strength and weakness during the rotation in a way that was helpful to me	1.0	2.0	3.0	4.0	0
My preceptor modeled appropriate relationships with other healthcare professionals	1.0	2.0	3.0	4.0	0
My preceptor included me in their provision of patient-centered care using the Pharmacist Patient Care Process (Collect, Access, Plan, Implement, Follow-up: Monitor and Evaluate)	1.0	2.0	3.0	4.0	0

**Overall, I would rate this rotation as: (*Question 4 of 5 - Mandatory*)**

Poor	Fair	Good	Excellent
1	2	3	4

**Comments: (*Question 5 of 5*)**