

IPPE Student Evaluation of Preceptor

Thank you for taking the time to complete this evaluation about one of your IPPE rotations. Feedback from students to sites and 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 each Fall after the completion of the IPPE courses, 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 student anonymity in the evaluation process, but due to the individual nature of rotations, students are sometimes identifiable.

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

1 = Disagree 2 = Neutral 3 = Agree 4 = Strongly Agree NA = Not Applicable

(Question 1 of 5 - Mandatory)

	1	2	3	4	N/A
1. This preceptor is interested in teaching this rotation.	1	2	3	4	
2. This preceptor related to me as an individual.	1	2	3	4	
3. This preceptor encouraged students to actively participate in discussions and problem-solving exercises.	1	2	3	4	
4. I had access to necessary patient information.	1	2	3	4	
5. Students were encouraged to use available information systems.	1	2	3	4	
6. I had access to all necessary reference drug information materials, either hard copy or via electronic means.	1	2	3	4	
7. This preceptor was readily available to answer questions and concerns.	1	2	3	4	
8. Good direction and feedback were provided.	1	2	3	4	
9. This preceptor is knowledgeable in their response to questions or their approach to therapy.	1	2	3	4	
10. This preceptor evaluated me at the end of the rotation in a manner that was helpful to me.	1	2	3	4	

11. This preceptor served as a role model for a pharmacist practicing in this practice setting.	1	2	3	4	
12. This rotation provided opportunities to interact with other health care professionals and/or health care professional students.	1	2	3	4	
13. The goals and objectives of the rotation were outlined and/or explained at the beginning of the rotation.	1	2	3	4	
14. Rotation activities were well organized and structured.	1	2	3	4	
15. This rotation provided an environment (physical and philosophical) that facilitated my learning.	1	2	3	4	
16. Others at the rotation site were receptive and willing to interact with me.	1	2	3	4	
17. My verbal communication skills were enhanced on this rotation.	1	2	3	4	
18. My written communication skills or documentation skills were enhanced on this rotation.	1	2	3	4	
19. My clinical skills were enhanced on this rotation.	1	2	3	4	
20. I was able to apply previously learned materials on this rotation.	1	2	3	4	
21. I believe this experience will help me be a better pharmacist.	1	2	3	4	

Please elaborate and give examples. (Question 2 of 5)

How might this practice experience be improved? *(Question 3 of 5)*

I would recommend this practice experience site/preceptor to other students.

(Question 4 of 5 - Mandatory, Confidential)

Yes No

Explanation required if response to above is "No".

(Question 5 of 5, Confidential)