

Student Name: _____

Cycle: _____

APPE Clerkship Evaluation: Clinical Acute Care or Internal Medicine
Rutgers, The State University of New Jersey
Ernest Mario School of Pharmacy
FAX 732-445-7553

Preceptor Name _____ Clerkship Type _____

RPh to receive CE credit hours: _____
 (if different from preceptor) (name, print) License #

The student will be graded on the following 10 competencies. Each is worth between 5-20% of the final grade. Students will receive a numerical grade at their midpoint and final assessment. The final numerical grades will be multiplied by the percentage and added together to determine a final letter grade. Final letter grades will conform to the University grading scale.

Grading of Competencies

99-100	<i>Student demonstrated exceptional skills in this area; was extremely consistent; met all objectives and far exceeded the expectations of the preceptor</i>
95	
90	
89	<i>Student demonstrated very good skills in this area; was above average in consistency; met most objectives and exceeded the expectations of the preceptor</i>
85	
80	
79	<i>Student demonstrated satisfactory skills in this area; was average in consistency; met some objectives and met the expectations of the preceptor</i>
75	
70	
60-69	<i>Student needs improvement in this area; was somewhat inconsistent, met few objectives and met few of the expectations of the preceptor</i>
<60	<i>Student needs significant improvement in this area; was inconsistent and did not meet the expectations of the preceptor; and/or student did not act in a professional manner or demonstrate motivation or a professional work ethic</i>

Competency	Midpoint	Final
1. Professionalism-10%		
<input type="checkbox"/> Punctuality <input type="checkbox"/> Appropriate body language <input type="checkbox"/> Personal hygiene and appropriate attire <input type="checkbox"/> Exhibits ethical behavior <input type="checkbox"/> Demonstrates empathy	<input type="checkbox"/> Exhibits respectfulness <input type="checkbox"/> Ability to accept constructive criticism <input type="checkbox"/> Confidentiality <input type="checkbox"/> Attitude of service <input type="checkbox"/> Demonstrates accountability	
Comments-Midpoint		
Comments-Final		
2. Reliability and General Skills-5%		
<input type="checkbox"/> Reliability and dependability <input type="checkbox"/> Accuracy of information <input type="checkbox"/> Efficient use of time <input type="checkbox"/> Sound decision-making skills	<input type="checkbox"/> Sound critical thinking skills <input type="checkbox"/> Sound problem solving skills <input type="checkbox"/> Ability to prioritize multiple tasks <input type="checkbox"/> Appropriate verbal explanations/presentations	
Comments-Midpoint		

Student Name:

Cycle:

Comments-Final			
3. Drug and Medical Knowledge-20%			
<input type="checkbox"/> Knowledge of drug pharmacology	<input type="checkbox"/> Knowledge of adverse effects		
<input type="checkbox"/> Knowledge of drug dosing	<input type="checkbox"/> Knowledge of contraindications		
<input type="checkbox"/> Knowledge of general internal medicine	<input type="checkbox"/> Knowledge of proper monitoring of effects		
<input type="checkbox"/> Application of pharmacotherapeutic concepts	<input type="checkbox"/> Knowledge of disease state		
<input type="checkbox"/> Profile/pharmacotherapy review, critique and optimization	<input type="checkbox"/> Knowledge of information from required reading		
<input type="checkbox"/> Ability to apply pharmacokinetic principles			
Comments-Midpoint			
Comments-Final			
4. Communication Skills-5%			
<input type="checkbox"/> Ability to communicate articulately	<input type="checkbox"/> Speaks clearly		
<input type="checkbox"/> Active and appropriate communication	<input type="checkbox"/> Pronounces words correctly		
<input type="checkbox"/> Effective patient interview and counseling skills	<input type="checkbox"/> Communication with team members in a professional manner		
Comments-Midpoint			
Comments-Final			
5. Patient assessment and evaluation-20%			
<input type="checkbox"/> Ability to present a patient case	<input type="checkbox"/> Integrates information to arrive at assessment		
<input type="checkbox"/> Ability to collect pertinent patient data	<input type="checkbox"/> Recommends appropriate interventions		
<input type="checkbox"/> Evaluates current drug therapy	<input type="checkbox"/> Recognition of drug related problems or contraindications		
<input type="checkbox"/> Identifies appropriate monitoring parameters			
Comments-Midpoint			
Comments-Final			
6. Initiative-5%			
<input type="checkbox"/> Active learner	<input type="checkbox"/> Follows through on tasks		
<input type="checkbox"/> Self-directed and motivated	<input type="checkbox"/> Exhibits desire to exceed expectations		
Comments-Midpoint			
Comments-Final			

Student Name:

Cycle:

7. Medical Information-5%			
<input type="checkbox"/> Ability to evaluate medical literature	<input type="checkbox"/> Uses appropriate reference sources		
<input type="checkbox"/> Ability to design an effective search strategy	<input type="checkbox"/> Answers drug information questions		
Comments-Midpoint			
Comments-Final			
8. Journal Club-10%			
<input type="checkbox"/> Evaluation Form			
Comments			
9. Case Presentation-10%			
<input type="checkbox"/> Evaluation Form			
Comments			
10. Projects/ Formal Presentations/Seminars-10%			
<input type="checkbox"/> Preparedness for project/presentation	<input type="checkbox"/> Presentation skills (if applicable)		
<input type="checkbox"/> Accuracy of information	<input type="checkbox"/> Writing skills (if applicable)		
<input type="checkbox"/> Student involvement	<input type="checkbox"/> Quality of work		
Comments-Midpoint			
Comments-Final			
Final Grade	A 90-100 B+ 86-89 B 80-85 C+ 76-79 C 70-75 D 60-69 F 0-59		

Midpoint:

Student Date

Preceptor Date

Final:

Student Date

Preceptor Date

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Longitudinal Assessment:

Rotation Type: _____

Number of times student late while on rotation: _____

Number of excused student absences while on rotation: _____

NOTE: do NOT include Memorial Day, July 4th, Thanksgiving Break, Labor Day in this section

Number of unexcused student absences while on rotation: _____

Journal club completed on this cycle? Yes No

Formal case presentation completed on this cycle? Yes No

Formal written project completed on this cycle? Yes No

Formal presentation or seminar completed on this cycle? Yes No

Please note below the any specific areas of weakness that the student should address in future rotations (please include whether student was not exposed to these skills (NE), has sufficient progress but requires more practice (NP), or has insufficient competence in these skills/needs significant improvement (NI)). You may list more or less than five skills.

	NE	NP	NI
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

Did student complete 200 or more hours while on this rotation? _____ YES _____ NO

If no, provide total hours student completed on rotation _____

Preceptor: _____

Print name	Signature	Date
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Longitudinal Assessment Sheet will be forwarded to the next preceptor, grade sheet and clinical evaluation will not. Students, please place this sheet (or a copy) into portfolio to be provided to each rotation preceptor.