

PHAR 9913\9914 - Introductory Pharmacy Practice Experience Evaluation Form (SERVICE HOURS)

Student's Name _____

These hours may be certified only by the pharmacist at the event/booth, etc. at which the service is completed.

Please provide feedback by circling your level of agreement with the following statements:

4 = strongly agree 3 = agree 2 = disagree 1 = strongly disagree

Professionalism – The student:			
Interacts in a professional and culturally sensitive manner including demonstrating respect and sensitivity for others, being open-minded and nondiscriminatory and maintaining patient confidentiality.	4	3	2 1
Demonstrates professional behavior at all times, including, but not limited to punctuality, reliability, meeting deadlines, and assuming responsibility for one's actions.	4	3	2 1
Consistently maintains a professional demeanor in regards to ethical behavior, respectfulness, personal hygiene, appropriate attire, empathy, and reliability.	4	3	2 1
Accepts responsibility for individual patient outcomes and gives priority to patient well-being and safety even if it means making personal sacrifices.	4	3	2 1
Participates actively and effectively in all educational activities and as a member of an Interdisciplinary health care team.	4	3	2 1
Engages in professional practice to deliver pharmaceutical care in accordance with moral, ethical and legal principles.	4	3	2 1
Communication – The student:			
Appropriately communicates with other students, healthcare professionals and patients.	4	3	2 1
Demonstrates effective interviewing and counseling skills.	4	3	2 1
Communicates in such a way to assess the patient's comprehension of counseling.	4	3	2 1
Demonstrates linguistic competency in communication effectively with patients, family members and healthcare professionals in a variety of environments about drugs and other health care issues.	4	3	2 1

Rating Scale for Final Grade 30 points required for passing grade. (10 Competencies, 40 Possible Points)

Possible Points	Total Points	Grade
40		Pass Fail

Healthcare professionals the student came into contact with:

MD/DO Physician Assistant PT/OT Nurse Practitioner Nurse Dietitian Other (specify): _____

The student completed _____ hour(s) at _____ on _____ Date
(e.g., diabetes clinic, health fair, flu shots)

Supervisor's Name (please print) Supervisor's Signature (verifies hours) Supervisor's Phone # or email

Location of Event (name of business/building and city/state)

Please submit to the Experiential Education Administration Assistant in Pocatello (LH 105) or in Meridian (MER 756) within 30 days of completion at the practice site. IPPE hours turned in after 30 days of completion will not be counted.