

#### **SPEP 1-3 Student Evaluation Form**

Student Name:	Site:					
Site Coardinator	Deter	CDED Detetion (similar and):	4	2	2	
Site Coordinator:	Date:	SPEP Rotation (circle one):	1	2		
Preceptors:						

**Instructions:** Please complete this form for the midpoint and final evaluation of the student. The Site Coordinator should ensure this form is completed with both student and preceptor signatures and is discussed in detail with the student before it is faxed/emailed to the SPEP Coordinator. If needs improvement is given to the student for any of the seven competencies, an explanation should be provided in the comments section identifying areas of improvements. Techniques to improve behavior should be also be discussed with the student.

Above Expectations	Meets Expectations	Needs Improvement	N/A = Not Applicable
Student performed the competency at an above average level.	Student performed the competency at an acceptable level.	Student attempted but did not achieve competency in all areas.	Not enough evidence to evaluate.
Student works independently requiring <u>no assistance</u> and guidance from the preceptor.	Student requires occasional assistance and guidance from the preceptor.	Student requires <u>frequent</u> <u>assistance</u> and guidance from the preceptor.	

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Midpoint Assessment: Al (circle one) Ne	oove Exped eds Impro	• • • • • • • • • • • • • • • • • • •		e Expectations Meets Expectations s Improvement N/A
Learning Objective		Comments	Learning Objective	Comments
1.1 Maintain awareness of the legal requirements	Midpoint		1.2 Uphold ethical	Midpoint
and regulations to the practice setting	Final		principles	Final
1.3 Maintain awareness of illegal, unethical, or	Midpoint		1.4 Apply principles of	Midpoint
unprofessional actions or situations in practice	Final		professionalism	Final
<b>Professional Compete</b>				
Midpoint Assessment: Al (circle one) No	oove Exped eeds Impro			e Expectations Meets Expectations s Improvement N/A
Learning Objective	•	Comments	Learning Objective	Comments
2.1 Develop a professional	Midpoint		2.2 Obtain information	Midpoint
relationship with the patient	Final		about the patient	Final
2.3 Assess the patient's	Midpoint			
2.3 Assess the patient's health status and	Wildpolite			

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Professional Competency #3: Product Distribution								
Midpoint Assessment: A (circle one)	bove Expe eeds Impro		pectations	Final Assessment: (circle one)		Expectations mprovemen	<u>-</u>	
Learning Objective Com		Comments		Learning Objective			Comments	
3.1 Dispense a product safely and accurately that is appropriate for the patient	Midpoint							
	Final							
Professional Compete	Professional Competency #4: Practice Setting							
Midpoint Assessment: Above Expectations Meets Expectations Final Assessment: Above Expectations Meets Expectations								
			pectations	(circle one)				
			pectations					
(circle one) Note that the (circle one) Note that the Note		vement N/A	pectations	(circle one) Learning Objective 4.2.Be familiar with medication ordering,	Needs I		t N/A	
(circle one) Note that the control of the circle one) Note that the circle one of th	eeds Impro	vement N/A	pectations	(circle one) Learning Objective 4.2.Be familiar with	Needs I	mprovemen	t N/A	
(circle one) Note   Learning Objective  4.1 Familiarize with the operations in the practice	eeds Impro	vement N/A	pectations	(circle one) Learning Objective 4.2.Be familiar with medication ordering, receipts, returns, and	Needs I	mprovemen Midpoint	t N/A	

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Professional Competency #5: Health Promotion							
· · · · · · · · · · · · · · · · · · ·	point Assessment: Above Expectations Meets Expectations Final Assessment: Above Expectation (circle one) Needs Improvement N/A (circle one) Needs Improvement				•		
Learning Objective Comments		Learning Objective		Comments			
5.1 Engage in health promotion activities	Midpoint						
with the patient	Final						
Professional Compete	Professional Competency #6: Knowledge and Research Application						
Midpoint Assessment: Above Expectations Meets Expectations Final Assessment: Above Expectations Meets (circle one) Needs Improvement N/A (circle one) Needs Improvement N/A			•				
Learning Objective		Comments	Learning Objective		Comments		
6.1 Apply knowledge and judgment into the	Midpoint		6.2 Respond to questions using appropriate	Midpoint			
decision-making process.	Final		strategies.	Final			

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Learning Objective		Comments	Learning Objective		Learning Objective			
	Midpoint							
6.3 Apply relevant information to practice	Final							
Professional Compete	ncy #7: (	Communication and Education						
Midpoint Assessment: Above Experience (circle one) Needs Impro				Expectation mprovemer				
Learning Objective		Comments	Learning Objective		Comments			
7.1 Establish and maintain effective communication skills.	Midpoint		7.2 Implement safe, effective and consistent	Midpoint				
	Final		communication systems.	Final				
7.3 Provide education to a group of patients or Midpo								
healthcare providers	Final							
Professional Competency #8: Intra and Inter-Professional Collaboration								
	oove Exped eds Impro			Expectation mprovemer				
Learning Objective Comments		Comments	Learning Objective	)	Comments			
8.1 Maintain collaborative professional relationships	Midpoint							

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# College of Pharmacy PHAR 330, PHAR430, PHAR530

## **SPEP Community 1 Rotation**

	Final					
Professional Compete	ency #9: (	Quality and Safety				
Midpoint Assessment: A (circle one) N	bove Expeded	• • • • • • • • • • • • • • • • • • •	Final Assessment: Above Ex (circle one) Needs Im	pectations provement	Meets Expectations N/A	
Learning Objective Comments		Comments	Learning Objective		Comments	
9.1 Contribute to a culture	Midpoint		9.2 Become familiar with continuous quality improvement and risk	Midpoint		
of patient safety	Final		management activities	Final		
Overall Assessment						
	bove Expe			xpectations nprovement	Meets Expectations N/A	
Strengths Weaknesses		Strengths		Weaknesses		
Midpoint Evaluation Additional Comments:		Final Evaluation Additional Comments:				
Student Signature:			Student Signature:			
Site Coordinator Signatur	e:		Site Coordinator Signature:			
Date:			Date:			

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