The University of Toledo
Doctor of Pharmacy Program
Clinical APPE

APPE INSTRUCTION
EVALUATION FORM

Student Name: ____________________________________ APPE Site: ________________________________
APPE Instructor: ____________________________________ Month/Year ________________________________

Please read each statement carefully, then select the alternative that best corresponds with your evaluation of the
statement - such that:


Orientation to the rotation - My instructor:
1. Adequately oriented me to the APPE site .................................. SA A N D SD
2. Clearly identified the goals of the rotation, the performance expectations and the approach to evaluation..................................... SA A N D SD
3. Appropriately oriented me to each new activity and/or experience ..................................................................................................... SA A N D SD

Completion of Objectives
1. The APPE site provided sufficient opportunity for me to meet all of the core experience objectives (if applicable) SA A N D SD
   1a. If D or SD circled for above, explain on backside..........................
2. The APPE site provided sufficient opportunity for me to meet all of the site-specific rotation objectives..................................... SA A N D SD
3. Resources were readily available on site to complete the rotation objectives....................................................................................... SA A N D SD
4. The instructor was sufficiently present and/or accessible to facilitate attainment........................................................................ SA A N D SD
5. Estimated total number of contact hrs/wk with instructor................................................................................................................................. hr/wk

Fostering independent practice - My instructor:
1. Demonstrated the integration of didactic knowledge into practice........................................................................................................ SA A N D SD
2. Provided sufficient experience opportunities to foster my independence............................................................................................... SA A N D SD

As a mentor - My instructor:
1. Regularly and in a timely manner informed me of my overall progress................................................................................................. SA A N D SD
2. Was able to recognize my knowledge and performance weaknesses.................................................................................................. SA A N D SD
3. Was aware and could interpret my concerns and frustrations................................................................................................................. SA A N D SD
4. Worked with me to enhance my strengths and fortify areas of weakness............................................................................................... SA A N D SD
5. Provided an environment conducive to education and training............................................................................................................. SA A N D SD

Overall - My instructor:
1. Motivated me to do my best work................................................................................................................................................................. SA A N D SD
2. Was able to assist in my career development................................................................................................................................................ SA A N D SD
In the spaces provided below, please identify the primary strengths and weaknesses of the rotation site and the instructor/instruction, and where applicable, factors that might have enhanced your experience [particularly helpful where "D" or "SD" responses were given to evaluation statements]:

Site Strengths:

Site Weaknesses:

Strengths of Instructor:

Areas where instructor can be of greater assistance:

Suggestions for Enhancement:

Other Comments

You are encouraged to share this evaluation with your rotation instructor but you are not required to do so. The evaluation will be released to the preceptor after each rotation. Please complete this form on the EMS website.