



**University of Pittsburgh
University of Pittsburgh School of Pharmacy**

Subject:
Evaluator:
Site:
Period:
Dates of Course/Rotation:
Course/Rotation: APPE Acute Care Medicine
Form: Student Evaluation of Preceptor and Site

Your honest evaluation of your experience is extremely important and will help both the preceptor(s) and the Experiential Learning Program to improve the rotation. The information you provide on this form will be communicated to your preceptor(s) without revealing the source. Please provide written comments of strengths and areas for improvement for the preceptor and the site. Your evaluation will in no way affect your grade.

(Question 1 of 7 - Mandatory)

Evaluation of Preceptor	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Provided ample orientation, including site-specific learning objectives	1.0	2.0	3.0	4.0
2. Spent adequate time with me and was accessible	1.0	2.0	3.0	4.0
3. Served as an enthusiastic and positive role model	1.0	2.0	3.0	4.0
4. Taught at an appropriate level of difficulty	1.0	2.0	3.0	4.0
5. Allowed me to assume practice responsibilities appropriate to the level of my development	1.0	2.0	3.0	4.0
6. Encouraged my input and discussion	1.0	2.0	3.0	4.0
7. Guided me in solving and thinking through problems	1.0	2.0	3.0	4.0
8. Provided me with ongoing, constructive feedback on my progress	1.0	2.0	3.0	4.0
9. Solicited and was receptive to suggestions to improve my experience	1.0	2.0	3.0	4.0
10. Overall teaching effectiveness	1.0	2.0	3.0	4.0

Written Comments about the Preceptor(s): *(Question 2 of 7)*

When completing this evaluation evaluate the preceptor that you worked with most often during your rotation. If this is not the preceptor listed in E*Value, please provide the name of the preceptor below that you primarily worked with.

(Question 3 of 7 - Mandatory)

Evaluation of the Practice Site	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A
1. I was a contributing member of the team.	1.0	2.0	3.0	4.0	0
2. The overall workload/time requirement was reasonable to accomplish goals.	1.0	2.0	3.0	4.0	0
3. The site permitted active participation in pharmacotherapy decision-making.	1.0	2.0	3.0	4.0	0
4. I have expanded my knowledge-base and practice abilities.	1.0	2.0	3.0	4.0	0
5. The educational experience was stimulating and valuable.	1.0	2.0	3.0	4.0	0
6. The site was well-organized and team was welcoming to me.	1.0	2.0	3.0	4.0	0
7. The site provided adequate space for me to work.	1.0	2.0	3.0	4.0	0
8. Overall practice site experience	1.0	2.0	3.0	4.0	0

Written Comments about the Practice Site: *(Question 4 of 7)*

Would you recommend this site to be used for Experiential Learning next year? *(Question 5 of 7 - Mandatory, Confidential)*

Selection	Option
<input type="checkbox"/>	Yes
<input type="checkbox"/>	Yes with some improvement (please explain below)
<input type="checkbox"/>	No (please explain below)