# Appendix 2: Preceptor Approval Form

(For use by student and prospective preceptor; student to submit to course coordinator)

**NOTE: Preceptors must have requirements met before the student starts the course.**

|  |  |
| --- | --- |
| Student's Name and ID: |  |
| Student’s Email: |  |
| Name/email of preceptor for whom you are seeking approval: |  |
| Practice Site:  Name/contact info for Netcare Access Administrator (if required): |  |

|  |  |  |
| --- | --- | --- |
| Practice Description of Potential Preceptor (100 words) | | |
| **Preceptor Requirement Checklist** (to be discussed between student and prospective preceptor – see Appendix 1). NOTE: If you are interested in approaching an AHS/Covenant pharmacist as a preceptor, the Course Coordinator must first contact their manager for approval. | |
|  | Preceptor has reviewed Appendix 1 and accepts the responsibilities of the course. |
|  | Potential preceptor is licensed to practice in his/her province and is in good standing with the licensing body |
|  | Any relationship (familial, personal, or financial) that may create a conflict of interest when precepting/assessing a student will be disclosed, and I have indicated if this is present to the course coordinator. Further details in the [Policy and Procedure Manual](https://www.ualberta.ca/pharmacy/preceptors/preceptors/training-and-resources/policies-and-procedures-manual). |
|  | Potential preceptor has completed foundational preceptor training as outlined. This information will be entered by preceptor in their RXp account under Requirements tab. |
|  | Potential preceptor has completed the [Precepting the Patient Care Process on-line module](https://www.ualberta.ca/pharmacy/preceptors/preceptors/training-and-resources/patient-care-process-module) |
|  | Potential preceptor can access email to receive information from the Faculty |

# Appendix 3: Student-Created Proposal - Template

Top of Form

|  |  |
| --- | --- |
| Student Name and Email | |
| Student ID Number | |
| Area of Specialty | |
| Placement Site(s) | Primary Preceptor and Contact Information (include email) |
|  |  |
| Additional Preceptors |
|  |
| Start Date | End Date |
| Date of Midpoint Assessment: | |

Bottom of Form

1. Learning Goals and Objectives (objectives may state activities that will allow achievement of goals)

*By the end of the placement the student will be able to:*

1. Assignments (for those that are pre-determined)
2. Creation of Assessment Forms (based on goals and objectives developed by student): See template in Appendix 4

(*The individualized assessment form will be created (in Word) after Learning Goals and Objectives are finalized and approved by preceptor & Course Coordinator; student will email a copy to both Course Coordinator and preceptor.*)

# Appendix 4: Preceptor Assessment of Student - Template

**Complete at midpoint and end of course**

|  |  |  |  |
| --- | --- | --- | --- |
| Student: |  | Preceptor: |  |
|  |  | Site: |  |

Assessment Scale:

**Need Improvement (NI):** completes the activity/skill incorrectly OR completes activity or demonstrates skill(s) described with frequent prompting, intervention and support from the preceptor OR displays unsafe or inappropriate decision-making or behaviour in relation to the activity or skill(s) described

**Satisfactory Progress (SP):** completes activity or demonstrates skill(s) with acceptable level of support from preceptor and knows when to seek support

**Achieved (A):** completes activity or demonstrates skill(s) with minimal prompting or intervention from the preceptor and knows when to seek support

Sample Evaluation Template (indicate if this is for ***midpoint*** or ***final*** assessment)

|  |  |
| --- | --- |
| **Course Goals and Objectives** | **Assessment Scale** |
| Professionalism – in CORE ELMS (RxPreceptor) | As per assessment in CORE ELMS (RxP) |
| GOAL 1 | |
| Objective 1 (from proposal, that supports Goal 1) | * Needs Improvement * Partially Achieved/Satisfatory Progress * Achieved |
| Objective 2 (from proposal, that supports Goal 1) | * Needs Improvement * Partially Achieved/Satisfatory Progress * Achieved |
| GOAL 2 | |
| Objective 1 (from proposal, that supports Goal 2) | * Needs Improvement * Partially Achieved/Satisfatory Progress * Achieved |

\*In order to pass, the student must receive a “Satisfactory Progress or Achieved” rating for each objective at the FINAL assessment.

Comments (if applicable)

Recommended Overall Mark for Student (based on performance at practice setting; only applicable at final):

PASS FAIL

Signature (Preceptor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Student): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_