



Longitudinal Outcome Measures Assessment Form

The University of Findlay College of Pharmacy
Must be completed by the end of the last rotation



Student
Name: _____

The preceptor or Hub Site Coordinator should complete the following assessment form once the student has demonstrated competence in each of the following patient care activities, assessments or interventions or education/research activities. The student is responsible for sharing this form with his or her preceptor or Hub Site Coordinator on a regular basis to document completion.

A. Patient Care Activities (Each outcome must be completed at least TWICE during the nine month sequence)

Patient Care Activity	Preceptor / Date		Preceptor / Date	
Identify and collect appropriate drug-related monitoring parameters for each assigned patient				
Maintain an adequate patient data base for each assigned patient				
Identify and prioritize drug-related problems for each assigned patient				
Assess the appropriateness of each assigned patient's drug therapy				
Construct a detailed pharmacotherapeutic plan for each assigned patient				
Present all patient data in a concise and meaningful fashion				
Obtain and write-up a patient medication history				
Perform medication reconciliation process to improve continuity of pharmaceutical care				
Prepare a written pharmacokinetic consultation				
Prepare a written pharmacotherapeutic plan for a specific patient				
Provide a verbal therapeutic plan recommendation to another health-care professional (i.e. physician)				
Take a patient's blood pressure				
Take a patient's pulse				
Take a patient's temperature				
Take a patient's respiratory rate				
Assess a patient's peripheral edema				
Assess an ECG (EKG)				
Assess one radiographic image				
Observe a physician perform a full physical examination and assess results				

B. Assessment/Intervention Activities (Each outcome must be completed at least TWICE during the nine rotation sequence)

Assessment Activities	Preceptor / Date		Preceptor / Date	
Assess a creatinine clearance for an adult				
Assess a creatinine clearance for a child/infant				

Assess a creatinine clearance for a renally insufficient patient				
Assess a body surface area (BSA) for an adult				
Assess an ideal body weight (IBW) for an adult				
Intervention Activities				
Make a warfarin dosage adjustment based on patient parameters (e.g. INR)				
Recommend empiric antibiotic therapy				
Recommend and consult a patient regarding a self care nonprescription product				
Recommend a nonprescription dietary supplement, or herbal product				
Recommend antibiotic therapy based upon a culture and sensitivity				
Determine monitoring parameters for a patient being treated for an infectious disease				
Adjust a drug dose in a patient with renal insufficiency				
Assess the significance of a drug-drug interaction				
Identify and report a medication error or adverse drug reaction and develop a plan for correction				

C. Education/Research Activities (Each outcome must be completed at least ONCE during the rotation sequence)

Educational/Research Activities	Preceptor / Date	
Prepare a handout for case presentation		
Prepare an article for a newsletter or publication		
Prepare a patient education sheet		
Prepare a written drug information response in a practice setting.		
Use computer generated pharmacy data to analyze a medication or patient safety issue and develop a plan to improve patient outcomes. (health care informatics)		
Participate in a discussion regarding compliance with accreditation, legal, regulatory/legislative or safety requirements.		
Create a business plan to support a patient care service. (must include: feasibility, need, resources, marketing & reimbursement)		
Provide a formal case presentation		
Provide an education presentation to pharmacists		
Provide an education presentation to other health care professionals		
Lead a Journal Club discussion		
Complete a Drug Utilization Project		
Complete one patient communication evaluation form (see page 24 of manual)		

Hub Site Coordinator & Student Signatures

Hub Site Coordinator _____ **Date** _____

Student _____ **Date** _____