

**Patient Presentation Assessment Form (optional)**  
**University of Washington School of Pharmacy**

Student Name: \_\_\_\_\_ Date of Patient Presentation: \_\_\_\_\_

Practicum #    1        2        3        4        5        6        7        8        (please circle)

Name of Evaluator: \_\_\_\_\_

Name of Site: \_\_\_\_\_

Evaluator: please discuss your assessment with the student, including strengths of presentation and areas needing improvement, at the same time you complete this form. The student is responsible for submitting the form to the Office of Professional Programs and should attach a copy of the patient presentation to this form prior to submission.

Abilities Demonstrated. I = needs improvement, S = satisfactory, E = exemplary, NA means that subject was not discussed or did not apply to presentation. Please circle the appropriate rating for each aspect of the patient presentation.

**Organization**

General organization of presentation	I	S	E	NA
Completeness of presentation	I	S	E	NA
Ability to identify medical and drug-related problems	I	S	E	NA
Ability to state therapeutic goals	I	S	E	NA
Ability to state therapeutic alternatives (including pros and cons)	I	S	E	NA
Ability to outline recommendation for each problem	I	S	E	NA
Ability to outline monitoring plan for each problem	I	S	E	NA

**Drug knowledge**

General knowledge of drugs (mechanism of action, kinetics, usual dosing, usual side effects)	I	S	E	NA
Individualization of dosing for <i>this</i> patient	I	S	E	NA
Ability to assess efficacy of drugs	I	S	E	NA
Ability to assess toxicity of drugs	I	S	E	NA
Ability to assess patient outcome	I	S	E	NA

Things this student did well:

Suggestions for improving the next patient presentation:

Any other comments: