STUDENT’S EVALUATION OF EXTERNSHIP SITE

**Pharmacy Technician Program**

This survey is designed to help program faculty determine the appropriateness of individual externship sites. All data will be kept confidential and will be used for program evaluation purposes only.

**Name of Externship Site**:

**Print Student’s Name: Term: ­­­**

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any item.

5 = Strongly Agree 4 = Agree 3 = Neutral (acceptable)

2 = Disagree 1 = Strongly Disagree N/A = Not available at this site

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **At this externship site, I was:** | 5 | 4 | 3 | 2 | 1 | N/A |
| 1. Provided orientation to the office/facility. | 5 | 4 | 3 | 2 | 1 | N/A |
| 2. Assigned to a supervisor/preceptor who actively participated in my learning experience. | 5 | 4 | 3 | 2 | 1 | N/A |
| 3. Allowed to perform the entry-level skills I had learned in school. | 5 | 4 | 3 | 2 | 1 | N/A |
| 4. Given the opportunity to perform administrative skills. | 5 | 4 | 3 | 2 | 1 | N/A |
| 5. Given the opportunity to perform clinical skills. | 5 | 4 | 3 | 2 | 1 | N/A |
| 6. Adequately supervised and informed of whom to ask for help if I needed it. | 5 | 4 | 3 | 2 | 1 | N/A |
| 7. Treated respectfully by healthcare providers and other staff. | 5 | 4 | 3 | 2 | 1 | N/A |
| 8. Provided with adequate personal protective equipment (e.g. gloves) to protect my health and safety. | 5 | 4 | 3 | 2 | 1 | N/A |
| 9. Provided the opportunity to communicate with: |  |  |  |  |  |  |
| a. patients/clients/family members | 5 | 4 | 3 | 2 | 1 | N/A |
| b. physicians/health care professionals | 5 | 4 | 3 | 2 | 1 | N/A |
| c. staff and co-workers | 5 | 4 | 3 | 2 | 1 | N/A |
| d. supervisory personnel | 5 | 4 | 3 | 2 | 1 | N/A |
| 10. Not used to replace paid employees. | 5 | 4 | 3 | 2 | 1 | N/A |
| 11. Provided regular constructive verbal feedback by supervisor. | 5 | 4 | 3 | 2 | 1 | N/A |
| 12. Provided a final written performance evaluation. | 5 | 4 | 3 | 2 | 1 | N/A |

Were you asked to perform any skills for which you were not prepared by your program?

Yes No

If yes, please identify:

Would you recommend this site for future externship students? Yes No. Why?

What part of the externship experience did you like best and/or least?

Signature: Date