

- 1) What are the four primary roles of a preceptor?
  - a. Direct Instruction, Professor, Coaching, Facilitating
  - b. Facilitating, Mentor, Coaching, Direct Instruction
  - c. Coaching, Modeling, Direct Instruction, Facilitating
  - d. Mediator, Modeling, Coaching, Counselor
  
- 2) What role(s) are most important when precepting an APPE student?
  - a. Direct Instruction
  - b. Coaching
  - c. Modeling
  - d. Facilitating
  - e. A and C
  - f. B and D
  
- 3) Which one of the following would NOT be an advantage of an "Active Learning Experience":
  - a. Promotes the application of material while it is being presented.
  - b. Engages students more deeply in learning material by encouraging critical thinking.
  - c. Fosters development of self-directed learning.
  - d. Allows students the opportunity to practice skills and ask questions.
  - e. Benefits preceptors by allowing the students to be a part of their pharmacy team, responsible for day to day staffing needs.
  
- 4) When preparing your practice site for the rotation, you should communicate:
  - a. With the college experiential education department
  - b. With all of your employees
  - c. With your staff pharmacists
  - d. With your student (if you are able to make contact with them prior to their arrival)
  - e. All of the above
  
- 5) The first and most crucial step in site preparation is:
  - a. Goal setting
  - b. Communication
  - c. Project selection
  - d. Evaluations
  
- 6) Project selection is guided by:
  - a. The student
  - b. The preceptor
  - c. The college of pharmacy
  - d. All of the above
  
- 7) Evaluations need to be performed:
  - a. At the mid-point of the rotation
  - b. At the end of the rotation
  - c. Throughout the rotation as snapshots
  - d. A and B
  - e. A, B, and C
  
- 8) What is a/are potential complication(s) that could arise from evaluations?
  - I. Misperception
  - II. Surprise end expectations
  - III. Poor project selection
  - a. I Only
  - b. III Only
  - c. I and II
  - d. II and III
  - e. I, II, and III
  
- 9) Snapshots:
  - a. Are to be completed by the student at the end of each day they are in the rotation
  - b. Are individual feedback sessions for the student
  - c. Need to be timely
  - d. B and C
  - e. All of the above
  
- 10) In a community setting, IPPE students should be treated as a new registered pharmacist in all responsibilities except for the final check:
  - a. True
  - b. False

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**Expiration Date: January 1, 2014**

**Successful Completion: Score of 80% will result in 1.5 contact hours or 0.15 CEUs. Participants who score less than 80% will be notified and permitted one re-examination.**

**February 2011– Precepting Advanced Pharmacy Practice Experience (APPE) and Introductory Pharmacy Practice Experience (IPPE) Students  
TECHNICIANS ANSWER SHEET. Not ACPE approved for Technicians.**

Name \_\_\_\_\_ KY Cert. # \_\_\_\_\_

Address \_\_\_\_\_

PLEASE CIRCLE THE APPROPRIATE ANSWERS:

- |           |          |         |          |          |
|-----------|----------|---------|----------|----------|
| 1. ABCD   | 3. ABCDE | 5. ABCD | 7. ABCDE | 9. ABCDE |
| 2. ABCDEF | 4. ABCDE | 6. ABCD | 8. ABCDE | 10.AB    |

Met my educational needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Figures and tables were useful	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Achieve the stated objectives	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Posttest was appropriate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was well written	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Commercial bias was present	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is relevant to my practice	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

I hereby certify that I completed this self-study program independently and without assistance from any other party.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**February 2011– Precepting Advanced Pharmacy Practice Experience (APPE) and Introductory Pharmacy Practice Experience (IPPE) Students**

**Universal Activity # 0143-0000-11-002-H04-P**

**PHARMACISTS ANSWER SHEET**

Name \_\_\_\_\_ KY Lic. # \_\_\_\_\_

Address \_\_\_\_\_

PLEASE CIRCLE THE APPROPRIATE ANSWERS:

- |           |          |         |          |          |
|-----------|----------|---------|----------|----------|
| 1. ABCD   | 3. ABCDE | 5. ABCD | 7. ABCDE | 9. ABCDE |
| 2. ABCDEF | 4. ABCDE | 6. ABCD | 8. ABCDE | 10.AB    |

Information presented in the activity:

Met my educational needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Figures and tables were useful	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Achieve the stated objectives	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Posttest was appropriate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was well written	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Commercial bias was present	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is relevant to my practice	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Unmet Objectives: \_\_\_\_\_

I hereby certify that I completed this self-study program independently and without assistance from any other party.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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