The University of Findlay College of Pharmacy
Mission Statement

“To prepare pharmacists dedicated to improving patients' lives through practice, service, and research.”

VISION

The College of Pharmacy supports a vision of the future of the profession that includes the recognition by all persons of the value of pharmacist provided comprehensive patient care. Pharmacy practice of the future will focus on direct patient care. Our faculty will pursue research and other scholarly activity designed to enhance the education of our students and to help define the therapies of the future and the pharmacist’s role in monitoring therapy.

Our graduates will be leaders as we transition from a medication dispensing focus to prominence in the pharmacotherapy of practitioner diagnosed conditions. These new roles require that our graduates are trained with other health professionals to provide patient care services as a team. The strategies and goals in this plan are meant to support the mission statement and vision of the College of Pharmacy.

CONTEXT OF THE MISSION STATEMENT

The mission of the University of Findlay is to equip students for meaningful lives and productive careers. The core values identified in the University’s current strategic plan includes acknowledgment that our graduates are the primary contribution which the university provides to local and national communities; a commitment to excellence in performance when compared to national standards; and a commitment to collaborative initiatives that improve the quality of and accessibility to the services which the University and its graduates provide. The College of Pharmacy’s mission and vision are fully aligned with both the institution’s mission and these core values. Its goals also mirror the mission of other health and human services programs in the University’s Colleges of Education and Health Professions.

The College of Pharmacy endeavors to provide pharmacy education to students within a diverse, supportive, student-centered environment. The curriculum emphasizes the collaborative practice of pharmacy care and related healthcare disciplines, continuous professional development, critical thinking, evidence-based medicine, research, and service to the community.

In support of this mission, our faculty and students pursue scholarly activity to advance the care of patients and our faculty members provide teaching and learning environments for our students to develop critical thinking skills. Our faculty members also participate in various service activities as part of their professional responsibilities. Through this capacity, they serve as role models for our students.
# Table of Contents

Office of Experiential Contact Information.................................................................................. 3

University of Findlay College of Pharmacy Curriculum...................................................................4-5

Doctor of Pharmacy Experiential Program/Performance Standards.................................................6-9

Policies............................................................................................................................................10-18

- Student Placement in the Hub Network
- Elective Rotations Outside of the Hub Network
- Absence During Rotations
- Professional Conduct
- Technical Standards
- Harassment and Discrimination
- Rotation Changes/Withdrawal Policy
- Logging APPE Hours

Program Outcomes/Core Objectives/Rotation Specific Objectives.................................................19-39

- Outcomes
- Core Objectives
- Community/Ambulatory Care
- Hospital/General Medicine
- Special Populations

Rotation Helpful Hints and Notes ..................................................................................................40

Student Checklist for Completion of Paperwork and Coursework..................................................41-45

Evaluation/Professional Portfolio Requirements.............................................................................42-44

Rotation Evaluation Forms Summary...............................................................................................44-47

Case Study Instructions ..................................................................................................................48-55

- Case Study Rubric

Appendix A: Evaluation Forms........................................................................................................56-86

- Mock Interview Rubric
- PharmD Student Rotation Evaluation Form
- Student Self-Evaluation Form
- Longitudinal Outcome Measures Assessment Form
- Student Journal Club Evaluations Form
- Preceptor Evaluations Form
- Case Presentations Evaluations Form
- Patient Communication Evaluation Form
- Interprofessional Collaborative Experience Reflection Forms
- Absence Request Form

Appendix B: Bloodborne Pathogen Exposure Procedure/Forms .....................................................87-92

Appendix C: Ohio Preceptor Standards............................................................................................93
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The current IPPE and APPE Manuals, preceptor application, and other documents can also be found on the University of Findlay website:

http://www.findlay.edu/pharmacy/Preceptor-Information

or online at www.RxPreceptor.com
University of Findlay College of Pharmacy Curriculum

The following is the suggested outline for the UF Pharmacy program. Not all students follow this exact path, but it is meant as a guide. Please use this to get a better idea of where your APPE students took certain classes. Example: “cardiology P4 fall = 2 years ago.”

<table>
<thead>
<tr>
<th>FALL SEMESTERS</th>
<th>SPRING SEMESTERS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pharmacy First Year (P1) - Undergraduate Student Status</strong></td>
<td><strong>Pharmacy Second Year (P2) - Undergraduate Student Status</strong></td>
</tr>
<tr>
<td>* CHEM 130 General Chemistry 1 &amp; Lab</td>
<td>CHEM 131 General Chemistry 2 &amp; Lab</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>* Math 141 Calculus 1</td>
<td>Math 142 Calculus 2</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>BIOL 152 Intro to Cell &amp; Molecular Biology &amp; Lab</td>
<td>BIOL 310 Human Genetics &amp; Lab</td>
</tr>
<tr>
<td>4</td>
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</tr>
<tr>
<td>* ENGL 106 College Writing 2</td>
<td>CSCI or COMM Course or Competency</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>HPE 100</td>
<td>ENGL 272 or ENGL 282 Technical Communications</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>PHAR 150 Oiler Pharmacy</td>
<td></td>
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<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Total Hours</td>
<td>Total Hours</td>
</tr>
<tr>
<td>18</td>
<td>18</td>
</tr>
</tbody>
</table>

| **Pharmacy Third Year (P3) - Undergraduate Student Status** | **Pharmacy Fourth Year (P4) - Undergraduate Student Status** |
| PHAR 350 Introduction to Pharmacy Practice 1 | PHAR 351 Introduction to Pharmacy Practice 2 |
| 4 | 3 |
| PHAR 361 Pharmaceutics and Pharmacokinetics 1 | PHAR 362 Pharmaceutics & Pharmacodynamics |
| 4 | 4 |
| BIOL 412 Microbiology & Lab | PHAR 363 Pharmacy Practice Skills |
| 4 | 1 |
| BIOL 300 Immunology | PHAR 370 Physical Assessment for Pharmacy |
| 3 | 3 |
| NSCI 323 Epidemiology | CHEM 400 Biochemistry |
| 3 | 4 |
| | BIOL 302 Cell Biology |
| | 3 |
| Total Hours | Total Hours |
| 18 | 18 |

| **Pharmacy Fifth Year (P5) - Graduate Student Status** |
| GPA starts over/3 C Rule goes into effect /Undergraduate scholarships end |
| PHAR 553 Pharmacoeconomics | PHAR 550 Pharmacy Administration |
| 3 | 5 |
| PHAR 560 PP & T of Neurologic Diseases | PHAR 590 Pharmacy Research |
| 4 | 2 |
| PHAR 563 PP & T of Hematology/Oncology | PHAR 592 Intermediate Practice Experience 2 |
| 4 | 1 |
| PHAR 569 PP & T of Gastrointestinal Diseases | PHAR 599 Application of Pharmacy Practice |
| 4 | 5 |
| PHAR 591 Intermediate Practice Experience 1 | Pharmacy Electives |
| 1 | 4 |
| Pharmacy Electives | 2 |
| Total Hours | Total Hours |
| 18 | 18 |

| **Pharmacy Sixth Year (P6) - Graduate Student Status** |
| **Advanced Experience Rotations** | **36 hours for the year (9 months)** |
| 2 months in Advanced Institutional/General Medicine | |
| 2 months in Ambulatory/Advanced Community Pharmacy | |
| 2 months in Special Populations Advanced Experience | |
| 3 months of elective rotations | |
| * Based on placement tests. Should a student not place into this course, additional courses will be required. |
# Updated Pharmacy Curriculum Sheet for APPE Rotations for the Graduating Class of 2021

<table>
<thead>
<tr>
<th>Fall</th>
<th>Hours</th>
<th>Spring</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pharmacy First Year</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*CHEM 130 Advanced General Chemistry I</td>
<td>3</td>
<td>CHEM 131 Advanced General Chemistry II</td>
<td>3</td>
</tr>
<tr>
<td>*CHEM 130L Adv. General Chemistry I Lab</td>
<td>1</td>
<td>CHEM 131L Adv. General Chemistry II Lab</td>
<td>1</td>
</tr>
<tr>
<td>*MATH 141 Calculus I</td>
<td>4</td>
<td>BIOL 310 Human Genetics</td>
<td>3</td>
</tr>
<tr>
<td>BIOL 152 Intro to Cell &amp; Molecular Biology</td>
<td>3</td>
<td>BIOL 330L Human Genetics Lab</td>
<td>1</td>
</tr>
<tr>
<td>BIOL 152L Intro to Cell &amp; Molecular Biology Lab</td>
<td>1</td>
<td>ENGL 272 Intro to Technical Communication</td>
<td>3</td>
</tr>
<tr>
<td>*ENGL 106 College Writing 2</td>
<td>3</td>
<td>PHIL 221 Health Care Ethics</td>
<td>3</td>
</tr>
<tr>
<td>HPE 100 Wellness</td>
<td>2</td>
<td>PHAR 151 Oiler Pharmacy II</td>
<td>1</td>
</tr>
<tr>
<td>PHAR 150 Oiler Pharmacy I</td>
<td>1</td>
<td>CSCI 150/190 or COMM 110/211</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18</strong></td>
<td><strong>Total</strong></td>
<td><strong>18</strong></td>
</tr>
</tbody>
</table>

| **Pharmacy Second Year** | | | |
| CHEM 210L Adv. Organic Chemistry II Lab | 1 | CHEM 211L Organic Chemistry II Lab | 1 |
| PHYS 260 Physics for Health Sciences | 4 | General Education | 3 |
| BIOL 302 Cell Biology | 3 | MATH 223 Applied Statistics and Data Analysis | 3 |
| General Education | 3 | PHAR 251 Professional Practice Development | 1 |
| General Education | 3 | BIOL 412 Microbiology | 3 |
| PHAR 250 Professional Practice Development | 1 | BIOL 412L Microbiology Lab | 1 |
| **Total** | **18** | **Biol 300 Immunology** | **3** |

| **Pharmacy Third Year** | | | |
| BIOL 322 Human Anatomy & Physiology I | 3 | BIOL 323 Human Anatomy & Physiology II | 3 |
| BIOL 322L Human Anatomy & Physiology I Lab | 1 | BIOL 323L Human Anatomy & Physiology II Lab | 1 |
| CHEM 400 Biochemistry | 4 | PHAR 351 Intro to Pharmacy Practice 2 | 3 |
| PHAR 350 Intro to Pharmacy Practice 1 | 3 | PHAR 356 Pharmacology/Pharmacokinetics | 3 |
| PHAR 361 Pharmaceutics | 4 | PHAR 363 Pharmacy Practice Skills | 1 |
| PHAR 391 Intro to Pharmacy Pract Exp 1 | 1 | PHAR 367 Physical Assessment for Pharmacy | 3 |
| PHAR 411 Advanced Self-Care 1 | 2 | PHAR 380 Intro Pharmacology & Med Chem | 3 |
| **Total** | **18** | **PHAR 392 Intro to Pharmacy Pract Exp 2** | **1** |

| **Pharmacy Fourth Year** | | | |
| PHAR 463 PP&T Respiratory Diseases | 4 | PHAR 460 PP&T Immunol & Connective Tissue | 4 |
| PHAR 466 PP&T Cardiovascular Diseases | 5 | PHAR 469 PP&T Infectious Diseases | 4 |
| PHAR 476 PP&T Renal Diseases | 4 | PHAR 473 PP&T Endocrinology & Metabolism | 5 |
| PHAR 491 Early Practice Experience I | 1 | PHAR 492 Early Practice Experience II | 1 |
| Pharmacy Electives | 4 | Pharmacy Electives | 4 |
| **Total** | **18** | **Total** | **18** |

| **Pharmacy Fifth Year** | | | |
| PHAR 553 Pharmacoeconomics | 3 | PHAR 550 Pharmacy Administration | 5 |
| PHAR 560 PP&T Neurologic Diseases | 4 | PHAR 590 Pharmacy Research | 2 |
| PHAR 563 PP&T Hematology/Oncology | 4 | PHAR 592 Intermediate Practice Experience II | 1 |
| PHAR 569 PP&T Gastrointestinal Diseases | 4 | PHAR 599 Pharmacy Capstone | 5 |
| PHAR 591 Intermediate Practice Experience I | 1 | Pharmacy Electives | 4 |
| Pharmacy Electives | 2 | **Total** | **17** |
| **Total** | **18** | | |

| **Pharmacy Sixth Year** | | | |
| **Advanced Experience Rotations** | **18** | **Advanced Experience Rotations** | **18** |

*Based on placement test. Should a student not place into this course, additional courses/semesters will be required. For scheduling purposes - many courses can be moved around.

** During the sixth year, pharmacy students will NOT follow the University of Findlay academic calendar. All Advanced Experience Rotations must be completed by May 1. Rotations could start as early as June 1, depending on sites and availability.
DOCTOR OF PHARMACY EXPERIENTIAL PROGRAM

GOAL:

To educate students to apply problem-solving skills to assess patient parameters, optimize drug therapy, and provide quality patient care in various practice settings.

Advanced Pharmacy Practice Experiences (APPEs) will provide practical, supervised, intellectually stimulating professional experiences, which will enable students to develop fundamental capabilities to become self-motivated, self-directed, ethically minded professionals with the mission and skills to advance pharmacy practice in any desired practice setting. Competency in clinical skills, knowledge, judgment, and communication provide the basis for the achievement of this fundamental goal.

COURSE DESCRIPTION:

A series of Advanced Pharmacy Practice Experiences (APPEs) comprise a full-time experiential program emphasizing delivery of patient care in various practice settings. The rotations are experiential-based, integrated problem-solving courses designed to train the student to become an active participant in providing patient care. The student, under the direction of the hub site coordinator and various faculty and preceptors, will integrate their knowledge of physical assessment, pharmacology, pharmacotherapy, pathophysiology, pharmaceutics, pharmacokinetics, and pharmacodynamics in assessing therapeutic plans and in evaluating the drug regimen for patients. Students will practice and demonstrate skills for patient advocacy, interprofessional education, system management, and general health and wellness. During this experiential curriculum, students will learn recommendations and participate in decisions regarding drug therapy. At each practice site, the student is expected to become a functioning component of the ongoing patient care services through preceptor instruction and self-learning.

HUB SITE MODEL:

Students preparing to enter their P6 (fourth professional) year are assigned to one of approximately 35 Hub Sites for the completion of their required APPEs. Each Hub Site has a Hub Site Coordinator (chosen by the site and approved by the UF College of Pharmacy) who is responsible for scheduling student rotations at their site, activities and projects, ensuring all objectives are met and all evaluations are completed, as well as coordinating and training preceptors. This model assures that all students are exposed to core pharmacy related experiences.

A Hub Site may be a large health-system or a geographic area with several small sites working together. Hub Sites must have opportunities for students to fulfill the core required rotations as well as elective rotations. Some of the Hub Sites may provide an inpatient focus while others, an outpatient. Students are informed prior to ranking their Hub Site preference which electives and special populations a site can offer. This way, students who desire a certain experience will know which sites are most likely to fit their interests. Students are first matched to a Hub Site and then work with the Hub Site Coordinator to schedule individual rotations with various preceptors.

The Hub Site model offers several advantages over traditional APPE placement: one-time orientation, opportunities for recruitment, completion of longitudinal projects and flexibility in student scheduling, among others. The advantages in this model of training are similar to a post-graduate residency program.

INSTRUCTORS: Faculty, Adjunct Faculty, Hub Site Coordinator (Affiliate Professor of Pharmacy Practice) and other approved preceptors.
RECOMMENDED TEXTS:
- See course syllabi

PERFORMANCE STANDARDS Pharm 701-709:
*Performance standards must be met, as these are part of APPE graduation requirements.

To have successfully completed the rotation sequence, the student must accomplish the following:

1. Successfully complete six (6) core rotations meeting all rotation-specific learning objectives and site-specific responsibilities and/or activities and rotation/month assignments, receiving a final grade of C or higher for the course.
   - Student must achieve a B or better (demonstrating competency) from the preceptor on rotation to successfully pass.
   - The final course grade includes specific assignments assigned by the college (evaluations, reflections, online quizzes/test, cases, longitudinal list, and attendance etc.).
2. Successfully complete three (3) elective rotations meeting all rotation-specific learning objectives and site-specific responsibilities and/or activities and rotation/month assignments, receiving a final grade of C or higher for the course.
   - Student must achieve a B or better (demonstrating competency) from the preceptor on rotation to successfully pass.
   - The final course grade includes specific assignments assigned by the college (evaluations, reflections, online quizzes/test, cases, longitudinal list, and attendance etc.).
3. Successfully complete eight (8) core case reviews.
4. Successfully complete the P6 core competency exam (Pre-NAPLEX-spring at 80% or better).
5. Successfully complete the P6 law competency exam with an 80% or better.
6. Successfully complete patient communication exercises documented using the form.
7. Successfully complete inter-professional evaluation and reflection forms.
8. Successfully complete all competencies listed on the Longitudinal Assessment Form.
9. Successfully complete online competency material and quizzes as assigned.
10. Attend Career Day and Residency Meeting (unless excused by D.O.E.E.)
11. Others as assigned

Core Experiential Objectives for the following rotation types:

1. Advanced Practice Community Pharmacy
2. Advance Practice Ambulatory Care
3. Advanced Practice Hospital/health System Practice
4. Advanced Practice/General Medicine
5. Advanced Practice Special Populations (x2)
ADVANCED PHARMACY PRACTICE EXPERIENCE REQUIREMENTS:

COURSE POLICIES:

Students must register for six, one-month core rotations and three, one month elective rotations (at least one must be direct patient care focus). One-month rotation refers to one calendar month unless otherwise specified. One month of rotation is equal to four academic credit hours. Students may not register for any other didactic courses during Advanced Practice Rotations, without the prior approval from the student’s advisor and Chair/Director of Experiential Education. Rotations are typically scheduled July through November and January through April.

Students are not permitted to start rotations in May. May and December months are usually considered non-student months for faculty, preceptors, and Hub-Site Coordinators. These months provide educators the opportunity for vacation, participation in on campus events, professional and curricular development, continuing education, scholarly commitment, and reflection and didactic preparation time. Students scheduled the month of June is based on the site’s availability and request. In some cases, the months of May, June and/or December may be used for unique rotations, such as an international rotation, or may be used for students with unusual circumstances. Situations that may qualify a student to be scheduled during May, June or December are unplanned medical issues, student rotation failure, military obligations, and site preference. The scheduling of student rotations during the month of May, June and/or December will be evaluated on a case-by-case basis. The Chair/Director of Experiential Education must approve the rotation. These approvals are rarely granted.

Overview of general requirements

- Successfully complete all required courses that are included in the curriculum of the first three professional years with a cumulative graduate GPA of ≥2.75 (cumulative for both graduate and undergraduate) with a minimum of C or better on all required courses and professional electives requirements.
- Score competently on any College designated required OSCE(s) or successfully remediate
- Meet the college’s technical standards
- Have certifications in BLS & ACLS from an approved provider (valid for at least one year or until graduation)
- Maintain Health & Liability insurance at all time
- Maintain Ohio intern license
- Meet site specific requirements for all assigned experiential APPE rotations
- Verify an understanding and acceptance of College of Pharmacy policies and procedures as they pertain to advanced experiential learning
- Have all the documentation required to start APPEs by April 15th of the P5 year or forfeit first scheduled APPE month

To graduate with the Pharm.D. degree, students must (see current student handbook for updates):

- Have met all requirements defined requirements for progression through the first, second, third, and fourth professional years.
- Successful completion of all the required courses in the APPE year
- Have a cumulative GPA of 2.75 or better for the undergraduate program (P1-P4)
- Have a cumulative GPA of 3.0 or better for the graduate program (P5-P6)
<table>
<thead>
<tr>
<th>Semester</th>
<th>APPE Rotation Scheduled</th>
<th>Course Number</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer</td>
<td>(June)</td>
<td>(PHAR 701)</td>
<td>(4)</td>
</tr>
<tr>
<td></td>
<td>July</td>
<td>PHAR 701</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>August</td>
<td>PHAR 702</td>
<td>4</td>
</tr>
<tr>
<td>Fall</td>
<td>September</td>
<td>PHAR 703</td>
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<td>October</td>
<td>PHAR 704</td>
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<td></td>
<td>November</td>
<td>PHAR 705</td>
<td>4</td>
</tr>
<tr>
<td>Spring</td>
<td>January</td>
<td>PHAR 706</td>
<td>4</td>
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<tr>
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<td>February</td>
<td>PHAR 707</td>
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<tr>
<td></td>
<td>March</td>
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</tr>
<tr>
<td></td>
<td>April</td>
<td>PHAR 709</td>
<td>4</td>
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</table>

*Longitudinal pharmacy practice experiences may be selected as one of the 9 months of rotations and may be registered in any available month.

**The student’s schedule may follow a slightly different pattern for the year however; the transcript will reflect the sequence listed above.

A student is required complete six (6) one-month core advanced practice rotations as follows:

<table>
<thead>
<tr>
<th>Advanced Community Pharmacy</th>
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</thead>
<tbody>
<tr>
<td>Advanced Ambulatory Medicine</td>
</tr>
<tr>
<td>Advanced Hospital/Health System Pharmacy</td>
</tr>
<tr>
<td>Advanced General Medicine</td>
</tr>
<tr>
<td><strong>Special Populations 1 (e.g. Geriatrics, Pediatrics, Critical Care, Hospice)</strong></td>
</tr>
<tr>
<td><strong>Students may choose any one or two special populations during the two-month requirement as provided by the assigned hub site</strong></td>
</tr>
<tr>
<td><strong>Special Populations 2</strong></td>
</tr>
<tr>
<td><strong>Students may choose any one or two special populations during the two-month requirement as provided by the assigned hub site</strong></td>
</tr>
</tbody>
</table>
POLICIES

POLICIES REGARDING STUDENT PLACEMENT IN THE HUB NETWORK

The placement of students into Hub Sites is a collaborative process involving the student, Director of Experiential Education, Education Specialist, and the Hub Site Coordinators. Student preference is considered however, placement based on preference or rank is not guaranteed due to limited Hub Site availability and conditional acceptance by the Hub Site Coordinator. A student is NOT permitted to work (receive compensation) at a site where he or she is completing a rotation for the duration of the scheduled rotation(s). If approved, the student must ask his or her employer for a leave of absence during the time he/she will be on site during clinical rotations. Students must report their place of employment to the experiential office if it appears that there may be an issue with this policy. Failure to comply or report work/academic site conflicts may result in failure of a rotation/course. The Director and Assistant Director of Experiential Education assign student placements using the following process:

1. Hub Site promo packets are posted for P5 students during the fall semester on CORE/ELMS (RxPreceptor).
2. Students submit their rank order preference for their top seven sites on CORE/ELMS (RxPreceptor).
3. Students are matched to sites based on the following criteria:
   a. Student Rank
      i. Pharmacy GPA
   b. Student site preference
   c. Discretion of the Director of Experiential Education based on Hub Site contracts and/or affiliation agreements.
4. Students and sites are notified of their initial match. Students must submit their updated electronic portfolio to Hub Site as directed during the month of October. Failure to do so may result in forfeiting their assigned site.
5. Hub Sites will have the option to:
   a. Approve/Disapprove student placements based on portfolio, OR
   b. Approve/Disapprove student placements pending interview.
      i. Interviews may take place over the phone, on campus, or at the site depending on the preference of the site.
      ii. Sites will contact students to arrange interview times and places, if necessary.
6. Students, who are not approved by their first site and go unmatched, will be placed by the Director of Experiential Education.
7. Students and sites are notified of final placement during the spring semester of their P5 year
   a. Students must submit electronic portfolio to final site, if different from initial match.

Students are placed into Hub Sites (or Co-Hub Sites) for the completion of all six months of core required rotations. Up to two elective rotations may be completed outside of the hub network. Students must receive approval from the Director of Experiential Education and communicate this information with their assigned Hub Site Coordinator for out-of-network elective rotations.

POLICIES REGARDING ELECTIVE ROTATIONS OUTSIDE OF THE HUB NETWORK

Elective rotations are one-month assignments chosen based on interest of the student and availability. Elective rotations are offered at each of the Hub Sites and their respective affiliates; however, electives may also be completed outside of the Hub Network. An elective rotation should fit the description of any of those listed on the table on page 12. If an elective rotation is desired that is not on this list, a waiver must be granted from the Director of Experiential Education. A student is NOT permitted to work at the same site he or she is completing a rotation. The student must request a leave of absence from his or her employer during the time he or she will be on site during clinical rotations. (See policy as noted above.)
If students choose to take an elective rotation outside of their assigned Hub Site, the following process must be completed and all documents must be in place before October 15th of the academic year:

1. Students must submit elective request for approval from the Director or Assistant Director of Experiential Education for a potential out-of-hub-site rotation. This must be done in writing using the elective request form.
2. Students shall search CORE/ELMS (RxPreceptor) to identify elective preceptors and sites currently affiliated with our program.
3. Students requesting a rotation site not currently affiliated with UF shall provide:
   a. Site name
   b. Preceptor name & contact information
      i. Phone
      ii. Email
4. If approved by the Experiential Office, the E.O. will:
   a. Initiate an Affiliation Agreement with the organization.
      i. This may take a lengthy period of time, so plan ahead.
   b. Experiential Office will send preceptor application to preceptor.
5. Once the preceptor application and affiliation agreement are in place, written affirmation from the preceptor to the Experiential Director/Program must be obtained.
   a. Affirmation may be provided in an e-mail or phone. The preceptor must, in some written form, affirm that they will be precepting the named student for an elective rotation. He or she must indicate the site, type of elective, and agreed month in the affirmation. Once the written affirmation is received, the rotation may not be changed.

- The Director and Assistant Director of Experiential Education reserve the right to deny any student approval for an elective rotation outside the Hub Site.
- Students may not complete elective rotations out of the Hub Site during the months of July or August. Students may petition the Director of Experiential Education for special consideration.
- Once an elective rotation is scheduled, changes will not be permitted. In the case of extreme personal reasons, changes will be considered by the Director of Experiential Education and the Hub Site Coordinator. Extreme personal reasons do not include changes in student interest, failure to secure housing or a desire to move closer to family or friends. These items should be considered prior to committing to an out of network elective rotation. Elective rotation changes impact the relationship with the school, the site and other pharmacy schools utilizing the site. Each change requires additional administrative work by the school and hub site and may affect payment to the site.
- Some rotation sites may require the completion of prerequisite rotations, additional background checks, illicit drug screening, and/or other testing or screening. It is the student’s responsibility to identify any of these prerequisites with the preceptor and to pay for any additional costs that may be associated with the requirements. Failure to comply with these additional requirements once a rotation is scheduled may result in delay of graduation.
A student is required to complete three (3) one-month elective advanced practice rotations from the following list, pending availability to the college (rotations are listed alphabetically):

<table>
<thead>
<tr>
<th>Academic Pharmacy</th>
<th>Health Informatics</th>
<th>Pain Management</th>
</tr>
</thead>
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<tr>
<td>Advance Institutional</td>
<td>Heart Failure Clinic</td>
<td>Patient Safety</td>
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<tr>
<td>AIDS/HIV Pharmacy</td>
<td>Home Health Care/ Home Infusion</td>
<td>Pediatrics</td>
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<tr>
<td>Alternative/ Complementary Medicine</td>
<td>Hospice / Palliative Care</td>
<td>Pharmaceutical Industry</td>
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<tr>
<td>Ambulatory Care (various-focus)</td>
<td>Hyperlipidemia Clinic</td>
<td>Pharmacokinetics</td>
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<tr>
<td>Anticoagulation Clinic</td>
<td>Hypertension Clinic</td>
<td>Pharmacy Education</td>
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<tr>
<td>Asthma Clinic</td>
<td>Indian Health Service</td>
<td>Pharmacy Organization Management</td>
</tr>
<tr>
<td>Burn Management</td>
<td>Infectious Disease (I.D.)</td>
<td>Poison Control (Toxicology)</td>
</tr>
<tr>
<td>Cardiology</td>
<td>Informatics</td>
<td>Preventative Medicine</td>
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<tr>
<td>Community Practice</td>
<td>Institutional Administration</td>
<td>Psychiatry</td>
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<tr>
<td>Community Administration</td>
<td>Intensive Care (Critical Care)</td>
<td>Regulatory &amp; Licensing</td>
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<tr>
<td>Compounding Practice</td>
<td>Internal Medicine</td>
<td>Public Health Service</td>
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<tr>
<td>Corporate Management</td>
<td>International Medicine</td>
<td>Pulmonary Medicine</td>
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<td>Critical Care Medicine</td>
<td>Long Term Care</td>
<td>Pharmacy Organization Management</td>
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<tr>
<td>Diabetes Clinic</td>
<td>Mail Order Pharmacy</td>
<td>Research</td>
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<tr>
<td>Disaster Training/ or Pre-Disaster Mgt.</td>
<td>Managed Care</td>
<td>Regulatory &amp; Licensing</td>
</tr>
<tr>
<td>Drug Abuse &amp; Prevention</td>
<td>Medical Publishing</td>
<td>Substance Abuse</td>
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<tr>
<td>Drug Information Services</td>
<td>Medication Therapy Management</td>
<td>Surgical Care (Surgery)</td>
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<td>Entrepreneurial</td>
<td>Neonatology</td>
<td>Transplantation- various</td>
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<td>Emergency Medicine/ Trauma</td>
<td>Nephrology</td>
<td>Patient Safety</td>
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<td>Epilepsy Clinic</td>
<td>Neurology</td>
<td>Pediatrics</td>
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<tr>
<td>Family Medicine/Family Practice</td>
<td>Nuclear Pharmacy</td>
<td>Veterinary Medicine</td>
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<td>Food &amp; Drug Administration</td>
<td>Nutrition</td>
<td>Wound Care</td>
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<td>Gastroenterology (G.I.)</td>
<td>Obstetrics/Gynecology (OB/GYN)</td>
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<td>General Medicine</td>
<td>Oncology / Hematology/Pain</td>
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<tr>
<td>Geriatrics</td>
<td>Outcomes Research</td>
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</table>
POLICIES REGARDING ABSENCE DURING ROTATIONS:

Due to the intensity of each rotation and the need to achieve rotation objectives, it is advised that students avoid taking time away from their rotations except in extenuating circumstances. Students completing rotations do not follow the academic calendar for the University and are not allowed vacation time during their rotation schedule. However, it is recognized that students may need time off for residency or job interviews, illness, or other unforeseen reasons. The following are the approved guidelines regarding absence from rotations:

1. Students will be allowed no more than **NINE (9) days** of approved absences from their assigned experiences over the entire rotation sequence. Each student is responsible for assuring that the maximum number of days away from the nine-month rotation sequence is not exceeded. **Students are responsible for logging ALL absences in CORE/ELMS (RxPreceptor) using the Absentee Log; this is to be done within 24 hours of the absence.**

2. Students will be allowed no more than **THREE (3) days** of approved absences during any one rotation (1-month experience). If days are missed, students may be required to spend additional time at the site, beyond the originally scheduled rotation time, so the student can complete all college and rotation specific objectives. (For consideration of passing any rotation a minimum of 160 hours must be logged.)

3. Illness or unplanned absences (emergencies) require the student to contact the assigned preceptor immediately the day of (email, phone etc.). In addition, if the student works with other preceptors, the student shall notify them the day of absence as well. **All absences shall be put into RxPreceptor within 24 hours to be considered excused as well as contacting the Director of Experiential Education.**

4. Time off is to be taken only with the PRIOR approval of the preceptor at the site. The student should use the online process within CORE/ELMS RxPreceptor to facilitate this approval. This shall be entered into RxPreceptor the day of the absence.

5. Requests for more than three days of absences within any one rotation must be approved by the preceptor, Hub Site Coordinator, and Director of Experiential Education. If students are granted approved absences for more than three (3) days from the rotation, **the time must be made up.**

6. An excused absence from a site does NOT relieve the student from completion of any of the rotation objectives or responsibilities and minimum hour requirement.

7. Unexcused absences are NOT tolerated and jeopardize the student's successful completion of the program. Any unexcused absence may result in failure of the rotation in which it occurred. The preceptor should immediately contact the Office of Experiential Education if such absences occur.

8. Documentation for absences is needed for approved absences (doctor excuses and bereavement).

9. Students, whose absences are a result of inpatient medical care, must provide a medical release to the Director of Experiential Education prior to returning to the assigned rotation and/or rotation sequence.

10. Students who are dealing with heightened physical or mental health issues that impact their ability to fully participate in the learning experience must have medical documentation to continue in the rotation for their well-being and the patients they serve.

**PROFESSIONAL CONDUCT:**

Students are guests at each site. If inappropriate behavior or lack of professionalism is noted by the preceptor (or other individuals at the site), the student may be requested to terminate the rotation and leave the site, at the discretion of the Director of Experiential Education. The student will fail the rotation if professional conduct becomes an issue.

**Professional Dress Code**

Appropriate professional appearance shall include, but not be limited to, the following expectations:

- Fingernails - Nails must be kept clean and neat with their length to be no longer than 1/4 inch beyond the end of the finger. Artificial nails are not permitted.
- Hygiene - Good hygiene should be practiced.
- **Piercings** – No visible body piercings, with the exception of ear lobe piercings, will be permitted.
- **Tattoos** - No visible body tattoos. All tattoos potentially visible by patients or other caregivers shall be covered at all times.
- **Shoes** – No open toed shoes will be permitted in patient care areas.
- **Fragrances** - No overpowering fragrances; see site’s policies for details.
- **Clothing** – Clothing should be professional and appropriate for the practice setting. A white lab coat will be expected unless otherwise told. Lab coats must be kept clean and pressed at all times. Skirts and dresses must be at knee length and must fall below the hemline of the white lab coat.

- **While completing the Advanced Practice Rotations**, students WILL maintain a high standard of professional conduct. **Students are expected to dress in appropriate professional attire (as defined by his or her respective preceptor or site), avoid nonprofessional behavior, uphold the strictest patient confidentiality standards, and display a positive self-motivated attitude.** Students not meeting these standards will be removed from the site and will “fail” the rotation. Additionally, a non-passing grade will be assigned to the student at the discretion of the preceptor and/or the Director of Experiential Education.

- **If a preceptor, employee, or patient at a site where the student is working feels that any area of this professional dress code has been violated, the preceptor may choose to address the issue directly with the student, or they may file an incident report by email in CORE/ELMS (RxPreceptor), and the issue will be addressed by the Office of Experiential Education.**

**Social Media & Public Forum Policy**
As a student in the PharmD program, the college trusts and expects students to exercise personal and professional responsibility whenever using social media, which includes not violating the trust of those with whom they are engaging. This includes patients, patient families, other students, sites, preceptors, and the university. Any posting on any social media or public forum or electronic data sharing (e.g. email or texting) regarding encounters during experiential education, even if posted in a non-identifiable way, is strictly prohibited. Any infraction of this policy may result in immediate removal from the site and a “failure” of the rotation.

**No Smoking/Tobacco/Vape Policy**
Pharmacy students shall not smoke/chew/vape during rotation hours, breaks, or on the premises of the facility/pharmacy. Student clothing should be free of smoke odor, as this can be offensive to patients and other care givers. A student identified breaking this policy is at risk of being removed from the site and failing the rotation.

**Use of handheld and cellular devices**
- Students are responsible for determining the experiential site’s policy on cellular phones and handheld devices for the purposes of drug information prior to, or during the first day of, a new experience.
- The personal use of cellular phones (personal calls, texting, emailing, or other personal business not related to APPEs) is prohibited during any APPE. Inappropriate use of cell phones is considered unprofessional and may result in the assignment of a **failing grade** or grade reduction in the corresponding experiential course.
Patient Confidentiality
- The student will abide by HIPAA regulations and uphold the strictest patient confidentiality standards.
- The student is expected not to discuss patient information they have learned from their rotation site outside of their learning environment. Patient names should not be used in any oral and written presentations or assignments.
- Records containing protected health information are NOT to be removed from the health care facility. All records should be placed in the appropriate area as designated by the preceptor. Students may not remove a medical record from the designated area without permission.
- Any violation of the above policy will result in immediate dismissal from the practice site and a failing grade will be assigned.

Academic Dishonesty
- In attempt to maintain academic integrity, the College of Pharmacy has outlined a code of conduct (an Honor Code), which describes acceptable behavior for students in all its academic settings. This code has been developed using University and College standards. Full details of the University of Findlay College of Pharmacy’s Honor Code can be requested from the experiential office.
- Per the College of Pharmacy’s definition, academic dishonesty includes:
  o Cheating: Using or attempting to use unauthorized materials, information, notes, study aids or other devices, or obtaining unauthorized assistance from any source for work submitted as one’s own individual efforts in any class, clinic, assignment, or examination.
  o Plagiarism: Representing orally or in writing, in any academic assignment or exercise, the words, ideas, or works of another as one’s own without customary and proper acknowledgment of the source.
  o Facilitating Academic Dishonesty: Helping or attempting to help another person commit an act of academic dishonesty.
  o Abuse of Academic Materials: Destroying or making inaccessible academic resource materials.
  o Stealing: Taking, attempting to take, or withholding the property of another thereby permanently or temporarily depriving the owner of its use or possession.
  o Lying: Making any oral or written statement that the individual knows to be untrue.

Academic dishonesty in any form will not be tolerated. Incidences of confirmed or suspected academic dishonesty should be reported to the Director and/or Assistant Director of Experiential Education immediately. Acts of academic dishonesty will result in immediate dismissal from the practice site and a failing grade. Students will then be referred to the Student Affairs Committee to continue the process of addressing the academic misconduct.

Employment and Compensation
- APPEs will not be scheduled around employment and students should NEVER leave a rotation early or miss a requirement due to outside employment or other personal reasons.
- Students may not complete APPE hours at a site where he or she has worked for compensation or at a site where he or she currently works.
- In accordance with ACPE standards, students may NOT be compensated for experiences submitted for academic credit.

Preceptor Policies
- An affiliation agreement and preceptor application form must be in place with each site and pharmacist, respectively, prior to the student starting an experience.
• Students may not begin APPE hours at any site until they have been scheduled at the site by the experiential office. Site scheduling or placement is completed when a student is linked to a preceptor in CORE/ELMS RxPreceptor.

• Students may NOT be precepted by a spouse, parent, grandparent, sibling or equivalent in-law.

• All experiences must be completed with an approved College of Pharmacy Preceptor.

ACCOMODATIONS:
• Requests for special accommodations that impact a student’s ability to complete experiential education requirements must be made one year in advance of student course registration. Special requests that prevent the placement of students in appropriate courses as well as in required experiential settings must be submitted to the Office of Experiential Education in the College of Pharmacy. Final decisions on requests for special accommodations will be based on policies adopted by the University of Findlay, the College of Pharmacy, the Americans with Disabilities Act, the Accreditation Council for Pharmacy Education (ACPE) and experiential teaching sites.

• Student must meet technical standards regardless of accommodation plan.

TECHNICAL STANDARDS:
Pharmacy students must, at all times, maintain their physical and mental health and conduct themselves socially in a manner that will contribute to, and never detract from, a safe patient environment.

The UF College of Pharmacy has the responsibility to protect the patients with whom our graduates will interact, directly or indirectly. In addition, the safety of the student in each of the potential practice environments in which they train must also be considered. It is with both the patients’ safety and the students’ safety in mind that our technical standards have been specified. When a student’s skills or knowledge have digressed to the point where patient safety is a concern, the student is subject to failing the rotation.

Pharmacy students must be able to meet the technical standards of the program including application of these standards while on rotations. Many of these skills develop and or improve during the course of training. It is imperative that student skills have matured to the level in which the skills represent an early practicing pharmacist.

Please refer to the UF pharmacy student handbook for specific details.

HARASSMENT AND DISCRIMINATION:
• Definition
  o Harassment is verbal or physical conduct that denigrates or shows hostility or aversion toward an individual because of his/her race, color, religion, sex, age, national origin, disability, sexual orientation, or any other characteristic protected by applicable federal, state and local laws or that denigrates or shows hostility or aversion toward an individual's relatives, friends or associates, and that: (i) has the purpose or effect of creating an intimidating, hostile or offensive environment; (ii) has the purpose or effect of unreasonably interfering with an individual’s work or academic performance; or (iii) otherwise adversely affects an individual’s opportunities.

• If there is an allegation of sexual harassment or discrimination that involves a University of Findlay student on experiential rotation, the Director and/or Assistant Director of Experiential Education MUST be informed immediately that an incident has occurred so appropriate measures can be enacted.

• Students who feel they have been a victim of sexual harassment or discrimination should immediately report the incident to the Vice President of Student Affairs OR the Assistant Vice President for Instruction:
• Preceptors who feel that a student has sexually harassed or discriminated against someone at their institution should report the incident by following the institution’s sexual harassment policy. The Director and/or Assistant Director of Experiential Education should still be informed immediately of the incident so appropriate measures can be enacted.

• Students and preceptors can refer to Section X of the most recent Graduate Student Catalog for the University of Findlay’s full harassment and discrimination policy. The catalog can be found on the University’s website or by following this link:


• Resource Guide for Support & Reporting Prohibited Conduct under Title IX. The resource guide is available in print as well as electronically:

http://epub.findlay.edu/OC3TitleIX/html5/index.html?page=1&noflash

Title IX page(s) on UF’s website, you will find more information on UF’s Title IX policy, resources on/off campus & our prevention/education efforts.

https://www.findlay.edu/offices/student-affairs/title-ix/

WITHDRAWAL FROM ADVANCED PHARMACY PRACTICE EXPERIENTIAL COURSES

Withdrawals from an advanced pharmacy practice experiential course will not be granted after the course begins, unless approval is granted by petitioning to the Director of Experiential Education. Either the student or the preceptor may request a withdrawal. Withdrawals may be granted by the Director of Experiential Education for two reasons:

a. Unsatisfactory clinical education experience- According to the Director of Experiential Education, the experience does not meet the educational needs of the student or provide a safe learning environment.

b. Exceptional change to personal circumstances- The student has experienced the birth or adoption of a child, has to care for an ill family member and/or has developed a serious health condition, during the semester of the scheduled experience.

Procedure for Withdrawals from Advanced Pharmacy Practice Experience Courses

The student is responsible for:

1. Notifying the Director of Experiential Education of any problems with the advanced pharmacy practice experience IMMEDIATELY.

2. Cooperating with the Director of Experiential Education to determine: the problems associated with the experience, possible solutions to change the experience, and the consequences of the request.

3. Notifying the Director of Experiential Education and providing documentation IMMEDIATELY of an exceptional change in personal circumstance.

   • Refer to student handbook for further details
POLICIES FOR LOGGING HOURS DURING PRACTICE EXPERIENCES

1. Students are expected to be at rotation the first day of the month through the last day of the month.
2. Students are required to log the total number of APPE hours completed during each rotation by the last scheduled calendar day of the experience using the IPPE/APPE Hour Log on CORE/ELMS (RxPreceptor).
3. Hours should be entered as APPE hours and the electronic calendar should be used to enter the dates. Hours must be verified by the preceptor using CORE/ELMS (RxPreceptor) in order to be accepted by the College and should be done at the same time the final evaluation and grade are completed (last scheduled calendar day of the experience).
4. The expected length of the advanced pharmacy practice experiences (9 months) is not less than 1440 hours.
   a. This means that students on rotation should have 40 hrs. /week, 160 hrs. per month (20 working days= 160 hrs., 21 working days =168 hrs.) even with approved absences. It is likely that the student will average 50 hrs./week.

Minimum Monthly Hour Expectations:

<table>
<thead>
<tr>
<th>Month</th>
<th>Expected hours</th>
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<tbody>
<tr>
<td>Alternate May</td>
<td>168</td>
</tr>
<tr>
<td>Alternate June 2019</td>
<td>160</td>
</tr>
<tr>
<td>July</td>
<td>168</td>
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<tr>
<td>August</td>
<td>176</td>
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<tr>
<td>September</td>
<td>168</td>
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<tr>
<td>October</td>
<td>176</td>
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<tr>
<td>November</td>
<td>160</td>
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<tr>
<td>January 2020</td>
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<td>February</td>
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<td>March</td>
<td>176</td>
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<tr>
<td>April</td>
<td>176</td>
</tr>
<tr>
<td>Alternate December</td>
<td>160</td>
</tr>
</tbody>
</table>

PHARMACY PROGRAM OUTCOMES

Upon successful completion of the APPE program, students will have gained practical experiences that address each of the following educational outcomes outlined by the Center for the Advancement of Pharmacy Education (CAPE) and educational outcomes from ACPE:

Standard/Domain 1 – Foundational Knowledge

1.1. Learner (Learner) - Develop, integrate, and apply knowledge from the foundational sciences (i.e., pharmaceutical, social/behavioral/administrative, and clinical sciences) to evaluate the scientific literature, explain drug action, solve therapeutic problems, and advance population health and patient centered care.

Standard/Domain 2 – Essentials for Practice and Care
2.1. Patient-centered care (Caregiver) - Provide patient-centered care as the medication expert (collect and interpret evidence, prioritize, formulate assessments and recommendations, implement, monitor and adjust plans, and document activities).

2.2. Medication use systems management (Manager) - Manage patient healthcare needs using human, financial, technological, and physical resources to optimize the safety and efficacy of medication use systems.

2.3. Health and wellness (Promoter) - Design prevention, intervention, and educational strategies for individuals and communities to manage chronic disease and improve health and wellness.

2.4. Population-based care (Provider) - Describe how population-based care influences patient-centered care and influences the development of practice guidelines and evidence-based practices.

**Standard/Domain 3 - Approach to Practice and Care**

3.1. Problem Solving (Problem Solver) – Identify problems; explore and prioritize potential strategies; and design, implement, and evaluate a viable solution.

3.2. Education (Educator) – Educate all audiences by determining the most effective and enduring ways to impart information and assess understanding.

3.3. Patient Advocacy (Advocate) - Assure that patients' best interests are represented.

3.4. Interprofessional collaboration (Collaborator) - Actively participate and engage as healthcare team member by demonstrating mutual respect, understanding, and values to meeting.

3.5. Cultural sensitivity (Includer) - Recognize social determinants of health to diminish disparities and inequities in access to quality care.

3.6. Communication (Communicator) – Effectively communicate verbally and nonverbally when interacting with an individual, group, or organization.

**Standard/Domain 4 – Personal and Professional Development**

4.1. Self-awareness (Self-aware) - Examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth.

4.2. Leadership (Leader) - Demonstrate responsibility for creating and achieving shared goals, regardless of position.

4.3. Innovation and Entrepreneurship (Innovator) - Engage in innovative activities by using creative thinking to envision better ways of accomplishing professional goals.

4.4. Professionalism (Professional) - Exhibit behaviors and values that are consistent with the trust given to the profession by patients, other healthcare providers, and society.

**DESIRED COURSE (701-709) OUTCOMES:**
Upon completion of each rotation, the student should be able to:

1. Utilize a systematic problem-solving approach to patient care. (CAPE: 1.0, 2.0, & 3.0)
2. Utilize the acquired knowledge base to assess the patient and formulate a therapeutic plan. (CAPE: 1.0, 2.0 & 3.0)

3. Demonstrate proficiency in recommending and implementing a therapeutic plan. (CAPE: 2.0 & 3.0)

4. Identify and evaluate the current literature and apply this information to patient care. (CAPE: 2.0 & 3.0)

5. Effectively communicate, both verbally and in writing, with patients and other healthcare providers. (491, 492, 591, 592, 599) (CAPE: 3.0)

6. Demonstrate self-learning and self-assessment abilities and habits. (CAPE: 4.0)

7. Demonstrate leadership abilities. (350, 491, 492, 591, 592, 590) (CAPE: 4.0)

8. Demonstrate professionalism. (251, 350, 491, 492, 591, 592) (CAPE: 2.0 & 4.0)

9. Demonstrate proficiency in the role of the pharmacy practitioner, as a member of the healthcare team, in provision of quality patient care. (550, 553, 591, 592, 599 CAPE 3.0)

10. Demonstrate ability to conduct further research and/or improving pharmacy services in the future. (550, 553, 590) (CAPE: 2.0, 3.0, & 4.0)

- Outcomes 1-6 are mapped to the following curriculum courses: Phar 251, 350, 351, 361, 362, 363, 370, 460, 463, 466, 469, 473, 476, 560, 563, 569, & 599.
- Other outcomes are mapped to the noted course number as indicated.

DESCRIPTION OF CORE LEARNING OBJECTIVES (for all required patient care rotations)

These objectives are to be the minimal learning experiences to be accomplished during the core rotations in addition to any other site-specific objectives and requirements. (Pages 21-36 in this manual.)

**Patient Care Assessment, Plan, and grading rubric: (pages 45-53)**

I. The student will demonstrate his or her ability to enhance patient medication therapy when making pharmacy related assessments by utilizing all components of patient care subjective and objective information including History and Physical.

II. Student will use the following to develop an appropriate Assessment and Plan for patient care.

   A. **Subjective Findings (S)**
      For each assigned patient, the student shall utilize the History and Physical and other appropriate sources to identify pertinent subjective findings for each listed disease state for the patient.

   B. **Objective Findings (O)**
      For each assigned patient, the student shall utilize the History and Physical and other appropriate sources to identify the pertinent objective findings for each listed disease state for the patient.

   C. **Assessment (A)**
      For each assigned patient, the student shall utilize the subjective and objective data to fully assess all drug therapy and identify drug-related problems. This assessment should include the etiology of the problem, whether drug therapy is necessary, and whether current drug therapy is efficacious and appropriate.

   D. **Plan (P)**
      For each assigned patient, the student shall utilize the subjective and objective data in conjunction with the assessment to formulate a plan to resolve drug-related problems, optimize drug therapy, specify an appropriate monitoring plan (evaluating efficacy, side effects, toxicity, etc.), and maximize outcomes. The plan should always include goals of therapy and appropriate counseling. Students
shall also identify situations where pharmacokinetic parameters are necessary to optimize drug therapy and thus implement appropriate pharmacokinetic monitoring plans.

**Professional Communications**

I. **Interdisciplinary Patient Care**
   The student will learn to participate as a pharmacist in an interdisciplinary patient care environment, under the preceptor’s supervision and/or direction, in providing patient care.

II. **Drug Information**
    The student will identify drug-therapy related questions, interact with health care professionals to clarify the question, efficiently formulate a response using appropriate resources, and communicate this response effectively in both written and verbal formats.

III. **Professional Writing**
    The student will identify topics, write professional documents on these topics and communicate with other health care professionals concerning those documents. Communication will occur in timely manner.

IV. **Educational Presentations**
    The student will identify, prepare and present topics for the purpose of education within the practice environment.

**Practice Management/Clinical Administration**

I. **Documentation of Pharmacist Recommendations**
   The student shall explain the need for and participate in the documentation of pharmacists’ patient care related activities.

II. **Drug Use Evaluation (DUE)**
    The student will explain the process of DUE and, if applicable, participate in the site’s DUE system.

III. **Adverse Drug Reaction (ADR) Monitoring & other Safety Programs**
    The student shall understand the process of ADR monitoring and, if applicable, participate in the federal and institution-specific ADR system. The student shall participate in safety program to improve patient outcomes.

IV. **Health Care Informatics**
    The student shall participate in various forms of health care informatics and understand the process, outcomes and the value of the system in place.

V. **Research and Scholarly Activity**
    The student shall explain the need for research and scholarly activity as it pertains to professional growth.

VI. **Legal Compliance**
    The student will be able to explain and apply specific DEA and state regulations and laws as it pertains to maintaining a compliant site and pharmacy license.

**Personal and Professional Development and Attributes**

I. **Social Interaction and Citizenship**
   The student shall demonstrate effective interpersonal behaviors in a variety of situations and circumstances.

II. **Self-Learning Abilities and Habits**
The student shall effectively self-assess and satisfy learning needs on an ongoing basis.

III. Social Awareness and Social Responsibility
The student shall adapt their professional practice to the dynamic health care system.

IV. Leadership
The student shall demonstrate leadership by creating and achieving shared goals and engage in innovative pharmacy practice activities.

Rotation Specific Objectives:

Additional objectives for each specific elective rotation may be requested from the Experiential Education Office or the site. Outlined below are core objectives for the required rotations; it is the student’s responsibility to meet outlined objectives as well as site-specific objectives. Syllabi are posted on Canvas.

Advanced Practice Community Pharmacy Objectives

The goal of Advanced Practice Community Pharmacy Experience is to provide the opportunity for the student to build upon information acquired in his/her didactic education and IPPE experiences and apply the knowledge and skills in direct patient care activities in community pharmacy/ambulatory care settings. The student will complete all activities in a professional manner under the facilitation of a preceptor. Given the opportunity, a student who is not able to meet all 10 objectives is subject to failure of the rotation regardless of rubric grade. Upon completion of the experience, the student shall be able to:

1. Demonstrate the ability to appropriately assess patients, which shall include, but not be limited to, obtaining or discussing the following information: (Outcomes: 1 & 2) (CAPE: 2.1, & 3.1)
   a. Signs and symptoms of patient complaint or disease
   b. Patient profile (CAPE: 2.2)
   c. Demographics
   d. Allergies including reaction description
   e. Medication history (including previous treatments)
   f. Available past medical, family, social, and surgical history
   g. Adherence to medication regimen
   h. Physical assessment
      ▪ Measure basic physical assessment data (i.e. BP, lipid panel, glucose, weight, height, etc.) where available and when appropriate
      ▪ Obtain physical assessment data from patient chart/medical record when available
   i. Healthcare coverage
   j. Clinical status of the patient
   k. Drug related problems

2. Demonstrate the ability to analyze treatment options (both prescription and non-prescription) for each disease, incorporating: (Outcomes: 1,2,3,4 & 6) (CAPE: 1.1, 2.1, & 3.5)
   a. Pathophysiology
   b. Etiology (especially drug-related causes)
   c. Dosing based on practical pharmacokinetic principles
   d. Guidelines of treatment (AACP/CHEST, JNC7, NCEP ADA, IDSA etc.) & primary literature
e. Culture/ health literacy (Lifestyle factors unique to the patient)
  
f. Cost
  
g. Benefit of therapy versus risk

3. For each therapeutic option, discuss: (Outcomes: 2,3,4,5 & 9) (CAPE 1.1, 2.1 & 2.2)
   a. Pharmacology
   b. Pharmacokinetics
   c. Dosing (combine with D?)
   d. Routes of administration
   e. Contraindications/precautions
   f. Adverse drug reactions
   g. Interactions (drugs, dietary supplements, food, laboratory)
   h. Monitoring parameters for efficacy and toxicity
   i. Key patient education talking points

4. For each prescription, assess appropriate: (Outcomes: 2,3 & 5) (CAPE: 1.1, & 4.4)
   a. Indication
   b. Legality
   c. Completeness
   d. Dose
   e. Dosage form
   f. Route of administration
   g. Directions of use
   h. Duration of therapy

5. Demonstrate the ability to make appropriate recommendations to patients regarding self-care. (Outcomes: 2, 3,5 & 9) (CAPE 1.1 & 2.1)
   a. Recommend nonprescription medications
      - Use QuEST/SCHOLAR process
   b. Recommend appropriate dietary supplement information
   c. Advise in proper use of home diagnostic devices
   d. Demonstrate and assess appropriate use of medications and related devices
   e. Recommend non-pharmacologic strategies for health and wellness

6. Communicate information about the disease and drug therapy to the physician, nurse, other healthcare professionals and the patient, which shall include, but not be limited to: (Outcomes: 3,4, 5 & 9) (CAPE: 3.5, 3.6, & 4.4)
   a. Assessment of patient’s health beliefs
   b. Assessment of patient’s health literacy
   c. Accurately transcribe verbal prescription orders (e.g. new orders or transfers)
   d. Effective verbal communication when advising, counseling, and educating patients about their medications
   e. Prescription – The Student shall demonstrate ability to:
      - Establish a dialogue with patients concerning medications to:
        1. Clarify proper medication dosing and directions of use
        2. Clarify length of therapy and refill information
        3. Review potential medication side effects and action(s) by patient when they occur
        4. Handle difficult patients and/or difficult situations (e.g., misfiled prescriptions)
        5. Counsel patients on sensitive issues
        6. Able to apply cultural and social factors to communication and plan development
        7. Verify the patient knows who to contact with questions or if specific medication-related issues arise
f. Non-Prescription medications including natural products – The student shall demonstrate the ability to:
   - Respond to patient’s questions
   - Determine if the patient is a self-care candidate using the QuEST/SCHOLAR process
   - Recommended and counsel the patient on a self-care product if the patient is deemed to be a good self-care candidate
   - Verify the patient knows who to contact with questions or if specific medication-related issues arise
   - Assist patients with the selection of an appropriate medication for self-use
   - Effective, concise written communication
   - Demonstration and assessment of appropriate use of medications and related devices

    g. Non-pharmacologic
    - Develop and communicate an appropriate non-pharmacologic treatment plan (i.e. diet, exercise, sleep hygiene, home monitoring, etc.) based on patient specific factors (i.e. age, diet, work schedule, financial resource available, etc.)

7. Participate in promoting healthcare awareness to prevent and improve health (Outcomes: 4,5,7,8 &10) (CAPE: 2.3 & 3.3)
   a. Administering medications where practical and consistent with the practice environment and legal
      - Example: identify immunization protocol and provide administration
      - Example: provide disease state education to empower patients to
   b. Ensure patients obtain resources and care required in an efficient and cost-effective manner
   c. Assist patients in navigating the complex healthcare system
   d. Immunization services
   e. Disease screenings/Health and Wellness programs
   f. Medication Therapy Management Services (MTM)

8. Use the most appropriate resources to respond to drug information questions from patients and health care providers (Outcomes: 4 & 5) (CAPE: 3.4)
   a. Identify the specific question using appropriate methods
   b. Synthesizes response from validated sources
   c. Create an audience-appropriate response and communicate this in a timely manner
   d. Document the question, response, and resource/references used on an appropriate documentation form

9. Present organized (formal and informal) case presentations and deliver this to either the preceptor and/or pharmacy staff (Outcomes: 2,3,4,5,6,7,8 & 10) (CAPE: 3.2)

10. Discuss the policies and procedures for managing the pharmacist’s role in providing patient care. Participate when applicable in services provided by a pharmacist to include but not limited to: (Outcomes: 7,8, 9 &10) (CAPE: 2.3, 4.3 & 4.4)
    a. General orientation process for all pharmacy employees
    b. Joint Commission on Healthcare Accreditation (JCAHO)/institutional ambulatory care rotations
    c. Medication delivery
    d. Specialty Medications
    e. Collaborative practice models
    f. Legal compliance for the site and activities performed
    g. Adverse Drug Reactions Reporting and prevention
    h. Medication Error Reporting and Prevention
    i. Quality Assurance, especially patient safety
    j. Pharmacy and Therapeutics/Insurance formularies
Advanced Practice Ambulatory Care Objectives

The goal of Advanced Practice Ambulatory Care Pharmacy Experience is to provide the opportunity for the student to build upon information acquired in his/her didactic education and IPPE experiences and apply the knowledge and skills in direct patient care activities in ambulatory care setting. Key disease states in the ambulatory care setting may include hypertension, diabetes, dyslipidemia, COPD/Asthma, and anticoagulation. Other common conditions to review include, but are not limited to, heart failure, PUD/GERD, hematologic and/or oncology disorders, pain management, thyroid disorders, mental health disorders, and connective tissue disorders. The student will complete all activities in a professional manner under the facilitation of a preceptor. Given the opportunity, a student who is not able to meet all 10 objectives is subject to failure of the rotation. Upon completion of the experience, the student shall be able to:

1. Demonstrate the ability to appropriately assess patients in the ambulatory care setting, which shall include, but not be limited to, obtaining or discussing the following information: (Outcomes: 1 & 2) (CAPE: 2.1, & 3.1)
   a. Signs and symptoms of patient complaint or disease
   b. Patient profile (CAPE: 2.2)
   c. Medication history (including previous treatments)
   d. Available past medical, family, social, and surgical history
   e. Adherence to medication regimen
   f. Physical assessment
      - Measure basic physical assessment data (i.e. BP, lipid panel, glucose, weight, height, etc.) where available and when appropriate
      - Obtain physical assessment data from patient chart/medical record when available
   g. Healthcare coverage
   h. Clinical status of the patient
   i. Drug related problems

2. Demonstrate the ability to analyze treatment options (both prescription and non-prescription) for each disease, incorporating: (Outcomes: 1,2,3,4 & 6) (CAPE: 1.1, 2.1, & 3.5)
   a. Pathophysiology
   b. Etiology (especially drug-related causes)
   c. Dosing based on practical pharmacokinetic principles
   d. Guidelines of treatment (AACP/CHEST, JNC8, NCEP ADA, IDSA, GOLD, etc.)
   e. Culture/health literacy
   f. Cost
   g. Benefit of therapy versus risk
3. For each therapeutic option used in an ambulatory care setting, discuss the following: (Outcomes: 2, 3, 4, 5 & 9) (CAPE 1.1, 2.1 & 2.2)
   a. Pathophysiology
   b. Clinical presentation/symptoms
   c. Pharmacology
   d. Dosing
   e. Pharmacokinetics
   f. Routes of administration
   g. Contraindications/precautions
   h. Adverse drug reactions
   i. Interactions (drugs, dietary supplements, food, laboratory)
   j. Monitoring parameters for efficacy and toxicity

4. Demonstrate knowledge and participate when applicable in services provided by a pharmacist in an ambulatory care setting to include but not limited to:
   a. Medication counseling
   b. Medication reconciliation
   c. Medication therapy management services (MTM)
   d. Collaborative practice agreements
   e. Chronic disease state management
   f. Adherence counseling
   g. Immunization services
   h. Disease prevention/health wellness

5. Identify and prioritize the health/medical problems including the following drug related problems in the assigned patients:
   a. A problem or disease state of a patient not being treated or is not optimally treated
   b. A medication that a patient is receiving that is not indicated or is contraindicated
   c. Therapeutic duplication and/or polypharmacy
   d. An adverse effect(s) that may be caused by a medication(s)
   e. Inappropriate or missing medication monitoring parameters (efficacy, toxicity, pharmacokinetics)
   f. A drug interaction or potential drug interaction including labs, food, and disease states
   g. Inappropriate medication dose or duration of therapy (with consideration of hepatic/renal impairment, and age of the patient)
   h. Inappropriate route or dosage form
   i. Non-adherence to a prescribed medication(s)

6. Demonstrate the ability to make appropriate recommendations to patients regarding self-care. (Outcomes: 2, 3, 5 & 9) (CAPE 1.1 & 2.1)
   a. Recommend nonprescription medications
      ▪ Use Quest/SCHOLAR process
   b. Recommend appropriate dietary supplement information
   c. Advise in proper use of home diagnostic devices
   d. Demonstrate and assess of appropriate use of medications and related devices
   e. Recommend Non-pharmacologic strategies for health and wellness
      ▪ Develop and communicate an appropriate non-pharmacologic treatment plan (i.e. diet, exercise, sleep hygiene, home monitoring, etc.) based on patient specific factors (i.e. age, diet, work schedule, financial resource available, etc.)

7. Communicate information about the disease and drug therapy to the physician, nurse, other healthcare professionals and the patient, which shall include, but not be limited to: (Outcomes: 3, 4, 5 & 9) (CAPE: 3.5, 3.6, & 4.4)
a. Assessment of patient’s health beliefs
b. Assessment of patient’s health literacy
c. Effective verbal communication when advising, counseling, and educating patients about their medications
d. Prescription – the student shall demonstrate ability to:
   ▪ Establish a dialogue with patients concerning medications to:
     1. Clarify proper medication dosing
     2. Clarify length of therapy
     3. Review potential medication side effects and action(s) by patient when they occur
     4. Handle difficult patients and/or difficult situations (e.g., misfiled prescriptions)
     5. Counsel patients on sensitive issues
     6. Able to apply cultural and social factors to communication and plan development
e. Non-Prescription – the student shall demonstrate the ability to:
   ▪ Respond to patient’s questions
   ▪ Assist patients with the selection of an appropriate medication for self-use
   ▪ Effective, concise written communication
   ▪ Demonstration and assessment of appropriate use of medications and related devices
f. Patient disease and medication counseling
g. Responses to drug information requests either verbally or in writing
h. Documentation of interventions through the utilization of the standard SOAP note format
i. Communication to the health care professionals regarding medication therapy plans and drug related problems
j. Participate in promoting healthcare awareness to prevent and improve health (Outcomes: 4,5,7,8 &10) (CAPE: 2.3 & 3.3)
   a. Administering medications where practical and consistent with the practice environment and legal
      ▪ Example: identify immunization protocol and provide administration
      ▪ Example: provide disease state education to empower patients to take ownership of their health and conditions
   b. Ensure patients obtain resources and care required in an efficient and cost-effective manner
   c. Assist patients in navigating the complex healthcare system
k. Use the most appropriate resources to respond to drug information questions from patients and health care providers (Outcomes: 4 & 5) (CAPE: 3.4)
   a. Identify the specific question using appropriate techniques
   b. Create an audience-appropriate response and communicate this in a timely manner
   c. Where applicable, document the question, response, and resources/references used
l. Demonstrate the ability to measure and document patient outcomes.
   a. Implement the pharmaceutical care monitoring plan to determine the outcome(s) of drug therapy
   b. Measure, record, and appropriately track therapeutic response and toxicity
   c. Modify the pharmaceutical care plan appropriately based on data collected from patient monitoring or when other data becomes available
   d. Identify, assess, and report adverse drug reactions and medication errors using the appropriate reporting system
m. Present organized (formal and/or informal) case presentations (Outcomes: 2,3,4,5,6,7,8 & 10) (CAPE: 3.2)
   a. General orientation process for all pharmacy employees
   b. Joint Commission on Healthcare Accreditation (JCAHO)/institutional ambulatory care rotations
   c. Medication delivery
d. Legal compliance for the site and activities performed  
e. Adverse Drug Reactions Reporting and prevention  
f. Medication Error Reporting and Prevention  
g. Quality Assurance, especially patient safety  
h. Pharmacy and Therapeutics/Insurance formularies  
i. Healthcare Insurance Portability and Accountability Act (HIPAA)  
j. Non-sterile and sterile compounding  
k. Reimbursement for services (if appropriate)  

Advanced Practice Hospital/Health System Pharmacy  
The goal of Advanced Practice Hospital Pharmacy Experiences is to provide the opportunity for the student to build upon information acquired in his/her didactic education and IPPE experiences and apply the knowledge and skills in direct patient care activities in Hospital Pharmacy. The student will complete all activities in a professional manner under the facilitation of a preceptor. Upon completion of the experience, the student shall be able to:  

1. Demonstrate the ability to appropriately assess patients and patient orders, which shall include, but not be limited to, obtaining or discussing the following information: (Outcomes: 1 & 2) (CAPE: 2.1, 3.1)  
   a. Signs and symptoms of patient complaint or disease  
   b. Medical Record, using EHR to capture, store and retrieve information (CAPE: 2.2)  
   c. Medication history (including previous treatments)  
   d. Available past medical, family, social, and surgical history  
   e. Medication administration review  
   f. Formulary medication selection/interchange  
   g. Medication reconciliation process  
   h. Physical assessment  
      ▪ Obtain data from patient chart/medical record and/or patient, i.e. including but not limited to:  
         1. Allergies  
         2. Blood pressure  
         3. Height/weight  
         4. Culture and sensitivity  
         5. Laboratory tests, e.g. chemistry and drug levels  
         6. Other tests  

2. Demonstrate the ability to analyze treatment options (both prescription and non-prescription) for each disease, incorporating: (Outcomes: 1,2,3,4 & 6) (CAPE: 1.1, 2.1, & 3.5)  
   a. Pathophysiology  
   b. Etiology (especially drug-related causes)  
   c. Guidelines of treatment (AACP/CHEST, JNC7, NCEP ADA, IDSA etc.)  
   d. Appropriate kinetic considerations  
   e. Cost  
   f. Benefit of therapy versus risk  
   g. Cultural competency  
   h. Formulary  
      ▪ Participates in therapeutic protocol development  

28
Participates in prospective and retrospective financial and clinical outcomes analysis to support formulary recommendations and therapeutic guidelines.

i. Bioterrorism and disaster preparedness and management

3. For each therapeutic option, discuss: (Outcomes: 2,3,4,5 & 9) (CAPE 1.1, 2.1 & 2.2)
   a. Pharmacology
   b. Dosing
   c. Pharmacokinetics
   d. Routes of Administration
   e. Contraindications/Precautions
   f. Adverse drug reactions
   g. Interactions (drugs, dietary supplements, food, laboratory)
   h. Adherence
   i. Monitoring parameters for efficacy and toxicity

4. For each medication order, assess appropriate: (Outcomes: 2,3,4 & 5) (CAPE: 1.1, 4.4)
   a. Indication
   b. Legality
   c. Completeness
   d. Dose/pharmacokinetics
   e. Stability
   f. Safety
      ▪ Drug disease state interactions
      ▪ Drug drug interactions
   g. Preparation
      ▪ Identifies and able to apply all current sterile product protocols and standards (USP 797)
      ▪ Identifies all current appropriate techniques in preparing non-sterile compounds
      ▪ Identifies all current appropriate handling of hazardous material within the pharmacy
   h. Injectable use (IV, IM, SQ, intrathecal, intraocular, intradermal and other routes) considering appropriate:
      ▪ Preparation techniques
      ▪ Reconstitution
      ▪ Compatibility
      ▪ Stability
      ▪ Concentrations Administration Rate
      ▪ General Administration
   i. Dosage form
   j. Duration of therapy
   k. Availability
      ▪ Understanding and applying proper ordering procedures
      ▪ Is able to work through drug shortage solutions
   l. Appropriate storage/delivery systems:
      ▪ Unit dose
      ▪ Refrigeration
      ▪ Cytotoxic agent storage

5. Communicate information about the disease and drug therapy to the physician, nurse, other healthcare professionals and the patient, which shall include, but not be limited to: (Outcomes: 3,4,5 & 9) (CAPE: 3.1, 3.2, 3.4, 3.5, & 3.6)
   a. Demonstration of effective, concise written communication
   b. Demonstration of effective, verbal communication
c. Demonstration and assessment of appropriate use of medications and related devices
d. Demonstrate methods used to provide continuum of care
e. Effective communication with physicians, nurses, and other health care professionals concerning points 1-4 above
6. Participate in promoting healthcare awareness (Outcomes: 4,5,7,8, & 9) (CAPE: 3.3, 3.4, 3.5, & 3.6)
   a. Identifies population health management strategies
   b. When appropriate, participates as a member of the health care team to deliver population health for improvement of public wellness
   c. Embrace and advocate changes that improve patient care
   d. Evaluate medication-use patterns in a specified patient population
7. Use the most appropriate resources to respond to drug information questions from patients and health care providers (Outcomes: 4&5) (CAPE: 3.4, 3.6, & 4.4)
   a. Identifies appropriate drug information sources
   b. Analyze a recently published study and is able to apply information to a patient scenario
   c. Identifies and applies clinical guidelines to best meet the patients’ needs
   d. Using appropriate literature, describes the impact of pharmacist involvement on medication safety and quality
8. Present organized (formal and informal) case presentations/discussions related specifically to a health system issue such as: (Outcomes: 2,3,4,5,6,7,8 &10) (CAPE: 3.2)
   a. Summarize current National Patient Safety Goals and articulate those goals that related to medication use, pharmaceutical care and pharmacy’s role in each
   b. Describe various organizations’ role in ensuring quality (e.g. Joint Commission)
   c. Describe national standards, guidelines, best practices and established principles and process relate to quality and safety. (examples: use of appropriate abbreviations, leading decimal, storage of look/sound alike medications, high alert medications and storage of concentrated potassium in patient-care area etc.)
9. Discuss and demonstrate understanding of medication use processes, pharmacy policies, and procedures and use of health care informatics used to manage and provide a comprehensive pharmacy service including, but not limited to: (Outcomes: 7,8,9 & 10) (CAPE: 2.3, 4.3 & 4.4)
   a. General orientation process for all pharmacy employees
   b. Inventory management
   c. Order processing
   d. Preparation, administration and distribution of products in a safe and legal manner
   e. Cart fill or equivalent drug delivery
   f. Automated dispensing systems
   g. Repackaging (include record keeping)
   h. Bulk product dispensing
   i. Home medication dispensing
   j. Cytotoxic agent management (preparing, delivery, administration and disposal)
   k. Joint Commission on Healthcare Accreditation (JCAHO)
   l. Investigational drug management (pharmacist’s role in storage, distribution and record keeping)
   m. Legal compliance for the site and activities performed
   n. Pharmacovigilance activities, adverse drug reactions reporting and prevention
   o. Medication error reporting and prevention
   p. Quality assurance, especially patient safety
   q. Pharmacy and Therapeutics/ formulary
   r. Healthcare Insurance Portability and Accountability Act (HIPAA)
   s. Key resources and supervision of pharmacy, technical staff, as appropriate by the site
t. Sterile and non-sterile compounding
u. Reimbursement for services (if appropriate)

10. Demonstrates Personal and Professional Development: (CAPE: 4.1, 4.2, 4.3, 4.4)
   a. Examine and reflect on personal knowledge, skills, abilities, motivation and emotions that could enhance or limit personal professional groups.
   b. Demonstrates responsibility for creating and achieving shared goals, regardless of position
   c. Engages in innovative activities by using creative thinking to envision better ways of accomplishing professional goals
   d. Exhibits behavior and values that are consistent with the trust given to the profession by patients, other providers and society.
   e. Develops an aptitude to implement the elements of the continuous professional development cycle (reflect, plan, learn, evaluate and apply).
Advanced Practice General Medicine Objectives

The goal of Advanced Practice General Medicine Pharmacy Experience is to provide the opportunity for the student to build upon information acquired in his/her didactic education and IPPE experiences and apply the knowledge and skills in direct patient care activities with a focus on clinical pharmacy services in the inpatient setting. This rotation will stress the application of therapeutics in patient care and be designed to enhance appropriate drug therapy selection, use of crucial thinking skills, patient monitoring, patient education, and interprofessional health care team interaction to best advocate for a patient and delivery of clinical pharmacy services to a hospitalized patient. The student will complete all activities in a professional manner under the facilitation of a preceptor. Upon completion of the experience, the student shall be able to:

1. Demonstrate the ability to appropriately assess patients, which shall include, but not be limited to, obtaining or discussing the following information: (Outcomes: 1 & 2) (CAPE: 2.1, 3.1)
   a. Signs and symptoms of patient complaint or disease
   b. Medical Record (able to obtain, capture, store and review EHR.) (CAPE: 2.2)
   c. Medication history (including previous treatments)
   d. Available past medical, family, social, and surgical history
   e. Medication administration review
   f. Collaboration with various health care professional to complete an ideal plan for the patient
   g. Common disease states/disorders (infectious disease, cardiovascular issues, pulmonary, diabetes, renal disorder, neurological disorders)
   h. Physical assessment
      - Obtain data from patient chart/medical record and/or patient, i.e. including but not limited to:
         1. Blood pressure
         2. Height/weight
         3. Culture and sensitivity
         4. Monitoring parameters
         5. Laboratory tests, e.g. chemistry and drug levels
         6. Other tests

2. Demonstrate the ability to analyze treatment options (both prescription and non-prescription) for each disease incorporating: (Outcomes: 1,2,3,4 & 6) (CAPE: 1.1, 2.1, & 3.5)
   a. Pathophysiology
   b. Etiology (especially drug-related causes)
   c. Guidelines of treatment (AACP/CHEST, JNC7, NCEP ADA, IDSA etc.)
   d. Cost
   e. Benefit of therapy versus risk
   f. Medication therapy management strategies
   g. Formulary
   h. Bioterrorism and disaster preparedness and management

3. For each therapeutic option discuss: (Outcomes: 2,3,4,5 & 9) (CAPE 1.1, 2.1 & 2.2)
   a. Pharmacology
   b. Dosing
   c. Pharmacokinetics
   d. Routes of Administration
   e. Contraindications/Precautions
   f. Adverse drug reactions
   g. Adherence
   h. Interactions (drugs, dietary supplements, food, laboratory)
i. Monitoring parameters for efficacy and toxicity

4. For each medication order, assess appropriate: (Outcomes: 2,3,4 & 5) (CAPE: 1.1, 4.4)
   a. Indication
   b. Legality
   c. Completeness
   d. Dose/pharmacokinetics
   e. If injectable:
      ▪ IV compatibility
      ▪ Stability
      ▪ Administration Rate
      ▪ IM/SQ
      ▪ Reconstitution
   f. Dosage form
   g. Duration of therapy

5. Communicate information about the disease and drug therapy to the physician, nurse, other healthcare professionals and the patient, which shall include, but not be limited to: (Outcomes: 3,4,5 & 9) (CAPE: 3.1, 3.2, 3.4, 3.5, & 3.6)
   a. Effective, concise written communication
   b. Demonstration and assessment of appropriate use of medications and related devices
   c. Demonstrate methods used to provide continuum of care
   d. Effective communication with physicians, nurses, and other health care professionals in an interdisciplinary fashion, regarding point 1-4 above

6. Participate in promoting healthcare awareness: (Outcomes: 4,5,7,8, & 9) (CAPE: 3.3, 3.4, 3.5, & 3.6)
   a. Identifies population health management strategies
   b. When appropriate, participates as a member of the health care team to deliver population health for improvement of public wellness
   c. Embrace and advocate changes that improve patient care
   d. Evaluate medication-use patterns in a specified patient population
   e. Actively participates in inter-professional collaboration

7. Use the most appropriate resources to respond to drug information questions from patients and health care providers to : (Outcomes: 4&5) (CAPE: 3.4, 3.6, & 4.4)
   a. Identify appropriate drug information sources (primary literature compare to tertiary literature)
   b. Analyze a recently published study and is able to apply information to a patient scenario
   c. Identify and apply clinical guidelines to best meet the patient’s needs
   d. Use appropriate literature
   e. Describe the impact of pharmacist involvement with clinical interventions

8. Present organized (formal and informal) case presentations (Outcomes: 2,3,4,5,6,7,8 &10) (CAPE: 3.2) which may include but not limited to:
   a. Summarize current patient disease states and articulate therapeutic goals that are related to medication use, treatment standards and monitoring parameters.
   b. Describe various organizations’ role in establishing national guidelines (e.g. ADA)
   c. Describe national standards, guidelines, best practices, and established principles and processes related to quality and safety.

9. Discuss the policies and procedures and health care informatics managing the pharmacy’s role in providing patient care including, but not limited to: (Outcomes: 7,8,9 & 10) (CAPE: 2.3, 4.3 & 4.4)
   a. General orientation process for all pharmacy employees
   b. Joint Commission on Healthcare Accreditation (JCAHO)
   c. Medication delivery
d. Legal compliance for the site and activities performed  
e. Adverse drug reaction reporting and prevention  
f. Medication error reporting and prevention  
g. Quality assurance/improvement, especially patient safety  
h. Pharmacy and Therapeutics/ formulary  
i. Healthcare Insurance Portability and Accountability Act (HIPAA)  
j. Sterile and non-sterile compounding  
k. Reimbursement for services (if appropriate)  

10. Demonstrates Personal and Professional Development (CAPE: 4.1, 4.2, 4.3, 4.4)  
   a. Examines and reflects on personal knowledge, skills, abilities, motivation and emotions that could  
      enhance or limit personal professional groups.  
   b. Demonstrates responsibility for creating and achieving shared goals, regardless of positions.  
   c. Engages in innovative activities by using creative thinking to envision better ways of accomplishing  
      professional goals.  
   d. Exhibits behavior and values that are consistent with the trust given to the profession by patients,  
      other providers and society.
Advanced Practice Special Population Care Objectives
(& Patient Care Electives)

The goal of Advanced Practice Community Pharmacy Experience is to provide the opportunity for the student to build upon information acquired in his/her didactic education and IPPE experiences and apply the knowledge and skills in direct patient care activities towards a special population patient group (this may include but not limited to pediatrics, geriatrics, indigent, diabetics, heart failure, neurology, etc.) The student will complete all activities in a professional manner under the facilitation of a preceptor. Upon completion of the experience, the student shall be able to:

1. Demonstrate the ability to appropriately assess patients of a special population, which shall include, but not be limited to, obtaining or discussing the following information: (Outcomes: 1 & 2) (CAPE: 2.1, 2.4, & 3.1)
   a. Signs and symptoms of patient complaint or disease
   b. Medical Record
   c. Medication history (including previous treatments)
   d. Available past medical, family, social, and surgical history
   e. Medication administration review
   f. Physical assessment
      § Obtain data from patient chart/medical record and/or patient, i.e. including but not limited to:
      1. Blood pressure
      2. Height/weight
      3. Culture and sensitivity
      4. Laboratory tests, e.g. chemistry and drug levels
      5. Other tests

2. Demonstrate the ability to analyze treatment options (both prescription and non-prescription with a focus on the special population group and for each disease, incorporating: (Outcomes: 1, 2, 3, 4 & 6) (CAPE: 1.1, 2.1, & 3.5)
   a. Pathophysiology
   b. Etiology (especially drug-related causes)
   c. Guidelines of treatment (AACP/CHES, JNC7, NCEP ADA, IDSA etc.)
   d. Cost
   e. Benefit of therapy versus risk
   f. Formulary

3. For each therapeutic option, discuss: (Outcomes: 2, 3, 4, 5 & 9) (CAPE 1.1, 2.1 & 2.2)
   a. Pharmacology
   b. Dosing
   c. Pharmacokinetics
   d. Routes of Administration
   e. Contraindications/Precautions
   f. Adverse drug reactions
   g. Interactions (drugs, dietary supplements, food, laboratory)
   h. Monitoring parameters for efficacy and toxicity

4. For each medication order, assess appropriate: (Outcomes: 2, 3, 4 & 5) (CAPE: 1.1, 4.4)
   a. Indication
   b. Legality
   c. Completeness
   d. Dose/pharmacokinetics
   e. If injectable:
      § IV compatibility
5. Communicate information about the disease and drug therapy to the physician, nurse, other healthcare professionals and the patient, which shall include, but not be limited to: (Outcomes: 3, 4, 5 & 9) (CAPE: 3.1, 3.2, 3.4, 3.5, & 3.6)
   a. Effective, concise written communication
   b. Demonstration and assessment of appropriate use of medications and related devices
   c. Effective communication with physicians, nurses and other health care professionals concerning point 1-4 above.

6. Participate in promoting healthcare awareness (Outcomes: 4, 5, 7, 8 & 9) (CAPE: 3.3, 3.4, 3.5, & 3.6)

7. Use the most appropriate resources to respond to drug information questions from health care providers and patients (Outcomes: 4 & 5) (CAPE: 3.4, 3.6, & 4.4)

8. Present organized (formal and informal) case presentations (Outcomes: 2, 3, 4, 5, 6, 7, 8 & 10) (CAPE: 3.2)

9. Discuss the policies and procedures and health care informatics managing the pharmacy’s role in providing patient care including, but not limited to: (Outcomes: 7, 8, 9 & 10) (CAPE: 2.3, 4.3 & 4.4)
   a. General orientation process for all pharmacy employees
   b. Joint Commission on Healthcare Accreditation (JCAHO)
   c. Medication delivery
   d. Legal compliance for the site and activities performed
   e. Adverse drug reactions reporting and prevention
   f. Medication error reporting and prevention
   g. Quality assurance/improvement, especially patient safety
   h. Pharmacy and Therapeutics/ formulary
   i. Healthcare Insurance Portability and Accountability Act (HIPAA)
   j. Sterile and non-sterile compounding (when appropriate)
   k. Reimbursement for services (if appropriate)

10. Demonstrates Personal and Professional Development (CAPE: 4.1, 4.2, 4.3, & 4.4)
    a. Examine and reflects on personal knowledge, skills, abilities, motivation and emotions that could enhance or limit personal professional groups.
    b. Demonstrates responsibility for creating and achieving shared goals, regardless of positions,
    c. Engages in innovative activities by using creative thinking to envision better ways of accomplishing professional goals
    d. Exhibit behaviors and values that are consistent with the trust given to the profession by patients, other provides and society.

36
Advanced Practice Academia Care Elective

The goal of Advanced Practice Non-Patient Care Elective is to provide the student to build upon information acquired in his/her didactic education and IPPE experiences and apply the knowledge and skills in activities towards an unique elective (this may include but not limited to study abroad, management, academia and pharmacy organizations etc.) The student will complete all activities in a professional manner under the facilitation of a preceptor. Upon completion of the experience, the student shall be able to:

Academia:

1. Describe the general academic hierarchy
2. Review ACPE academic guidelines as pertains to the curriculum
3. Describe the various roles of five committees within the college
4. List three University committees, and describe their function as it relates to the college
5. Describe Blooms Taxonomy identifying different domains of learning and apply these to academic activities
6. Describe the various learning styles and the impact on teaching styles
7. To access, evaluate, and apply the academic literature to academic pharmacy
8. Engage in scholarship in service as demonstrated through participation in committee activities
9. Develop criteria-based examination questions related to specific topics in the areas taught
10. Assist or provide at least one lecture or case activity to a pharmacy course or other group as assigned
11. Develop formative or summative assessments over the material covered in lectures or other assigned activities
12. Assist with grading assessments as assigned by the preceptor or other faculty members
13. Assist and direct active learning exercises such as case presentations, journal clubs, and OSCEs
14. Demonstrate leadership during the rotation
   a. Works well with others in a team environment
   b. Demonstrates excellent work on projects assigned
   c. Demonstrates excellent mentorship when given the opportunity
15. Review the Higher Learning Commission and understand how this body impacts the university and the college
   a. Accepts responsibilities
   b. Is punctual and dresses appropriately
   c. Displays a positive attitude
16. Other objectives as assigned by the preceptor

Study Abroad Objectives:

India/Japan Course Description: This course will provide the pharmacy student with the opportunity to expand his or her knowledge base from the required curriculum by exploring special interest areas within the profession of pharmacy. The course may include, but is not limited to, exploration of clinical controversies, unique areas of pharmacy practice, pharmaceutical industry topics, the impact of pharmaceuticals on the environment, and marketing of pharmacy services and products.

1. Japan trip provides an opportunity to meet 80 of the 160 hours required for an APPE rotation. You will need to complete another 80 hours at another site or special rotation as provided by the experiential office.
2. India trip provides an opportunity to meet 160 hours required for an APPE rotation.
   a. India Course Objectives: Provided by Dr. Sekar
Japan Course Objectives:

1. Compare and contrast the various clinical practice roles of Japanese pharmacists.
   a. Ambulatory care
   b. Institutional (Hospital)
      - Identifying specialty practice areas (Intensive care, emergency department, internal medicine, pediatrics, surgery, psychiatric, and infectious disease)
   c. Public Health
   d. Long Term Care
   e. Community
      - Compounding
      - General dispensing and consulting
      - Medication therapy management

2. Compare and contrast health outcomes measures used by insurance and or government agencies. In the United States patient outcomes are measured by several parameters in which the entire health care system is responsible for reviewing including:
   a. HCAHPS
   b. HEDIS
   c. CMS standard quality measures

3. Compare and contrast the pharmacy curriculum content.

4. Identify accreditation bodies. (ACPE, HLC, State boards of pharmacy (CE requirements etc.)

5. Make note of the various certifications that US pharmacist have to allow them to practice in various areas and compare this to practicing Japanese certifications. For example in the USA a pharmacist can obtain:
   1. CGP- certified geriatric pharmacist
   2. CDE- certified diabetes educators
   3. BCPS- Board certified pharmacotherapy specialist
   4. BCACP- Board certified ambulatory care pharmacist
   5. BCPP- Board certified psycho-therapy pharmacy

6. Identify differences in prescribing, such as:
   1. Top 200 drug comparison
   2. Units
   3. Cost/dollar spent
   4. Unique formulations and dosage forms

7. Identify cultural sensitivity areas leading to cultural competency as related to the Japanese culture in medicine/pharmacy counseling.

8. Demonstrates cultural competency

9. Compare and contract inter-professional collaboration among Japanese culture and US.

10. Describe the role of the pharmacist in the community setting in managing patients from a self-care standpoint.

*These objectives may be modified based on the exposure and focus of the experience.

Grading: (the following items will be tied into the core APPE learning objectives and evaluation)

1. Attend 80% of pre-meeting prior to the experience = 15%
2. Delivery of student presentation onsite (Japan) = 5%
3. Journaling (daily) with reflection of objectives = 30%
4. Final paper (article) covering focus area in one or more objectives noted above submitted for publication/presentation = 15%
5. Final Powerpoint presentation and delivery covering objectives-25%
6. Peer evaluation=10%
Advanced Practice Non-Patient Care Elective

The goal of Advanced Practice Non-Patient Care Elective is to provide the opportunity for the student to build upon information acquired in his/her didactic education and IPPE experiences and apply the knowledge and skills in activities towards an unique elective (this may include but is not limited to study abroad, management, academia and pharmacy organizations etc.) The student will complete all activities in a professional manner under the facilitation of a preceptor. Upon completion of the experience, the student shall be able to:

Basic non-elective:

1. Master a basic understanding of the elective practice setting
   a. Understand the primary responsibilities of the pharmacists in the practice setting
   b. Able to access and navigate through pharmacy material and apply it to the practice setting
2. Demonstrate working knowledge of the elective site
3. Apply current knowledge base (clinical, pharmacogenomics and or pharmacy administrative courses) to projects and or tasks of the elective site
4. Identify and evaluate current literature or data relative to the practice site
5. Effectively develop material relative to the elective practice site
6. Demonstrate self-learning and self-assessment abilities and habits
   a. Generates ideas for projects
   b. Regularly self-assesses performance and seeks feedback from others for professional growth
   c. Actively participates in the task outlined by the site
7. Demonstrate leadership abilities
   a. Works well with others in a team environment
   b. Demonstrates excellent work on projects assigned
   c. Demonstrates excellent mentorship when given the opportunity
8. Communicate information about the elective focus to healthcare professionals, clients and other professionals involved which shall include, but not be limited to: (Outcomes: 3,4,5 & 9) (CAPE: 3.1, 3.2, 3.4, 3.5, & 3.6)
   a. Effective, concise written communication
   b. Effective oral presentation
   c. Demonstrate and assesses the appropriate use of material
9. Demonstrate professionalism
   a. Accepts responsibilities
   b. Is punctual and dresses appropriately
   c. Displays a positive attitude
10. Demonstrate ability to conduct further research and/or improving pharmacy or management services in the elective area
    a. Generates entrepreneur like ideas to advance the elective’s core initiatives
    b. Pursues answers to research (ideas) questions to improve outcomes
11. Other objectives/outcomes as outlined by the elective site & preceptor

Fall & Spring (APPE objectives):

1. Successfully complete all online fall semester preparatory board review sessions by November 30, 2018
2. Successfully complete final competency exam given spring semester (February/March).
3. Successfully complete all assigned spring preparatory board review session by assigned date spring 2019
Rotation Helpful Hints and Notes
The following suggestions are in response to questions and issues that have been raised by previous students.

1. Approximately two weeks prior, or one month prior for out-of-state or government rotations, contact your next preceptor for each of your rotations to obtain such information as:

   What day do I start?  Where do I meet you?  What do I need to bring with me?
   Where do I park?  What are the options for lunch and time for lunch?
   When are you generally expected to arrive/leave each day; what evening/weekend commitments do you have?  Do I need to complete any 797 or 800 testing prior to my start date?
   Do I need any additional paperwork completed before I start? (e.g.: Government, VA’s typically require a background check or drug screening)
   Do I need to do a drug screen or background check prior to starting?

2. Your responsibilities for your rotation on holidays are determined by the preceptor you have during that particular month. Do not assume anything (such as you will have the Friday after Thanksgiving off or the Friday before Easter off) without talking to your preceptor. If you need a day off for a doctor’s appointment or other approved absence this should be discussed at the beginning of the rotation. Generally, discussing these items at the beginning of the rotation will avoid any conflicts.

3. Realize that your rotation commitments take priority over any outside employment commitments, even during evenings. In some instances, this commitment may include evenings, weekends or holidays. Additionally, each rotation is based on a one or two CALENDAR month rotation. If the first day of the month falls on a Friday or Saturday, do NOT assume your rotation will begin on the following Monday.

4. If you see a potential conflict occurring (e.g. interview), make arrangements with your preceptor as soon as possible, preferably prior to the start of the rotation. Again, you will need to ask for this accommodation and the time will need to be made up.

5. Keep in contact with the Office of Experiential Education on course registration procedures. The address you provide the University must be an address that you can access on a regular basis. You are responsible for all information mailed to you. Your university e-mail account may be forwarded to your personal e-mail account (i.e. yahoo.com, hotmail.com, etc.) by notifying the Information Technology Services Department.

6. Remember - Your Advanced Practice Rotations Manual has many specific policy and procedure details. You are responsible for knowing and abiding by these policies and procedures.

7. Obtain out of state intern license 3-4 months prior to your rotation date.

8. If you are reporting rotation hours as internship hours for an out of state Board of Pharmacy, the Academic Experience Affidavit must be completed and signed by each preceptor at the end of each rotation. This form must be turned in to the Ohio State Board of Pharmacy by January/Feb for the previous year (see OBP for specifics) and a second time for the January-April hours after the last rotation. All hours for a specific year may be reported on the same form. The form is available at http://pharmacy.ohio.gov/Licensing/Intern.aspx .(This is not a university requirement but may be helpful for securing an out-of-state pharmacist/intern license through general application or reciprocity.)

9. A short, white lab coat with an attached “University of Findlay” patch and nametag is required for your Advanced Practice Rotations.
Student Checklist for Completion of Paperwork and Coursework

First Week
- Student to provide preceptor the RxPortfolio for review (in addition to the link being sent in the email 2 weeks prior to your rotation)
- Student to review objectives for the rotation and be familiar with requirements of the rotation
- Student to discuss rotation schedule and identify any potential absences from the site
- Student to review requirements for projects, readings, and other assignments for the rotation
- Student to identify personal goals or learning experiences and share with preceptor
- Track your hours on a personal calendar
- Student to identify opportunities for completion of “Longitudinal Outcome Measures” and discuss with preceptor
- Verify current preceptor is linked in CORE/ELMS RxPreceptor, and inform Experiential Office if changes need to be made

Middle weeks of rotation
- If rotation scheduled subsequent to current rotation, make contact with preceptor for next rotation
- First Evaluation to be completed by Preceptor and reviewed with student
- Complete your mid-point self-evaluation
- Preceptor to review progress of student’s assignments and projects
- Student approaching completion of all assignments and projects
- Verify with next site if any extra paperwork/testing is required, and if so, make time to complete this.

Last Weeks of rotation
- Student to complete all projects and assignments
- Preceptor to complete final evaluation form
- Preceptor to complete internship hours affidavit (if necessary)
- Preceptor to evaluate student’s performance on respective Longitudinal Outcome Measures
- Student to complete Preceptor Evaluation Form
- Student to complete Self Evaluation Form
- Student to enter all hours into CORE/ELMS (RxPreceptor) as APPE HOURS and request that the preceptor confirm all hours and absences before the student leaves the rotation site.
- All paperwork to be uploaded into RxPortfolio (best work each month, Longitudinal form, and Communication form in Nov/April)
- Update all sections of RxPortfolio prior to starting next month.

Upon Completion of the last rotation (specific date - for each graduation year - watch Canvas), the following must be submitted in addition to those items listed above:
- RxPortfolio
- Longitudinal Outcome Measures Assessment Form (separate tab created in RxPortfolio and submitted with patient communication form and inter-professional reflection and evaluations)
- All Rotation Evaluation Forms
- Preceptor Evaluation Forms
- Competency exams (law & PreNAPLEX)
- UF Prep Quizzes
- RxPrep Quizzes
- Patient Communication Form (submitted under separate tab in RxPortfolio with longitudinal form)
- Inter-professional Reflection and Evaluation (submitted under separate tab in RxPortfolio with longitudinal form)

**EVALUATION**

At the completion of each rotation, the preceptor will complete a “PharmD Student Rotation Evaluation Form” (pgs. 52-53) using CORE/ELMS (RxPreceptor), the online program. Rotation letter grades may be assigned by the preceptor, Hub Site Coordinator, or Director of Experiential Education. The student will be assigned a letter grade (A,B,F) by the preceptor for each rotation based on the following:

a. Successful completion of core learning objectives.

b. Successful completion of rotation specific learning objectives.
   a. Successful completion of site-specific responsibilities and/or activities.
   b. Appropriate ethical, professional and academic conduct.

The course grade will be determined based upon the preceptor grade for the rotation and upon completion of UF APPE assignments. For example, a student who earns a “B” on rotation who has not met the UF assignments (e.g. cases) their final grade can drop to a “C” or “F” based upon the infraction of missing assignment(s).

If a letter grade of “F” is achieved on any rotation, the student must repeat the rotation and achieve a passing grade prior to graduation.

The rotation grade will also be dependent on the following as APPE courses are competency based:

a. Successful and timely completion of case studies.

b. Successful and timely completion of P6 competency testing (dates for testing TBA)
   - Pre-NAPLEX (April)
   - Law (March)

c. Successful and timely completion of RxPortfolio requirements (monthly updates).

d. Completion of online board review mini courses and assessments/ quizzes (TBA)

e. Completion & submission of the longitudinal form (Nov/April)

f. Completion & submission of patient communication form (Nov/April)

g. Completion & submission of Inter-professional reflection and evaluation form (Nov/April)

- Failure to submit these items deem your rotation incomplete and competency not met regardless of your rotation grade.

**Note:** Per the general administration and academic regulations of the College of Pharmacy, a letter grade of a “C” or better must be obtained to pass each course (less than a $\leq3.0$ in any semester places a graduate student on probation). To graduate a student must have a 3.0.

At the end of each month if the student’s RxPortfolio and CV are not updated or case studies or webinar assignments and competency tests are not completed or submitted when assigned, the student’s grade assigned by the site/preceptor will be penalized (deemed noncompetent) and may cause the student to fail the rotation. Deductions in the grade will be based on the number of items not completed timely and may result in a grade adaption from A to A- or B; B to B-, C/Fail). All assignments (case studies, monthly portfolio updates and submissions, P6 competency testing, webinars, longitudinal form, communication form etc.) must be completed in order to successfully graduate. The assignments are deemed competency based; you must meet the competencies of each rotation for progression. If these competencies are not met (assignments less than adequate or not submitted) the rotation grade will turn to a failure.
PROFESSIONAL PORTFOLIO (RxPortfolio) REQUIREMENTS:

The student must continue to maintain his or her “Professional Electronic Portfolio” from their early and intermediate practice experiences and will share it with each preceptor prior to beginning each rotation. The completed portfolio **MUST** be submitted to the Hub Site Coordinator and Director of Experiential Education by **November 16, 2019** (this does not include November’s best work) and **April 12, 2020** to document satisfactory completion of all objectives and outcomes. RxPortfolios must be reviewed and approved by each student’s Hub Site Coordinator and Director of Experiential Education prior to graduation. Failure to timely complete or complete the portfolio requirements will impact the rotation grade for each rotation/class that the portfolio is considered incomplete or the month portfolio grading occurs (November and/or April). Portfolios are considered documentation for competency and absence of an updated portfolio is deemed as not meeting the rotation criteria, thus failure.

The Professional Portfolio shall be organized and updated as outlined:

**General Information:**

- Updated Photo, Contact Information, Personal Biography and Career Objective
- Updated Employment History, Honors & Awards, Professional Activities, Health information and health coverage, Licenses & Certifications, and Immunizations

**CV/Resume Archive:**

- Updated Curriculum Vitae
  - CVs must be updated each month to reflect the previous month’s experience
  - Most recent CV must be uploaded to RxPortfolio

**Experiential Rotations:**

- Each APPE rotation month must be entered similarly to IPPE rotations under Experiential Rotations
  - Indicate site, preceptor, time frame
  - Attach projects, presentation, any other pertinent documentation (i.e. journal club, case reviews, case presentations, handouts, monographs, etc.)
- Scanned copy of Patient Communication Form (submitted under separate tab in RxPortfolio experiential rotation tab in Nov/April with Longitudinal Assessment Form) Scanned copy of Patient Communication Form (submitted under separate tab in RxPortfolio experiential rotation tab in Nov/April with Longitudinal Assessment Form)
- Scanned copy of Interprofessional Reflection and Evaluation Form (submitted under separate tab in RxPortfolio experiential rotation tab in Nov/April with Longitudinal Assessment Form)
- Scanned copy of the Completed Longitudinal Outcome Measures Assessment Form must be submitted under separate tab in RxPortfolio in Nov/April with Patient Communication evaluation/reflection form & IPE evaluation/reflection form.
ROTATION EVALUATION FORMS SUMMARY

PharmD Student Evaluation Form (reference in Appendix A, but completed via CORE/ELMS (RxPreceptor))

The preceptor is to complete the “Midpoint Evaluation” section of this form during the middle week of the rotation submitted online. The preceptor will discuss the student’s strengths and weaknesses. The “Final Evaluation” section and final grade should be completed during the last week of the rotation. Midpoint and Final Evaluations are required; only the final evaluation will be used in determining the student’s grade for the rotation. The Final evaluation should indicate the student’s level of competence upon completion of the rotation. Preceptors must use CORE/ELMS (RxPreceptor) to complete Midpoint and Final evaluations and assign student grades. Hard copy evaluations will no longer be accepted.

Student Self-Assessment Form (in Appendix A, pg. 68-73) (complete on CORE/ELMS (RxPreceptor))

The student must complete a self-evaluation at the end of each rotation. This evaluation should be discussed with the preceptor prior to the completion of the rotation. Failure to complete the assessment at the end of the rotation can lead to a grade reduction and or rotation failure.

Longitudinal Outcome Measures Assessment Form (in Appendix A, pgs. 74-77)

During the Advanced Practice Rotations, the student must complete all longitudinal outcome measures (a graduation requirement). Upon completion of each outcome measure, the preceptor or Hub Site Coordinator shall evaluate the student’s performance. The preceptor should discuss the evaluation with the student. The student must include the original assessment form with the professional portfolio (RxPortfolio/CORE ELMs) at the end of the rotation sequence. The form should be submitted as a separate tab in November/April.

- APPE Midpoint submission should be attached with the inter-professional evaluation/reflection form and patient communication evaluation/reflection form as a separate tab then uploaded in RxPortfolio by November 16th. (Students may be request to upload this in Canvas Phar 705 and Phar 709 as a safe assignment.)
- In addition to the longitudinal form, the completed forms, the inter-professional evaluation/reflection and patient communication forms, should be submitted electronically to a separate rotation tab for review by the Director of Experiential Education no later than April 12th. Each student is responsible for completing all activities listed on these forms.

Journal Club Evaluation Form (in Appendix A, pg. 78)

Many rotation sites require the student to give a verbal journal club presentation. This is a representative copy of the evaluation form the preceptor may choose to utilize. This form is NOT a required form. However, if this form is completed by the preceptor, it should be included as part of the Professional Portfolio (best work).

Preceptor/Rotation Evaluation Form (in Appendix A, pgs. 79-80) (complete on CORE/ELMS (RxPreceptor))

Students must use CORE/ELMS (RxPreceptor) online form to complete the preceptor evaluations no later than the last day of the rotation. Hard copy evaluations will no longer be accepted.

Case Presentation Evaluation Form (in Appendix A, pg. 81-82)

- Many rotation sites require the student to give verbal case presentations. This is a representative copy of the evaluation form the preceptor may choose to utilize. This form is NOT a required form. However, if this form is completed by the preceptor, it should be included as part of the Professional Portfolio.

Patient Communication Evaluation Form (in Appendix A, pg. 83)

Each student must complete TWO (2) Patient Communication Evaluations during the rotation sequence. The preceptor may enact the part of the patient, may assign another colleague to enact the part of the patient, or
assign a real patient for the student to interact with. The student should be observed and evaluated based upon the criteria provided on the Patient Communication Evaluation Form at least twice during their rotational experiences. One completed form is to be submitted under a separate tab by **November 16th** with the longitudinal form. The second form should be submitted as part of the Professional Portfolio (RxPortfolio) at the completion of the rotation sequence in a separate tab for review by the Director of Experiential Education no later than **April 12th** (It should be submitted with the longitudinal form). It is **imperative that students write a brief narrative regarding** their reflection of the experience and use this as an opportunity for self-guidance for future counseling and patient communication.

- (Students may be requested to upload this in Canvas Phar 705 and Phar 709 as a safe assignment)

**Inter-professional Collaborative Experience Reflection Form** (in Appendix A pgs. 72-73)

- Each student must complete **TWO (2)** Inter-professional Collaborative Experience Reflection forms (one each semester) during the rotation sequence. The student should be observed and evaluated based upon the criteria provided on the Form at least twice during their rotational experiences. One completed form is to be submitted under a separate tab by **November 16th** with the longitudinal form. The second form should be submitted as part of the Professional Portfolio (RxPortfolio) at the completion of the rotation sequence in a separate tab for review by the Director of Experiential Education no later than **April 12th** (It should be submitted with the longitudinal form). (Students may be requested to upload this in Canvas Phar 705 and Phar 709 as a safe assignment).

**Law Competency**

Students will be provided law review material through Canvas 708. An competency online exam must be completed (March-TBD) at your site or on campus achieving 80% or better to obtain a grade for Phar 708. Students who don’t score an 80% or better on the first attempt will see a grade reduction (A goes to A-, B goes to B-) in their Phar 708 grade. This grade reduction can be compounded with other assignment infractions. **Remediation may require students to be on campus in May.**

**Pre-NAPLEX Competency**

Students will take the Pre-NAPLEX in fall (Oct/Nov-TBD) at their site or on campus in September. Scores must be recorded and study plan must be developed and submitted.

Students will take the Pre-NAPLEX in April (TBD) at a designated site on campus achieving an 80 or better or meets competency. Student who don’t score an 80 or better or meet competency in the spring will see a grade reduction (A goes to A-, B goes to B-) in their Phar 709 grade. This grade reduction can be compounded with other assignment infractions. **Remediation may require students to be on campus in May.** Students who attend the remediation and show improvement in their remediation may earn back this grade reduction component.

**RxPrep Modules**

A series of topics/chapters will be assigned in the fall and specifically each month in the spring. Students are expected to achieve an 80% or higher on exam/assessments. Student who don’t score an 80% or better in will see a grade reduction (A goes to A-, B goes to B-) in the corresponding grade/month rotation (Phar 706-709). This grade reduction can be compounded with other assignment infractions (see next page for schedule.)
<table>
<thead>
<tr>
<th>Due Date</th>
<th>Assessment/Exams: Required by all students.</th>
<th>Assessment/Exams: Required if Pre-NAPLEX score was less than 80 in fall.</th>
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CASE STUDIES

Students are expected to complete 8 case studies while on rotation. Case studies must be uploaded into CORE/ELMS (RxPreceptor) for grading by the assigned due date. All case studies should be reviewed by a HSC or another preceptor at the site where the cases were completed prior to the deadlines. Two of the eight cases are to be completed by October 26, 2019. (The student may choose any two.) Case studies 3, 4 and 5 are to be completed by November 28, 2019; 6 and 7 are to be completed by February 28, 2020. The final case study is to be completed by March 15, 2020. These are not to be used as best work.

- All cases shall be submitted with a graded rubric evaluated and signed by a preceptor using the SOAP note rubric 2019.
- The signed rubric (by preceptor) must be uploaded with the case in CORE/ELMS (RxPreceptor) to obtain credit/competency. The final signed submission must contain no more than 3 minor deficits and cannot include any major deficits. (Students may be requested to upload cases in Canvas Phar 705 and Phar 709 as a safe assignment)

It is mandatory that each student complete a case study of the following disease related states. A patient with more than one disease state may only be used one time.


The ultimate goal of the patient case presentations is to promote uniform basic clinical experience and competency in eight clinical areas. This experience will provide you with exposure to the Pharmacists Patient Care Process, practical application, and self-review. You should review basic text books, current literature, and evidence based practice guidelines as a guide for the case studies, presentation and recommendations. The general format we suggest to begin this process is SOAP notes (subjective, objective, assessment, plan). You will need to incorporate a pharmacy focused plan into your notes, to be achieved by integrating the Pharmacists’ Patient Care Process (PPCP) into your presentation as well.

I. Create succinct & accurate problem list.
II. Subjective Information/Collecting Data
   This information is obtained from the patient & or caregiver and so is not directly observed or measured by the SOAP writer. This information is descriptive and cannot be confirmed by diagnostic test or procedures. The follow items should be reviewed and considered when available, the specific of each item listed is not conclusive but to be used a guide in writing your case presentation. You may include other pertinent findings in your case review that are not listed below, be sure to include the findings and explain the significance in the assessment section.

III. Chief Complaint (layman’s terms of why the patient is seeking medical advice)
IV. HPI (history of present illness)
   - Date of onset
   - Precise location
   - Nature of onset, severity and duration
   - Presence of exacerbations, and remissions
   - Effect of any treatment given
   - Relationship to other symptoms, bodily functions, or activities
   - Degree of interference with daily activities
V. PMH (past medical history)
- Serious illnesses
- Surgical procedures
- Injuries that patient has experienced
- Minor complaints only if they are applicable

VI. FMH (family medical history)

VII. SH (social history) Social & environmental factors that may contribute to the development of disease. (The following may be applicable)
- Marital status
- # children
- Educational background
- Occupation
- Physical activity
- Dietary habits
- Alcohol/ Tobacco & Recreational drug use

VIII. MEDICATIONS (This information can be provided by patient or caregiver. Once the information is confirmed via medical records or pharmacy records it may be transposed into the objective section of the case)
- Accurate & Current medication records
- Prescription
- OTC
- Herbal/alternative therapy
- Name
- Doses
- Frequency
- Duration of therapy

IX. Allergies

X. ROS (review of systems)
- In this section, the examiner will ask questions to the patient about each body system. For the purpose of this assignment only the positive & negative findings are recorded. The ROS serves to evaluate each body system & to prevent the omission of pertinent information. Information that was not noted in the HPI should be noted in this section.

XI. Objective Information/ (Collecting Data)
This information is detailed data that is obtained and recorded by the examiner or another health care provider.
Items that are commonly listed here are:
1. Vital Signs:
2. Height:
3. Weight:
4. Cardiac Findings:
5. Chest:
6. HEENT
7. Extremities: (e.g. 2+ bilateral pedal edema)
8. Neurologic Findings:
9. Radiographic Findings
10. Labs
11. Medications (drug dose frequency; confirmed by physician/pharmacy/medical records)

XII. ASSESSMENT
Identify the real or potential drug therapy problems using a patient-focused approach and assess the situation(s). You will **prioritize** your patient’s problems with the focus area of the case study. It is expected to address all problem areas. You will support your problem identification with subjective & objective data. (See next page for graph.)
<table>
<thead>
<tr>
<th>Type of Problem</th>
<th>Assessment</th>
</tr>
</thead>
</table>
| Correlation between drug therapy & medical problems | 1. Are there medications listed without a diagnosis?  
2. Are there any diagnoses that are not treated?  
3. Are there any medications that are physically present that cannot be identified? (ambulatory care setting drug review)  
4. Is health literacy a possible issue to negatively impact optimal outcomes?  
5. Are there any cultural factors that need to be addressed in the patient care? |
| Appropriate Drug Selection                      | 1. What is the comparative efficacy of the chosen medications?  
2. Are there any safety issues with current medications?  
3. Has the therapy been tailored to this individual? (consider liver/renal/dietary/schedule of medications)  
4. Can adherence be achieved with regimen or product selected? |
| Drug Regimen                                    | 1. Are doses & dosing frequencies appropriate for this patient?  
2. Is PRN use appropriate for those medications appropriate?  
3. Is the route and dosage form appropriate?  
4. Is there a health literacy issue? |
| Therapeutic Duplication                         | 1. Is there any duplication in therapy?  
2. If so do you need to make a recommendation? |
| Drug Allergy or Intolerance                     | 1. Is the patient allergic to or intolerant of any medications currently being taken?  
2. Is the patient allergy to or intolerant of nay chemically-related medications? |
| Interactions                                    | 1. Are there any drug-drug interactions?  
2. Are any medications contraindicated given patient characteristics & current/past disease states?  
3. Are there any drug lab test interactions?  
4. Are there any drug-nutrient interactions? |
| Social and Recreational Drug Use                | 1. Can patient’s social drug use history be obtained and does it impact current situation?  
2. Could the use of social drugs be related to patient symptoms/problems?  
3. Could the sudden decrease or discontinuation of social drugs be related to patient symptoms? |
| Failure to Receive Therapy                      | 1. Identify why patient has not received or not complied with drug therapy.  |
| Financial Reasons                               | 2. Is the medication chosen cost effective?  
3. Does the cost of drug therapy represent a financial hardship for the patient? |
| Patient’s Drug Therapy Awareness | 1. Does the patient know the purpose of the medication?  
2. Does the patient understand how to take all medications?  
3. Does the patient have knowledge of side effects of each medication?  
4. Are there opportunities to provide education? |
| Preventive Care Services | 1. Evaluate current immunization status?  
2. Is the patient in need of other health care services (labs, mental health, dietary, CDE, osteoporosis screening etc.)? |

XIII. Plan/RECOMMENDATION/MONITORING/ Evaluation  
In this section, you will develop an optimal individualized pharmacotherapy plan for your case presentation minimally following the guidelines below:

1. The Pharm. D. candidate will select a drug, dosage form, dose, schedule and duration of therapy that is best for your patient.
2. The Pharm. D. candidate will describe the reason for drug therapy selection. Document evidence based practice guidelines and or drug references.
3. The Pharm. D. candidate will develop a monitoring protocol that is well defined and measurable (parameters stated) for patient’s therapy, including labs, physical monitoring and adverse effects.
4. The Pharm. D. candidate should consider allergies, economic, psychosocial and ethical factors that are applicable to the patient.
5. The Pharm. D. candidate shall define how this plan is to be executed and who will implement the recommendation/plan identifying health care professionals collaboration for optimal outcomes.
6. The Pharm. D. candidate will outline the patient/nursing/physician education that will be provided.
7. The Pharm. D candidate will identify current markers for evaluation of current and new therapy including adherence, lab results, clinical outcomes (goals) and patient feedback.
8. The Pharm. D. candidate will also provide an alternative plan if the initial therapy fails or cannot be used.

The next few pages contain the SOAP note rubric for cases (four pages).
<table>
<thead>
<tr>
<th>Soap Note Rubric for Cases (4 pages total)</th>
<th>Preceptor Name:</th>
<th>Competency: Final submission must contain no more than 3 minor deficits and cannot include any major deficits.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subjective &amp; Objective Information (PPCP:Collect)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Provides summary of pertinent subjective and objective information found in patient chart or from history (Items: CC, HPI, PMH, FMH, SH, medication list, ROS, Vitals, labs)</td>
<td>NO DEFICITS</td>
<td>MINOR DEFICITS</td>
</tr>
<tr>
<td></td>
<td>Well organized; Complete, concise, and accurate summary of pertinent information.</td>
<td>Somewhat organized, partial summary of pertinent information, OR some non-pertinent information.</td>
</tr>
<tr>
<td><strong>Problem Identification (PPCP-Assess/Analyze)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Addresses all problem areas</td>
<td>Complete problem list generated; no extraneous issues listed. Priority of problems is appropriate.</td>
<td>Identifies the “primary” problem, but misses one key secondary problem. Prioritizes most problems appropriately.</td>
</tr>
<tr>
<td>• Identifies real or potential drug therapy problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Drug-disease matching</td>
<td>Drug-disease</td>
</tr>
<tr>
<td></td>
<td>Appropriate drug selections (dose, route, freq etc.)</td>
<td>Social Problems: health literacy, financial, culture acceptance etc.</td>
</tr>
<tr>
<td></td>
<td>Duplicate therapy</td>
<td>Allergies</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Identifies preventive care opportunities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Prioritizes patient’s problems (highest to lowest priority)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Assessment for Primary Problem (PPCP-Assess/Analyze)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Indicate disease control.</td>
<td>Assessment is complete, accurate, and concise.</td>
<td>Assessment is partially complete or somewhat concise but IS accurate.</td>
</tr>
<tr>
<td>• Support disease/problem assessment with pertinent subjective/objective information.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Identify current medications for disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Treatment Goals for Primary Problem</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Provides measureable, evidence-based goals.</td>
<td>Provides goals that are measureable and evidence-based.</td>
<td>Goals are not measureable OR are not evidence-based.</td>
</tr>
<tr>
<td><strong>Treatment Plan for Primary Problem (PPCP: Plan)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Identifies and corrects drug therapy related issues</td>
<td>Complete, accurate, and concise recommendations. Addresses all applicable objectives.</td>
<td>Plan is partially complete (misses one applicable objective) but IS accurate.</td>
</tr>
<tr>
<td>• Selects a drug, dosage form, dose, schedule, and duration of therapy that is best for the patient.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Considers drug allergies, economic, social, psychosocial and ethical factors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Provides non-pharmacological treatment options (when applicable)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
- Completes treatment plan for inpatient (if applicable) and upon discharge. (treatment may be 2 step for inpatients going home)

<table>
<thead>
<tr>
<th>Treatment Plan Rationale for Primary Problem</th>
<th>NO DEFICITS</th>
<th>MINOR DEFICITS</th>
<th>MAJOR DEFICITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide sufficient rationale for all pharmacological and non-pharmacological recommendations</td>
<td>Sufficient rationale provided for all recommendations.</td>
<td>Does not provide sufficient rationale for one recommendation.</td>
<td>Does not provide sufficient rationale for more than one recommendation.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Education for Primary Problem (PPCP: Implementation)</th>
<th>NO DEFICITS</th>
<th>MINOR DEFICITS</th>
<th>MAJOR DEFICITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides patient education on all pharmacologic and non-pharmacologic recommendations.</td>
<td>Complete, concise, and accurate patient education in patient friendly language.</td>
<td>Partially complete (misses one or two objectives) or not concise but IS accurate. Some areas of patient education are not patient friendly.</td>
<td>Incomplete (misses more than two objectives) OR not accurate. Majority of patient education is not patient friendly. Inappropriate/potentially harmful education provided.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monitoring for Primary Problem-Outcomes (PPCP: follow-up monitor)</th>
<th>NO DEFICITS</th>
<th>MINOR DEFICITS</th>
<th>MAJOR DEFICITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Design a complete monitoring/follow-up plan:</td>
<td>Complete, concise, and accurate monitoring plan.</td>
<td>Partially complete (misses one objective) or not concise but IS accurate.</td>
<td>Incomplete (misses two or more objectives) OR not accurate.</td>
</tr>
<tr>
<td>- Evaluate safety of recommendations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Evaluate efficacy of recommendations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Indicate when/how often to evaluate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Determine timeframe for next follow-up appointment</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assessment for Secondary Problems</th>
<th>NO DEFICITS</th>
<th>MINOR DEFICITS</th>
<th>MAJOR DEFICITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicate disease control.</td>
<td>Assessment is complete, accurate, and concise.</td>
<td>Assessment is partially complete or somewhat concise but IS accurate.</td>
<td>Assessment is incomplete, not concise OR is not accurate.</td>
</tr>
<tr>
<td>Support disease assessment with pertinent subjective/objective information.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify current medications for disease</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment Goals for Secondary Problems</th>
<th>NO DEFICITS</th>
<th>MINOR DEFICITS</th>
<th>MAJOR DEFICITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides measureable, evidence-based goals.</td>
<td>Provides goals that are measureable and evidence-based.</td>
<td>Goals are not measurable OR are not evidence-based.</td>
<td>Goals not provided OR goals are not measurable AND are not evidenced-based.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment Plan for Secondary Problems</th>
<th>NO DEFICITS</th>
<th>MINOR DEFICITS</th>
<th>MAJOR DEFICITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifies and corrects drug therapy related issues</td>
<td>Complete, accurate, and concise recommendations. Addresses all applicable objectives.</td>
<td>Plan is partially complete (misses one applicable objective) but IS accurate.</td>
<td>Incomplete (misses two or more applicable objectives) OR is not accurate OR inappropriate/potentially harmful treatment plan</td>
</tr>
<tr>
<td>Selects a drug, dosage form, dose, schedule, and duration of therapy that is best for the patient.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Considers drug allergies, economic, social, psychosocial and ethical factors</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
- Provides non-pharmacological treatment options (when applicable)
- Completes treatment plan for inpatient (if applicable) and upon discharge. (treatment may be 2 step for inpatients going home)

<table>
<thead>
<tr>
<th></th>
<th>NO DEFICITS</th>
<th>MINOR DEFICITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Plan Rationale for Secondary Problems</td>
<td>Sufficient rationale provided for all recommendations.</td>
<td>Does not provide sufficient rationale for one recommendation.</td>
</tr>
<tr>
<td>Patient Education for Secondary Problems</td>
<td>Complete, concise, and accurate patient education in patient friendly language.</td>
<td>Partially complete (misses one or two objectives) or not concise but IS accurate. Some areas of patient education are not patient friendly.</td>
</tr>
<tr>
<td>Monitoring for Secondary Problems</td>
<td>Complete, concise, and accurate monitoring plan.</td>
<td>Partially complete (misses one objective) or not concise but IS accurate.</td>
</tr>
<tr>
<td>Summary Care Plan</td>
<td>Complete, accurate, and concise summary care plan for the “primary” problem and all secondary problems.</td>
<td>Partially complete (misses one objective), not concise but IS accurate.</td>
</tr>
</tbody>
</table>

(Not required for acute care cases. Optional for chronic disease state management cases only).

Design a complete care plan to outline a timeline to implement recommendations for all problems.
- Reasonable follow-up plan to evaluate safety and efficacy of medication changes
- Indicates when all medication changes recommended in plan will take place
- Indicates potential medication changes (dose adjustments, additions, deletions) that may occur at follow up visits based upon patient response.

(Not required for acute care cases. Optional for chronic disease state management cases only)
### Documents Evidence
- References provide appropriate evidence for recommendations
  - References are cited at the end of the case using proper format
- Documents appropriate evidence based practice guidelines when available or other primary literature
- Uses appropriate referencing format

<table>
<thead>
<tr>
<th>References complete and appropriate for plan (e.g. uses current evidence-based guidelines when available). Correct format.</th>
<th>Lacks appropriate references for one problem. Partially correct format.</th>
<th>Lacks appropriate references for two problems. Incorrect format.</th>
</tr>
</thead>
</table>

### Comments (please be specific):

PRECEPTOR SIGNATURE __________________________ Date __________________________
Mock Interview Rubric/Feedback

Candidate's Name / Date: ____________________________

Interviewer's Name / Signature: ____________________________

First Impressions: Professional Appearance (appropriate business attire), Greetings (good eye contact, firm handshake, confident posture), Conversation (enthusiastic and engaging); Punctual (on time or early).

☐ Needs Improvement ☐ Fully Acceptable ☐ Outstanding ☐ N/A

Comments: ______________________________________

Confidence: Poise and confidence displayed in voice and body language; excellent eye contact with no staring.

☐ Needs Improvement ☐ Fully Acceptable ☐ Outstanding ☐ N/A

Comments: ______________________________________

Politeness: Demonstrated good behavior and speech manners; courteous, friendly, poised, and polished.

☐ Needs Improvement ☐ Fully Acceptable ☐ Outstanding ☐ N/A

Comments: ______________________________________

Interview Skills: Highly proficient; appropriately utilized interview skills in an enthusiastic, motivating and engaging manner.

☐ Needs Improvement ☐ Fully Acceptable ☐ Outstanding ☐ N/A

Comments: ______________________________________

Articulation: Questions and answers were articulated clearly, relevant to the profession and kept concise; expressed ideas clearly and concisely; used appropriate grammar and effectively organized his/her thoughts.

☐ Needs Improvement ☐ Fully Acceptable ☐ Outstanding ☐ N/A

Comments: ______________________________________

Comprehension: Provided an understanding of the questions; was not necessary for the interviewer to redirect questions. (May ask to repeat the question).

☐ Needs Improvement ☐ Fully Acceptable ☐ Outstanding ☐ N/A

Comments: ______________________________________

Enthusiasm: Demonstrated enthusiasm or excitement in his/her answers as well as enthusiasm for the work and opportunity to learn.

☐ Needs Improvement ☐ Fully Acceptable ☐ Outstanding ☐ N/A
Comments: __________________________________________________________

**Interest:** Asked follow-up questions appropriate to the position, company, or topics discussed in the interview.

☐ Needs Improvement ☐ Fully Acceptable ☐ Outstanding ☐ N/A
Comments: __________________________________________________________

**Work Ethic and Attitude:** Excellent attitude; expressed willingness to do whatever is necessary to get job done; indicated flexibility in schedule and ways of working.

☐ Needs Improvement ☐ Fully Acceptable ☐ Outstanding ☐ N/A
Comments: __________________________________________________________

**Conflict or Challenge:** Is able to use the STAR (situation, task, action, resolution) method to discuss a time of challenge or conflict, describing the situation and ending the discussion on a positive note.

☐ Needs Improvement ☐ Fully Acceptable ☐ Outstanding ☐ N/A
Comments: __________________________________________________________

**Professional Ethics:** Quickly identified ethical dilemmas; offered solutions that provide greatest benefit to all stakeholders; indicated no tolerance for breaking law or clearly established ethical standards.

☐ Needs Improvement ☐ Fully Acceptable ☐ Outstanding ☐ N/A
Comments: __________________________________________________________

**Skill Set Demonstration:** Indicated possession of all or most skills required by the position; used specific examples and appeared knowledgeable and appropriately experienced.

☐ Needs Improvement ☐ Fully Acceptable ☐ Outstanding ☐ N/A
Comments: __________________________________________________________

**Professional CV:** Professional CV with career objective, experiential rotations, employment history, licenses and certifications, professional memberships, honors and awards.

☐ Needs Improvement ☐ Fully Acceptable ☐ Outstanding ☐ N/A
Comments: __________________________________________________________

**Additional Comments:**

______________________________________________________________

**Final Recommendation:**

☐ Recommend for position without reservation.

☐ Recommend for position with some reservation.

    Please explain:

☐ Cannot recommend for position. Please explain:
APPE Student General Patient Rotation Evaluation Form

Please evaluate the student during the midpoint and final Score of the rotation using the following scale for evaluation. Preceptors are required to provide narrative comments to support Unsatisfactory Performance, Needs Improvement, and Exceeds Expectations scores.

<table>
<thead>
<tr>
<th>1</th>
<th>Unsatisfactory Performance</th>
<th>2</th>
<th>Needs Improvement</th>
<th>3</th>
<th>Progressing Satisfactorily</th>
<th>4</th>
<th>Exceeds Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student does not meet requirements. Student is unable to complete basic/routine tasks despite guidance and prompting.</td>
<td>Student meets some minimum requirements. Student frequently requires guidance and/or prompting to complete basic or routine tasks.</td>
<td>Student consistently meets requirements. Student completes basic and some complex tasks independently with minimal or no guidance and/or prompting.</td>
<td>Student exceeds requirements. Student consistently and independently completes all basic and complex tasks going beyond what is required.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For those items in the evaluation that can be tied to an entrustable professional activity, consider assessment score noted below: (e.g. “Selects appropriate monitoring parameters”).

<table>
<thead>
<tr>
<th>Low Trust:</th>
<th>Minimal/Moderate Trust:</th>
<th>High Trust:</th>
<th>Complete Trust:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required complete guidance or was unprepared; preceptor had to do most of the tasks. *Preceptor did it.”</td>
<td>Was able to perform some tasks but required repeated directions. *Preceptor talked me through it.”</td>
<td>Demonstrated some independence; only required intermittent prompting. *Preceptor directed me from time to time.”</td>
<td>Functioned fairly independently, only needed assistance with nuances or complex situations. *Preceptor was available just in case.”</td>
</tr>
</tbody>
</table>

Successful completion of the rotation will be based on student achieving an average of ≥ 2.5 in all sections. If any section score is a 1, the student will not pass the rotation. Students may get dismissed (failing grade) for actions considered to unprofessional, unethical, unapproved absence, patient safety concerns or other actions that are deemed egregious. Final grade for the rotation includes the rotation grade and UF assignments for the particular month associated with the rotation. Scores for the rotation will be based on the average score for the all the sections based on following distribution:

\[ \begin{align*}
>3.5 &= A \\
2.5 \text{ to } 3.49 &= B \\
<2.5 &= F
\end{align*} \]

SECTION I : PROFESSIONALISM – On Site (demonstrates professionalism)
CAPE: 1.1, 3.4, 3.5, 4.4; PPCP: Collaborates

<table>
<thead>
<tr>
<th></th>
<th>Midpoint Score</th>
<th>Final Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Maintains a professional manner in both appearance and behavior at all times.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Demonstrates courtesy, respect, cultural sensitivity/competency, and tolerance towards others and exhibits self-control in all interactions.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Maintains confidentiality.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Arrives on time and is prepared for all rotation activities.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Demonstrates appropriate time-management skills and the ability to prioritize tasks.</td>
<td></td>
</tr>
</tbody>
</table>

Comments:
### SECTION II: PROFESSIONALISM – Self-learning & Assessment (demonstrates professionalism)  
**CAPE:** 3.4, 4.1, 4.3, 4.4; **PPCP:** N/A

<table>
<thead>
<tr>
<th></th>
<th>Midpoint Score</th>
<th>Final Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrates initiative and responsibility for providing patient care and completing assignments on time.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Demonstrates an ability to receive, process, and respond appropriately to constructive feedback.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Understands the need for and development of lifelong learning habits to maintain professional competence and personal growth.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Regularly self-assesses learning needs and engages in self-imposed learning activities to further ongoing personal/professional growth.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

### SECTION III: COMMUNICATION – Patient (effective verbal and written communication)  
**CAPE:** 3.2, 3.2, 3.5, 3.6, 4.4; **PPCP:** Collaborates & Communicates, Plan

<table>
<thead>
<tr>
<th></th>
<th>Midpoint Score</th>
<th>Final Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrates active listening skills and empathy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Effectively counsels patients without prompting using patient-friendly language and visual aid when necessary.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Uses teach-back method when appropriate to ensure patient understanding.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Effectively communicates both verbally and in writing and establishes effective relationships with patients.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Responds to questions in a clear and concise manner with supporting evidence/rationale via written or verbal communication as appropriate to the situation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Involves the patient in the therapy decision-making process when possible.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

### SECTION IV: COMMUNICATION – Interprofessional (effective verbal and written communication)  
**CAPE:** 2.3, 3.2, 3.4, 3.6, 4.2, 4.4; **PPCP:** Collect, Implement

<table>
<thead>
<tr>
<th></th>
<th>Midpoint Score</th>
<th>Final Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Effectively communicates both verbally and in writing and establishes effective relationships with health care professionals to advance patient outcomes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Appropriately demonstrates a willingness to form an opinion, and is confident in asking/answering questions; demonstrates assertiveness when making evidence-based recommendations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Presentations are consistently well-organized and progress in a logical manner; participates fully in group presentations.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

---

60
### SECTION V: DRUG INFORMATION – Knowledge & Literature application
(Identify, synthesize, and evaluate current literature)

<table>
<thead>
<tr>
<th>CAPE: 1.1, 2.2, 2.4, 3.2, 3.6;</th>
<th>Midpoint Score</th>
<th>Final Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identifies, synthesizes, and thoroughly evaluates current literature.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Given a drug, health, or operational information question, formulates a timely, efficient, thorough, and effective answer using appropriate sources of information.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Synthesizes knowledge and accurately conveys evidence-based knowledge to maximize health of individual patients and the population at large.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Provides and appropriately documents references and resources.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Uses computer generated pharmacy data to analyze medication or patient safety issues.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

### SECTION VI: DRUG INFORMATION – Application to Patient Disease (Apply current literature)

<table>
<thead>
<tr>
<th>CAPE: 1.1, 2.4, 3.1, 3.2, 3.6;</th>
<th>Midpoint Score</th>
<th>Final Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Effectively applies drug literature to patient care.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Identifies adverse drug events with treatment and prevention strategies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Consistently and accurately identifies and prioritizes all medication-related problems.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Identifies and clarifies drug information questions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Includes therapeutic endpoints and potential toxic effects with a given drug and dosage regimen.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Uses population health management to optimize patient care (preventive, improve disease management &amp; identify high risk).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Selects appropriate monitoring parameters.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

### SECTION VII: PATIENT CARE – Assessment (utilize the acquired knowledge base to assess the patient and formulate a therapeutic plan)

<table>
<thead>
<tr>
<th>CAPE: 2.1 – 2.3, 2.4, 3.1, 3.3 – 3.5;</th>
<th>Midpoint Score</th>
<th>Final Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Utilizes a systematic problem-solving approach to patient care.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Obtains and interprets information from the medical chart, computer system, or patient to assess therapy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Is able to obtain complete drug history and or medication reconciliation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Identifies clinical status of patient and severity of illness to serve as baseline for later assessment of efficacy/toxicity.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Assess each medication for appropriateness, effectiveness, safety, and patient adherence.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Assess the health and functional status, risk factors, health data, cultural factors, health literacy, access to medications, and need for preventative care.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SECTON VIII: PATIENT CARE – Planning & Follow-up (demonstrate proficiency in recommending and implementing a therapeutic plan)
CAPE: 2.1 – 2.3, 3.1 – 3.4; PPCP: Plan, Implement & Follow-up

<table>
<thead>
<tr>
<th>Midpoint Score</th>
<th>Final Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Creates and implements a monitoring plan to assess the outcomes of drug therapy for a patient.
2. Develops a plan to improve safety and adherence.
3. Designs, evaluates, and adjusts regimens for optimal outcomes, incorporating pharmacokinetic, formulation data, and routes of administration based upon patient physiologic parameters, response to therapy, formulary, and socio-economic status.
4. Prospectively measures and develops a plan to record and track a patient’s therapeutic response and toxicity to drug therapy to improve outcomes.
5. Identifies, assesses, and appropriately reports drug-related problems, adverse events, and toxicities.
6. Assures proper follow-up and transition of care throughout the healthcare system.

Comments:

SECTION IX: DISEASE KNOWLEDGE
CAPE: 1.1, 2.1, 3.1; PPCP: Assess, Plan

<table>
<thead>
<tr>
<th>Midpoint Score</th>
<th>Final Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Demonstrates knowledge of evidence-based medicine and disease state management appropriate for this clinical setting.
2. Applies physical assessment skills as appropriate to assist in evaluating a patient and his/her medication therapy.
3. Prioritizes disease issues depending on significance and addresses them appropriately.

Comments:
**SECTION X: DISTRIBUTION/DISPENSING**  
(only applicable for specific hospital or community pharmacy sites) CAPE: 1.1, 2.2 PPCP: Asses, Implement  

<table>
<thead>
<tr>
<th></th>
<th>Midpoint Score</th>
<th>Final Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrates proficiency in accurately processing new and refill prescriptions/medication orders in accordance with regulatory requirements.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Develops a systematic approach for final verifications to ensure the five principles of drug delivery: right drug, right patient, right dose, right time, right route.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

**SECTION XI: PRACTICE MANAGEMENT AND ADMINISTRATIVE SKILLS**  
CAPE: 1.1, 2.1, 2.2, 3.1, 4.2 – 4.4; PPCP: Collect, Implement, Monitor & Evaluate  

<table>
<thead>
<tr>
<th></th>
<th>Midpoint Score</th>
<th>Final Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Discusses use of management principles (e.g. planning, organizing, directing and controlling) for simple/individual tasks and complex activities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Discusses and/or participates in resource management related to time, people, finances, and technology/informatics.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Assists in the identification of underlying system-associated causes of errors and/or medication safety issues to improve the drug use process.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Identifies methods to enhance pharmacy services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Demonstrates an understanding of leadership needs and opportunities in pharmacy practice.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

Describe any problems that occurred that affected student performance (i.e., time out of rotation, medical team not cooperative, etc.). List any dates that student was absent and identify reason(s).

Describe areas of outstanding performance or significant strengths exhibited by the student.

Describe areas for improvement that need to be addressed in future rotations.
Please use the space below to write any additional comments you may have.

MIDPOINT ROTATION GRADE: ______________

FINAL OVERALL ROTATION GRADE: _____________

TOTAL NUMBER OF HOURS COMPLETED: ______________
   (Minimum hours required: 160)

By submitting this evaluation you confirm that the student has fulfilled all attendance requirements.
Pharm.D. Student Academic Rotation Evaluation Form  
The University of Findlay College of Pharmacy

<table>
<thead>
<tr>
<th>Unsatisfactory Performance</th>
<th>Needs Improvement</th>
<th>Progressing Satisfactorily</th>
<th>Exceeds Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td><strong>2</strong></td>
<td><strong>3</strong></td>
<td><strong>4</strong></td>
</tr>
<tr>
<td>Unsatisfactory Performance</td>
<td>Needs Improvement</td>
<td>Progressing Satisfactorily</td>
<td>Exceeds Expectations</td>
</tr>
<tr>
<td>Student does not meet</td>
<td>Student meets some minimum</td>
<td>Student consistently meets requirements.</td>
<td>Student exceeds requirements. Student consistently and independently completes all basic and complex tasks going beyond what is required.</td>
</tr>
<tr>
<td>requirements. Student is unable to complete basic/routine tasks despite guidance and prompting.</td>
<td>requires guidance and/or prompting to complete basic or routine tasks.</td>
<td>requires guidance and/or prompting</td>
<td>requires guidance and/or prompting</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Desired Outcomes &amp; Examples of Performance</th>
<th>Midpoint Evaluation</th>
<th>Final Evaluation</th>
<th>Midpoint and Final Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Masters the introduction to pharmacy academia.</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td>N/A</td>
</tr>
<tr>
<td>• Understands the primary responsibilities of a faculty member</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Able to access and navigate through academic pharmacy literature</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Identifies evidence-based literature on teaching methods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• CAPE: 1.1, 4.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Identifies different learning styles.</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td>N/A</td>
</tr>
<tr>
<td>• Defines “learning style”</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Identifies their own learning style</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Applies the principles of learning styles to the design of their teaching</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• CAPE: 1.1, 3.2, 3.5, 4.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Demonstrates effective instruction.</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td>N/A</td>
</tr>
<tr>
<td>• Displays ideals of Bloom’s Taxonomy in their education sessions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Applies at least 1 active learning strategy in each education session</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Designs and presents at least 1 class lecture, case discussion, and/or formal small-group discussion for a pharmacy course</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• CAPE: 1.1, 3.2, 3.6, 4.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Demonstrates proficiency in the material being presented</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td>N/A</td>
</tr>
<tr>
<td>• Consistently develops and presents appropriate information on the topic being presented</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Accurately answers questions that students and/or faculty may yield about the material</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Takes into account relevant differences in cultural, social, economic, political, and scientific viewpoints on the material</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• CAPE: 1.1, 3.2, 3.5, 3.6, 4.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Identifies and evaluates the current literature and applies this information in academic settings</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td>N/A</td>
</tr>
<tr>
<td>• Literature search is thorough with sources identified</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Synthesizes response from available sources and accurately conveys information</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• CAPE: 1.1, 2.4, 3.2, 3.6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Effectively develops exam material.</td>
<td>CAPE: 1.1, 2.4, 3.2, 3.6, 4.1</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---------------------------------</td>
<td>-------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Writes 4-5 examination relevant questions based on the learning objectives of the education sessions the student conducted.</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td></td>
<td>- Provides relevant and timely feedback to students</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>- Develops structured answer keys</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td></td>
<td>- Critiques exam questions with a focus on the lecture objectives and the expected level of cognition</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong>:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Effectively communicates, both verbally and in writing, with students, faculty, and other applicable persons.</th>
<th>CAPE: 3.2, 3.4, 3.6, 4.2, 4.4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Presentations are consistently well organized and progress in a logical manner</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td></td>
<td>- Effective group presentation skills.</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>- Develops professional and courteous communication habits</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong>:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Demonstrates leadership abilities.</th>
<th>CAPE: 3.4, 3.5, 3.6, 4.2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Student uses appropriate interpersonal and inter-group behaviors during interactions</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong>:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Demonstrates professionalism.</th>
<th>CAPE: 3.5, 4.4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Demonstrates professional behavior &amp; appearance, interest and motivation and shows respect towards other and maintains confidential material</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td></td>
<td>- Arrives on time and prepared for daily activities</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>- Displays cultural competence</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td></td>
<td>- Accurately completes assignments in a timely manner</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong>:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Demonstrates ability to conduct further research and/or improving pharmacy services in the future</th>
<th>CAPE: 2.1-2.4, 3.1, 4.2, 4.3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Pursues answers to research questions to improve patient care</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td></td>
<td>- Identifies methods to enhance pharmacy services</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong>:</td>
<td></td>
</tr>
</tbody>
</table>
# Pharm.D. Student Rotation Non-Patient Care Rotation Evaluation Form

The University of Findlay College of Pharmacy

<table>
<thead>
<tr>
<th>Desired Outcomes &amp; Examples of Performance</th>
<th>Midpoint Evaluation</th>
<th>Final Evaluation</th>
<th>Midpoint and Final Evaluation Comments</th>
</tr>
</thead>
</table>
| **1. Masters a basic understanding of the elective practice setting.**  
  - Understands the primary responsibilities of the pharmacists in the practice setting through verbal discussions  
  - CAPE: 1.1, 4.4 | 1 2 3 4 | 1 2 3 4 | |
| **2. Demonstrates working knowledge of the elective site.**  
  - Integrates into the practice of the elective site  
  - Able to access and navigate through pharmacy material and apply it to the practice setting  
  - CAPE: 1.1, 3.2, 3.5, 4.4 | 1 2 3 4 | 1 2 3 4 | |
| **3. Applies current knowledge base (clinical, pharmacogenomics and or pharmacy administrative courses etc.) to projects and or task of the elective site.**  
  - Completes assignment(s) using prior knowledge  
  - Consistently develops and presents appropriate information on the topic  
  - CAPE: 1.1, 3.2, 3.6, 4.3 | 1 2 3 4 | 1 2 3 4 | |
| **4. Identifies and evaluate current literature or data relative to the practice site.**  
  - Literature search or data collection is thorough with sources identified  
  - Synthesizes response from available sources and accurately conveys information  
  - CAPE: 1.1, 3.2, 3.5, 3.6, 4.3 | 1 2 3 4 | 1 2 3 4 | |
| **5. Effectively communicates, both verbally and in writing, with students, faculty, and other applicable persons.**  
  - Presentations are consistently well organized and progress in a logical manner  
  - Effective group presentation skills  
  - Develops professional and courteous communication habits  
  - CAPE: 3.2, 3.4, 3.6, 4.2, 4.4 | 1 2 3 4 | 1 2 3 4 | |
6. Demonstrates self-learning and self-assessment abilities and habits. Effectively communicates, both verbally and in writing, with various professionals involved at the elective site.
   - Understands the need for, and development of, lifelong learning habits to maintain professional competence and personal growth.
   - Regularly self-assesses learning needs and engages in self-imposed learning activities to further his/her ongoing personal/professional growth.
   - CAPE: 3.4, 4.1, 4.3, 4.4
   - PPCP: N/A

7. Demonstrates leadership abilities.
   - Student uses appropriate interpersonal and inter-group behaviors during interactions
   - Is respected among those who interact with the student
   - Uses leadership skills to achieve outcomes
   - CAPE: 3.4, 3.5, 3.6, 4.2

8. Demonstrates professionalism.
   - Demonstrates professional behavior & appearance, interest and motivation and shows respect towards other and maintains confidential material
   - Arrives on time and prepared for daily activities.
   - Displays cultural competence
   - Accurately completes assignments in a timely manner
   - Phar 251, 350, 491, 492, 591, 592
   - CAPE: 3.5, 4.4

9. Demonstrates overall proficiency in the role as a pharmacist, as a member of the elective site
   - Volunteers, questions and comments frequently without distracting from normal business
   - Is able to independently identify activities, completes documentation and discusses the impact of those actions on patient outcomes
   - Phar 550, 553, 591, 592, 599
   - CAPE: 3.4, 3.5, 3.6, 4.2

10. Demonstrates ability to conduct further research and/or improving pharmacy services in the future (generates new ideas & creative thinking)
    - Pursues answers to research questions to improve patient care or elective initiatives
    - Identifies methods to enhance pharmacy services
    - CAPE: 2.1-2.4, 3.1, 4.2, 4.3
APPE Student General Patient Care Rotation Self-Evaluation Form

Please assess your performance at the end of your rotation using the following scale for evaluation.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsatisfactory Performance</td>
<td>Needs Improvement</td>
<td>Progressing Satisfactorily</td>
<td>Exceeds Expectations</td>
</tr>
<tr>
<td><strong>Student does not meet requirements. Student is unable to complete basic/routine tasks despite guidance and prompting.</strong></td>
<td><strong>Student meets some minimum requirements. Student frequently requires guidance and/or prompting to complete basic or routine tasks.</strong></td>
<td><strong>Student consistently meets requirements. Student completes basic and some complex tasks independently with minimal or no guidance and/or prompting.</strong></td>
<td><strong>Student exceeds requirements. Student consistently and independently completes all basic and complex tasks going beyond what is required.</strong></td>
</tr>
</tbody>
</table>

For those items in the evaluation that can be tied to an entrustable professional activity, consider assessment score noted below: (e.g. “Selects appropriate monitoring parameters”).

<table>
<thead>
<tr>
<th>Low Trust:</th>
<th>Minimal/Moderate Trust:</th>
<th>High Trust:</th>
<th>Complete Trust:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required complete guidance or was unprepared; preceptor had to do most of the tasks. “Preceptor did it.”</td>
<td>Was able to perform some tasks but required repeated directions. “Preceptor talked me through it.”</td>
<td>Demonstrated some independence; only required intermittent prompting. “Preceptor directed me from time to time.”</td>
<td>Functioned fairly independently, only needed assistance with nuances or complex situations. “Preceptor was available just in case.”</td>
</tr>
</tbody>
</table>

SECTION I : PROFESSIONALISM – On Site (demonstrates professionalism)

<table>
<thead>
<tr>
<th>CAPE: 1.1, 3.4, 3.5, 4.4; PPCP: Collaborates; IPE:1</th>
<th>Final Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Demonstrates a professional manner in both appearance and behavior at all times.</td>
<td></td>
</tr>
<tr>
<td>7. Demonstrates courtesy, respect, cultural sensitivity/competency, and tolerance towards others and exhibits self-control in all interactions.</td>
<td></td>
</tr>
<tr>
<td>8. Maintains confidentiality.</td>
<td></td>
</tr>
<tr>
<td>9. Arrives on time and is prepared for all rotation activities.</td>
<td></td>
</tr>
<tr>
<td>10. Demonstrates appropriate time-management skills and the ability to prioritize tasks.</td>
<td></td>
</tr>
</tbody>
</table>

Comments:
### SECTION II: PROFESSIONALISM – Self-learning & Assessment (demonstrates professionalism) CAPE: 3.4, 4.1, 4.3, 4.4; PPCP: N/A; IPE 1, 2

<table>
<thead>
<tr>
<th>Final Score</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Demonstrates initiative and responsibility for providing patient care and completing assignments on time.</td>
<td></td>
</tr>
<tr>
<td>6. Demonstrates an ability to receive, process, and respond appropriately to constructive feedback.</td>
<td></td>
</tr>
<tr>
<td>7. Understands the need for and development of lifelong learning habits to maintain professional competence and personal growth.</td>
<td></td>
</tr>
<tr>
<td>8. Regularly self-assesses learning needs and engages in self-imposed learning activities to further ongoing personal/professional growth.</td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

### SECTION III: COMMUNICATION – Patient (effective verbal and written communication) CAPE: 3.2, 3.2, 3.5, 3.6, 4.4; PPCP Collaborates & Communicates, Plan

<table>
<thead>
<tr>
<th>Final Score</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Demonstrates active listening skills and empathy.</td>
<td></td>
</tr>
<tr>
<td>8. Effectively counsels patients without prompting using patient-friendly language and visual aid when necessary.</td>
<td></td>
</tr>
<tr>
<td>9. Uses teach-back method when appropriate to ensure patient understanding.</td>
<td></td>
</tr>
<tr>
<td>10. Effectively communicates both verbally and in writing and establishes effective relationships with patients.</td>
<td></td>
</tr>
<tr>
<td>11. Responds to questions in a clear and concise manner with supporting evidence/rationale via written or verbal communication as appropriate to the situation.</td>
<td></td>
</tr>
<tr>
<td>12. Involves the patient in the therapy decision-making process when possible.</td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

### SECTION IV: COMMUNICATION – Interprofessional (effective verbal and written communication) CAPE: 2.3, 3.2, 3.4, 3.6, 4.2, 4.4; PPCP: Collect, Implement

<table>
<thead>
<tr>
<th>Final Score</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Effectively communicates both verbally and in writing and establishes effective relationships with health care professionals to advance patient outcomes.</td>
<td></td>
</tr>
<tr>
<td>5. Appropriately demonstrates a willingness to form an opinion, and is confident in asking/answering questions; demonstrates assertiveness when making evidence-based recommendations.</td>
<td></td>
</tr>
<tr>
<td>6. Presentations are consistently well-organized and progress in a logical manner; participates fully in group presentations.</td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

70
**SECTION V: DRUG INFORMATION – Knowledge & Literature application**  
(Identify, synthesize, and evaluate current literature)  
CAPE: 1.1, 2.2, 2.4, 3.2, 3.6; PPCP: Assess, Plan

<table>
<thead>
<tr>
<th>Final Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Identifies, synthesizes, and thoroughly evaluates current literature.</td>
</tr>
<tr>
<td>7. Given a drug, health, or operational information question, formulates a timely, efficient, thorough, and effective answer using appropriate sources of information.</td>
</tr>
<tr>
<td>8. Synthesizes knowledge and accurately conveys evidence-based knowledge to maximize health of individual patients and the population at large.</td>
</tr>
<tr>
<td>9. Provides and appropriately documents references and resources.</td>
</tr>
<tr>
<td>10. Uses computer generated pharmacy data to analyze medication or patient safety issues.</td>
</tr>
</tbody>
</table>

**Comments:**

---

**SECTION VI: DRUG INFORMATION – Application to Patient Disease**  
(Apply current literature)  
CAPE: 1.1, 2.4, 3.1, 3.2, 3.6; PPCP: Assess, Plan

<table>
<thead>
<tr>
<th>Final Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Effectively applies drug literature to patient care.</td>
</tr>
<tr>
<td>10. Consistently and accurately identifies and prioritizes all medication-related problems.</td>
</tr>
<tr>
<td>11. Identifies and clarifies drug information questions.</td>
</tr>
<tr>
<td>12. Includes therapeutic endpoints and potential toxic effects with a given drug and dosage regimen.</td>
</tr>
<tr>
<td>14. Selects appropriate monitoring parameters.</td>
</tr>
</tbody>
</table>

**Comments:**
### SECTION VII: PATIENT CARE – Assessment

(From the acquired knowledge base to assess the patient and formulate a therapeutic plan)

<table>
<thead>
<tr>
<th>CAPE: 2.1 – 2.3, 2.4, 3.1, 3.3 – 3.5; PPCP: Assess, Plan, Implement</th>
<th>Final Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Obtains and interprets information from the medical chart, computer system, or patient to assess therapy.</td>
<td></td>
</tr>
<tr>
<td>9. Is able to obtain complete drug history and or medication reconciliation.</td>
<td></td>
</tr>
<tr>
<td>10. Identifies clinical status of patient and severity of illness to serve as baseline for later assessment of efficacy/toxicity.</td>
<td></td>
</tr>
<tr>
<td>11. Assesses each medication for appropriateness, effectiveness, safety, and patient adherence.</td>
<td></td>
</tr>
<tr>
<td>12. Assesses the health and functional status, risk factors, health data, cultural factors, health literacy, access to medications, and need for preventative care.</td>
<td></td>
</tr>
</tbody>
</table>

Comments:

### SECTION VIII: PATIENT CARE – Planning & Follow-up

(Demonstrate proficiency in recommending and implementing a therapeutic plan)

<table>
<thead>
<tr>
<th>CAPE: 2.1 – 2.3, 3.1 – 3.4; PPCP: Plan, Implement &amp; Follow-up</th>
<th>Final Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Creates and implements a monitoring plan to assess the outcomes of drug therapy for a patient.</td>
<td></td>
</tr>
<tr>
<td>8. Develops a plan to improve safety and adherence.</td>
<td></td>
</tr>
<tr>
<td>9. Designs, evaluates, and adjusts regimens for optimal outcomes, incorporating pharmacokinetic, formulation data, and routes of administration based upon patient physiologic parameters, response to therapy, formulary, and socio-economic status.</td>
<td></td>
</tr>
<tr>
<td>10. Prospectively measures and develops a plan to record and track a patient’s therapeutic response and toxicity to drug therapy to improve outcomes</td>
<td></td>
</tr>
<tr>
<td>11. Identifies, assesses, and appropriately reports drug-related problems, adverse events, and toxicities.</td>
<td></td>
</tr>
<tr>
<td>12. Assures proper follow-up and transition of care throughout the healthcare system.</td>
<td></td>
</tr>
</tbody>
</table>

Comments:
### SECTION IX: DISEASE KNOWLEDGE

**CAPE:** 1.1, 2.1, 3.1; **PPCP:** Assess, Plan

<table>
<thead>
<tr>
<th>Final Score</th>
<th>4. Demonstrates knowledge of evidence-based medicine and disease state management appropriate for this clinical setting.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5. Applies physical assessment skills as appropriate to assist in evaluating a patient and his/her medication therapy.</td>
</tr>
<tr>
<td></td>
<td>6. Prioritizes disease issues depending on significance and addresses them appropriately.</td>
</tr>
</tbody>
</table>

**Comments:**

### SECTION X: DISTRIBUTION/DISPENSING

*(only applicable for specific hospital or community pharmacy sites)*

**CAPE:** 1.1, 2.2; **PPCP:** Assess, Implement

<table>
<thead>
<tr>
<th>Final Score</th>
<th>3. Demonstrates proficiency in accurately processing new and refill prescriptions/medication orders in accordance with regulatory requirements.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4. Develops a systematic approach for final verifications to ensure the five principles of drug delivery: right drug, right patient, right dose, right time, right route.</td>
</tr>
</tbody>
</table>

**Comments:**

### SECTION XI: PRACTICE MANAGEMENT AND ADMINISTRATIVE SKILLS

**CAPE:** 1.1, 2.1, 2.2, 3.1, 4.2 – 4.4; **PPCP:** Collect, Implement, Monitor & Evaluate

<table>
<thead>
<tr>
<th>Final Score</th>
<th>6. Discusses use of management principles (e.g. planning, organizing, directing and controlling) for simple/individual tasks and complex activities.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7. Discusses and/or participates in resource management related to time, people, finances, and technology/informatics.</td>
</tr>
<tr>
<td></td>
<td>8. Assists in the identification of underlying system-associated causes of errors and/or medication safety issues to improve the drug use process.</td>
</tr>
<tr>
<td></td>
<td>9. Identifies methods to enhance pharmacy services.</td>
</tr>
<tr>
<td></td>
<td>10. Demonstrates an understanding of leadership needs and opportunities in pharmacy practice.</td>
</tr>
</tbody>
</table>

**Comments:**
Describe any problems that occurred that affected your performance (i.e., time out of rotation, medical team not cooperative, etc.). List any dates you were absent and identify reason(s).

<table>
<thead>
<tr>
<th>Describe areas of outstanding performance or significant strengths:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Describe areas for improvement that need to be addressed in future rotations:</th>
</tr>
</thead>
</table>

| Please use the space below to write any additional comments you may have. |
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. Note: signing off on an activity with a score of a 3 or a 4 represents that the student is competent, and you would trust the student with this activity in the future.

A. Patient Care Activities and Professional Practice Activities (Each outcome must be completed at least TWICE during the nine-month sequence) initiated by a preceptor and scored for each activity.

<table>
<thead>
<tr>
<th>Patient Care Activity</th>
<th>Score</th>
<th>Preceptor / Date</th>
<th>Score</th>
<th>Preceptor/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify and collect appropriate drug-related monitoring parameters for each assigned patient. CAPE.2.1</td>
<td>1 2 3 4</td>
<td></td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Maintain an adequate patient database for each assigned patient CAPE 2.2</td>
<td>1 2 3 4</td>
<td></td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Identify and prioritize drug-related problems for each assigned patient CAPE 3.1</td>
<td>1 2 3 4</td>
<td></td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Assess the appropriateness of each assigned patient’s drug therapy CAPE 2.4, 3.1</td>
<td>1 2 3 4</td>
<td></td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Construct a detailed pharmacotherapeutic plan for each assigned patient (Must include: assessment and proper drug monitoring parameters) CAPE 2.1, 2.3, 3.5, 3.6</td>
<td>1 2 3 4</td>
<td></td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Present all patient data to health care team in a concise and meaningful fashion CAPE 3.6, 2.1, 2.3</td>
<td>1 2 3 4</td>
<td></td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Obtain and write-up a patient medication history CAPE 2.1, 3.6, 4.1</td>
<td>1 2 3 4</td>
<td></td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Perform medication reconciliation process to improve continuity of pharmaceutical care CAPE 2.1, 2.2, 2.3, 3.4, 3.6</td>
<td>1 2 3 4</td>
<td></td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Prepare a written pharmacokinetic consultation 2.4,3.1, 3.4, 3.6</td>
<td>1 2 3 4</td>
<td></td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Task</td>
<td>Score</td>
<td>Preceptor/Date</td>
<td>Score</td>
<td>Preceptor/Date</td>
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</tr>
<tr>
<td>Prepare a written pharmacotherapeutic plan for a specific patient (present to prescriber) CAPE 3.1, 3.2, 3.3, 3.4, 3.5, 3.6</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide a verbal therapeutic plan recommendation to another health-care professional (i.e. physician) CAPE 3.6, 3.2, 3.3, 3.4, 3.5, 3.1</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take a patient’s blood pressure (CAPE 2.1, 2.3, 2.4, 4.4)</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Take a patient’s pulse CAPE 2.1, 2.3, 2.4, 4.4</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take a patient’s temperature CAPE 2.1, 2.3, 2.4, 4.4</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take a patient’s respiratory rate CAPE 2.1, 2.3, 2.4, 4.4</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assess a patient’s peripheral edema CAPE 2.1, 2.3, 2.4, 4.4</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assess an ECG (EKG) (in collaboration with a non-pharmacist health care provider) CAPE 3.4, 2.1, 2.3, 2.4, 4.4</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assess one radiographic image (in collaboration with a non-pharmacist health care provider) CAPE 3.4, 2.1, 2.3, 2.4, 4.4</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observe a physician perform a full physical examination and assess results CAPE 3.4, 2.1, 2.3, 2.4, 4.4</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Medication Preparation and Dispensing**

In a community setting: Accurately Prepares and dispenses medications and appropriately considers ADRs, drug interactions and storage (under supervision of a pharmacist) CAPE 2.1, 2.2, 3.2, 3.3, 3.5, 3.6, 4.4 | 1 2 3 4 | 1 2 3 4        |       |                |
In an institutional setting: Accurately Prepares and dispenses medications and appropriately considers ADRs, drug interactions, infusion rate and storage (Must include IVs and oral medications (under supervision of a pharmacist) CAPE 2.1, 2.2, 3.2, 3.3, 3.5, 3.6, 4.4 | 1 2 3 4 | 1 2 3 4        |       |                |
In a community setting: demonstrates knowledge in the management for storing, preparing and dispensing medications based on policies and application. CAPE 2.1, 2.2, 3.2, 3.3, 3.5, 3.6, 4.1, 4.4 | 1 2 3 4 | 1 2 3 4        |       |                |
In an institutional setting: demonstrates knowledge in the management for storing, preparing and dispensing medications based on policies and application CAPE 2.1, 2.2, 3.2, 3.3, 3.5, 3.6, 4.1, 4.4 | 1 2 3 4 | 1 2 3 4        |       |                |
In two different settings student discusses bioterrorism and disaster preparedness and management plan. CAPE 2.4, 3.4, 3.2, 4.2 | 1 2 3 4 | 1 2 3 4        |       |                |
Analyze a healthcare interaction for qualities of patient-centered care (inter-professional collaboration) CAPE 3.4, 3.3, 3.1, 4.2 | 1 2 3 4 | 1 2 3 4        |       |                |
Identify other healthcare providers that may be of benefit to a particular patient (inter- professional collaboration) CAPE 3.4, 3.3, 3.1, 4.1, 4.4 | 1 2 3 4 | 1 2 3 4        |       |                |
Assessment/Intervention Activities (Each outcome must be completed at least TWICE during the nine-rotation sequence)

<table>
<thead>
<tr>
<th>Assessment Activities</th>
<th>Score</th>
<th>Preceptor/ Date</th>
<th>Score</th>
<th>Preceptor/ Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess a creatinine clearance for an adult CAPE 2.1, 2.3, 3.4, 2.4, 4.4</td>
<td>1 2 3 4</td>
<td></td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Assess a creatinine clearance for a child/infant CAPE 2.1, 2.3, 3.4, 2.4, 4.4</td>
<td>1 2 3 4</td>
<td></td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Assess a creatinine clearance for a renally insufficient patient CAPE 2.1, 2.2, 2.4, 3.1, 3.4, 4.1</td>
<td>1 2 3 4</td>
<td></td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Assess a body surface area (BSA) for an adult CAPE 2.1, 2.2, 2.4, 3.1, 3.4, 4.1</td>
<td>1 2 3 4</td>
<td></td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Assess an ideal body weight (IBW) for an adult CAPE 2.1, 2.2, 2.4, 3.1, 3.4, 4.1</td>
<td>1 2 3 4</td>
<td></td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Intervention Activities/EPAs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Make a warfarin dosage adjustment based on patient parameters (e.g. INR) CAPE 2.1, 3.1, 3.2, 3.3, 3.4, 3.6</td>
<td>1 2 3 4</td>
<td></td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Recommend empiric antibiotic therapy using an antibiogram CAPE 2.1, 2.4, 3.1, 3.2, 3.3, 3.4, 3.6</td>
<td>1 2 3 4</td>
<td></td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Recommend and consult a patient regarding a self-care nonprescription product CAPE 2.1, 2.4, 3.1, 3.2, 3.3, 3.4, 3.5, 3.6</td>
<td>1 2 3 4</td>
<td></td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Recommend a nonprescription dietary supplement, or herbal product CAPE 2.1, 2.4, 3.1, 3.2, 3.3, 3.4, 3.5, 3.6</td>
<td>1 2 3 4</td>
<td></td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Recommend antibiotic therapy based upon a culture and sensitivity CAPE 2.1, 2.4, 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 4.4</td>
<td>1 2 3 4</td>
<td></td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Determine monitoring parameters for a patient being treated for an infectious disease CAPE 2.1, 2.2, 2.4</td>
<td>1 2 3 4</td>
<td></td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Adjust a drug dose in a patient with renal insufficiency CAPE 2.1, 3.1</td>
<td>1 2 3 4</td>
<td></td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Assess the significance of a drug-drug interaction CAPE 3.1, 3.3, 2.1</td>
<td>1 2 3 4</td>
<td></td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Identify and report a medication error or adverse drug reaction and develop a plan for correction CAPE 3.1, 3.3, 3.4, 2.1</td>
<td>1 2 3 4</td>
<td></td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Utilizes medication reconciliation process to ensure continuity of care among health care settings (e.g. institutional to home or LTC or home care) CAPE 2.2, 3.2, 3.1, 3.4</td>
<td>1 2 3 4</td>
<td></td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Complete one patient communication evaluation form (see Appendix)-submit in Nov/April with Longitudinal form CAPE 3.6, 3.3, 3.2, 2.1, 2.3, 4.4</td>
<td>1 2 3 4</td>
<td></td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>In two different settings discuss how cultural differences would influence drug selection and or adherence. CAPE 3.5, 2.1, 2.4</td>
<td>1 2 3 4</td>
<td></td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Complete one inter-professional collaboration form (see Appendix)-submit in Nov/April with Longitudinal form CAPE 3.4, 3.1, 3.3</td>
<td>1 2 3 4</td>
<td></td>
<td>1 2 3 4</td>
<td></td>
</tr>
</tbody>
</table>
C. Education/Research Activities (Each outcome must be completed at least **ONCE** during the rotation sequence)

<table>
<thead>
<tr>
<th>Educational/Research Activities</th>
<th>Score</th>
<th>Preceptor / Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare a handout for case presentation CAPE 4.1, 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepare an article for a newsletter or publication CAPE 4.1 4.2, 3.6 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepare a patient education sheet CAPE 3.2, 3.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepare a written drug information response in a practice setting. (share with other HC providers) CAPE 1.1, 3.6 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use computer generated pharmacy data to analyze a medication or patient safety issue and develop a plan to improve patient outcomes. (health care informatics) CAPE 2.2, 3.1 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participate in a discussion regarding compliance with accreditation, legal, regulatory/legislative or safety requirements. CAPE 3.6, 2.2, 4.2, 4.4 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participates in a discussion regarding compliance, policy and or use of investigational drugs products at the site. CAPE 3.6, 3.3, 2.2, 4.4 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Create a business plan to support a patient care service. (must include: feasibility, need, resources, marketing &amp; reimbursement) CAPE 4.3, 4.2, 2.4, 2.3, 2.2 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide a formal case presentation CAPE 2.1, 2.3, 2.4, 3.1, 3.2, 3.3, 3.4, 3.5, 3.6 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide an education presentation to pharmacists CAPE 3.2, 3.6, 4.2, 4.4 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide an education presentation to other health care professionals CAPE 3.2, 3.4, 3.6, 4.2, 4.4 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead a Journal Club discussion CAPE 4.2, 3.6, 1.1 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete a Drug Utilization Project CAPE 4.2, 2.1, 2.2, 2.4, 3.3 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obtains formal review of all academic case studies/presentations with HSC or assigned preceptor (see rubric page 49-50 of manual) CAPE 4.1, 2.1, 2.3, 2.4, 3.1, 3.2, 3.3, 3.4, 3.5, 3.6 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completes a mock interview with a leader in the pharmacy department and completes the form on pages 53-54. CAPE 4.1, 4.4, 4.3, 3.6 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completes a mock interview with a human resource person and completes the form on pages 53-54. CAPE 4.1, 4.4, 4.3, 3.6 1 2 3 4</td>
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</tbody>
</table>

Hub Site Coordinator or Equiv/Preceptor __________________________________________ Date ____________

Student __________________________________________ Date ____________
Student Journal Club Evaluations
The University of Findlay College of Pharmacy

Student: ___________________________  Article Title ___________________________
Evaluator: ___________________________  Date: ___________________________

Overview of the Study
- Objectives, purpose, importance
- Appropriately lists article citations
- Background of study using primary references
- Identifies trial purpose/importance
- Brief review of studies that lead up to the study, when applicable

<table>
<thead>
<tr>
<th>Presentation of Materials &amp; Methods</th>
<th>15 pts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inclusion and exclusion criteria</td>
<td></td>
</tr>
<tr>
<td>Randomization, sample selection</td>
<td></td>
</tr>
<tr>
<td>Study design</td>
<td></td>
</tr>
<tr>
<td>Blinding</td>
<td></td>
</tr>
<tr>
<td>Outcome variables</td>
<td></td>
</tr>
<tr>
<td>Baseline Characteristics</td>
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<tr>
<td>Statistics</td>
<td></td>
</tr>
<tr>
<td>End points</td>
<td></td>
</tr>
</tbody>
</table>

Discussion of Results & Conclusions
- Data and statistical analysis
- Comparison of results vs. stated conclusions
- Reviews the tables vs. text

<table>
<thead>
<tr>
<th>Evidence of Literature Evaluation Skills</th>
<th>20 pts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussed relevant and pertinent limitations</td>
<td></td>
</tr>
<tr>
<td>Questions answered, questions left unanswered</td>
<td></td>
</tr>
<tr>
<td>Application to clinical practice</td>
<td></td>
</tr>
</tbody>
</table>

Able to Answer Relevant Questions

<table>
<thead>
<tr>
<th>Overall Communication Skills</th>
<th>10 pts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pronunciation</td>
<td></td>
</tr>
<tr>
<td>Confidence</td>
<td></td>
</tr>
<tr>
<td>Eye contact &amp; Rate of speech</td>
<td></td>
</tr>
</tbody>
</table>

Formal Write Up
- Organized, complete, accurate, concise

<table>
<thead>
<tr>
<th>Deductions</th>
<th>0 to - 5 pts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staying within time limit (if necessary)</td>
<td></td>
</tr>
<tr>
<td>Appropriate citation of additional references used</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total</th>
<th>100 pts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments:</td>
<td></td>
</tr>
</tbody>
</table>

79
## Preceptor Evaluation Form

**The University of Findlay College of Pharmacy**

### Rotation Site


### Rotation Preceptor:


### Rotation type:


### Name/Signature of Student:


### Date:


---

**Please read each of the statements carefully, and then indicate your level of agreement or disagreement:**

<table>
<thead>
<tr>
<th>Orientation to the rotation - Preceptor/Mentor/Instructor:</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicated clearly goals and objectives of the rotation</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Reviewed the college expectations with me (e.g. longitudinal outcomes, portfolio, patient communication evaluation form)</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Introduced me to the other personnel, provided directions for faculties at the site, and contact information</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Assessed my abilities, needs, and career goals</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Gave me specific assignments</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Provided a monthly calendar for specific tasks (i.e., scheduled meetings and presentations)</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Emphasized to me performance standards (i.e., my daily responsibilities, reporting medication-related problems, patient history, physical assessment, therapeutic regimen modification, journal club)</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completion of the rotation objectives:</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>The site provided sufficient opportunity for me to meet all the general objectives</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>The site provided sufficient opportunity for me to meet all of the site-specific objectives</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>The site provided an opportunity to collaborate with other professionals</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Strongly Agree</td>
<td>Neutral</td>
<td>Disagree</td>
<td>Strongly disagree</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>-----------------------------------------------------------------</td>
<td>----------------</td>
<td>---------</td>
<td>----------</td>
<td>-------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Resources were adequate to complete the rotation objectives</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Resources were readily available to complete the rotation objectives</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>My preceptor or mentor was sufficiently accessible to facilitate attainment</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>My preceptor or mentor spent sufficient time with me to guide me (please specify contact hrs./wk. ____ hrs./wk.)</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Stimulated problem solving through interaction</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Had an organized approach to precepting</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Treated me with respect</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Promoted an environment conducive for independent learning</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Providing feedback – Preceptor/Mentor/Instructor:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provided me with feedback on my performance frequently and in a timely manner</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Acknowledged my strengths and worked with me to fortify my areas of weakness</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Rated my performance based on interactions and feedback from other professionals</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Gave me remarks that were concise</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Focused on my performance and not only my intentions</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
</tbody>
</table>

In the space provided, please identify the primary strengths and suggestions for enhancement of the rotation site and the instructor

Site Strengths and Suggestions for Enhancement:

Preceptor Strengths and Suggestions for Enhancement:
The goal of the case presentation is to develop verbal and written skills in presenting a clinical case. An actual case encountered during the rotation should be the subject of the presentation. Through discussion with the preceptor, a topic or focus for the discussion of the case will be chosen (i.e., discussion of a particular disease state or aspect of the case). The presentation consists of an organized account of the patient’s history and physical, hospital course, critique of the patient's pharmacotherapy, and the topic discussion. It is expected that the student will conduct a thorough search of the primary, secondary, and tertiary literature concerning the topic to educate the audience.

Organization
- Topic was relevant to practice 1 2 3 4 5
- Logical information sequence 1 2 3 4 5
- Appropriate continuity of presentation 1 2 3 4 5
- Appropriate balance of emphasis 1 2 3 4 5
- Appropriate utilization of time allotted 1 2 3 4 5

Visual Aids/Handouts
- Well organized handouts presented to audience 1 2 3 4 5
- Clear and legible 1 2 3 4 5
- Complemented the presentation; not used to read directly 1 2 3 4 5
- References in correct format and complete 1 2 3 4 5

Patient Case Presentation Context
- Chief complaint (why patient came to the hospital) 1 2 3 4 5
- History of present illness 1 2 3 4 5
- Past medical history 1 2 3 4 5
- Medications on admission 1 2 3 4 5
- Drug allergies 1 2 3 4 5
- Family/social history (if relevant) 1 2 3 4 5
- Physical exam and review of systems 1 2 3 4 5
- Problem list (assessment and plan) 1 2 3 4 5
- Baseline labs and pertinent labs throughout hospital course (labs which should be monitored based on patient's disease state(s) and medications) 1 2 3 4 5
- Review hospital course (summarize days on which important therapeutic interventions were made, changes in patient status occurred) 1 2 3 4 5
- Include patient's drug therapy throughout their course and be able to discuss side effects, drug interactions, and **pertinent labs associated** with this therapy. 1 2 3 4 5

Overview and discussion of disease state
- Epidemiology of the disease 1 2 3 4 5
- Etiology of the disease 1 2 3 4 5
- Pathophysiology of the disease 1 2 3 4 5
• Clinical presentation
• Diagnosis
• Treatment guidelines and alternatives
• Discussion of treatment options, including drugs of choice, alternatives, monitoring, and side effects.

Discussion of Patient’s therapy and disease state
Comparison with “classic case”
Critique of drug therapy
Discussion of efficacy parameters
Monitoring of adverse effects

References

Verbal Presentation/Delivery
• Clear, audible speech (rate was easy to understand)
• No distracting mannerisms
• Eye contact with audience
• Ability to handle questions
• Clear explanation/articulation of concepts
• Minimal use of space fillers (e.g. “umm”, “yea”)

Comments and Suggestions for Improvement
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Average Score/Grade_______________________________________________

Signature of Evaluator__________________________________
Patient Communication Evaluation Form
The University of Findlay College of Pharmacy

Student Name:__________________________________________________________Date:______________________

General Intro/Opening

<table>
<thead>
<tr>
<th>Not Done</th>
<th>Done Poorly</th>
<th>Average</th>
<th>Well</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

1. Introduces him/herself
2. Greets patient by name
3. Elicits patient’s reason for visit using open-ended questions

Comments:______________________________________________________________________________________________________

Specific Case-Related Questions:

<table>
<thead>
<tr>
<th>Not Done</th>
<th>Done Poorly</th>
<th>Average</th>
<th>Well</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

1. Obtained patient’s medication history (Rx, OTC, Herbal)
2. Obtained patient’s medical conditions
3. How well did the student communicate?
4. Was the student able to generate a specific drug question?
5. Did the student respond satisfactorily to the needs and problems presented by the patient?

Comments:______________________________________________________________________________________________________

Overall Impression

<table>
<thead>
<tr>
<th>Not Done</th>
<th>Done Poorly</th>
<th>Average</th>
<th>Well</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

1. Rate the extent to which the student demonstrated an organized approach to the patient.
2. Rate the extent to which the student showed a courteous and compassionate toward the patient
3. Did the student utilize his/her time well?
4. Rate the content of the interaction.
5. Rate the overall communication process.

Comments:______________________________________________________________________________________________________

Examiner:_________________________________________________Overall Score:_______________

Only competent communication forms should be submitted and will be deemed that the student could be entrusted with patient counseling. If the student has no marks as “not done,” “done poorly,” a maximum of one area marked as “average,” then all other areas should be noted as “well” or “outstanding.”

Student Reflection: (This should be one to two paragraphs - please use extra paper and attach.) Include what you did well and how the communication could have been improved. Also include how this interaction can be classified as cross cultural and what measures if any were done to accommodate any cultural differences.
Inter-professional Collaborative Experience Reflection

After your inter-professional experience, write a reflection of an experience that impacted your views on the importance of the Health Care team. This will need to be documented twice (Fall and Spring) during your APPE rotations. Students should have an evaluation completed each semester (Nov/Apr) due dates. This shall be documented and uploaded in RxPortfolio with mid-point and final portfolio submissions with the evaluation form.

One of the experiences should revolve around a medical error situation where a solution was formulated involving several health care professionals to prevent future errors.

The reflection components:

• Describe a situation (de-identify patient’s and doctor’s real names etc.) where inter-professional collaboration benefited a patient, change would benefit future patients, a specific service was implemented, or a medical error/situation was fixed.
• Explain how this situation evolved.
• Identify the type of health care providers included (nurses, respiratory therapists, physicians etc.) in the interaction.
• Discuss the quality of the interaction for all parties.
• Discuss what went well and what could have gone better.
• Include a health care provider that wasn’t originally included in the inter-collaborative experience but should have been included to improve the overall outcome of the situation (e.g. social worker, director of nursing).
• Discuss any advocacy needed from the institution or government.

Note: You are also required to obtain one evaluation from a preceptor during your Fall and Spring semesters. After you complete your typed reflection (minimum of 1 full page and maximum 5 pages) you will need to include your preceptor evaluation of the inter-professional collaboration experience. Both the reflection and the evaluation will need to be uploaded in CORE/ELMS (RxPreceptor) under “Requirements.”
IPE

Inter-professional Collaborative Experience assessment

Students should have an evaluation completed each semester (Nov/Apr) due dates. This shall be documented and uploaded in RxPortfolio with mid-point and final portfolio submissions.

After a rotation(s) where the student has been exposed to various inter-professional collaboration experiences, please evaluate them on the following and their ability to actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and values to meet patient care needs (CAPE 3.4).

<table>
<thead>
<tr>
<th>Overall Impression</th>
<th>Not Done</th>
<th>Done Poorly</th>
<th>Average</th>
<th>Well</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrate collaborative inter-professional team characteristics and behavior</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Analyze a healthcare interaction for qualities of patient-centered care</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Identify other healthcare providers that may be of benefit to a particular patient</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. Analyze a medical error situation to formulate a suggestion for solving the problem</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5 Identify situations in which individual, institution, or government advocacy may be appropriate</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. Discuss current issues that impact all healthcare professions</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Other comments:

Signature: ___________________________ Site: _______________________

86
Absence Request Form
The University of Findlay College of Pharmacy

THIS SHOULD BE COMPLETED ON CORE ELMS/RXPRECEPTOR (WWW.RXPRECEPTOR.COM).

Student _____________________________________________________________________________________

APPE Site/Rotation ______________________________________________________________________________

Number of days of absence included in this request: ________________________________________________

_____ Approval is requested for absence from rotation activities on ___/___/___ for the reason indicated below.

_____ Approval is requested for absence from rotation activities from ___/___/___ through ___/___/___ for the reason indicated below:

REASON FOR ABSENCE

_____ Illness

_____ Death in Family

_____ Residency Interview

_____ Attend Professional Meeting

_____ Personal Reason

FURTHER REASON FOR ABSENCE CAN BE GIVEN HERE IF EXPLANATION IS REQUIRED.

Approval requested ___________________________________  _____/_____/______

(Student)  (Date)

Approval ________________________________________  _____/_____/______

(Hub Site Coordinator/Preceptor)  (Date)

Received ________________________________________  _____/_____/______

(Director of Experiential Programs)  (Date)
Appendix B:

Bloodborne Pathogen Exposure Procedure

Background:
Bloodborne pathogens (BBP) are infectious microorganisms present in blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV), the virus that causes AIDS. Student and Health Care Providers (HCP) exposed to bloodborne pathogens are at risk for serious or life-threatening illnesses. All healthcare providers and students should use appropriate practices for handling and disposing of contaminated sharps or specimens. In the event an exposure does occur, the subsequent should be followed.

The purpose of this procedure is to establish a clear set of directives in the event a student or faculty/staff member is exposed to a BBP and to provide the proper precautions and steps to be carried out if exposure to any BBP occurs to any student or faculty/staff member.

Procedure:
1. Treat Exposure Site
   a. The student or faculty/staff member should take immediate action to clean the affected area following any needle stick, injury, or other incident that causes the student or faculty/staff member to be exposed to a source patient’s blood or other body fluid.
      i. Skin exposures
         1. The area should be washed thoroughly with soap and water.
         2. Wounds or punctures may be cleaned with an antiseptic such as an alcohol-based hand hygiene agent.
      ii. Mucosal surfaces (mouth, nose and eye exposure)
         1. These areas should be flushed with large amounts of water or normal saline for at least 10 minutes.
   b. Follow the site’s policy, if applicable, to obtain care as soon as possible.
      i. Employee or student to seek medical attention within the first hour of exposure of potential BBP

2. Report and Document Exposure
   a. Inform clinic supervisor of the incident immediately as well as the University of Findlay Experiential Director
   b. Source to complete the “Source Individual Consent Form”
      i. This can be performed by clinic supervisor or other qualified HCP.
   c. Source to have testing at site (if hospital) or other medical facility agreed upon
   d. The following information should be documented regarding the recipient and incident using the “Bloodborne Pathogen Exposure Documentation” form:
      i. Date and time of exposure
      ii. Details of the procedure being performed, including where and how the procedure was performed
      iii. Details of the exposure, including the type and amount of fluid or material and the severity of the exposure
iv. Details about the infection status of the source (i.e. HIV positive, hepatitis B, hepatitis C or unknown.
   - A note should also state if the source status is unknown
v. Details about the recipient’s health including: hepatitis B vaccination response status, medical conditions, allergies, pregnancy or breastfeeding etc.
e. Faculty /Staff must provide documentation of any counseling, post-exposure management and follow-up to The University.

3. **Determine Need for Post Exposure Prophylaxis (PEP)**
   This will be determined by your medical provider as he or she will have the most up-to-date information regarding the following:
   a. The need for PEP is determined by the type of injury and the status of the recipient
      i. Type of exposure
         1. Percutaneous injury
         2. Mucous membrane exposure
         3. Non-intact skin exposure
         4. Bites resulting in blood exposure to either person involved
      ii. Type and amount of fluid/tissue
         1. Blood
         2. Fluids containing blood
         3. Potentially infectious fluid or tissue (semen; vaginal secretions; and cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids)
         4. Direct contact with concentrated virus
      iii. Infectious status of source
         1. Presence of HBsAg
         2. Presence of HCV antibody
         3. Presence of HIV antibody
         4. In the instance of an unknown source, evaluate the likelihood of exposure to a source at high risk for infection. Collect information about where and under what circumstances the exposure occurred to be assessed epidemiologically for the likelihood of transmission of HBV, HCV, or HIV.
      iv. Susceptibility of exposed person
         1. Hepatitis B vaccine and vaccine response status
         2. HBV, HCV, and HIV immune status
   v. If any party is unsure whether to start PEP or not, they may call the PEPline for up-to-the-minute advice on managing occupational exposures to bloodborne pathogens at 888-448-4911.

b. According to the CDC, HBIG, hepatitis B vaccine and HIV PEP are most likely to be effective if administered as soon after the exposure as possible.
   i. HBIG – within 24 hours
   ii. HBV vaccine – within 24 hours
      1. Can be administered simultaneously with HBIG at different site
iii. HIV PEP

1. The interval within which PEP should be initiated for optimal efficacy is not known.
2. Animal studies suggest that PEP is less effective when started more than 24-36 hours after exposure; however, the interval after which no benefit is gained from PEP in humans is undefined. Therefore, PEP should be started even if the interval since exposure exceeds 36 hours.
3. Exact regimens and recommendations for disease-specific PEP management should be provided by the CDC and are available at [Updated U.S. Public Health Service Guidelines for the Management of Occupation Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis](http://www.cdc.gov/niosh/topics/bbp/).

4. **Financial Responsibility**
   a. When a student is exposed to a potentially infectious agent during the course of regular educational activities for the University, the University will not be responsible for costs incurred by the student for treatment and follow-up of this exposure.
   b. The “source” testing will be paid for by the college.
   c. Any personal financial obligation incurred by an exposure is the student’s responsibility.

Please refer to the most current information located on the Center for Disease Control and Prevention website: [https://www.cdc.gov/hai/prevent/prevention.html](https://www.cdc.gov/hai/prevent/prevention.html)

Resources:
CDC. Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis. MMWR: Recommendations and Reports; June 29, 2001 / 50(RR11);1-42.

CDC. Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis. MMWR: Recommendations and Reports; September 30, 2005 / 54(RR09);1-17.
The recipient is the employee or student exposed to a potential bloodborne pathogen. The source is the person whose blood or body fluids were exposed to the healthcare provider/student.

**Recipient Information**
Name: ____________________________________________________________
UF Department or Program: __________________________________________

**Recipient Health Information**
Hepatitis B vaccination response status: ________________________________
Current medical conditions: __________________________________________
Allergies: __________________________________________________________

**Incident Information**
Date of Exposure: __________________________________________________
Time of Exposure: _________________________________________________
Detail of procedure being performed at the time of exposure (including where and how the procedure was performed)
____________________________________________________________________
Type (blood, plasma, etc) and amount (in mL) of fluid or material exposed: ______________________
Area exposed (skin, eyes, mucosal, etc.): _________________________________
Severity of exposure: ________________________________________________
Provide a brief description what occurred: ______________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

**Treatment Information**
For Skin Exposure:
Was the site thoroughly washed with soap and water? Circle one: Yes / No
Were wounds and punctures cleaned with an antiseptic agent? Circle one: Yes / No

For Mucosal Exposure:
Was the site flushed with water or saline for at least 10 minutes? Circle one: Yes / No
Did the recipient receive medical attention within the first hour of exposure?
Circle one: Yes / No
If no, please describe why not and when medical attention was obtained and where it was obtained ________________________________
If yes, please describe when and where medical attention was obtained ________________________________
Testing
Did the source know details of his/her infection status (HIV, HCV, HBV)? Circle one: Yes / No
If yes, what was the status? ________________________________________________

Was the source asked for testing? Circle one: Yes / No
If so, did they consent to testing? Circle one: Yes / No
If not, why was the source not asked for testing? __________________________________

Where did the source individual seek medical attention? ________________________________

Exposed/injured Individual’s signature: __________________________ Date: __________

UF Supervisor’s signature: __________________________________________ Date: __________
Source Individual’s Consent Form  
HIV, HBV, and HCV Testing  
The University of Findlay – College of Pharmacy

The “Source Individual” is the person whose blood or body fluids were exposed to the healthcare provider/student.

**Source Individual’s Information**
Name (please print): ____________________________________________________________
Address: ___________________________________________________________________
Telephone Number: ___________________________________________________________________
Exposure Date: ___________________________________________________________________

**Source Individual’s Statement of Understanding**
I understand that employers/sites are required by law to attempt to obtain consent for HIV, HBV, and HCV testing each time an employee or student is exposed to the blood or bodily fluids of any individual. I understand that a University of Findlay employee or student has been accidentally exposed to my blood or bodily fluids and that testing for HIV, HBV, and HCV is requested. I am not required to give my consent, but in doing so I am allowing the healthcare provider to receive proper preventative care. I recognize my blood will be tested for these viruses at no expense to me.

I understand that the results of these tests will be kept confidential and will only be released to medical personnel directly responsible for my care and treatment, to the exposed healthcare provider for his or her medical benefit only, and to others only as required by law.

Please INITIAL next to the appropriate line:
I hereby **consent** to: I hereby **refuse consent** to:

HIV Testing _____  HIV Testing _____
HBV Testing _____  HBV Testing _____
HCV Testing _____  HCV Testing _____

Source Individual’s signature: ___________________________________________________

Legal guardian name (please print): ____________________________________________

_If source is under 18 years of age_

Legal guardian signature: ___________________________________________________

_If source is under 18 years of age_

Date: ______________________

Name of Medical Facility/ER where the source individual will receive testing:
__________________________________________________________________________

Contact information of testing site: ____________________________________________
Appendix C:

Ohio Preceptor Standards

- The pharmacist shall possess a current pharmacist license from the boards of pharmacy for all states in which the pharmacist practices and shall be in good standing before all such boards of pharmacy.
- The pharmacist shall present a professional image to the patient at all times. This image shall include neat, professional attire, and the open display of the pharmacist’s license.
- The pharmacist shall keep all patient records in strictest confidence and make such records available only to the patient or persons authorized by the patient or by federal or state law.
- The pharmacist shall be a health information provider who engages with patients in an effort to optimize education, prevention, and early detection of disease.
- The pharmacist shall maintain current drug information resources to optimally practice as a medication consultant and problem solver to patients and other health care professionals.
- The pharmacist must be able to evaluate the signs and symptoms of common acute self-limiting illness and refer to another health care professional when necessary.
- The pharmacist shall promote only quality products and advise or recommend proper use based upon published reports in the applicable pharmacological or medical literature.
- The pharmacist shall consult with prescriber about the proper medication regimen for each patient.
- The pharmacist shall actively offer and engage in consultation with patients on prescription medications, health-related products and health-related problems.
- The pharmacist shall assure that each prescription is monitored for drug-related problems, including, but not limited to, appropriate indications, contraindications, drug-drug/drug-food interactions, dosing, etc.
- The pharmacist shall monitor each patient’s response to the medication regimen to achieve optimal patient outcomes.
- The pharmacist must provide patients with all information concerning services and fees related to professional programs administered by the pharmacist.
- Within the scope of pharmacy practice, the pharmacist shall retain and exercise the ultimate decision making authority for all patient-related decisions.
- The pharmacist shall demonstrate a desire for professional growth and advancement of the profession.
- The pharmacist must maintain adequate patient records for each patient, including profiles, charts and other documentation necessary to demonstrate compliance with the accepted standards of practice.
- The pharmacist shall have a sincere interest in education, especially the teaching and mentoring of pharmacy students.
- The pharmacist shall demonstrate standards of professional practice.
- The pharmacist must cooperate with the Colleges of Pharmacy faculty and positively support the teaching missions of the Colleges.
- The preceptor should be aware that his/her relationship with the student is one of student teacher rather than employer-employee or coworkers.
• The student-teacher relationship must be built on **mutual respect, trust, communication and understanding.**

• The preceptor is responsible for the **professional and legal supervision** of the student during the experience.

• The preceptor should instill in the student the principles of **professional ethics.**

• The student should be given a thorough **orientation** to the site early in the rotation to facilitate a smooth transition into the site and optimize the use of available resources.

• The preceptor should **explain to the student his/her expectations**, particularly in the areas of dress, conduct, scheduling of hours, and general characteristics of practice.

• The preceptor should afford the student the time and patience needed for an optimal learning experience.

• The preceptor **should not assume the student's level of competence** but should determine it by reviewing the student's profile, discussing previous experience with the student, and observing performance of basic skills.

• The preceptor should expose the student to all aspects of practice consistent with the student's ability, needs, and interests as determined by the preceptor and guided by the course syllabi.

The preceptor, in consultation with the student, should establish a **mutually agreeable schedule** of student activities for the rotation. If the schedule includes experiences with other practitioners, the preceptor should clearly communicate with these individuals and make arrangements for introductions, time and place to meet.

• Criticism should be constructive and conveyed to the student privately whenever possible.

• The preceptor should **familiarize all personnel with the experiential program objectives** to avoid misunderstanding and confusion about the student's role during the rotation.

• The preceptor shall complete the evaluation materials required by the College in an accurate an objective manner. **The preceptor shall review each evaluation with the student.**

• Have established relationships with allied health professionals who may provide patients with services beyond the pharmacist's scope of practice (e.g. dieticians)

• Have a working knowledge of the process for billing insurance programs for patient care services (e.g. accurate ICD-9 codes, CMN forms, CPT codes, HCFA 1500 claim forms)

• Actively participate in local, state, and/or national pharmacy organizations (i.e. demonstrated by meeting attendance and participation in organizational committees or the like)