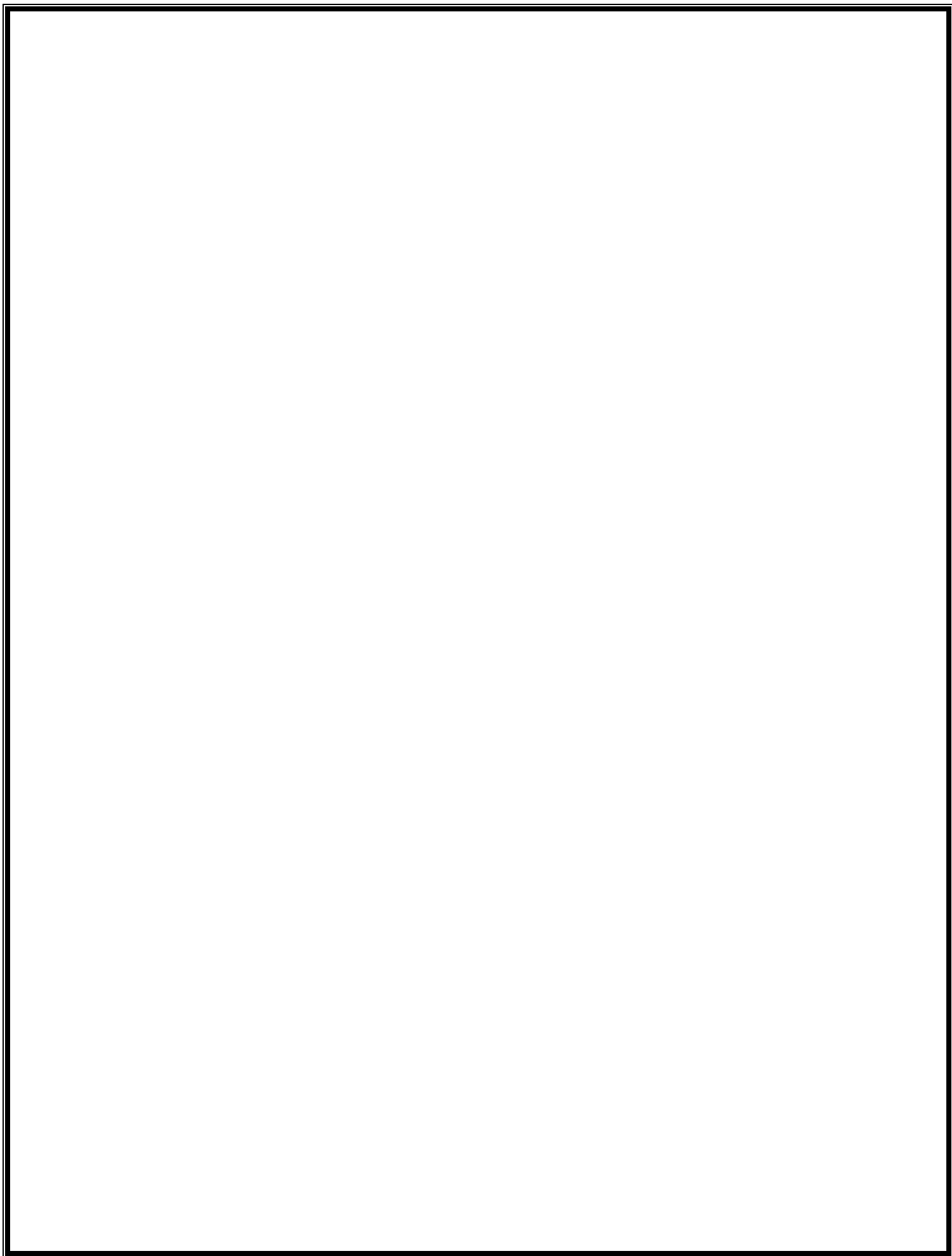University of Findlay

Meaningful Lives. Productive Careers.

Doctor of Pharmacy

**Advanced Pharmacy Practice Experiences
Resource Manual
2024-2025**

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.

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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 https://corehighered.com/login-elms

University of Findlay College of Pharmacy Curriculum

Please use as a guide. This is meant to show prospective students how all courses can fit in a 6-yeat period. Your Pharmacy Advisor will assist you in registering for classes each semester as many courses can be moved around.

Fall	Hours	Spring	Hours
Pharmacy First Year			
*CHEM 130 Advanced General Chemistry I (C1)	3	CHEM 131 Advanced General Chemistry II	3
*CHEM 130L Adv General Chemistry I Lab	1	CHEM 131L Adv General Chemistry II Lab	1
BIOL 152 Intro to Cell & Molecular Biology	3	*MATH 141 Calculus I (C2)	4
BIOL 152L Intro to Cell & Molecular Biology Lab	1	CORE + (O2)	3
CORE + (O1)	3	CORE+ (R1)	3
CORE+ (O3)	3	CORE+ (R2)	3
*ENGL 106 College Writing 2	3	PHAR 151 Oiler Pharmacy II	1
PHAR 150 Oiler Pharmacy I	1	**Total**	**18**
Total	**18**		
Pharmacy Second Year		CHEM 211 Adv Organic Chemistry II	3
CHEM 210 Adv Organic Chemistry I	3	CHEM 211L Organic Chemistry II Lab	1
CHEM 210L Adv Organic Chemistry I Lab	1	MATH 223 Applied Statistics and Data Analysis (C2/E3)	3
PHYS 260 Physics for Health Sciences (C1)	4	BIOL 323 Human Anatomy & Physiology II	3
BIOL 322 Human Anatomy & Physiology I	3	BIOL 323L Human Anatomy & Physiology II Lab	1
BIOL 322L Human Anatomy & Physiology I Lab	1	CORE+ (E1)	3
CORE+ (R3)	3	CORE+ (E2)	3
PHAR 250 Professional Practice Development	1	PHAR 251 Professional Practice Development	1
Total	**16**	**Total**	**18**
Pharmacy Third Year		BIOL 312 Microbiology for the Pharm Sciences	3
CHEM 400 Biochemistry	4	PHAR 351 Drug Information & Literature Evaluation	2
BIOL 302 Cell Biology	3	PHAR 362 Pharmaceutics/Pharmacokinetics 2	4
PHAR 350 Intro to Pharmacy Practice 1	2	PHAR 364 Pharmacy Calculations	2
PHAR 361 Pharmaceutics	4	PHAR 386 Pharmacy Practice Skills Lab II	1
PHAR 391 Intro to Pharmacy Pract Exp 1 (U1)	1	PHAR 380 Intro Pharmacology & Med Chem	3
PHAR 360 Self-Care for the Pharmacists	3	PHAR 392 Intro to Pharmacy Pract Exp 2 (U1)	1
PHAR 385 Pharmacy Practice Skills Lab I	1	PHAR 395 Intro to Research in Pharmacy	2
Total	**18**	**Total**	**18**
Pharmacy Fourth Year			
PHAR 463 PP&T Respiratory Diseases	2	PHAR 460 PP&T Immunol & Connective Tissue	4
PHAR 487 Pharmacy Practice Skills Lab III	1	PHAR 469 PP&T Infectious Diseases	4
PHAR 466 PP&T Cardiovascular Diseases	5	PHAR 473 PP&T Endocrinology & Metabolism	5
PHAR 476 PP&T Renal Diseases	3	PHAR 483 Pharmacy Practice Skills Lab IV	1
PHAR 491 Intro to Pharmacy Pract Exp III (U1)	1	PHAR 492 Intro to Pharmacy Pract Exp IV (U1)	1
Pharmacy Electives	5	PHIL 221 Health Care Ethics (C3)	3
Total	**17**	**Total**	**18**
Pharmacy Fifth Year			
PHAR 553 Pharmacoeconomics	3	PHAR 551 Pharmacy Law	2
PHAR 560 PP&T Neurologic Diseases	4	PHAR 552 Pharmacy Administration	3
PHAR 563 PP&T Hematology/Oncology	4	PHAR 592 Intro to Pharmacy Pract Exp VI	1
PHAR 569 PP&T Gastrointestinal Diseases	3	PHAR 599 Application of Pharmacy Practice	5
PHAR 589 Pharmacy Practice Skills V	1	Pharmacy Electives	7
PHAR 591 Intro to Pharmacy Pract Exp V	1	**Total**	**18**
Pharmacy Electives	2		
Total	**18**		
Pharmacy Sixth Year(Completed Summer, Fall, Spring semesters)			
PHAR 701-709	**36**		

*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.

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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, considerations for patient social and culture factors 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 P4 (fourth professional) year are assigned to one of approximately 33 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 ensures 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 P4 core competency exam (Pre-NAPLEX fall/spring).
5. Successfully complete the P4 law competency exam (Pre-MPJE or equivalent)
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, quizzes and assessments 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 June/July through November and January through April. June start date is dependent upon the site's availability.

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 or December are unplanned medical issues, student rotation failure, military obligations, and site preference. The scheduling of student rotations during the month of May 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 to progress into the P4 year

- Successfully complete all courses that are included in the curriculum of the first three professional years with a cumulative graduate GPA of $\geq$2.75 with a minimum of C or better on all required courses and professional electives
- Score competently on any College designated required OSCE(s) or successfully remediation
- Have certifications in BLS & ACLS from an approved provider (valid for at least one year, through the entire APPE curriculum or until graduation). If either expire during your rotation sequence, these courses must be renewed prior to starting rotations.
- 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 P3 year or forfeit first scheduled APPE month
- Complete and attend all on-site onboarding/training as required by the site

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

- Have met all defined requirements for progression through the first, second, and third professional years
- Successful completion of all the required courses in the APPE year (4th professional year)
- Meet new professional degree requirements and end-of-year competency assessments

Semester	APPE Rotation Scheduled	Course Number	Credit Hours
Summer	(June)	(PHAR 701)	(4)
	July	PHAR 701	4
	August	PHAR 702	4
Fall	September	PHAR 703	4
	October	PHAR 704	4
	November	PHAR 705	4
Spring	January	PHAR 706	4
	February	PHAR 707	4
	March	PHAR 708	4
	April	PHAR 709	4

*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:

Advanced Community Pharmacy
Advanced Ambulatory Medicine
Advanced Hospital/Health System Pharmacy
Advanced General Medicine
Special Populations 1 (e.g. Geriatrics, Pediatrics, Critical Care, Hospice, ID etc.)   ******_Students may choose any one or two special populations during the two-month requirement as provided by the assigned hub site_ **Special Populations 2**   ******_Students may choose any one or two special populations during the two-month requirement as provided by the assigned hub site_

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 of Experiential Education assign student placements using the following process:

1. Hub Site promo packets are posted for P3 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, <u>OR</u>
    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 P3 year
    a. Students must submit an electronic portfolio to the final site, if different from the initial match.

Students are placed into Hub Sites (or Co-Hub Sites) for the completion of <u>all six months</u> of core required rotations.

Up to <u>two elective</u> 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 the 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 1st of the student's P3 academic year:

1. Students must submit an 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 the 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 email 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.
● Hub Sites' set schedule for core rotations will need to be considered a priority over electives.
● 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, vaccinations, 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 a 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), one must be direct patient care:

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

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

2. **Students are responsible for logging ALL absences which are to be recorded in CORE ELMS (RxPreceptor) using the "Absence" feature and recording a new log. This is to be done within 24 hours of the absence. Failure to do so may result in rotation failure or grade reduction.**

3. 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.)

4. Time off or schedule adjustment is to be taken only with the **PRIOR** approval of the preceptor at the site, with the specific requests of an approved absence type (residency interview, professional development, medical appointment, etc.). The student should use the online process within CORE ELMS RxPreceptor to facilitate this approval. This shall be entered into RxPreceptor no later than the day of the absence, ideally prior to.

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 or emergency 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 dress, 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 site and/or Director of Experiential Education. The student will fail the rotation if professional conduct becomes an issue.

Professional Dress:
Appropriate professional appearance shall include, but not be limited to, the following expectations:
- o 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.
- o Hygiene - Good hygiene should be practiced.
- o Piercings – No visible body piercings, with the exception of ear lobe piercings, will be permitted.
- o Tattoos - No visible body tattoos. All tattoos potentially visible by patients or other caregivers shall be covered at all times.
- o Shoes – No open toed shoes will be permitted in patient care areas. o Fragrances - No overpowering fragrances; see site's policies for details. o Clothing – Clothing should be professional and appropriate for the practice setting. A white lab coat will be expected unless told otherwise. 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 selfmotivated 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 caregivers. 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.
- Students can only view confidential information about patients to whom they are directly providing care- this includes not viewing one's own medical record. Failure to follow these regulations can result in dismissal from the APPE and no credit for the course.
- Breaching HIPAA in any fashion may also be considered reckless behavior, which could result in refusal of the University to represent the student in the event of a lawsuit.

Academic Dishonesty

- In an 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 or clinical 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, fiancé, parent, grandparent, aunt/uncle, sibling or equivalent in-law or step relation.
- All experiences must be completed with an approved College of Pharmacy Preceptor.

ACCOMMODATIONS
- 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.
- Students who encounter an accommodation need after a clinical rotation has started may be delayed in their experience until appropriate paperwork is completed with the Office of Accommodation and Inclusion and a site is able to be found to meet the needs of the individual.
- 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. Many of these skills develop and or improve during the course of the final year. It is imperative that student skills have reached those expected in a pharmacist entering the profession.
Please refer to the UF pharmacy student handbook for specific details:

Click Here to View the Student Handbook

HARASSMENT AND DISCRIMINATION
The University of Findlay prohibits harassment and discrimination in any of its programs and activities, including those conducted in partnership with another institution. Harassment or discrimination based on sex, age, race, ethnicity, national origin, color, religion, gender identity, handicap/ability, sexual orientation, genetic information, veteran or military status and physical or mental disabilities is strictly prohibited.
Sexual harassment is defined as conduct on the basis of sex that satisfies one or more of the following: (i) an employee of the University conditioning the provision of an aid, benefit, or service of the University on an individual's participation in unwelcome sexual conduct; (ii) unwelcome conduct determined by a

reasonable person to be so severe, pervasive, and objectively offensive that it effectively denies a person equal access to the recipient's education program or activity, or (iii) sexual assault, dating violence, domestic violence, or stalking.

Harassment on the basis of other protected traits may include any conduct which the submission to or rejection of: (i) is made either explicitly or implicitly a term or condition of the person's grade or evaluation in the program, (ii) is used as the basis for employment or educational decisions affecting an individual in the program, or (iii) creates an intimidating, hostile, or offensive working or educational environment within the program.

Specific definitions and examples are provided within the applicable policies below.

- **Mandatory Reporting of Sexual Harassment/Discrimination**: Allegations of sexual harassment or discrimination by or against a University of Findlay student **MUST** be reported to the University of Findlay Title IX Coordinator immediately. Allegations of harassment or discrimination against a University of Findlay student by someone at the preceptor's institution should also be reported to the preceptor institution in accordance with its institutional policies. The University of Findlay Title IX
    Policy: https://www.findlay.edu/offices/student-affairs/title-ix/title-ix-policy
- **Reporting of All Forms of Harassment/Discrimination**: Any allegations of harassment or discrimination that involve a University of Findlay student on experiential rotations may be reported to the University of Findlay Director of Equity and Title IX or to the Harassment Hotline. The University Of Findlay Non-Discrimination and Antiharassment Policy link is listed above.

Individuals involved in making a report as indicated above are protected from retaliation. More information about those protections can be found in the policies listed above.

Preceptors must assist the University of Findlay in providing adequate supportive measures to ensure University of Findlay students have continuing access to the program.

Contact Information: University of Findlay Civil Rights/Title IX Coordinator
Skylar Mettert, (419) 434-4733, metterts@findlay.edu
Office Location: Old Main Room 104
University of Findlay
1000 N. Main Street, Findlay, OH 45840
University of Findlay Harassment Hotline: (419) 434-6777

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 petition 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:

1. 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.
2. 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 the 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 but depending on the preceptor, may only get 40-45 hours of "credit".
5. Hours are to be logged as one lump sum at the end of the month, unless there are other directives or you have a split rotation. (This is different than IPPEs.)

Minimum Monthly Hour Expectations:

Month	Expected hours
Alternate May 2024	160
Alternate June	160
July	176
August	176
September	168
October	184
November	168
January 2025	176
February	160
March	168
April	176
Alternate December 2024	176

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 additional to any other site-specific objectives and requirements. (Pages 21-36 in this manual.)

Patient Care: (Find, Assess, & Plan as noted on the APPE evaluation pages 47-53)

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 a 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
a safety program to improve patient outcomes. IV.   Health Care Informatics
        The student shall participate in various forms of healthcare 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 opportunities 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:

o 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)
    o Signs and symptoms of patient complaint or disease
    o Patient profile (CAPE: 2.2)
    o Demographics
    o Allergies including reaction description
    o Medication history (including previous treatments)
    o Available past medical, family, social, and surgical history
    o Adherence to medication regimen
    o 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
    o Healthcare coverage & impact for medication selection/adherence
    o Clinical status of the patient
    o Drug related problems
o 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)
    o Pathophysiology
    o Etiology (especially drug-related causes)
    o Dosing based on practical pharmacokinetic principles
    o Guidelines of treatment (AACP/CHEST, JNC7, NCEP ADA, IDSA etc.) & primary literature
    o Culture/ health literacy (lifestyle factors unique to the patient)
    o Cost
    o Benefit of therapy versus risk
o For each therapeutic option, discuss: (Outcomes: 2,3,4,5 & 9) (CAPE 1.1, 2.1 & 2.2)
    o Pharmacology
    o Pharmacokinetics
    o Indications
    o Drug doses
    o Routes of administration
    o Contraindications/precautions/blackbox warnings
    o Adverse drug reactions
    o Interactions (drugs, dietary supplements, food, laboratory)
    o Monitoring parameters for efficacy and toxicity
    o Key patient education talking points for maximizing adherence
o For each prescription, assess appropriate: (Outcomes: 2,3 & 5) (CAPE: 1.1, & 4.4)
    o Indication
    o Legality
    o Completeness

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- o Dose
- o Dosage form
- o Route of administration
- o Directions of use
- o Duration of therapy
6. Demonstrate the ability to make appropriate recommendations to patients regarding self-care. (Outcomes: 2, 3,5 & 9) (CAPE 1.1 & 2.1)
    - o Recommend nonprescription medications
        - ▪ Use QuEST/SCHOLAR process
    - o Recommend appropriate dietary supplement information
    - o Advise in proper use of home diagnostic devices
    - o Demonstrate and assess appropriate use of medications and related devices
    - o Recommend non-pharmacologic strategies for health and wellness
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)
    - o Assessment of patient's health beliefs
    - o Assessment of patient's health literacy
    - o Accurately transcribe verbal prescription orders (e.g. new orders or transfers)
    - o Effective verbal communication when advising, counseling, and educating patients about their medications
    - o Prescription – the Student shall demonstrate ability to:
        - o 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., mis-filled 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
    - o Non-Prescription medications including natural products – The student shall demonstrate the ability to:
        - o Respond to patient's questions
        - o Determine if the patient is a self-care candidate using the QuEST/SCHOLAR process
        - o Recommended and counsel the patient on a self-care product if the patient is deemed to be a good self-care candidate
        - o Verify the patient knows who to contact with questions or if specific medication-related issues arise
        - o Assist patients with the selection of an appropriate medication for self-use
        - o Effective, concise written communication
        - o Demonstration and assessment of appropriate use of medications and related devices
- o Non-pharmacologic
    - o 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)
    - 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
    - Ensure patients obtain resources and care required in an efficient and cost-effective manner
    - Assist patients in navigating the complex healthcare system
    - Immunization services
    - Disease screenings/Health and Wellness programs
    - 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)
    - Identify the specific question using appropriate methods
    - Synthesizes response from validated sources
    - Create an audience-appropriate response and communicate this in a timely manner
    - 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)
    - General orientation process for all pharmacy employees
    - Center for Medicare/Medicaid/ FDA/ Board of Pharmacy & other governing boards
    - Medication delivery
    - Specialty Medications
    - Effectively and accurately demonstrate filling, verifying and dispensing prescriptions
    - Demonstrate understanding of inventory management
    - Appropriate personal management (FTEs, duties, responsibilities etc.)
    - Collaborative practice models
    - Legal compliance for the site and activities performed
    - Adverse Drug Reactions Reporting and prevention
    - Medication Error Reporting and Prevention
    - Quality Assurance, especially patient safety
    - MedWatch reporting/Pharmacy and Therapeutics/Insurance formularies (when applicable)
    - Healthcare Insurance Portability and Accountability Act (HIPAA)
    - Non-sterile compounding
    - Reimbursement for services dispensing vs. cognitive (if appropriate)
    - Medication Therapy Management Services (MTM)
    - Collaborative Practice Agreements
    - Chronic Disease State Management
    - Adherence Counseling
    - Immunization Services
    - Community health fairs (when applicable)

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
          k.   Patient self-monitoring test

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 including appropriate use and adherence
          b.   Medication reconciliation
          c.   Medication therapy management services (MTM)
          d.   Collaborative practice agreements
          e.   Chronic disease state management
          f.   Adherence & motivational strategies/counseling
          g.   Immunization services
          h.   Disease prevention/health wellness
          i.   Appropriate use of self-monitoring devices/test and medication adherence aids

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., misfilled 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
8. 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, cost-effective manner
    c. Assist patients in navigating the complex healthcare system
9. 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 it in a timely manner
    c. Where applicable, document the question, response, and resources/references
10. 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
11. Present organized (formal and/or informal) case presentations (Outcomes: 2,3,4,5,6,7,8 & 10) (CAPE: 3.2) 12. Discuss the policies and procedures for managing the pharmacist's role in providing patient care (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. 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
        ▪ 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

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   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 797/800)
- 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. Drug and dose selection based on genetic guidelines (when available)

      f. 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 processes related 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 healthcare 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 compares 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) 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
AND PATIENT CARE ELECTIVE 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 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/CHEST, 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
- ▪ 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. 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 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 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 providers and society.

ADVANCED PRACTICE ACADEMIA 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 a 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 Bloom's 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 a 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 and Spring (APPE objectives/competencies) specific dates provided in Canvas and or email each month:
1. Successfully complete all online fall semester preparatory board review assignments each month.
2. Successfully complete competency assessments/exams given during summer, fall and spring semesters.
3. Successfully complete board competency exam(s).

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 email account may be forwarded to your personal email 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 name tag is required for your Advanced Practice Rotations.

Student Checklist for Completion of Paperwork and Coursework

First Week

- Student to provide preceptor their MyCred link or discussion of past experiences 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
- Student to identify personal time for board study review assignments

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
- Preceptor to review progress of student's assignments and projects
- Student approaching completion of all assignments and projects, clarify all projects
- Verify with next rotation/site if any extra paperwork/testing is required, if so, make time to complete this.

Last Weeks of rotation

- Student to complete all projects and assignments for the preceptor and UF
- Preceptor to complete final evaluation form
- Preceptor to complete internship hours affidavit if necessary- this is rare
- 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.
- Student to submit Best Work to be uploaded into MyCred Internship Module (best work each month)
- Student to submit Midpoint and Final Assignments, specifically in November and April, the Longitudinal form, Communication form, IPE and reflections are uploaded under Assignments.
- Student to upload their Business Plan **(.doc or .pdf files only)** no later than April under the Assignment Module.
- Update all sections of MyCred prior to starting next month
- Meet competency on any board review assessments

Upon Completion of the last rotation (specific date - for each graduation year - watch Canvas) and in addition to those items listed above, the following must be submitted:

- Successful Longitudinal Outcome Measures Assessment Form (separate tab created in **MyCred under** Assignments and submitted with Patient Communication Form and reflection and Inter-professional reflection and evaluations)
- Updated CV and monthly assignments in **MyCred**
- Submit Business Plan **(.doc or .pdf files only)** under **MyCred** Assignments - submitted separately with a new entry
- Competency exams (law & Pre-NAPLEX) posted in CORE ELMS Field Encounters
- RxPrep Quizzes posted in online RxPrep
- RxPrep low and high stakes assessments completed and high stakes assessment competency is met.

EVALUATION

At the completion of each rotation, the preceptor will complete a "PharmD Student Rotation Evaluation Form" 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.
    c. successful completion of site-specific responsibilities and/or activities.
    d. Appropriate ethical, professional and academic conduct.

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 final 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 "B- or C+" or "F" based upon the infraction of missing assignment(s).

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

    a. Successful and timely completion of UF assigned case studies/SOAP notes.
    b. Successful and timely completion of P4 competency testing (dates for testing TBA)
- Low Stake RxPrep Assessments (summer, fall and spring semesters as assigned)
  - Testing will be required during the testing window.
- Pre-NAPLEX (fall & spring)
- Pre- Law (spring)
- High Stake RxPrep Assessments (fall and spring)
  - Attendance on campus will be required for all testing opportunities until competency is met.
  - Student will need to achieve a 75% or better on this exam
  - Student will be provided three opportunities throughout the year to meet competency on this exam and to earn a final rotation grade.
  - Students who don't achieve a competent score after the third opportunity on the High-Stake Exam will be provided board review remediation on the University of Findlay Campus during the months of June and July. The student will be provided a 4th chance to demonstrate board readiness.

    c. Successful and timely completion of MyCred requirements (monthly updates).
    d. Completion of online (RxPrep) board review chapter 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)
    h. Discussion boards as assigned

Failure to participate and or 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.

At the end of each month if the student's MyCred and CV are not updated or case studies (when due) or other 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 adaptation from A to A- or B; B to B-, C/Fail). All assignments (case studies, monthly portfolio updates and submissions, P4 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 (MyCred) 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 13, 2024** (this does not include November's best work) and **April 9, 2025** to document satisfactory completion of all objectives and outcomes. MyCred 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.

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
  o CVs must be updated each month to reflect the previous month's experience
  o Most recent CV must be uploaded to MyCred

Experiential Rotations:

❑ Each APPE rotation month must be entered similarly to IPPE rotations under **Internships Module**
  o Indicate site, preceptor, time frame
  o 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 **Assignments Module** in MyCred in Nov/April with Longitudinal Assessment Form)

❑ Scanned copy of Interprofessional Reflection and Evaluation Form (submitted under separate section in MyCred **Assignments Module** in Nov/April with Longitudinal Assessment Form)

❑ Scanned copy of the Longitudinal Outcome Measures Assessment Form must be submitted under separate section in MyCred **Assignments Module** in Nov/April with Patient Communication evaluation/reflection form & IPE evaluation/reflection form. The form must be 100% completed by the April submission.

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, pgs. 63-72) (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. 73-76)

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 (MyCred/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 MyCred by **November 13th.** (Students may be requested 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 9th**. Each student is responsible for completing all activities listed on these forms.

Journal Club Evaluation Form (in Appendix A, pg. 77)

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. 78-79) (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. 80-81)

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. 82)

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 13th** with the longitudinal form under Assignments in MyCred. The second form should be submitted as part of the Professional Portfolio (MyCred) at the completion of the rotation sequence in a separate tab for review by the Director of Experiential Education no later than **April 9th** (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)

Interprofessional Collaborative Experience Reflection Form (in Appendix A pgs. 83-84)

> ➢ 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 13th** with the longitudinal form. The second form should be submitted as part of the Professional Portfolio (MyCred) at the completion of the rotation sequence in a separate tab for review by the Director of Experiential Education no later than **April 9th** (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).

BOARD REVIEW MATERIAL & ASSESSMENTS

Law Competency
Students will be provided law review material through Canvas 708 or through RxPrep. A competency online exam/quizzes must be completed in spring at your site or on campus achieving 80% or better to obtain a grade for Phar 708/709. Students who don't score an 80% (or grade determined to be successful) 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. Students who attend the remediation and show improvement in their remediation *may* earn back this grade reduction component.
Pre-NAPLEX (NABP) Competency
Students will take the Pre-NAPLEX in fall (September-TBD) on campus in September. Scores must be recorded and a study plan must be developed and submitted.
Students will take the Pre-NAPLEX in spring (TBD) at a designated site on campus. 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 Assessments

July: Student will sign up for RxPrep & take the free Basic Math and Basic Drug Terminology Assessment. Prior to August 1st, student will be required to take the 60 questions Pre Assessment.
- Students will need to look at what they missed and determine what type of questions they missed and why. Develop a study plan based on the 60-question assessment. Upload this into RxPreceptor/CORE Elms.

Each student will take the RxPrep Assessments.

RxPrep Modules

A series of topics/chapters will be assigned some months in the fall and specifically each month in the spring. Students are expected to achieve an 80% or higher on quizzes/assessments. Students 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.)

RX PREP

*RxPrep assignments will start in January with a required sign-up in late fall (Oct/Nov). The college will have you sign up for RxPrep you will get the book and an online subscription. The law review material will be launched in March.

Due Date	**Assessment/Exams: Required by all students.**	**Assessment/Exams: Additional Required if**
August	Chapters TBD Pre-Assessment to be completed	
September	Chapters TBD	
October	Chapters TBD	
November	Chapters TBD	
December	Chapters TBD High Stake Assessment- on campus testing	
December 2024	TBD	TBD
January 30th, 2025	Chapters TBD	Chapters TBD
February 28th, 2025	Chapters TBD.	Chapters TBD
March 31st, 2025	Chapters TBD High Stake Assessment- on campus testing	Chapters TBD
April 24th, 2025	Chapters TBD	Chapter TBD
May date TBD 2025	Boot Camp High Stake Assessment- on campus testing	Boot Camp

CASE STUDIES/SOAP Notes

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 an 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 25, 2024==. (The student may choose any two.) Case studies 3, 4 and 5 are to be completed by ==November 22, 2024;== 6 and 7 are to be completed by ==February 25, 2025==. The final case study is to be completed by ==March 28, 2025==. **Do not use any of these Case Studies as a monthly best work.**

➢ All cases shall be submitted with a graded rubric **evaluated** and **signed by a preceptor** using the SOAP note rubric 2024-25.

➢ The signed rubric (by preceptor) must be uploaded with the case in CORE ELMS (RxPreceptor) under **Field Encounters** 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.**

1. **Diabetes**
2. **Hyperlipidemia/CAD**
3. **Hypertension**
4. **Infectious Disease**
5. **Neurologic Disorder**
6. **Heart Failure**
7. **Stroke**
8. **COPD/Asthma**

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 a succinct & accurate problem list.

II. Subjective Information/Collecting Data

This information is obtained from the patient and/or caregiver and so is not directly observed or measured by the SOAP writer. This information is descriptive and cannot be confirmed by diagnostic tests or procedures. The following items should be reviewed and considered when available; the specific of each item listed is not conclusive but to be used as 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)
- o   Marital status
- o   # children
- o   Educational background
- o   Occupation
- o   Physical activity
- o   Dietary habits
- o   Alcohol/ Tobacco & Recreational drug use

VII. **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)
- o   Accurate & Current medication records
- o   Prescription
- o   OTC
- o   Herbal/alternative therapy
- o   Name
- o   Doses
- o   Frequency
- o   Duration of therapy

IX. Allergies

X. ROS (review of systems)

- o   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.

Type of Problem	Assessment
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 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 allergic to or intolerant to any 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	1. Is the medication chosen cost effective?
	2. 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 (three pages).

Soap Note Rubric for Cases (3 pages total)	Preceptor Name:	Competency: Final submission must contain *no more than 3 minor deficits* and *cannot include any major deficits.*
Student Name:	Disease State:	

	NO DEFICITS	MINOR DEFICITS	MAJOR DEFICITS
Subjective & Objective Information (PPCP:Collect) ● Provides summary of <u>pertinent</u> subjective and objective information found in patient chart or from history (Items: CC, HPI, PMH, FMH, SH, medication list, ROS, Vitals, labs)	Well organized; Complete, concise, and accurate summary of pertinent information.	Somewhat organized, partial summary of pertinent information, OR some non-pertinent information.	Poorly organized, limited summary of pertinent information OR a lot of non-pertinent information OR not accurate.

Problem Identification (PPCP- Assess/Analyze)
● Addresses all problem areas
● Identifies real or potential drug therapy problems
  ○ Drug- disease matching
  ○ Drug-disease
  ○ Untreated diagnosis
  ○ Appropriate drug selections (dose, route, freq etc.)
  ○ Social Problems: health literacy, financial, cultural acceptance etc.
  ○ Duplicate therapy
  ○ Allergies
  ○ Social & recreational drug use
  ○ Patients awareness/adherence
● Identifies preventive care opportunities
● Prioritizes patient's problems (highest to lowest priority)
	Complete problem list generated; no extraneous issues listed. Priority of problems is appropriate.	Identifies the "primary" problem, but misses one key secondary problem. Prioritizes most problems appropriately.	"Primary" problem missed OR identifies the "primary" problem, but misses more than one key secondary problem and/or identifies one non-existent problem. Majority of problems are not prioritized appropriately.

Assessment for Primary Problem (PPCP- Assess/Analyze) ● Indicate disease control ● Support disease/problem assessment with <u>pertinent</u> subjective/objective information ● Identify current medications for disease	Assessment is complete, accurate, and concise.	Assessment is partially complete or somewhat concise but IS accurate.	Assessment is incomplete, not concise OR is not accurate.
Treatment Goals for Primary Problem ● Provides measurable, evidence-based goals.	Provides goals that are <u>measurable</u> and evidence-based.	Goals are not measurable OR are not evidence-based.	Goals not provided OR goals are not measurable AND are not evidenced-based.
Treatment <u>Plan</u> for Primary Problem (PPCP: Plan) ● Identifies and corrects drug therapy related issues ● Selects a drug, dosage form, dose, schedule, and duration of therapy that is best for the patient. ● Considers drug allergies, economic, social, psychosocial and ethical factors ● Provides non-pharmacological treatment options (when applicable)	Complete, accurate, and concise recommendations. Addresses all applicable objectives.	Plan is partially complete (misses one applicable objective) but IS accurate.	Incomplete (misses two or more applicable objectives) OR is not accurate OR inappropriate/potentially harmful treatment plan

	Completes treatment plan for inpatient (if applicable) and upon discharge. (treatment may be 2-step for inpatients' going home)			

	NO DEFICITS	**MINOR DEFICITS**	**MAJOR DEFICITS**
Treatment Plan <u>Rationale</u> for Primary Problem ● Provide sufficient rationale for all pharmacological and nonpharmacological recommendations	Sufficient rationale provided for all recommendations.	Does not provide sufficient rationale for one recommendation.	Does not provide sufficient rationale for more than one recommendation.
Patient Education for Primary Problem (PPCP: Implementation) ● Provides patient education on all pharmacologic and nonpharmacologic recommendations. 　○ Medication changes with rationale 　○ Home monitoring (if applicable) 　○ Potential side effects 　○ Lifestyle/non-pharmacologic recommendations	Complete, concise, and accurate patient education in patient friendly language.	Partially complete (misses one or two objectives) or not concise but IS accurate. Some areas of patient education are not patient friendly.	Incomplete (misses more than two objectives) OR not accurate. Majority of patient education is not patient friendly. Inappropriate/ potentially harmful education provided.
Monitoring for Primary Problem-Outcomes (PPCP: follow-up monitor) ● Design a complete monitoring/follow-up plan: 　○ Evaluate <u>safety</u> of recommendations 　○ Evaluate <u>efficacy</u> of recommendation 　○ Indicate <u>when/how often</u> to evaluate 　○ Determine time frame for next follow-up appointment	Complete, concise, and accurate monitoring plan.	Partially complete (misses one objective) or not concise but IS accurate.	Incomplete (misses two or more objectives) OR not accurate.
Assessment for Secondary Problems ● Indicate disease control ● Support disease assessment with <u>pertinent</u> subjective/objective information. ● Identify current medications for disease	Assessment is complete, accurate, and concise.	Assessment is partially complete or somewhat concise but IS accurate.	Assessment is incomplete, not concise OR is not accurate.
Treatment Goals for Secondary Problems ● Provides measurable, evidence-based goals.	Provides goals that are <u>measurable</u> and evidence-based.	Goals are not measurable OR are not evidence-based.	Goals not provided OR goals are not measurable AND are not evidenced-based.
Treatment <u>Plan</u> for Secondary Problems ● Identifies and corrects drug therapy related issues ● Selects a drug, dosage form, dose, schedule, and duration of therapy that is best for the patient. ● Considers drug allergies, economic, social, psychosocial and ethical factors ● 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)	Complete, accurate, and concise recommendations. Addresses all applicable objectives.	Plan is partially complete (misses one applicable objective) but IS accurate.	Incomplete (misses two or more applicable objectives) OR is not accurate OR inappropriate/potentially harmful treatment plan

	NO DEFICITS	MINOR DEFICITS	MAJOR DEFICITS
Treatment Plan <u>Rationale</u> for Secondary Problems ● Provide sufficient rationale for all pharmacological and nonpharmacological recommendations	Sufficient rationale provided for all recommendations.	Does not provide sufficient rationale for one recommendation.	Does not provide sufficient rationale for more than one recommendation.
Patient Education for Secondary Problems ● Provides patient education on all pharmacologic and nonpharmacologic recommendations.	Complete, concise, and accurate patient education in patient friendly language.	Partially complete (misses one or two objectives) or not concise but IS accurate. Some areas of patient education are not patient friendly.	Incomplete (misses more than two objectives) OR not accurate. Majority of patient education is not patient friendly. Inappropriate/ potentially harmful
Monitoring for Secondary Problems ● Design a complete monitoring/follow-up plan	Complete, concise, and accurate monitoring plan.	Partially complete (misses one objective) or not concise but IS accurate.	Incomplete (misses two or more objectives) OR not accurate.
Summary Care Plan **(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.	Complete, accurate, and concise summary care plan for the "primary" problem and all secondary problems. **(Not required for acute care cases. Optional for chronic disease state management cases only)**	Partially complete (misses one objective), not concise but IS accurate.	Incomplete (misses two or more objectives) OR is not accurate.
Documents Evidence ● References provide appropriate evidence for recommendations o 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	References complete and appropriate for plan (e.g. uses current evidence-based guidelines when available). Correct format.	Lacks appropriate references for one problem. Partially correct format.	Lacks appropriate references for two problems. Incorrect format.

<u>**Comments (please be specific on reverse)**</u>   PRECEPTOR SIGNATURE_____   DATE_____

APPENDIX A
EVALUATION FORMS

Drug Information Guideline

For informational purposes only – Does not need to be turned in

1	**Introduction:** 1. Provides appropriate greeting to requestor 2. Restates the question correctly	Completes all of these sections completely, appropriately, and correctly	Completes these sections somewhat completely, appropriately, and correctly	This area is skipped or completed with major inaccuracies or issues with appropriateness
2	**Background:** 1. Correctly provides the indications for the medications 2. Provides relevant background information from the patient scenario	Completes all of these sections completely, appropriately, and correctly	Completes these sections somewhat completely, appropriately, and correctly	This area is skipped or completed with major inaccuracies or issues with appropriateness
3	**Body:** 1.Provides review of search criteria (What resources used and what key terms were searched) 2.Provides overall results of searching (i.e. number of articles found and analyzed)	Completes all of these sections completely, appropriately, and correctly	Completes these sections somewhat completely, appropriately, and correctly	This area is skipped or completed with major inaccuracies or issues with appropriateness
4	**Body:** Summarizes the evidence from minimum of 2 resources. Should review the information from the primary article.	Completes all of these sections completely, appropriately, and correctly	Completes these sections somewhat completely, appropriately, and correctly	This area is skipped or completed with major inaccuracies or issues with appropriateness
5	**Body:** 1.Explains the evidence from the articles and how it relates to patient situation 2.Explains the clinical implications of the evidence 3. Describes the potential benefits and risks from the evidence	Completes all of these sections completely, appropriately, and correctly	Completes these sections somewhat completely, appropriately, and correctly	This area is skipped or completed with major inaccuracies or issues with appropriateness
6	**Recommendation:** 1.Provides a patient specific recommendation 2. Recommendation is consistent with evidence	Completes all of these sections completely, appropriately, and correctly	Completes these sections somewhat completely, appropriately, and correctly	This area is skipped or completed with major inaccuracies or issues with appropriateness
7	**Conclusion:** 1. Provides summary of letter and concluding statement (with clear recommendation) 2. Provides thanks 3. Signature included	Completes all of these sections completely, appropriately, and correctly	Completes these sections somewhat completely, appropriately, and correctly	This area is skipped or completed with major inaccuracies or issues with appropriateness
8	**References:** All references are in correct NLM format	No errors	< 3 Errors	> 3 Errors
9	**Organization:** DI request avoids redundancies and is written concisely while maintaining accuracy	Organized and flows well and is concise	Some issues with organization, flow, or conciseness	Major issues with organization, flow, or conciseness
10	**Format:** Instructions are followed and format aligns with Template	Instructions and format are followed correctly	Some issues with following instructions and format	Major issues following instructions and format

Mock Interview Rubric/Feedback

Candidate's Name / Date: _____

Interviewer's Name / Signature: _____

This form does not need to be submitted; validate this was completed on the ETA/longitudinal list.

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.**

This is for reference only; all evaluations are done online through CORE/ELMS.

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

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").

| *Low Trust:*

Required complete guidance or was unprepared; preceptor had to do most of the tasks.
"Preceptor did it." | *Minimal/Moderate Trust:*

Was able to perform some tasks but required repeated directions.
"Preceptor talked me through it." | *High Trust:*

Demonstrated some independence; only required intermittent prompting.
"Preceptor directed me from time to time." | *Complete Trust:*
Functioned fairly independently, only needed assistance with nuances or complex situations.
"Preceptor was available just in case." |

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 be 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:

<div align="center">

≥3.5 = A

2.5 to 3.49 = B

<2.5 = F

</div>

SECTION I : PROFESSIONALISM – On Site (demonstrates professionalism) CAPE: 1.1, 3.4, 3.5, 4.4; PPCP: Collaborates	Midpoint Score	Final Score
1. Maintains a professional manner in both appearance and behavior at all times. 2. Demonstrates courtesy, respect, cultural sensitivity/competency, and tolerance towards others and exhibits self-control in all interactions. 3. Maintains confidentiality. 4. Arrives on time and is prepared for all rotation activities. 5. Demonstrates appropriate time-management skills and the ability to prioritize tasks.		
Comments:		

SECTION II : PROFESSIONALISM – Self-learning & Assessment (demonstrates professionalism) CAPE: 3.4, 4.1, 4.3, 4.4; PPCP: N/A	Midpoint Score	Final Score
1. Demonstrates initiative and responsibility for providing patient care and completing assignments on time. 2. Demonstrates an ability to receive, process, and respond appropriately to constructive feedback. 3. Understands the need for and development of lifelong learning habits to maintain professional competence and personal growth. 4. Regularly self-assesses learning needs and engages in self-imposed learning activities to further ongoing personal/professional growth.		
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	Midpoint Score	Final Score
1. Demonstrates active listening skills and empathy. 2. Effectively counsels patients without prompting using patient-friendly language and visual aid when necessary. 3. Uses teach-back method when appropriate to ensure patient understanding. 4. Effectively communicates both verbally and in writing and establishes effective relationships with patients. 5. Responds to questions in a clear and concise manner with supporting evidence/rationale via written or verbal communication as appropriate to the situation. 6. Involves the patient in the therapy decision-making process when possible.		
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	Midpoint Score	Final Score
1. Effectively communicates both verbally and in writing and establishes effective relationships with health care professionals to advance patient outcomes. 2. Appropriately demonstrates a willingness to form an opinion, and is confident in asking/answering questions; demonstrates assertiveness when making evidence-based recommendations. 3. Presentations are consistently well-organized and progress in a logical manner; participates fully in group presentations.		
Comments:		

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	Midpoint Score	Final Score
1. Identifies, synthesizes, and thoroughly evaluates current literature. 2. Given a drug, health, or operational information question, formulates a timely, efficient, thorough, and effective answer using appropriate sources of information. 3. Synthesizes knowledge and accurately conveys evidence-based knowledge to maximize health of individual patients and the population at large. 4. Provides and appropriately documents references and resources. 5. Uses computer generated pharmacy data to analyze medication or patient safety issues.		
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	Midpoint Score	Final Score
1. Effectively applies drug literature to patient care. 2. Identifies adverse drug events with treatment and prevention strategies. 3. Consistently and accurately identifies and prioritizes all medication-related problems. 4. Identifies and clarifies drug information questions. 5. Includes therapeutic endpoints and potential toxic effects with a given drug and dosage regimen. 6. Uses population health management to optimize patient care (preventive, improve disease management & identify high risk). 7. Selects appropriate monitoring parameters.		
Comments:		

SECTION VII : PATIENT CARE – Assessment (utilize the acquired knowledge base to assess the patient and formulate a therapeutic plan) CAPE: 2.1 – 2.3, 2.4, 3.1, 3.3 – 3.5; PPCP Assess, Plan, Implement	Midpoint Score	Final Score
1. Utilizes a systematic problem-solving approach to patient care. 2. Obtains and interprets information from the medical chart, computer system, or patient to assess therapy. 3. Is able to obtain complete drug history and or medication reconciliation. 4. Identifies clinical status of patient and severity of illness to serve as baseline for later assessment of efficacy/toxicity. 5. Assess each medication for appropriateness, effectiveness, safety, and patient adherence. 6. Assess the health and functional status, risk factors, health data, cultural factors, health literacy, access to medications, and need for preventative care.		
Comments:		

SECTION 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	Midpoint Score	Final Score
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	Midpoint Score	Final Score
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	Midpoint Score	Final Score
1. Demonstrates proficiency in accurately processing new and refill prescriptions/medication orders in accordance with regulatory requirements. 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.		
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	Midpoint Score	Final Score
1. Discusses use of management principles (e.g. planning, organizing, directing and controlling) for simple/individual tasks and complex activities. 2. Discusses and/or participates in resource management related to time, people (technicians), finances, inventory, and technology/informatics. 3. Assists in the identification of underlying system-associated causes of errors and/or medication safety issues to improve the drug use process and other CQI strategies within the pharmacy. 4. Identifies methods to enhance pharmacy services. 5. Demonstrates an understanding of leadership needs and opportunities in pharmacy practice.		
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
This is for reference only; all evaluations are done online through CORE ELMS.

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

Desired Outcomes & Examples of Performance	Midpoint Evaluation	Final Evaluation	Midpoint and Final Evaluation Comments
1. Masters the introduction to pharmacy academia ● Understands the primary responsibilities of a faculty member ● Able to access and navigate through academic pharmacy literature ● Identifies evidence-based literature on teaching methods ● **CAPE:1.1, 4.4**	1 2 3 4 N/A	1 2 3 4 N/A	
2. Identifies different learning styles ● Defines "learning style" ● Identifies their own learning style ● Applies the principles of learning styles to the design of their teaching ● **CAPE:1.1, 3.2, 3.5, 4.4**	1 2 3 4 N/A	1 2 3 4 N/A	
3. Demonstrates effective instruction ● Displays ideals of Bloom's Taxonomy in their education sessions ● Applies at least 1 active learning strategy in each education session ● Designs and presents at least 1 class lecture, case discussion, and/or formal small-group discussion for a pharmacy course ● **CAPE: 1.1, 3.2, 3.6, 4.3**	1 2 3 4 N/A	1 2 3 4 N/A	
4. Demonstrates proficiency in the material being presented ● Consistently develops and presents appropriate information on the topic being presented ● Accurately answers questions that students and/or faculty may yield about the material ● Takes into account relevant differences in cultural, social, economic, political, and scientific viewpoints on the material ● **CAPE: 1.1, 3.2, 3.5, 3.6, 4.3**	1 2 3 4 N/A	1 2 3 4 N/A	

5. Identifies and evaluates the current literature and applies this information in academic settings ● Literature search is thorough with sources identified ● Synthesizes response from available sources and accurately conveys information ● **CAPE: 1.1, 2.4, 3.2, 3.6**	1 2 3 4 N/A	1 2 3 4 N/A	

6. Effectively develops exam material ● Writes 4-5 examination relevant questions based on the learning objectives of the education sessions the student conducted ● Provides relevant and timely feedback to students ● Develops structured answer keys ● Critiques exam questions with a focus on the lecture objectives and the expected level of cognition ● **CAPE: 1.1, 2.4, 3.2, 3.6, 4.1**	1 2 3 4 N/A	1 2 3 4 N/A	
7. 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 N/A	1 2 3 4 N/A	
8. Demonstrates leadership abilities ● Student uses appropriate interpersonal and inter-group behaviors during interactions ● **CAPE: 3.4, 3.5, 3.6, 4.2**	1 2 3 4 N/A	1 2 3 4 N/A	
9. 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 ● **CAPE: 3.5, 4.4**	1 2 3 4 N/A	1 2 3 4 N/A	
10. Demonstrates ability to conduct further research and/or improving pharmacy services in the future ● Pursues answers to research questions to improve patient care ● Identifies methods to enhance pharmacy services ● **CAPE: 2.1-2.4, 3.1, 4.2, 4.3**	1 2 3 4 N/A	1 2 3 4 N/A	

Pharm.D. Student Rotation Non-Patient Care Rotation Evaluation Form
University of Findlay College of Pharmacy
This is for reference only; all evaluations are done online through CORE ELMS.

1 **Unsatisfactory Performance** *Student does not meet requirements. Student is unable to complete basic/routine tasks despite guidance and prompting.*	2 **Needs Improvement** *Student meets some minimum requirements. Student frequently requires guidance and/or prompting to complete basic or routine tasks.*	3 **Progressing Satisfactorily** *Student consistently meets requirements. Student completes basic and some complex tasks independently with minimal or no guidance and/or prompting*	4 **Exceeds Expectations** *Student exceeds requirements. Student consistently and independently completes all basic and complex tasks going beyond what is required.*
Desired Outcomes & Examples of Performance	**Midpoint Evaluation**	**Final Evaluation**	**Midpoint and Final Evaluation Comments**
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 N/A	1 2 3 4 N/A	
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 N/A	1 2 3 4 N/A	
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 N/A	1 2 3 4 N/A	
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 N/A	1 2 3 4 N/A	
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 N/A	1 2 3 4 N/A	

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 ● **Phar 251, 350, 351, 361, 362, 363, 370, 460, 463, 466, 469, 473, 476, 560, 563, 569, & 599.** ● **CAPE: 3.4,4.1,4.3, 4.4** ● **PPCP: N/A**	1 2 3 4 N/A	1 2 3 4 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**	1 2 3 4 N/A	1 2 3 4 N/A	
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**	1 2 3 4 N/A	1 2 3 4 N/A	
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**	1 2 3 4 N/A	1 2 3 4 N/A	
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**	1 2 3 4 N/A	1 2 3 4 N/A	

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.
This is for reference only; all evaluations are done online through CORE ELMS.

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

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").

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

SECTION I : PROFESSIONALISM – On Site (demonstrates professionalism) CAPE: 1.1, 3.4, 3.5, 4.4; PPCP: Collaborates; IPE:1	Final Score
1. Maintains a professional manner in both appearance and behavior at all times. 2. Demonstrates courtesy, respect, cultural sensitivity/competency, and tolerance towards others and exhibits self-control in all interactions. 3. Maintains confidentiality. 4. Arrives on time and is prepared for all rotation activities. 5. Demonstrates appropriate time-management skills and the ability to prioritize tasks.	
Comments:	

SECTION II : PROFESSIONALISM – Self-learning & Assessment (demonstrates professionalism) CAPE: 3.4, 4.1, 4.3, 4.4; PPCP: N/A; IPE 1, 2	**Final Score**
1. Demonstrates initiative and responsibility for providing patient care and completing assignments on time. 2. Demonstrates an ability to receive, process, and respond appropriately to constructive feedback. 3. Understands the need for and development of lifelong learning habits to maintain professional competence and personal growth. 4. Regularly self-assesses learning needs and engages in self-imposed learning activities to further ongoing personal/professional growth.	
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	**Final Score**
1. Demonstrates active listening skills and empathy. 2. Effectively counsels patients without prompting using patient-friendly language and visual aid when necessary. 3. Uses teach-back method when appropriate to ensure patient understanding. 4. Effectively communicates both verbally and in writing and establishes effective relationships with patients. 5. Responds to questions in a clear and concise manner with supporting evidence/rationale via written or verbal communication as appropriate to the situation. 6. Involves the patient in the therapy decision-making process when possible.	
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	**Final Score**
1. Effectively communicates both verbally and in writing and establishes effective relationships with health care professionals to advance patient outcomes. 2. Appropriately demonstrates a willingness to form an opinion, and is confident in asking/answering questions; demonstrates assertiveness when making evidence-based recommendations. 3. Presentations are consistently well-organized and progress in a logical manner; participates fully in group presentations.	
Comments:	

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	Final Score
1. Identifies, synthesizes, and thoroughly evaluates current literature. 2. Given a drug, health, or operational information question, formulates a timely, efficient, thorough, and effective answer using appropriate sources of information. 3. Synthesizes knowledge and accurately conveys evidence-based knowledge to maximize health of individual patients and the population at large. 4. Provides and appropriately documents reference and resources. 5. Uses computer generated pharmacy data to analyze medication or patient safety issues.	
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	Final Score
1. Effectively applies drug literature to patient care. 2. Identifies adverse drug events with treatment and prevention strategies. 3. Consistently and accurately identifies and prioritizes all medication-related problems. 4. Identifies and clarifies drug information questions. 5. Includes therapeutic endpoints and potential toxic effects with a given drug and dosage regimen. 6. Uses population health management to optimize patient care (preventive, improve disease management & identify high risk). 7. Selects appropriate monitoring parameters.	
Comments:	

SECTION VII : PATIENT CARE – Assessment (utilize the acquired knowledge base to assess the patient and formulate a therapeutic plan) CAPE: 2.1 – 2.3, 2.4, 3.1, 3.3 – 3.5; PPCP Assess, Plan, Implement	Final Score
1. Utilizes a systematic problem-solving approach to patient care. 2. Obtains and interprets information from the medical chart, computer system, or patient to assess therapy. 3. Is able to obtain complete drug history and or medication reconciliation. 4. Identifies clinical status of patient and severity of illness to serve as baseline for later assessment of efficacy/toxicity. 5. Assess each medication for appropriateness, effectiveness, safety, and patient adherence. 6. Assess the health and functional status, risk factors, health data, cultural factors, health literacy, access to medications, and need for preventative care.	
Comments:	

SECTION 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	Final Score
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	Final Score
CAPE: 1.1, 2.1, 3.1; PPCP: Assess, Plan	
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	Final Score
(only applicable for specific hospital or community pharmacy sites) CAPE: 1.1, 2.2 PPCP: Asses, Implement	
1. Demonstrates proficiency in accurately processing new and refill prescriptions/medication orders in accordance with regulatory requirements. 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.	
Comments:	

SECTION XI: PRACTICE MANAGEMENT AND ADMINISTRATIVE SKILLS	Final Score
CAPE: 1.1, 2.1, 2.2, 3.1, 4.2 – 4.4; PPCP: Collect, Implement, Monitor & Evaluate	
1. Discusses use of management principles (e.g. planning, organizing, directing and controlling) for simple/individual tasks and complex activities. 2. Discusses and/or participates in resource management related to time, people, finances, and technology/informatics. 3. Assists in the identification of underlying system-associated causes of errors and/or medication safety issues to improve the drug use process. 4. Identifies methods to enhance pharmacy services. 5. Demonstrates an understanding of leadership needs and opportunities in pharmacy practice.	
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).

Describe areas of outstanding performance or significant strengths:

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.

Longitudinal Outcome Measures Entrustable Activities Assessment Form

University of Findlay College of Pharmacy
Must be completed by the end of the last rotation
*Midpoint submission: **November 13, 2024***
*Final Submission **April 9, 2025***

Place
IP – Inpatient/Institutional/Gen Med
AC – Ambulatory Care
COM – Community
*These are suggested rotations to accomplish the ETAs or tasks.

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.***

Low Trust: 1	*Minimal/Moderate Trust: 2*	*High Trust: 3*	*Complete Trust: 4*
Required complete guidance or was unprepared; preceptor had to do most of the tasks. "Preceptor did it."	Was able to perform some tasks but required repeated directions. "Preceptor talked me through it."	Demonstrated some independence; only required intermittent prompting. "Preceptor directed me from time to time."	Functioned fairly independently, only needed assistance with nuances or complex situations. "Preceptor was available just in case."

A. Patient Care Activities and Professional Practice Activities (Each outcome must be completed at least <u>TWICE</u> during the nine-month sequence unless noted as a one-time activity) initialed by a preceptor and scored for each activity.

Place	Patient Care Activity	Score	Preceptor / Date	Score	Preceptor/Date
IP	Perform medication reconciliation process to improve continuity of pharmaceutical care CAPE 2.1, 2.2, 2.3, 3.4, 3.6	1 2 3 4		1 2 3 4	
IP	Prepare a written pharmacokinetic consultation 2.4, 3.1, 3.4, 3.6	1 2 3 4		1 2 3 4	
IP	Assess one radiographic image (in collaboration with a non-pharmacist health care provider) CAPE 3.4, 2.1, 2.3, 2.4, 4.4	1 2 3 4		Complete	Once
IP	Observe a physician perform a full physical examination and assess results CAPE 3.4, 2.1, 2.3, 2.4, 4.4	1 2 3 4		Complete	Once
IP/AC	Take a patient's respiratory rate CAPE 2.1, 2.3, 2.4, 4.4	1 2 3 4		Complete	Once
IP/AC	Identify and collect appropriate drug-related monitoring parameters for each assigned patient. CAPE:2.1	1 2 3 4		1 2 3 4	
IP/AC	Maintain an adequate patient data base for each assigned patient CAPE 2.2	1 2 3 4		1 2 3 4	
IP/AC	Identify and prioritize drug-related problems for each assigned patient CAPE 3.1	1 2 3 4		1 2 3 4	
IP/AC	Assess the appropriateness of each assigned patient's drug therapy CAPE 2.4, 3.1	1 2 3 4		1 2 3 4	

IP/AC	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	1 2 3 4		1 2 3 4	
IP/AC	Present all patient data to health care team in a concise and meaningful fashion CAPE 3.6, 2.1, 2.3	1 2 3 4		1 2 3 4	
IP/AC	Obtain and write-up a patient medication history CAPE 2.1, 3.6, 4.1	1 2 3 4		1 2 3 4	
IP/AC	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	1 2 3 4		1 2 3 4	
IP/AC	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	1 2 3 4		1 2 3 4	
IP/AC	Take a patient's blood pressure (CAPE 2.1, 2.3, 2.4, 4.4)	1 2 3 4		Complete	Once
IP/AC	Take a patient's pulse CAPE 2.1, 2.3, 2.4, 4.4	1 2 3 4		Complete	Once
IP/AC	Take a patient's temperature CAPE 2.1, 2.3, 2.4, 4.4	1 2 3 4		Complete	Once
IP/AC	Assess a patient's peripheral edema CAPE 2.1, 2.3, 2.4, 4.4	1 2 3 4		Complete	Once
IP/AC	Assess an ECG (EKG) (in collaboration with a nonpharmacist health care provider) CAPE 3.4, 2.1, 2.3, 2.4, 4.4	1 2 3 4		1 2 3 4	
Medication Preparation and Dispensing					
IP	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	
IP	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	
COM	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	
COM	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	
COM	In a community setting: demonstrate knowledge regarding controlled substance dispensing. CAPE 1.1, 2.1, 3.2, 3.3	1 2 3 4		1 2 3 4	
IP/AC /COM	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	

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

	Assessment Activities	Score	Preceptor/ Date	Score	Preceptor/ Date
IP	Assess a creatinine clearance for a child/infant (pediatric patient) CAPE 2.1, 2.3, 3.4, 2.4, 4.4	1 2 3 4		Complete	Once
IP	Assess a creatinine clearance for a renally insufficient patient and apply dosing adjustment CAPE 2.1, 2.2, 2.4, 3.1, 3.4, 4.1	1 2 3 4		1 2 3 4	
IP/AC	Assess a creatinine clearance for an adult CAPE 2.1, 2.3, 3.4, 2.4, 4.4	1 2 3 4		1 2 3 4	
IP/AC	Assess a body surface area (BSA) for an adult CAPE 2.1, 2.2, 2.4, 3.1, 3.4, 4.1	1 2 3 4		1 2 3 4	
IP/AC	Assess an ideal body weight (IBW) for an adult CAPE 2.1, 2.2, 2.4, 3.1, 3.4, 4.1	1 2 3 4		1 2 3 4	
COM/ IP/AC	Identify medication non-adherence and reason for patient's non-adherence CAPE	1 2 3 4		1 2 3 4	
Intervention & Implementation Activities/EPAs					
IP	Recommend antibiotic therapy based upon a culture and sensitivity results CAPE 2.1, 2.4, 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 4.4	1 2 3 4		1 2 3 4	
IP	Determine monitoring parameters for a patient being treated for an infectious disease CAPE 2.1, 2.2, 2.4	1 2 3 4		1 2 3 4	
IP	Recommend empiric antibiotic therapy using an antibiogram CAPE 2.1, 2.4, 3.1, 3.2, 3.3, 3.4, 3.6	1 2 3 4		1 2 3 4	
COM	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	1 2 3 4		1 2 3 4	
COM	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	1 2 3 4		Complete	Once
IP/ COM	Assess the significance of a drug-drug interaction and apply drug dosing adjustment CAPE 3.1, 3.3, 2.1	1 2 3 4		Complete	Once
IP/ COM	Assess the significance of a drug-food interaction and counsel CAPE 3.1, 3.3, 2.1	1 2 3 4		Complete	Once
IP/ COM	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	1 2 3 4		1 2 3 4	
IP/AC	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	1 2 3 4		1 2 3 4	
IP/AC	Adjust a drug dose in a patient with renal insufficiency CAPE 2.1, 3.1	1 2 3 4		1 2 3 4	
IP/AC	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	1 2 3 4		1 2 3 4	
ALL	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	1 2 3 4		1 2 3 4	
ALL	In two different settings discuss how cultural differences would influence drug selection and or adherence. CAPE 3.5, 2.1, 2.4	1 2 3 4		1 2 3 4	
ALL	Educate a patient regarding the appropriate use of a new medication, device to administer a medication, or self monitoring test.	1 2 3 4		1 2 3 4	
ALL	Complete one inter-professional collaboration form (see Appendix)-submit in Nov/April with Longitudinal form Upload in MyCred CAPE 3.1, 3.3, 3.4	1 2 3 4	Signature required on form	1 2 3 4	Signature required on form

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

	Educational/Research Activities	Score	Preceptor/ Date
IP	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	
IP	Complete a Drug Utilization Project CAPE 2.1, 2.2, 2.4, 3.3 & 4.2	1 2 3 4	
IP/AC	Prepare a written drug information response in a practice setting. (share with other HC providers) CAPE 1.1,3.6	1 2 3 4	
IP/AC	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	
IP/AC	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	
IP/AC	Provide an education presentation to other health care professionals CAPE 3.2, 3.4, 3.6, 4.2,4.4	1 2 3 4	
IP/AC	Perform a screening assessment to identify patients at risk for prevalent diseases in a population (e.g., hypertension, diabetes, depression)	1 2 3 4	
ALL	Prepare a handout for case presentation CAPE 4.1	1 2 3 4	
ALL	Prepare an article for a newsletter or publication CAPE 4.1 4.2, 3.6	1 2 3 4	
ALL	Prepare a patient education sheet CAPE 3.2, 3.6	1 2 3 4	
ALL	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	
ALL	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	
ALL	Create a business plan to support a patient care service. (must include: feasibility, need, resources, marketing & reimbursement) CAPE 4.3,4.2, 2.4, 2.3, 2.2	1 2 3 4	
ALL	Provide an education presentation to pharmacists CAPE 3.2, 3.6, 4.2, 4.4	1 2 3 4	
ALL	Lead a Journal Club discussion CAPE 4.2, 3.6,1.1	1 2 3 4	
ALL	Completes a mock interview with a leader in the pharmacy department and completes the form on pages 55-56. CAPE 4.1,4.4, 4.3, 3.6	1 2 3 4	
ALL	Completes a mock interview with a human resource person and completes the form on pages 55-56. CAPE 4.1, 4.4,4.3,3.6	1 2 3 4	

Hub Site Coordinator or Equiv/Preceptor_____ **Date**_____

Student_____ **Date**_____

Student Journal Club Evaluations
University of Findlay College of Pharmacy

Student: _____ Article Title_____

Evaluator: _____ Date: _____

Overview of the Study   _____/10pts
    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

Presentation of Materials & Methods   _____/15 pts
Inclusion and exclusion criteria	Randomization, sample selection
Study design	Blinding
Outcome variables	Baseline Characteristics
Statistics	End points

Discussion of Results & Conclusions   _____/15 pts
    Data and statistical analysis
    Comparison of results vs. stated conclusions
    Reviews the tables vs. text

Evidence of Literature Evaluation Skills   _____/20 pts
    Discussed relevant and pertinent limitations
    Questions answered, questions left unanswered
    Application to clinical practice

Able to Answer Relevant Questions   _____/20 pts

Overall Communication Skills   _____/10 pts
    Pronunciation
    Confidence
    Eye contact & Rate of speech

Formal Write Up
    Organized, complete, accurate, concise   _____/10 pts
_____ **Deductions**
Staying within time limit (if necessary)   _____/ 0 to - 5 pts
Appropriate citation of additional references used   _____/ 0 to - 5 pts

Total   **_____/100 pts**
Comments:_____

_____

_____

Preceptor Evaluation Form
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:

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

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

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:

Case/Topic Presentation Evaluation Form
University of Findlay College of Pharmacy

Student: _____ Evaluator: _____ Date: _____

Rotation Title/Number _____Topic: _____

1 = improvement mandatory; substantially below performance expectation	2 = improvement needed: below expectations	3 = meets expectations	4 = exceeds expectations	5 = superior: significantly exceeds expectations

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

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- Clinical presentation   1 2 3 4 5
- Diagnosis   1 2 3 4 5
- Treatment guidelines and alternatives   1 2 3 4 5
- Discussion of treatment options, including drugs of choice,
  alternatives, monitoring, and side effects.   1 2 3 4 5

Discussion of Patient's therapy and disease state
- Comparison with "classic case"   1 2 3 4 5
- Critique of drug therapy   1 2 3 4 5
- Discussion of efficacy parameters   1 2 3 4 5
- Monitoring of adverse effects   1 2 3 4 5

References
- All references should follow the Uniform Requirements as described
  in the New England Journal of Medicine (N Engl J Med 1997;336:309-315).   1 2 3 4 5

Verbal Presentation/Delivery
- Clear, audible speech (rate was easy to understand)   1 2 3 4 5
- No distracting mannerisms   1 2 3 4 5
- Eye contact with audience   1 2 3 4 5
- Ability to handle questions   1 2 3 4 5
- Clear explanation/articulation of concepts   1 2 3 4 5
- Minimal use of space fillers (e.g. "umm", "yea")   1 2 3 4 5

Comments and Suggestions for Improvement

_____

_____

_____

Average Score/Grade_____

Signature of Evaluator_____

**This form is to assist an evaluator. If an evaluator has their own standard form for verbal case or topic presentations that may be used as well. Please note this is not the form to be used to evaluate one of the core 8 case/SOAP notes.

Patient Communication Evaluation Form
University of Findlay College of Pharmacy

Student Name:_____

Date:_____

General Intro/Opening	Not Done	Unsatisfactory	Average	Well	Outstanding
1. Introduces him/herself	0	1	2	3	4
2. Greets patient by name	0	1	2	3	4
3. Elicits patient's reason for visit using open-ended questions	0	1	2	3	4

Comments:_____

Specific Case-Related Questions:	Not Done	Unsatisfactory	Average	Well	Outstanding
1. Obtained patient's medication history (Rx, OTC, Herbal)	0	1	2	3	4
2. Obtained patient's medical conditions	0	1	2	3	4
3. How well did the student communicate?	0	1	2	3	4
4. Was the student able to generate a specific drug question?	0	1	2	3	4
5. Did the student respond satisfactorily to the needs and problems presented by the patient?	0	1	2	3	4

Comments:_____

Overall Impression	Not Done	Unsatisfactory	Average	Well	Outstanding
1. Rate the extent to which the student demonstrated an organized approach to the patient.	0	1	2	3	4
2. Rate the extent to which the student showed a courteous and compassionate toward the patient	0	1	2	3	4
3. Did the student utilize his/her time well?	0	1	2	3	4
4. Rate the content of the interaction.	0	1	2	3	4
5. Rate the overall communication process.	0	1	2	3	4

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," "/unsatisfactory-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. This will be submitted via MyCred under the Assignments tab, create a file titled "Midpoint Assessment - November" or "Final Assessment – April.".

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 MyCred with mid-point and final portfolio submissions. In addition, a reflection, following the components listed on the next page of this manual, should be completed by the student.

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).

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

Other comments:

Signature: _____ Site: _____

** Student must include reflection to experiential office.

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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 MyCred 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) in MyCred. Under the Assignments tab, create a file titled "Midpoint Assessment - November" or "Final Assessment – April." Upload your reflection and IPE form there along with the Patient Communication form and reflection and Longitudinal Assessment form, all in one document.

Absence Request Form
University of Findlay College of Pharmacy

THIS SHOULD BE COMPLETED ON CORE ELMS/RXPRECEPTOR (https://corehighered.com/login-elms**).**

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   _____ Other Explanation:
_____ Death in Family
_____ Residency Interview
_____ Attend Professional Meeting

*You must contact the preceptor and the Director of Experiential Education.

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

This serves only as a reminder to enter into CORE ELMS. PAPER COPIES are NOT ACCEPTED!

Approval requested _____   _____/_____/_____
                                    (Student)   (Date)

Approval _____   _____/_____/_____
              (Hub Site Coordinator/Preceptor)   (Date)

Received _____   _____/_____/_____
              (Director of Experiential Programs)   (Date)

APPENDIX B

Bloodborne Pathogens Exposure Procedure

Background:
Bloodborne pathogens 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 following should be followed.

Purpose:
To establish a clear set of directives in the event a student or faculty/staff member is exposed to a possible bloodborne pathogen (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 to a potential BBP

2. **Report and Document Exposure**
   a. Students should inform their clinic supervisor/preceptor of the incident immediately. The supervisor should then report to the department chair/director of experiential education and to Cosiano Health Center. Faculty, staff, and students may seek care with their personal healthcare provider or with Cosiano Health Center on campus.
   b. Source to complete the "Source Individual Consent Form"
      i. This can be performed by clinic supervisor or another 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 Cosiano Health Center.

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

      ii. 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 or visit https://nccc.ucsf.edu/clinician-consultation/pep-post-exposure-prophylaxis/.

     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. Start PEP medication regimens as soon as possible after occupational exposure to HIV and continue them for a 4-week duration.

               2. Animal studies suggest that PEP is less effective when started more than 72 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 72 hours.

               3. Exact regimens and recommendations for disease- specific PEP management should are provided by the CDC and are available at https://npin.cdc.gov/publication/updated-uspublic-health-service-guidelines-management-occupational-exposures-human

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/niosh/docs/2007-157/default.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. 2013. Available from: https://npin.cdc.gov/publication/updated-us-public-health-service-guidelines-managementoccupational-exposures-human.

Source Individual's Consent Form
HIV, HBV, and HCV Testing
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:

Bloodborne Pathogen Exposure Documentation

University of Findlay – College of Pharmacy

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 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 their 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:_____

The supervisor should submit this documentation to the department chair and to Cosiano Health Center.

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 and 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-10 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).