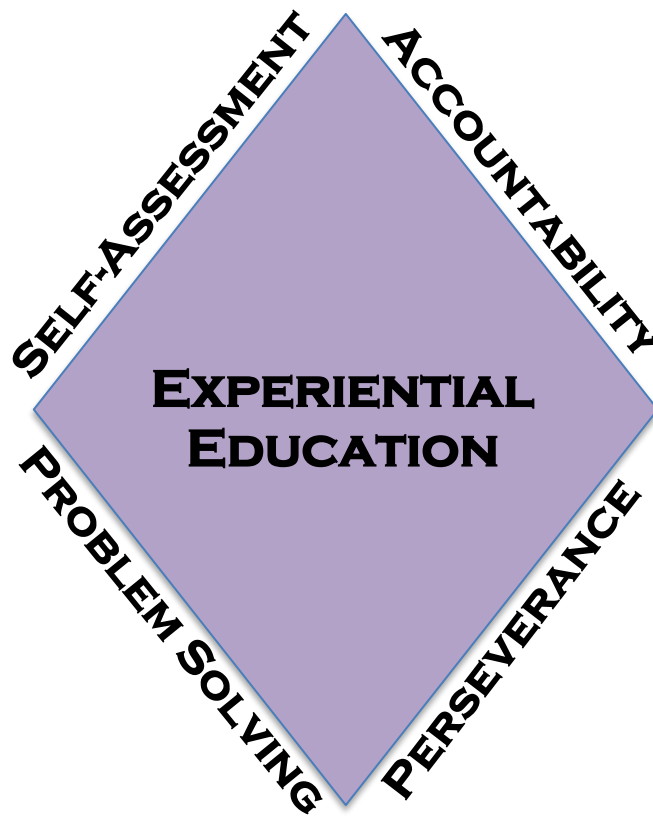


The University of Toledo
College of Pharmacy
& Pharmaceutical Sciences

PharmD Experiential Manual



2018-2019



Sections Highlighted in Yellow=policies pertaining to IPPE

Sections Highlighted in Green=Policies pertaining to APPE

Sections with NO highlights=policies pertaining to BOTH IPPE and APPE

D) DOCTOR OF PHARMACY EXPERIENTIAL OBJECTIVES

A) EXPERIENTIAL EDUCATION CORE OUTCOMES

- 1) The Introductory Pharmacy Practice Experiences (IPPEs) and Advanced Pharmacy Practice Experiences (APPEs) are designed to provide practical, closely supervised, intellectually stimulating professional experiences which will enable students to develop fundamental capabilities to become highly 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.
- 2) For each experience students are assigned in the Doctor of Pharmacy Program, students must perform at a level capable of achieving and/or exceeding the objectives for each experience. The preceptor will determine the student's progress towards meeting these objectives throughout the experience.
- 3) **Knowledge:** Throughout the experiential sequence, the student shall continually increase his/her depth and breadth of knowledge of disease states, diagnostic procedures, laboratory tests, drug selection, and pharmacotherapeutic issues. Emphasis will be placed on the essential knowledge of drugs and diseases and the provision of appropriate pharmaceutical care.
- 4) **Clinical Problem Solving Skills:** Throughout the experiential sequence, the student shall continually improve his/her problem solving skills.
- 5) **Communication Skills:** Interactions with individuals, either written or oral, is a continual aspect of being a pharmacist. Throughout the experiential sequence, the student shall continually improve his/her communication skills. Emphasis will be placed on the student developing appropriate communication skills with health professionals and patients.
- 6) **Professionalism:** Throughout the experiential sequence, the student shall conduct himself/herself in a professional manner at all times.
- 7) **Success in the experiential program: The Diamond**
 - (a) The experiential series is the blend of knowledge with skills in real-life application. This requires the continual development both personally and professionally in four main areas:
 - (i) Problem-Solving
 - (ii) Self-Assessment
 - (iii) Perseverance
 - (iv) Accountability
- 8) **Application of the Pharmacist Patient Care Process**
 - (a) Practice the process of collecting, assessing, planning, implementing and following up through monitoring and evaluation in working with patients.

B) IPPE GOALS AND OBJECTIVES

- 1) IPPEs should serve as an initial exposure to pharmacy practice in a variety of settings and aid in the development of students understanding and participation in daily pharmacy operations. Specific IPPE hour requirements vary by class. In general, the majority of hours are made up of community & institutional experiences. Community Experiences are earned in the P1-P2 years and institutional experiences are completed in the P3 year. Additionally, students gain experience through electives, service, and Kroger Wellness opportunities which are completed throughout the P1-P3 years. General IPPE Goals Include:
 - (a) Demonstrate ability to develop and implement a plan for student's professional growth.
 - (b) Apply verbal communication skills in order to counsel patients regarding the purposes, proper uses, therapeutic and adverse effects, and self-monitoring of their medications and to promote wellness and health.
 - (c) Participate in experiences and interactions with health care consumers, pharmacists, pharmacy technicians and other health care providers in community, institutional and other pharmacy or healthcare settings.
 - (d) Outline and utilize the Pharmacist Patient Care Process throughout activities & experiential learning opportunities.
- 2) **IPPE Community Experiences**
 - (a) Please see Appendix A for the IPPE Community Objectives & Checklist.
- 3) **IPPE Institutional Experiences**
 - (a) Please see Appendix B for the IPPE Institutional Objectives & Checklist.
- 4) **IPPE Elective & Kroger Wellness Experiences**
 - (a) Elective experiences may vary based on student interest. Electives are designed to allow students the opportunity to gain exposure to areas of pharmacy practice not acquired through required community & institutional experiences. Several elective hours of varying types are earned by students throughout the P1-P3 years. Minimum requirements will vary by class and will be described within the IPPE course series. At minimum, students should be exposed to alternate areas of pharmacy practice, direct patient care, service to the community and working with different patient and healthcare populations. Additionally, Kroger Wellness Experiences are required for all P1-P3 students to assist in applying knowledge and skills to providing a service to the community. Throughout all of these experiences, students should continue to progress in Experiential Education Core Outcomes.
- 5) **Site-Specific Requirements**
 - (a) Each IPPE experience, in addition to the general and specific objectives & checklists, may include specific responsibilities that students must meet in order to successfully complete the experience. These responsibilities include:
 - Required activities and obligations as assigned by the preceptor or site
 - Meeting minimum standards with respect to preceptor's objectives
 - Passing of any preceptor-initiated assessments

C) APPE GOALS AND OBJECTIVES

1) Objectives for required rotations: Advanced Inpatient-General Medicine, Ambulatory Care, Hospital/Health System, and Community, are outlined in Appendix C-F. Each rotation experience is defined in terms of necessary knowledge and skills that must be mastered for successful completion of that rotation. For each APPE rotation, there are two levels of objectives defined as follows:

(a) Experiential Education Core Outcomes

- (i) These outcomes address competencies that students are expected to master regardless of the rotation specialty.
- (ii) In addition, each APPE rotation will have certain site-specific responsibilities and obligations which students must meet and fulfill.

2) General APPE Core Rotation Objectives

(a) At the conclusion of each rotation, when presented with a patient and his/her diagnoses, physical findings, laboratory results, medication list, and/or other pertinent information, the student will be able to complete the following:

(i) KNOWLEDGE OF DRUG THERAPY

➤ For each medication given to the patient:

- Describe the mechanism of action
- Identify the indication for use and place in therapy
- List routes of administration
- Define onset and duration of action
- Identify significant drug interactions and drug-lab interactions
- Describe the pharmacokinetic features and the impact of the patient's factors on the medication's pharmacokinetic features
- List adverse effects and estimate the relative risk of occurrence
- List monitoring parameters for determination of efficacy and toxicity

(ii) KNOWLEDGE OF DISEASE STATES

➤ Describe the symptomatology, physical findings, pathophysiology, diagnostic procedures, laboratory tests, primary and alternative pharmacotherapies, and non-pharmacological treatments for medical illnesses pertinent to the rotation specialty.

(iii) KNOWLEDGE OF OTHER TREATMENT CONSIDERATIONS

➤ Describe other diagnostic, therapeutic, and procedural issues not specially addressed above.

(iv) PROBLEM SOLVING SKILLS

➤ Utilize problem-solving skills to perform the following:

- Integrate patient information and didactic information to:
 - a. Identify appropriate patient monitoring parameters
 - b. Construct a systemic approach to data collection and interpretation
 - c. Delineate therapeutic goals and time frame for achievement
 - d. Defend proposed treatment plans with information drawn from the current literature
- Methodically identify and anticipate patient problems using a major "body systems" approach to:
 - a. Listing possible alterations in a specific patient's course within a specific time interval
 - b. Identifying patient factors that may alter pharmacokinetic parameters of drugs
 - c. Delineating specific modifications in the therapeutic regimen to adequately cope with the proposed alterations

➤ Identify potential problems encountered with drug preparation and administration.

(v) COMMUNICATION SKILLS

- Effectively communicate with patients and health professionals, as deemed appropriate by the preceptor, by the following:
 - Performing discharge counseling and thorough medication histories in applicable patients
 - Performing brief dissertations on selected pharmacotherapeutic topics to physicians and other health professionals
 - Ensuring dissemination of therapeutic plans to physicians, nurses, pharmacists, and other health professionals
 - Documenting clinical pharmacy input into the therapeutic approach by placing concise entries into the patient record
- Retrieve, summarize, and disseminate relevant literature for use in the clinical decision making process.

(vi) PROFESSIONALISM

- Express the highest degree of professional ethics when dealing with patients and health care professionals.
- Express an appreciation for the personal and moral dilemmas confronting the family and patient with acute medical illnesses.
- Conduct oneself in a professional manner at all times.

3) APPE Skill-Based Activities

- (a) Skill-based activities are a roster of skills that students are encouraged to master by completion of the APPE sequence. These skills are listed in Appendix G. These skills must be achieved and documented throughout the APPE sequence in CoreTrax.

4) Site-Specific Requirements

- (a) Each APPE rotation, in addition to general and specific core objectives, has a list of specific responsibilities that students must meet in order to successfully complete the rotation. These responsibilities include:
- (b) Required activities and obligations
- (c) Meeting minimum standards with respect to general core rotation objectives
- (d) Passing of written and/or oral end-of-rotation examinations as requested by instructor

II) IPPE COURSE DESCRIPTION

- A) The IPPE Course Series occurs throughout the P1-P3 years and includes a total of 5 courses: PHPR 3920 IPPE-1 (Fall of P1 year), PHPR 3930 IPPE-2 (Spring of P1 Year), PHPR 4920 IPPE-3 (Fall of P2 year), PHPR 4930 IPPE-4 (Spring of P2 year) and PHPR 6920 IPPE-5 (Fall of P3 year). Grades for PHPR 6920 IPPE-5 are not assigned until after all IPPE requirements are met in Spring of P3 year. As with all PharmD courses, each student is responsible for registering for the appropriate IPPE course that coincides with their progression in the curriculum. Please see the policy below regarding out-of-sync students.
- B) Each course includes specific requirements in addition to and that coincide with IPPE experiences. In order to receive a passing grade for the course and progress in the experiential program a student must meet all requirements for the course as well as all requirements for the experience.
- 1) Any assignments to be completed during IPPE experiences will be discussed throughout the course series. Failure to meet deadlines for these assignments and requirements may result in failure of the experience.
- C) Each IPPE course has its own course syllabus, which will be available to students for the first day of class each semester. The course policies and requirements outlined in the syllabus must be followed in addition to all of the policies, procedures and requirements outlined in this manual.

III) APPE COURSE DESCRIPTION & SYLLABUS

- A) Registration instructions for APPE courses
- 1) Number & Level: **PHPR 8940**
 - 2) Each rotation is registered for individually in the semester in which it is taken. Students must register within the specified timeframes for each semester or will be subject to late registration fees. Each section number corresponds with the rotation month as listed below.
 - (a) **Summer**
 - (i) Section 006: June
 - (ii) Section 007: July
 - (iii) Section 008: August
 - (b) **Fall**
 - (i) Section 009: September
 - (ii) Section 010: October
 - (iii) Section 011: November
 - (iv) Section 012: December
 - (c) **Spring**
 - (i) Section 001: January
 - (ii) Section 002: February
 - (iii) Section 003: March
 - (iv) Section 004: April
 - (v) Section 005: May
 - 3) **NOTE – for PHPR 8940, Only register for 8 of these rotations**
 - 4) **Additionally, you must register for PHPR 8630, Longitudinal Drug Information (Seminar)**
 - 5) Please keep in contact with the Experiential Team throughout the year regarding course registration procedures.
 - 6) Credit Hours: Each calendar month rotation for PHPR 8940 = 4 semester hour credits
 - (a) PHPR 8630 = 2 credit hours
 - 7) Tuition is charged at a flat rate per credit hour in the P4 year. Tuition plateaus are not utilized.
 - 8) For students needing to register for >18 credit hours in any given semester an email must be sent to Jing Meyer (jing.meyer@utoledo.edu) including the following information: student Rocket number, semester, number or credit hours requested, reason for request (reason=APPE schedule)
- B) Prerequisites:
- 1) Successful completion (grade of 'C' or better) of all required coursework and experiences in the Doctor of Pharmacy program (this includes all coursework including graduate professional electives)

- 2) Specified health, legal, and professional requirements including immunization certification
 - 3) A required course cumulative GPA of ≥ 2.75 is required to begin the APPE sequence
- C) Course description: Advanced clinical experiences in institutional, community, ambulatory, and advanced inpatient-general medicine pharmacy practice, and various elective experiences.
- D) APPE rotation selection requirements: A student is required to complete eight (8) one month rotations and one
- (1) Longitudinal Drug Information APPE.
 - 1) One rotation in each of the following:
 - (a) Community
 - (b) Hospital/Health System
 - (c) Ambulatory Care
 - (d) Advanced Inpatient-General Medicine
 - (e) Longitudinal Drug Information APPE (Seminar)
 - 2) Four elective rotations – one elective must be a patient care rotation; remaining 3 elective rotations may be of any type
- E) Performance standards: To have successfully completed the APPE rotation sequence, the student must accomplish the following:
- 1) Successfully complete nine APPE rotations including eight one-month rotations and one Longitudinal Drug Information APPE that meet the requirements above.
 - 2) Successfully complete the general core rotation objectives (see core rotation objectives).
 - 3) Successfully meet his/her site-specific responsibilities provided by the preceptor.
 - 4) APPE Skill Based Activities Checklist (appendix G).
 - (a) >90% of items from the checklist must be documented as complete at any performance level at least once throughout your APPE series
 - (b) Checklist items must be documented in CoreTrax within 1 week of completing the associated APPE rotation
 - 5) All mandatory evaluations must be completed following the experience. Refer to Required Experiential Evaluations section.
- F) Rotation selection process: Rotation sites will be assigned based on rotation availability, requirements, and student interest. To participate in the selection process, students must be in good academic standing and be on target to start APPEs in June. Students also must attend all mandatory meetings and submit all required documents by specified deadlines to participate in the selection process. Students with higher Experiential Professionalism Scores (see section V) will be given priority during the APPE selection process. Please note – during the rotation-planning process, students may NOT contact preceptors without the express permission of a Director of Experiential Education.
- G) Grading: Student's grades, for registration purposes, will either be "S" (Satisfactory) for passing the rotation or "U" (Unsatisfactory) for failing the rotation. A "PR" (Progress) may be assigned under special circumstances at the discretion of experiential faculty.
- 1) For any experience in which a student receives a "U," he/she must complete a remediation experience. Registration for this experience is required and is the responsibility of the student.
- H) APPE sites not affiliated with The University of Toledo College of Pharmacy may be considered for a rotation if the experience offered by this rotation is deemed to enhance the education and/or training of the student beyond what can be offered by The University of Toledo College of Pharmacy. The decision regarding the ability for students to attend a non-UT-affiliated APPE site is up to the discretion of experiential faculty. Participation in a non-UT rotation is contingent upon the implementation of an affiliation agreement between the site and the University. Also, the student must meet any additional site-specific health, legal and professional requirements including additional background checks etc.
- 1) The experiential department will make their best effort to implement the University's standard affiliation agreement with the site, but the student should be aware that agreements can take many months to complete and an agreement between the two parties cannot always be reached.
 - 2) Each student will be permitted to complete no more than 1 rotation at a non-UT affiliated rotation site

- 3) Contact information for a non-UT-affiliated site must be provided to the Experiential Team on the Special Setup Form, found on the IPPE-5 Blackboard site, by the specified due date.

D) OTHER SPECIFIC APPE REQUIREMENTS

- 1) When an APPE is scheduled, the college makes a commitment to the site and preceptor, which cannot be broken except under extreme circumstances.
- 2) The student is responsible for travel, housing, transportation, and all other necessary resources required to complete rotations. Failure to secure any of the above will result in the rotation being cancelled. The student will then complete a rotation during the first available month at the end of the remaining APPEs.
- 3) Each student will be required to complete an exit interview before graduation. This process will assist the college to improve its program, curriculum, and the experiential program.
- 4) **You will need to apply for graduation in January for the Spring commencement.** Announcements will be sent via UTAD email as soon as this date is known. Everyone who intends to graduate must apply even if not attending the ceremony.

IV) GENERAL POLICIES FOR ALL PHARMD STUDENTS THROUGHOUT EXPERIENTIAL SERIES

- A) For any experience, students must be dressed professionally at all times. Students will follow the UT CPPS Pharmacy Practice Department Dress Code. This includes:
 - 1) Male students: White professional coat/jacket (clean and pressed) with name badge, slacks, dress shirt, and appropriate tie (or sweater with a collared dress shirt in winter months) and appropriate shoes (closed-toe) and socks.
 - 2) Female students: White professional coat/jacket (clean and pressed) with name badge, dress or skirt of appropriate/professional length (knee length, no tight tube skirts); slacks with dress shirt, blouse, or sweater and appropriate shoes (closed toe) and socks or hosiery.
 - 3) Use professional judgment with regard to current fads or fashion trends. You should look as though you are going to work as a pharmacist and your clothes should not be a distraction. Some examples of clothing that would be considered unprofessional include midriff or low-cut tops, mini-skirts, flip-flops, and tennis shoes.
 - (a) Visible pierced jewelry or tattoos should be removed or covered up. Conservative earrings are acceptable.
 - (b) Hats or baseball caps should not be worn
 - (c) Be respectful of others with regard to wearing an excessive amount of cologne or perfume.
 - (d) The use of artificial nails is prohibited by institutional policy for the purpose of infection control.
- B) Students must wear name tags and or ID badges at all times as designated by the site.
- C) Occasionally, sites require additional health requirements, background checks, drug screening, liability insurance or other requirements. Completing these additional requirements is the responsibility of the student and are to be completed at the student's expense.
- D) If a drug screen is required by an experiential site and returns with positive results for any parameter tested (that does not have a correlating valid prescription), the student will be temporarily suspended from experiences and will be referred to the Professional Conduct Committee.
- E) If evidence suggests that a student at a site is under the influence of drugs or alcohol, the college or site reserves the right to require a toxicology screen to be completed immediately upon request.

- F) As more states are legalizing recreational and/or medicinal use of marijuana, its use, sale and dispensing are currently against federal law. Any student in possession of, or testing positive for, marijuana even if used, obtained or sold in a capacity legal at the state level, will be removed from experiences and referred to the Professional Conduct Committee.
- G) Any student failing to meet any requirements prior to attending the site will not be able to complete that experience. The student will be rescheduled for an experience at a later date. Placement will be based on site and preceptor availability.
- H) Students should check with the instructor at each site regarding that site's policy for use of patient charts and electronic health records. Students should only be accessing information which directly pertains to the care of patients they have been assigned.
- I) Access codes and login information to electronic resources or electronic health records issued to the student are to be utilized only by the individual who was issued the information and only during the time of the experience.
- J) The use of cell phones or other electronic devices is prohibited without the express permission of the preceptor. It is recommended that the student discuss the electronic device expectations with the preceptor on the first day. Explain what device(s) you have and in what capacity it would be appropriate to use them.
- K) Before any student makes contact with a patient, he/she must check with the preceptor who will then coordinate these activities.
- L) Patient interviews should be conducted at times that coincide with optimum patient physical, emotional, and intellectual wellbeing, taking into consideration patient convenience.
- M) No patient education sheets are to be given to a patient without the approval of the preceptor.
- N) Affiliation Agreements between the University on behalf of the College of Pharmacy and the sites providing clinical experiences require that all students in a particular institution comply with the policies that are in effect for its staff.
- O) In order to conserve the time of other health professionals, the student should seek out the preceptor for advice and answers when questions and problems arise that do not directly affect the patient.
- P) Once a grade for the experience has been determined by the preceptor and a Director of Experiential Programs, the student cannot withdraw from the course, even if the withdrawal period is still open.
- Q) Enrollment in any given experience will be limited by the number of preceptors available to provide instruction in that practice area. The number of students at a site at any one time will be limited by the capacity of that site and other obligations of the preceptor. Students with higher experiential professionalism scores (see section V) will be given priority during all experiential placements. If professionalism scores are equal placements will be made in a manner that provides all students an equal opportunity to obtain the spots that they desire. In the event that the number of requests exceeds the capacity of the site, placement in that site will be the result of a random selection process. Placement in any site or geographic location is not guaranteed even if available rotations still remain at that site or geographic location. Placements in experiential sites are final and cannot be appealed.
 - 1) The experiential team will put forth their best efforts to assure that each experiential placement is made within 60 miles of a student's geographical preference as input into CoreTrax.
 - 2) The experiential team has an obligation to fill specific experiential sites with students each year. These sites will be filled with priority and may require placing students outside of their preferenced locations or sites.

- 3) Students requiring accommodations for disabilities, learning or physical, must use the process defined for the individual by the UT Student Disability Services Office. The Experiential Director must be made aware of any required accommodations well ahead of placement.
- R) Conflicts of interest between students and preceptors should be avoided whenever possible. Conflicts of interest can occur when a student completes an experience with a preceptor whom he/she had a previous relationship. This includes family members, family friends, significant others, current employers and anyone else who has a pre-established relationship with the student. It is the responsibility of the student to inform the Experiential Director if a real or potential conflict of interest exists with a site/preceptor available for experiential placement prior to the placement process and at any time such a conflict may develop (example: student is hired by experiential site).
- S) Conflicts of interest between Students and Patients may occur between students and the patients they serve. Conflicts of interest may occur when a student encounters a patient with whom he/she had a previous relationship. This includes family members, family friends, significant others or anyone else who has a pre-established relationship with the student. However, the student is expected to be sensitive to the preceptor's daily schedule and time commitments. Each preceptor has responsibilities not only to the student, but also to his/her institution, practice roles, research projects, etc. Blocks of time are often required to fulfill these activities and untimely distractions can adversely affect the preceptor's productivity. It is suggested that the student attempt to schedule specific times to meet with his/her preceptor and keep other interruptions to a minimum. Of course, urgent questions and problems should be handled as soon as possible.
- T) The lines of communication should remain open between the student and the college through the experiential office. Students are encouraged to bring problems and concerns forward as soon as they are identified. Accordingly, they can often be resolved or minimized before the student or preceptor is adversely affected.**
- U) Contact information including addresses and phone numbers must be kept up to date in CoreTrax throughout the year. It is extremely important that the college be able to contact the student immediately at any time. **Students MUST check their UTAD email (Rocket account) each business day throughout the P1-P4 years and respond in a timely manner to all preceptors and experiential team members. This is especially important throughout the Fall and Spring semesters and any time experiential hours are being earned.** Important information is provided via UTAD (Rockets) email throughout the year, including summers, and this is the only email account used by the Experiential Team. If the student is temporarily in a location that prohibits them from checking or responding to email, they are required to have an "Away Message" auto-replying from their email account. At a minimum, the away message should include dates the student is unable to respond to emails. The student is also required to have an appropriate contact method in CoreTrax, should the experiential team have a need to get in touch with the student immediately.
- V) Students should maintain an appropriate positive, professional attitude throughout the experiential course series. It is important for the student to realize that his/her actions and words are not only a reflection of themselves, but also of the site, the program, the college and the university.

V) EXPERIENTIAL PROFESSIONALISM SCORE

- A) The Experiential Professionalism Score is a score that is assigned to a student at the beginning of the P1 year and follows the student through the professional division. Each student begins with a score of 100. Points may be maintained or lost based on student behavior. This score determines eligibility of setting preferences and being placed for experiences throughout the experiential series. This may affect items such as:
- (a) Timing of experience
 - (b) Site/location of experience
 - (c) Type of experience
 - (d) Preceptor for experience
- B) Examples of behaviors which may decrease a student's professionalism score
- 1) Failure to meet deadlines

- 2) Failure to respond to email or other communications in an appropriate timeframe
 - 3) Failure to fulfill obligations or responsibilities
 - 4) Unprofessional interactions with preceptors, peers or experiential team members
 - 5) Lack of accountability for one's actions
- C) Score is primarily maintained by following the principles of The Diamond
- 1) Problem-Solving
 - 2) Perseverance
 - 3) Self-Assessment
 - 4) Accountability

VI) EXPERIENTIAL CONFIDENTIALITY OF INFORMATION POLICY

- A) It is the policy of The University of Toledo College of Pharmacy and Pharmaceutical Sciences that all PharmD students have a legal and ethical duty to respect, protect and maintain the patient's right to confidentiality. All information concerning patients and patient care is to remain confidential. The Health Information Portability and Accountability Act (HIPAA) prohibits the disclosure of any patient information without the written consent of the person to whom the information pertains. Information pertaining to the patient's scheduled appointment, admission, diagnosis, treatment and financial status is confidential and must be protected. Additionally, during any experiences involving education of students, the Family Educational Rights and Privacy Act (FERPA) must be adhered to. This includes keeping all information regarding enrollment, grades, performance and disciplinary action of other students confidential.
- 1) **All patient and student information** is confidential and must be safeguarded.
 - 2) Confidential patient information may be shared with other health care providers only if the information is required for patient care, research and/or educational purposes. The use of the patient's name or identity should not be used in such situations, unless entirely necessary.
 - 3) Maintaining patient and student rights to confidentiality includes selecting private settings to conduct interviews, perform assessments and refraining from discussing confidential information in public areas (i.e., stairwells, hallways, elevators, restrooms).
 - 4) Records bearing patient names or other forms of identification are not to be removed from the facility without permission from the preceptor. Viewing or accessing health records outside of the healthcare facility poses an even greater risk of breach. Students should take all precautions necessary to protect patient information.
 - 5) The University of Toledo College of Pharmacy and Pharmaceutical Sciences considers a breach of confidentiality a serious infraction. Violation of this policy will result in appropriate, corrective disciplinary action, up to and including dismissal from the PharmD program.

VII) SOCIAL MEDIA & PUBLIC FORUM POLICY

- A) 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 in any social media or public forum regarding encounters during experiential education, even if posted in a non-identifiable way, is strictly prohibited.

VIII) HEALTH, LEGAL AND PROFESSIONAL REQUIREMENTS

- A) A current Ohio internship license is required throughout the professional division curriculum, regardless of location of experiences. Additionally, a current internship license in the state where any experience is being completed is required if practicing outside of Ohio. Exception: If completing a rotation at a federal facility (VA, prison, FDA, Indian Health service etc.) your Ohio license will be sufficient. You do not need an additional license in the state in which the facility resides. If you are assigned to an experience that requires licensure from another state, a copy of said license(s) must be uploaded in CoreTrax prior to the first day of the experience.
- B) Incoming P1 students must be in possession of their Ohio intern license by September 15th of their P1 year. Students not in possession by this date will be immediately removed from the Fall IPPE 1 course. If a student perceives any potential issues with obtaining licensure by this time, they should inform a Director of Experiential as soon as possible. The student will receive a grade of 'PR' or 'F' for Fall PPHR 3920 as determined by a

Director of Experiential Education. Students not in possession of their Ohio intern license by the first day of the spring semester of their P1 year will be administratively removed from all coursework.

- C) It is the responsibility of the student to inform the experiential office immediately if their intern license is revoked, suspended or under investigation at any time.
- D) There are several health requirements students must keep up to date and uploaded in CoreTrax throughout the experiential sequence. This includes uploading a copy of the completed immunization and health documentation form completed upon admission to the PharmD program. Additionally, proof of physical exam, seasonal influenza vaccine and appropriate TB Screening Form must be completed and uploaded annually. The physical and TB screening must be documented using the form found in Appendix H. Documentation of the seasonal flu vaccine should be in the format provided by the provider of the vaccination and must be completed and uploaded to CoreTrax by November 1st each year. These health documents must be kept up to date in order to earn experiential hours and remain in good standing in the experiential program.
 - 1) Please note: A 30-day grace period is allotted for the annual TB test and physical to allow for any insurance requirements. In the event documents are not updated by the end of this 30 day grace period:
 - (a) For IPPE - any experiential hours earned in that grace period will be removed and progression in the program may be delayed. Additional hours may be added to your requirements if TB or Physical is more than 30 days expired.
 - (b) For APPE – the student will be immediately removed from the rotation and will receive a grade of U for the experience.
- E) Instructions and registration information for CPR training will be provided during the P1 and P3 years. CPR certification must be obtained in the P1 year and renewed in the P3 year in the timeline indicated by the experiential team. A copy of the most recent card must be uploaded in CoreTrax. CPR certification must be current and active at all times during the student’s duration of the PharmD program. Each student must complete recertification at minimum every two years.
- F) Yearly Documentation
 - 1) Students are required to indicate their agreement to a series of statements and policies at the beginning of each academic year. At minimum, this will include:
 - (a) Policies of the current Experiential Manual
 - (b) Declaring criminal or legal actions
 - (c) Confidentiality policy
 - (d) Waiver and acknowledgement of blood borne pathogens
 - (e) Health documents and background check release

IX) REPORTING OF NON-EXPERIENTIAL HOURS

- A) After graduation from the PharmD program the Ohio State Board of Pharmacy certifies to other state boards of pharmacy that each student will have completed 1740 hours of practical experience. This is sufficient to sit for the board exams in the state of Ohio and many other states. No paperwork is necessary to confirm these 1740 hours. Additional internship hours can be accumulated through the student’s internship or volunteer site and submitted to the Ohio State Board of Pharmacy, if you think you may want to apply for licensure by examination in a state that requires more than 1740 hours of internship credit. The student is required to complete a *statement of preceptor* prior to accumulating additional reportable hours. A *practical experience affidavit* must also be submitted by the student each year in March, in order to count additional hours. Please see the Ohio State Board of Pharmacy website for additional information.
- B) **CONSIDER REPORTING AT LEAST AN ADDITIONAL 1000 HOURS SO THAT YOU HAVE ENOUGH EXPERIENCE TO SIT FOR ANY BOARD EXAMINATION FOR ANY STATE. YOU NEVER KNOW WHERE YOU MAY END UP WORKING**
- C) ***Note – recent rule changes in Pennsylvania require a significant number of intern hours to be earned outside of the curriculum. Other states may have similar laws.**

X) POLICIES REGARDING TIME SPENT AT EXPERIENTIAL SITES

- A) Students should contact each preceptor **two weeks** prior to beginning the experience (or when specified by preceptor/experiential team). Students should determine when the rotation begins, where to park, where to meet the preceptor, what to bring, and any other general expectations. This is the student's responsibility.
- B) Realize that your experiential commitments take priority over any outside employment commitments, even during evenings. In addition, in some instances, this may include weekends or holidays.
 - 1) It should be clear that working is not an acceptable excuse for not completing experiences, assignments, objectives, and/or competencies in the designated timeframe.

C) IPPE Experiences

- 1) The student's schedule is at the discretion of the preceptor. Experiences that are assigned specific times/dates are not to be changed or requested to be changed by the student. If there is a perceived scheduling conflict, the student should notify a member of the Experiential Team prior to the experience beginning.
- 2) Signing up for an experience via Sign-Up Genius or otherwise is considered a full commitment to that shift/experience. Students may not remove their name or commitment to this shift/experience and must be in attendance. Failure to attend an experience a student has committed to will result in disciplinary action and may a hearing before be referred to the Professional Conduct Committee.
- 3) If you must miss any scheduled experiential hours for any of the reasons outlined in The University of Toledo Missed Class Policy, found at http://www.utoledo.edu/facsenate/missed_class_policy.html, you are expected to notify a Director of Experiential and the preceptor (if the experience has begun) as soon as possible. It will be your responsibility to reschedule the missed visit at a time that is suitable for both you and your preceptor. Advanced notification is expected whenever possible. Notification of absence should occur **through email and a phone call.**
- 4) There will be zero tolerance of tardiness and unexcused absences for experiences. Students who are tardy or have unexcused absences may be asked to leave the site or be removed from the site. This may jeopardize the student's successful completion of the IPPE program.
 - (a) Individual preceptors should immediately contact one of the Experiential Education Directors if such tardiness or absences occur.
- 5) Recording & Reporting of IPPE Hours
 - (a) All IPPE hours must be recorded into CoreTrax within 48 hours of being earned. Failure to log hours in the appropriate manner and within this timeframe will result in the loss of hours and the need to repeat/make up these hours.

D) APPE Rotations

- 1) The student will devote the necessary amount of time required to complete the rotation objectives and carry out the assigned rotation functions and responsibilities. This will generally require **a minimum of 40 hours per week at the site and 10 to 20 hours per week at home**. Absences from the institution during regularly scheduled experience hours should be cleared through the preceptor in advance. In the event of an excused absence, the time may be made up at the discretion of the preceptor.
- 2) The student's schedule is at the discretion of the preceptor. This may require the student to work outside of the traditional '8 to 5' timeframe, potentially including evenings, weekends, night shift, etc. If the student perceives a conflict, this should be addressed **before** the rotation begins during the initial communication with the preceptor. It is not appropriate to request schedule changes for the student's convenience; for example, to accommodate a student's outside work schedule.
- 3) Due to the intensity of each rotation and the need to guarantee achievement of rotation objectives, it is advised that students avoid taking time away from their rotations. However, it is recognized that students may need time off for personal business, job interviews, or other reasons.
- 4) Students are not given time off for "Fall Break" or "Spring Break," or other University holidays.
- 5) You will be attending and giving Longitudinal Drug Information (Seminar) Presentations during the Fall and Spring Semesters. Attendance to these is mandatory for APPE students. Please notify your preceptors of this commitment well in advance. This is not considered an absence from rotation.
- 6) Rotations will generally start on the first calendar day of the month and end on the last calendar day of the month. In most instances, if a month starts on a holiday or weekend, your first day will be the subsequent

first "business" day of the month; and, if the month ends on a holiday or weekend, your last day will be the last "business" day of the month. However, do not assume this will always be the case and confirm starting dates and ending dates with your preceptor.

- 7) If the month changes mid-week and your new rotation requires you to live in a different zip code, assuming back-to-back rotations, you will need to make arrangements with one or both of your preceptors so that time can be made to allow you to travel to your new site. The actual handling of the situation will depend on each situation.
 - (a) One general suggestion is to look at the calendar. If the first day of the new rotation is on a Friday, ask the preceptor of your new rotation if you could start on the following Monday. If the last day of your old rotation is on a Monday, ask the preceptor of the old rotation if the last day of your rotation could be the preceding Friday. For other scenarios, leaving the old site one day earlier and starting the new site on the first of the month works best.
 - (b) Time off for travel to new rotation sites are considered absence days and should be documented appropriately.
- 8) Whether you are responsible for APPEs on holidays is up to the preceptor you have during that particular month. Do not assume anything (such as you will have the Friday after Thanksgiving off) without talking to your preceptor. Generally, discussing these items at the beginning of the month will avoid any conflicts.
- 9) Students will be allowed up to a total of **eight** excused days away from APPEs throughout the APPE sequence (not including professional meetings). In the event that a student exceeds the eight allowed absence days, the student will be assigned a grade of "PR" (progress) for the 8th one-month rotation in the sequence. The student will then register for an additional ("10th") rotation. This rotation will be assigned at the discretion of the Director of APPEs. After successful completion of this 10th rotation, the student will be assigned a grade of "S" (satisfactory) for the 8th and 10th rotations.
- 10) Professional meetings (such as ASHP Midyear Meeting, Ohio Pharmacist Association Annual Meeting, etc.) are considered important co-curricular activities where valuable information is exchanged that benefits pharmacy practice. For the PharmD student in attendance, these meetings provide not only educational experience but also an opportunity to establish personal contacts which may greatly influence professional activity after graduation. In addition, student attendance at professional meetings is consistent with the philosophy of encouraging practitioner involvement in professional associations. Therefore, student requests for absence from an APPE rotation to attend professional meetings should be distinct from all other absence requests, and time away from the site for this purpose should not have to be made up. Rotation objectives may have to be modified to accommodate the shortened "on-site" tenure. It is not unreasonable, however, for the APPE preceptor to request that a report be provided by the student on specific meeting activities to be shared with the staff upon return from the professional meeting. Time away for professional meetings must be logged in CoreTrax as professional time.
- 11) No more than **three** days of approved absence during a single rotation may be requested. If these guidelines are exceeded, the preceptor may take appropriate measures to ensure achievement of objectives or the student may be removed from the rotation and required to make up the rotation. Advanced notification is expected whenever possible. Notification of absence should occur **through both email and a phone call**. Absence from the APPE site does not relieve the student of any of the rotation objectives or responsibilities.
- 12) Time off is to be taken only with the prior approval of the preceptor at the site. This includes excused absences as well as time away for professional meetings. Time off for weddings, honeymoons and/or special vacations should not be planned during APPEs.
- 13) Extenuating circumstances and extended illnesses will be reviewed by a Director of Experiential.
- 14) Primary responsibility for keeping track of time off will rest with each student. The student is required to complete an online absence approval request for each absence from the APPE site, regardless of the reason. This should be completed using CoreTrax. Any absence taken where an absence request is not filled out within 24 hours of return to the site is considered professional misconduct and will follow the Discipline & Dismissal Policy.
- 15) Unexcused absences are NOT tolerated and jeopardize the student's successful completion of the program. Individual preceptors should immediately contact the experiential faculty if such absences occur.

- 16) Using rotation time or taking time off from rotation to work on the student's Longitudinal Drug Information APPE is NOT considered appropriate. This would be considered an unexcused absence and will be handled following the Discipline & Dismissal Policy outlined in this manual.
- (a) Time taken from the rotation for travel to/from a distant rotation is to be made up during the rotation or reported as an excused absence at the discretion of the preceptor. Generally no more than 2 days (including weekend days) should be taken for travel.

XI) EXPERIENTIAL DISCIPLINE & DISMISSAL POLICY

- A) Pharmacy students may be dismissed from an experiential site at any time during the experience by the site, preceptor or Directors of Experiential Education through the initiation of the Dismissal Procedure described below.
- B) ACTIONS WHICH ARE SUBJECT TO DISCIPLINE AND/OR DISMISSAL
- 1) Failure to adhere to site policy and/or procedure
 - 2) Failure to adhere to UT Experiential Program policy and/or procedure
 - 3) Failure to meet a UT Experiential Program requirement
 - 4) Failure to adhere to contractual obligations between a site and The University of Toledo
 - 5) Tardiness and/or unexcused absences for experiences
 - 6) Blatantly unacceptable or continuously unacceptable program performance
 - 7) Mistreatment of The University of Toledo and/or site employees
 - 8) The performance of an action which is detrimental or potentially detrimental to the care of a patient
 - 9) The performance of an action which is detrimental or potentially detrimental to the clinical service provided by the site and/or preceptor
 - 10) The performance of an action that is considered academic dishonesty according to The University of Toledo's "Policy Statement on Academic Dishonesty"
 - 11) The performance of an action that is considered detrimental or potentially detrimental to The University of Toledo's relationship with the experiential site
 - 12) Any behavior that violates a local, state or federal law
 - 13) Any behavior that is in violation of the UT Student & Faculty Pledge of Professionalism
 - 14) Any final evaluation indicating a student is not meeting the minimum standards for any of the professionalism objectives will result in the student failing that experience
- C) During an experience, any student who fails to demonstrate the achievement of and/or progression in, all Experiential Education Core Outcomes (see Page 2) will be made aware of the deficiencies in writing at the time the deficiencies are noted so that the student may take steps to correct the said deficiencies. Any future preceptor of the student may be made aware of the said deficiencies so that the said deficiencies may be resolved prior to the student's progression and to circumvent the case that the said deficiencies are only temporarily improved. A student may fail to progress in the experiential program if the student does not demonstrate adequate development in Experiential Education Core Outcomes as determined by a Director of Experiential Education.
- D) DISCIPLINE PROCEDURE
- 1) When a circumstance or action occurs which is determined to be grounds for dismissal, the preceptor will inform Experiential Director of the situation. The situation will then be handled as follows:
 - (a) Situations related to inadequate performance will be handled on an individual basis. Whenever possible the student will be given a specific outline by the preceptor or Experiential Director as to how his/her performance must improve and/or meet expectations. An acceptable timeframe for improved performance will be determined by the preceptor and Experiential Director. A copy of this outline will be sent to the Experiential Director. If after the determined timeframe such performance improvements have not been achieved, the student will be removed from the site. For an APPE, a grade of "U" or "PR" will be assigned as determined by a Director of Experiential. For an IPPE, a grade of "F" will be assigned in the current or most recent IPPE course. In the event that an appropriate timeframe does not remain in the experience, the situation will be evaluated by the preceptor and a Director of Experiential and each case will be handled individually.
 - (b) Situations related to failing to meet a requirement, failure to follow policy or procedure, improper behavior, violation of professional or academic conduct codes, violation of a law, an action that is detrimental or potentially detrimental to patient care, a clinical service, the site, or the site's relationship with UT will be handled on an individual basis. Upon discussion of the situation between the preceptor and Experiential Director the student shall be subject to immediate removal from the site and shall receive a grade of "U" for an APPE or "F" for IPPE.

- (c) If the preceptor or Experiential Director determines that the student's continued presence at the experiential site would be disruptive and/or non-productive, the student may be immediately removed from the experiential site. The student will then be assigned a grade of "U" for the rotation or "F" for the IPPE course unless determined otherwise by Experiential Director.
- (d) Other disciplinary actions based on the specific situation and severity of infraction may include:
 - (i) Remediation of experiences
 - (ii) Additional experience requirements
 - (iii) Completion of additional assignments
 - (iv) Completion of presentations
 - (v) Change in Experiential Professionalism Score
 - (vi) Decrease in course grade

E) ACADEMIC PERFORMANCE POLICY

- 1) Any student who fails to pass a pharmacy practice experience or is dismissed from a pharmacy practice experience (for reasons other than an action detrimental to patient care and/or to the clinical service, see below) will be placed on academic probation *immediately* upon completion or dismissal from the experience. The student will continue on academic probation *for the duration* of the PharmD curriculum.
- 2) Any student **on probation** who fails to pass a pharmacy practice experience or is dismissed from a pharmacy practice experience will be immediately removed from the experiential program, receive a record review by the Academic Performance Committee and/or Professional Conduct Committee as appropriate, and be subject to dismissal from the Doctor of Pharmacy program.
- 3) For all experiences in which a passing grade is not earned, a remediation experience must be satisfactorily completed. The type of experience, location and the preceptor are chosen entirely at the discretion of Experiential Director. Remediation experiences must occur with a preceptor trained in remediation experiences. Registration for the remediation experience is the responsibility of the student and must be completed prior to start of the remediation experience.

F) STUDENT APPEAL OF GRADE ASSIGNMENT

- 1) A student may appeal the grade assigned for an experience according to the following procedures. These regulations require that the appeals process below must be followed in a stepwise fashion prior to an appeal attempt at the College/University level.
- 2) If a student feels that the grade for the pharmacy practice experience has been assigned as a result of prejudice, caprice or other improper conditions, or inconsistently with the grade assigned to other students concurrently fulfilling the experience, the student may appeal that grade.
- 3) The appeals process should be initiated by a meeting between the student and preceptor responsible for the evaluation in question. The student should have in written form an outline of the basis for appeal. The meeting should be scheduled no later than two weeks after the evaluation in question has been completed.
- 4) If the preceptor feels that a meeting would be nonproductive, the preceptor reserves the right to decline a meeting with the student and the appeals process defaults to the next step. If a meeting is mutually scheduled and the preceptor does not attend the meeting without notifying the student, the process defaults to the next step. Failure of the student to attend the meeting ends the appeals process. If no satisfaction is obtained through the meeting, the next step in the appeals process should be pursued.
- 5) The student should prepare a written document addressed to the Chairman of the Department of Pharmacy Practice specifying the basis for the appeal and identifying the attempts to resolve the problem with the preceptor. This document will be distributed to the members of the experiential grade appeals committee (consisting of the Pharmacy Practice Department Chair and Directors of Experiential Education) and taken under advisement by that group. The committee may meet with the student and/or the preceptor responsible for the evaluation in question separately or together to resolve any unclear issues and to establish certain facts. The committee will meet in closed session to render its decision. The decision will be made known to both parties in written form within one week of the meeting. The decision by the committee may take the form of a specific grade assignment and/or may include recommendations appropriate to rectifying the situation.

XII) REQUIRED EXPERIENTIAL EVALUATIONS

- A) The Student Performance Evaluation & Preceptor Performance Evaluation must be submitted in CoreTrax in order for the experience to be considered complete.
- B) Student Performance Evaluation**
- 1) This is the evaluation the preceptor will use to evaluate student performance. For APPEs, an evaluation must be completed at the midpoint and at the end of a rotation. For IPPEs, an evaluation must be completed at the midpoint and end of a community or institutional experience. The preceptor is encouraged to provide feedback to the student on a continual basis as necessary for all experiences. It is the responsibility of the student to assure completion of all evaluations.
- C) Preceptor Performance Evaluation**
- 1) This is the form the student should use at the end of the experience to evaluate the preceptor and site. For APPEs, this must be completed at the end of each rotation. For IPPEs, this must be completed at the end of community & institutional experience. The student is encouraged to provide constructive, professional feedback to the preceptor. This information is taken seriously by the preceptor and by the Experiential Program and is used to improve experiences for future students.

XIII) POLICY REGARDING OUT-OF-SYNC STUDENTS

- A) It is required that any student who is out-of-sync for any reason, notify the appropriate Experiential Director at the time they become out-of-sync. For each out-of-sync student, the IPPE hour requirements and process for assigning APPE rotations will be handled on an individual basis by the Experiential Director(s). The student is not permitted to complete any experiential hours or register for any further IPPE/APPE courses without written permission from an Experiential Director.
- B) Students who become out-of-sync in the PharmD curriculum must complete the Experiential Out-of-Sync Exit Documentation when becoming out of sync and not registered for experiential coursework. Students must contact the appropriate experiential director in the timeframe specified in the exit documentation in order to be placed for any subsequent experience. The student will be assigned and must complete Experiential Out-of-Sync Re-entrance Authorization in CoreTrax in order to re-enter the experiential program.
- C) A student must be on track to begin rotations in the following June in order to participate in the APPE selection process unless otherwise authorized by Experiential Faculty. Students must complete APPEs in the semester in which they are registered.
- D) **IMPORTANT:** It is the student's responsibility to contact the appropriate Experiential Director to inform them of his/her desire to re-enter the experiential sequence when returning from a leave of absence, suspension or completing required coursework.
- 1) A minimum of 3 months' notice is required to place students at an experiential site. Placement in specific rotations, geographic locations or facilities cannot be guaranteed.

XIV) POSITIVE BACKGROUND CHECKS

- A) Health professionals are required to work with vulnerable populations and therefore examination of any criminal history must be assessed for each student. The process is as follows:
- 1) Prior to entering the P1 year, each student must submit a background check to the Ohio State Board of Pharmacy in the process of obtaining an intern license. Additionally, each student must sign an attestation describing any criminal history in CoreTrax. This attestation must be renewed each academic year. False statements made on the attestation form will result in permanent dismissal from the PharmD program. During the P2 year the student will complete an additional background check that will be verified by the experiential team, in preparation for institutional IPPE and APPE experiences.
 - 2) If the student checks "yes" on the attestation form, the student will be required to complete an FBI and BCI&I background check and submit it to The University of Toledo.
 - 3) Any past history of criminal activities will be handled on a case-by-case basis. Any charges or convictions (even if expunged or sealed) will require written documentation explaining the circumstances which may be in the form of court documents or other legal documents.
 - 4) Depending on the circumstance, each preceptor may be informed that the student had a "hit" on his/her criminal background check. Certain sites have contractual statements requiring that *any* criminal activity be

reported before the student may engage in learning activities at that site. Additionally, any felony reported will be shared with all experiential sites to which a student is assigned. Each site will then have the right to accept or refuse the student. Should the site refuse to accept the student, the Experiential Director will make their best effort to find an alternative placement, but the student should be aware that acceptance is not guaranteed. Criminal activity may delay or prevent graduation from the PharmD program.

- 5) The student is strongly advised to discuss any possible criminal events and their potential effect on their progression in the curriculum with an Experiential Director. Background check findings may be submitted to the College Professional Conduct Committee for case review.
- 6) It is the responsibility of the student to inform the Experiential Director of any criminal charges or convictions even if pending. The Experiential Director must be notified within 5 business days of any charges or convictions.

XV) POLICY REGARDING PHARM D STUDENT RESEARCH INVOLVING HUMANS

- A) Any PharmD student who is involved in a research project involving humans where the results will be used in some manner to complete the requirements of receiving The University of Toledo PharmD Degree or whose efforts in a research project involving humans will be recognized and that the official recognition will indicate that the individual is a student of The University of Toledo, will need to have the research project approved by The University of Toledo's Institutional Review Board.

XVI) ACCIDENTAL NEEDLESTICKS

- A) In the event that a student experiences an accidental needle stick or is otherwise exposed to blood, bodily fluids or other infectious materials the following procedure should be followed.
 - 1) The student should *immediately* report the exposure to their preceptor.
 - 2) The student and/or the preceptor should immediately contact the UTCPPS experiential office.
 - 3) The student should follow the protocol for needle sticks that pertains to that experiential site.
 - 4) If the patient from whom the potentially infectious exposure originated is available, the patient should be requested to undergo HIV, Hepatitis C and Hepatitis B testing. Also, the patient should be asked if they have engaged in any high risk behaviors in the last 6 weeks. These behaviors include unprotected intercourse with an infected partner, unprotected intercourse with a partner whose status is unknown, male-to-male intercourse or IV or SQ drug use with shared needles.
 - 5) The student should call their primary care physician's office OR the student health center for follow-up as soon as possible after the exposure.
 - 6) The student should complete an HIV test 6 weeks after the exposure.

***The experiential team reserves the right to update the manual at any time throughout the year and provide said updates to students and preceptors.**

Dispensing Functions	Observe	Participate
Accept prescriptions from a patient & collect pertinent information for filling		
Interpret & translate written prescriptions (identify parts of a prescription and where each part is found, translate sig codes, etc.)		
Obtain the correct medication from stock (strength and dosage form) for prescriptions		
Correctly enter prescriptions into the computer system		
Interpret and manage DUR messages during the prescription finalization process		
View and navigate a patient's profile in the computer system		
Refill a medication for a patient		
Identify times in which prescriptions cannot be refilled and the process to resolve it (including notifying the prescriber and patient)		
Interpret authorization for refill requests		
Count/measure & properly package a prescription of various preparations (such as liquids, tablets, ophthalmic and otic preparations, injections, inhalers, etc.) with label & auxiliary labels for final verification		
File hard copy prescriptions according to law and store policy		
Accurately take telephone prescriptions from prescribers and office personnel		
Accurately transcribe voicemail prescriptions		
Accurately receive and transcribe a transfer (copy) from another pharmacy		
Accurately provide information to another pharmacy for a transfer (copy)		
Verify the accuracy and/or authenticity of a prescription with a physician's office via phone and document appropriately		
Order medications that are out of stock and communicate necessary information to the patient		
Process for medications that are not picked up (frequency, cost, calling of patients, return to stock)		
Billing/Insurance	Observe	Participate

Contact an insurance company to resolve a rejection		
Complete a prior authorization process for filling a prescription		
Process of filling DME supplies and proper billing procedure		
Effectively communicate to patients that a medication is not covered by their insurance		
Process of price matching or billing discount generic medications versus insurance (where applicable)		
OTC Medications		
Efficiently gather pertinent information from patient to answer questions about OTC medications		
Properly counsel a patient on an OTC medication and/or product		
Additional Experiences (Optional but Encouraged)		
Process and activities associated with patient monitoring programs, MTM programs or clinics performed at the pharmacy		
Process for providing immunizations (paperwork, insurance, administration, etc.)		
Procedure for inventory control, regulation and management (including overstock return, etc.)		
Process of filling different levels of REMS medications (ex. Accutane, oral contraceptives, etc.)		
Compound a medication not available commercially (process, formulate & counsel)		
Developing &/or implementing health screening or other community events		
Developing information and/or educational programs for patients		
Developing/implementing programs for health professional education		
Process for identifying and returning outdated medications		
Method of preparing for or undergoing an insurance audit		

Additionally, the students should be able to **explain and discuss** the following with the preceptor/pharmacist:

- Describe the process for addressing errors that occur with dispensing and pickup process
- Insurance formularies, reason for existence and how this affects community pharmacy
- Points in the dispensing process where medication errors can occur and how to avoid them
- Roles and responsibilities of the Pharmacy Manager and those who function under them
- Types of medications that can be filled via telephone, fax, e-script, hard copy prescription, etc. and laws surrounding their regulation
- Requirements for writing orders for different scheduled control medications (CII, CIII-CIV) and the rationale behind the designation of a medication being a controlled substance
- Dispensing process for OTC items kept behind the counter (ex: pseudoephedrine, codeine cough syrup, syringes, etc.)
- Roles and responsibilities of technicians and pharmacists within the pharmacy
- Site's privacy practices and HIPAA compliance policy
- Use of automation and how it is used in the pharmacy/company
- Length of time new and refill prescriptions are valid in the state after written/called in
- Length of time prescription records are kept and where they are stored
- Access of OARRS/MAPS and how it is utilized at the pharmacy
- Process for ordering, checking-in and invoicing medications from suppliers

APPENDIX B: IPPE INSTITUTIONAL OBJECTIVES & CHECKLIST

The following items are areas in which the student must demonstrate **minimum competency** in order to be considered complete. These items must be initialed by the student only when the preceptor feels the student has **demonstrated proficiency in the task** and to the standard expected of a P3 student. Given that students enter the experience at varying levels, this may take more or less repetition of activities in order to be considered adequate and be initialed.

Areas for Competency:	Has Achieved Minimum Competency:
List or demonstrate knowledge of common generic/brand medication names	
List the drug references available to the pharmacist and how to access them	
Appropriately answer drug information question asked (questions from healthcare professionals or patients; may include areas such as adverse reactions, IV compatibility, drug interactions, allergies, side effects, dosing, etc.) (includes asking pertinent questions, utilizing appropriate resources and relaying response):	
Calculate a CrCl	
Identify common medications that need to be adjusted for renal function	
Required Verbal Communications:	
Communicate with other members of the pharmacy team (technicians, preceptor, cashiers, other pharmacists)	
Communicate with other healthcare professionals (nurses, physicians, office staff, etc.)	
Communicate with patients	

Additionally, the checklist on the subsequent pages is meant to be a guide of activities & tasks IPPE students should be exposed to **throughout the 80 hours of IPPE institutional experience**. These items should be **initialed by the student** as they are completed. The goal is to have **participation** in as many areas as possible. However, demonstration of minimum competency is just as important; which may mean more time is spent on certain areas depending on experience and skill level. Students should use this checklist as a guide to facilitate conversation with the preceptor and to ascertain what should be done during institutional experiential hours. Ultimately, it is the responsibility of the student to fulfill the experiences required to meet experiential objectives. This is meant to be progressive and students should fulfill tasks as the preceptor feels appropriate based on the student's abilities and progress; likely many will be observing in the first set of hours progressing toward participation in the remaining hours.

Dispensing Functions	Observe	Participate
Process medication orders (written, phoned in, electronic)		
Receive an oral medication order		
Process difference order types (stat, next schedule, etc.)		
Interpret prescription orders accurately for completeness, safety, and legality (approved abbreviations, appropriately written)		
Complete order filling (oral, compounded, premixed, etc.)		
Proper labeling and packaging for various medication orders		
Cancelling and crediting an order		
Prepare, package, and date unit dose medications of different dosage forms		
Check orders for accuracy, proper labeling, and proper packaging (compounded, oral, premixed, etc.)		
Manage and prioritize DUR messages that occur while filling orders		
Communicate with healthcare professionals about resolving drug problems prior to dispensing		
Medication errors & ADR reporting process within the institution		
Prepare IVs and sterile products according to USP 797 standards		
Required Drug Stock Management		
Medications process for daily fill (getting medication to the patient)		
Standard medications stocked on the floors (automated floor dispensing systems)		
Medications in drug kits (OB, tracheal, crash carts, pre-op, etc.)		
Required Drug Stock (Continued):	Observe	Participate

IV medication dispensing and storing			
Inventory control & ordering/re-ordering medications			
Handling unused medications returned to the pharmacy (drug destruction, return to stock, etc.)			
Appropriately assigning beyond-use dating			
Knowledge & management of current drug shortages			
Additional Experiences (Optional but Encouraged)			
Attend committee meeting(s) (P & T, pharmacy department, nursing, core measures, infection control) Name of committee:			
Return drugs and products to the supplier			
Budget management within pharmacy department			
Use of antibiogram			
Dosing and monitoring:	Aminoglycosides		
	Vancomycin		
	Warfarin		
	Narcotics		
	Digoxin		
	Phenytoin		
	Theophylline		
Counsel admitted patients on their medications (within stay or prior to discharge)			
Medication reconciliation			
Developing information and/or educational programs for patients at discharge			
Developing/implementing programs for health professional education			
Additional Experiences (Continued)		Observe	Participate
TPN calculation and/or compounding			

Compound a chemotherapy or radioactive medication		
Handling of investigational drugs at the institution		
Chemotherapy calculations and checking systems		

Additionally, the students should be able to **explain and discuss** the following with the preceptor/pharmacist:

- Layout & workflow of the pharmacy department (where are orals, premixed, respiratory, compounding supplies; where do responsibilities lie)
- Hospital formulary, reason for existence and rules for use
- Purpose of unit dose medications and prefilled syringes
- Role of bar-coding and its importance in reducing error
- Points in the distribution process where medications errors can occur and how to avoid them
- Roles and responsibilities of the Director of Pharmacy or Pharmacy Operations Manager and those who function under them
- Role of The Joint Commission within the institution and effects on pharmacy workflow
- Legalities involved in written, faxed, and verbal orders
- Requirements for writing orders for each schedule of controlled drugs
- Roles and responsibilities of technicians and pharmacists within the institution
- Institution's privacy practices and HIPAA compliance policy
- Stop dates; reason for use, standard medications used, process for applying
- Process of getting medications to the floor and what is done with them once there (storage, dispensing/distribution, etc.)
- Use of automation and how it is used by the pharmacy & institution to get medications to patients and decrease medication errors
- Necessity of orders for all aspects of hospitalization (nutrition, physical therapy, social work, etc.)

APPENDIX C: APPE HOSPITAL PRACTICE OBJECTIVES

Upon completion of the hospital practice experience, the student will be able to*:

1. *Order Entry*

- a. Utilize the patient profile to assess the current order for:
 - i. Patient allergy
 - ii. Drug interactions
 - iii. Therapeutic duplication
 - iv. Potential for adverse effects
- b. For each medication order, assess appropriate:
 - i. Indication
 - ii. Completeness
 - iii. Dose/pharmacokinetics
 - iv. Dosage form, if injectable consider:
 1. IV compatibility
 2. Stability
 3. Administration rate
 4. Administration restriction
 5. Reconstitution
 6. Route (IM, Sub-Q, IV)
 - v. Compliance with hospital policy and procedure, including formulary restrictions
 - vi. Duration of therapy
 - vii. Medication safety issues (i.e. look-alike/sound-alike, legibility, unapproved abbreviations)
- c. Become proficient at pharmaceutical calculations
- d. Develop a systematic approach to verifying the accuracy of one's own entry before final completion of the order
- e. Know when to discontinue and/or restart medications without an order when situations warrant (post-operatively, upon transfer, etc.)

2. *Product Preparation*

- a. Unit dose
 - i. Accurately select the appropriate medication
- b. Injectable product preparation
 - i. Using aseptic technique and following USP 797 guidelines, competently compound injectable products
- c. Chemotherapy
 - i. Use the institution's policy and procedure to ensure safe handling, preparation, and administration of chemotherapy products
- d. Compounding
 - i. Using the concepts of pharmaceuticals, appropriately compound products for patient use, differentiating when sterile vs. non-sterile technique is suitable
- e. For all products leaving the pharmacy:
 - i. Develop a systematic approach to ensure the five principles of drug delivery:
 1. Right drug
 2. Right patient
 3. Right dose
 4. Right time
 5. Right route

3. *Clinical Services*

- a. Use pertinent patient information to identify problems, including the following drug- related problems, and subsequently recommend medication therapy changes:
 - i. A problem of the patient is not being treated or is not maximally being treated
 - ii. A medication the patient is receiving is not indicated or is contraindicated
 - iii. A problem of the patient is being caused by one of his/her medications
 - iv. The patient is not being properly monitored with respect to his/her drug therapy (efficacy, toxicity, pharmacokinetics)
 - v. A drug interaction or potential drug interaction exists
 - vi. A drug dose or duration of therapy is inappropriate (especially in the presence of hepatic or renal impairment)
 - vii. A drug is interfering with or masking the manifestation of a disease or altering the interpretation of a lab test
 - viii. A medication is being administered utilizing an inefficient route or dosage form, specifically focusing on IV to oral
 - ix. The patient has a medication regimen that is leading to non-compliance
- b. Pharmacokinetic dosing
 - i. Become familiar with the institution's policy and procedure for pharmacokinetic dosing and monitoring

4. *Drug Therapy*

- a. When performing any task in the hospital setting, the student should have a firm understanding of drug therapy. For each drug encountered, be familiar with:
 - i. Pharmacology
 - ii. Dosing
 - iii. Pharmacokinetics
 - iv. Routes of administration
 - v. Contraindications/precautions
 - vi. Adverse drug reactions
 - vii. Interactions (drugs, dietary supplements, food, laboratory)
 - viii. Monitoring parameters for efficacy and toxicity
 - ix. Benefit of therapy versus risk
 - x. Cost of treatment

5. *Drug Information Skills*

- a. Use the most appropriate resources to respond to drug information questions in an accurate and timely manner

6. *Administrative/Operational Functions*

- a. Understand the process to meeting and maintaining JCAHO compliance standards
- b. Understand the process to maintain pharmacy operations within local and federal regulations
- c. Participate in a quality assurance project, for example:
 - i. DUE/MUE
 - ii. Patient safety initiative
 - iii. Time study
 - iv. Reporting of adverse drug reactions
 - v. Reviewing and reporting of medication errors
- d. Understand the process involved for making institutional formulary decisions
- e. Recognize factors that are involved in balancing a departmental budget
- f. Discuss the maintenance of the institution's adverse drug event reporting process
- g. Attend any interdisciplinary committee meetings deemed appropriate by the preceptor

- h. Review key components of human resource management, including:
 - i. Hiring/conducting an interview
 - ii. Formal disciplinary procedures/termination
 - iii. Staff development

7. *Additional Activities to be Completed*

- a. At least one formal presentation to pharmacists or an interdisciplinary committee from the following list:
 - i. Monograph for formulary review
 - ii. Journal club
 - iii. Patient safety initiative
- b. Pharmacokinetic consults that should be reviewed during the course of the rotation include:
 - i. Vancomycin
 - ii. Aminoglycosides
 - iii. Anticoagulants
 - iv. Medication adjustments based on disease state (especially renal and hepatic impairment)

8. *Communication Skills*

- a. Develop the ability to effectively communicate, both in writing and verbally, with the patient as well as with health professionals; specific examples include, but are not limited to:
 - i. Medication education and patient discharge counseling
 - ii. Concisely communicate responses to drug information requests, either verbally or in writing
 - iii. Complete documentation of interventions made
 - iv. Effective communication with the health care team, including:
 - 1. Conveying the therapeutic plan
 - 2. Calling attention to unrecognized patient problems

9. *Professionalism*

- a. Conduct him/herself in a professional and ethical manner when interacting with patients and health professionals by always:
 - i. Demonstrating the ability to initiate, organize, and complete projects and assignments in an accurate and timely manner
 - ii. Demonstrating the ability to establish effective relationships with patients and other health professionals
 - iii. Arriving on time and prepared for all rotation activities
 - iv. Effectively utilizing his/her time
 - v. Expressing an appropriate degree of empathy for patients and their families
 - vi. Maintaining protected health information in a confidential manner
 - vii. Developing the philosophy of a team approach to patient care
 - viii. Developing habits consistent with life-long learning

APPENDIX D: APPE COMMUNITY PRACTICE OBJECTIVES

Upon completion of the advanced community experience, the student will be able to*:

1. *Operations*

- a. Develop a systematic approach to ensure the five principles of drug delivery:
 - i. Right drug
 - ii. Right patient
 - iii. Right dose
 - iv. Right time
 - v. Right route
- b. The student should participate and become proficient in the following activities:
 - i. Processing new and refill prescriptions, communicating with physicians and office staff when necessary
 - ii. Utilize the patient profile to assess the current prescription for:
 1. Drug interactions
 2. Therapeutic duplication
 3. Patient allergy
 4. Potential for adverse effects
 - iii. Third party billing and insurance
 1. Appreciation for third party formularies and limitations
 - iv. Final verification of prescription
 - v. Ensure that each prescription, as well as pharmacy operations, are in compliance with state and federal regulations
 - vi. Compounding
 - vii. Pharmaceutical calculations
 - viii. Quality control
 - ix. Dealing with difficult patients and situations
 - x. Working with and understanding the role of technicians
 - xi. Fraudulent prescription management
 - xii. Inventory management, including controlled substances
 - xiii. Gain an understanding of pharmacy automation and central fill procedures when applicable
 - xiv. Understand the policies and procedures for the pharmacy or company
 1. Budgeting
 2. Generation of necessary reports
 - xv. Review key components of human resource management, including:
 1. Hiring/conducting an interview
 2. Formal disciplinary procedures/termination
 3. Staff development

2. *Patient Care (Should be the emphasis of this rotation)*

- a. Participate in prospective drug utilization reviews
- b. Participate in counseling patients on prescription, non-prescription, and herbal medications
- c. Assess if the patient is an appropriate candidate for self-care
- d. Design a safe and effective self-care plan that addresses the patient's health care needs
- e. Understand the role of herbal medications in patient management
- f. Assist in the selection and educate on the use of durable medical equipment and medical devices
- g. Participate in advanced pharmaceutical care services, including:
 - i. Screening (lipid, blood pressure, etc.) and immunization clinics
 - ii. Medication therapy management programs

- iii. Other health initiatives, for example brown bag seminars
- h. Conduct a detailed medication history as the situation warrants
- i. Consider the impact of Medicare Part D on community pharmacy practice
- j. Upon identification of a drug-related problem (see below):
 - i. Develop an alternative therapeutic plan
 - ii. Appropriately communicate the plan to the physician

3. **Drug Therapy**

- a. The student should have a firm understanding of drug therapy. For each drug encountered, be familiar with:
 - i. Pharmacology
 - ii. Dosing
 - iii. Pharmacokinetics
 - iv. Routes of administration and/or dosage form
 - v. Contraindications/precautions
 - vi. Adverse drug reactions
 - vii. Interactions (drugs, dietary supplements, food, laboratory)
 - viii. Monitoring parameters for efficacy and toxicity
 - ix. Benefit of therapy versus risk
 - x. Cost of treatment
- b. Analyze each prescription received for any drug-related problems that may exist, including:
 - i. A problem of the patient is not being treated or is not maximally being treated
 - ii. A medication the patient is receiving is not indicated or is contraindicated
 - iii. A problem of the patient is being caused by one of his/her medications
 - iv. The patient is not being properly monitored with respect to his/her drug therapy (efficacy, toxicity, pharmacokinetics)
 - v. A drug interaction or potential drug interaction exists
 - vi. A drug dose or duration of therapy is inappropriate (especially in the presence of hepatic or renal impairment)
 - vii. A drug is interfering with or masking the manifestation of a disease or altering the interpretation of a lab test
 - viii. A medication is being administered utilizing an inefficient route or dosage form
 - ix. The patient has a medication regimen that is leading to non-compliance

4. **Drug Information Skills**

- a. Use the most appropriate resources to respond to drug information questions in an accurate and timely manner

5. **Additional Activities to be Completed**

- a. Students are expected to complete at least one project that should result in a written report and/or verbal presentation. Examples include:
 - i. Formal case presentation
 - ii. Meet with a patient who would benefit from an intensive medication education appointment
 - iii. Contribute to patient education material, such as a health and wellness pamphlet or pharmacy-related newsletter

6. **Communication Skills**

- a. Develop the ability to effectively communicate, both in writing and verbally, with the patient as well as with health professionals; specific examples include, but are not limited to:
 - i. Concisely communicate responses to drug information requests
 - ii. Obtain the necessary information when receiving a prescription from a new patient
 - iii. Appropriate documentation of interventions made

7. *Professionalism*

- a. Conduct him/herself in a professional and ethical manner when interacting with patients and health professionals by always:
 - i. Demonstrating the ability to initiate, organize, and complete projects and assignments in an accurate and timely manner
 - ii. Demonstrating the ability to establish effective relationships with patients and other health professionals
 - iii. Arriving on time and prepared for all rotation activities
 - iv. Effectively utilizing his/her time
 - v. Expressing an appropriate degree of empathy for patients and their families
 - vi. Maintaining protected health information in a confidential manner
 - vii. Developing the philosophy of a team approach to patient care
 - viii. Developing habits consistent with life-long learning

APPENDIX E: APPE ADVANCED INPATIENT-GENERAL MEDICINE PRACTICE OBJECTIVES

Upon completion of the Advanced Inpatient-General Medicine experience, the student will be able to*:

1. *Problem Solving Skills*

- a. Data collection – develop a systematic approach to gather, organize, and prioritize pertinent data through:
 - ix. Utilizing current and past medical records, patient interviewing, and interaction with other health professionals to obtain any or all of the following information:
 1. History & Physical
 2. Medication use (past and current)
 3. Progress notes
 4. Lab values
 5. Tests/procedures
 6. Culture/sensitivity data
 - x. Performing any relevant physical assessments not otherwise available
- b. Development of a problem list – develop a systematic approach to identify and prioritize each of the patient’s problems, including the following drug-related problems:
 - xi. A problem of the patient is not being treated or is not maximally being treated
 - xii. A medication the patient is receiving is not indicated or is contraindicated
 - xiii. A problem of the patient is being caused by one of his/her medications
 - xiv. The patient is not being properly monitored with respect to his/her drug therapy (efficacy, toxicity, pharmacokinetics)
 - xv. A drug interaction or potential drug interaction exists
 - xvi. A drug dose or duration of therapy is inappropriate (especially in the presence of hepatic or renal impairment)
 - xvii. A drug is interfering with or masking the manifestation of a disease or altering the interpretation of a lab test
 - xviii. A medication is being administered utilizing an inefficient route or dosage form
 - xix. The patient has a medication regimen that is leading to non-compliance
- c. Development of a Sound Therapeutic Plan
 - xx. Develop a therapeutic plan that includes:
 1. Therapy
 - a. Non-pharmacological
 - b. Pharmacological
 2. Goal or endpoint of therapy
 3. Monitoring parameters
 - xxi. Demonstrate the ability to analyze treatment options (both prescription and non-prescription) for each problem, while taking into account the following:
 1. Pathophysiology of the disorder
 2. Etiology (especially drug-related causes) of the disorder
 3. Guidelines of treatment/standard of care
 4. Pertinent evaluation of the available literature
 5. Benefit of therapy versus risk
 6. Cost of treatment
 7. Institutional formulary
 - xxii. For each therapeutic option, be able to discuss:
 1. Pharmacology
 2. Dosing

3. Pharmacokinetics
 4. Routes of administration and/or dosage forms
 5. Contraindications/precautions
 6. Adverse drug reactions
 7. Interactions (drugs, dietary supplements, food, laboratory)
 8. Monitoring parameters for efficacy and toxicity
 9. Other relevant clinical issues related to the medication
- d. Reassess the patient problem list daily and adjust the therapeutic plan as necessary
2. ***Drug Information Skills***
- a. Use the most appropriate resources to respond to drug information questions from patients and health professionals in an accurate and timely manner
3. ***Additional Activities to be Completed***
- a. Students are expected to complete at least one project that should result in a written report and/or verbal presentation. Examples include:
 - i. Case presentation
 - ii. Journal club
 - iii. Healthcare professional educational in-service
4. ***Communication Skills***
- a. Develop the ability to effectively communicate, both in writing and verbally, with the patient as well as with health professionals; specific examples include, but are not limited to:
 - i. Medication education and patient discharge counseling
 - ii. Patient interviewing
 - iii. Concise education on selected pharmacotherapeutic topics to health professionals
 - iv. Informal case presentations on a routine basis
 - v. Formal response to drug information questions
 - vi. Complete documentation of interventions made
 - vii. Effective communication with the health care team, including:
 1. Conveying the therapeutic plan
 2. Calling attention to unrecognized patient problems
5. ***Professionalism***
- a. Conduct him/herself in a professional and ethical manner when interacting with patients and health professionals by always:
 - i. Demonstrating the ability to initiate, organize, and complete projects and assignments in an accurate and timely manner
 - ii. Demonstrating the ability to establish effective relationships with patients and other health professionals
 - iii. Arriving on time and prepared for all rotation activities
 - iv. Effectively utilizing his/her time
 - v. Expressing an appropriate degree of empathy for patients and their families
 - vi. Maintaining protected health information in a confidential manner
 - vii. Developing the philosophy of a team approach to patient care
 - viii. Developing habits consistent with life-long learning

APPENDIX F: APPE AMBULATORY CARE PRACTICE OBJECTIVES

Upon completion of the ambulatory care experience, the student will be able to*:

1. *Direct Patient Care*

- a. Participate in the direct care of patients, particularly those with chronic diseases
- b. Data Collection – develop a systematic approach to gather, organize, and prioritize pertinent data through:
 - i. Utilizing current and past medical records, patient interviewing, and interaction with other health professionals to obtain any or all of the following information:
 1. History & Physical
 2. Medication use (past and current)
 3. Progress notes
 4. Lab values
 5. Tests/procedures
 - ii. Performing any relevant physical assessments not otherwise available
- c. Development of a Problem List – using available information, develop a systematic approach to identify and prioritize patient problems, including the following drug-related problems:
 - i. A problem of the patient is not being treated or is not maximally being treated
 - ii. A medication the patient is receiving is not indicated or is contraindicated
 - iii. A problem of the patient is being caused by one of his/her medications
 - iv. The patient is not being properly monitored with respect to his/her drug therapy (efficacy, toxicity, pharmacokinetics)
 - v. A drug interaction or potential drug interaction exists
 - vi. A drug dose or duration of therapy is inappropriate (especially in the presence of hepatic or renal impairment)
 - vii. A drug is interfering with or masking the manifestation of a disease or altering the interpretation of a lab test
 - viii. A medication is being administered utilizing an inefficient route or dosage form
 - ix. The patient has a medication regimen that is leading to non-compliance
- d. Development of a Sound Therapeutic Plan
 - i. Develop a therapeutic plan that includes:
 1. Therapy
 - a. Non-pharmacological
 - b. Pharmacological
 2. Goal or endpoint of therapy
 3. Monitoring parameters
 - ii. Demonstrate the ability to analyze treatment options for each problem identified, while taking into account the following:
 1. Pathophysiology of the disorder
 2. Etiology (especially drug-related causes) of the disorder
 3. Standard of care/Guidelines of treatment
 4. Benefit of therapy versus risk
 5. Cost of treatment (particularly problems arising from the financial impact of medication therapy on the patient)
 6. Patient insurance plan formulary
 - iii. For each therapeutic option, be able to discuss:
 1. Pharmacology
 2. Dosing

3. Pharmacokinetics
4. Routes of administration and/or dosage forms
5. Contraindications/precautions
6. Adverse drug reactions
7. Interactions (drugs, dietary supplements, food, laboratory)
8. Monitoring parameters for efficacy and toxicity
9. Other relevant clinical issues related to the medication
- e. Identify necessary patient educational measures related to the therapeutic plan
- f. Implement the therapeutic, educational, and monitoring plans and execute appropriate follow-up

2. *Drug Information Skills*

- a. Use the most appropriate resources to respond to drug information questions from patients and health professionals in an accurate and timely manner

3. *Additional Activities to be Completed*

- a. Students are expected to complete at least one project that should result in a written report and/or verbal presentation. Examples include:
 - i. Formal case presentation
 - ii. Journal club
 - iii. Health professional educational in-service
 - iv. Patient-centered education
- b. Participate in pharmaceutical consults requested by health professionals as they arise; examples include but are not limited to:
 - i. Pharmacoeconomic issues
 - ii. Compliance counseling
 - iii. Chronic disease state management
- c. When appropriate, independently prescribe and administer medications under collaborative practice agreements, which may include but are not limited to:
 - i. Immunization services
 - ii. Pharmacotherapeutic management of chronic disease states
- d. Participate in medication therapy management services when applicable
- e. Develop the ability to distinguish when a problem falls outside of the scope of pharmaceutical care services, and refer to appropriate provider
- f. Understand the role of the pharmacist as an educator in the ambulatory care setting
- g. Dispensing of medications, including product samples, when necessary (should be kept to a minimum, less than 10% of the student's time)
- h. Participate in creating guidelines for medication use within the practice
- i. Participate in the practice's drug utilization review process

4. *Communication Skills*

- a. Develop the ability to effectively communicate, both in writing and verbally, with the patient as well as with health professionals; specific examples include, but are not limited to:
 - i. Medication education and patient counseling
 - ii. Patient interviewing
 - iii. Concise education on selected pharmacotherapeutic topics to health professionals
 - iv. Concisely communicate responses to drug information requests
 - v. Complete documentation of interventions made
 - vi. Effective communication with the health care team, including:
 1. Conveying the therapeutic plan
 2. Calling attention to unrecognized patient problems

5. *Professionalism*

- a. Conduct him/herself in a professional and ethical manner when interacting with patients and health professionals by always:
 - i. Demonstrating the ability to initiate, organize, and complete projects and assignments in an accurate and timely manner
 - ii. Demonstrating the ability to establish effective relationships with patients and other health professionals
 - iii. Arriving on time and prepared for all rotation activities
 - iv. Effectively utilizing his/her time
 - v. Expressing an appropriate degree of empathy for patients and their families
 - vi. Maintaining protected health information in a confidential manner
 - vii. Developing the philosophy of a team approach to patient care
 - viii. Developing habits consistent with life-long learning

APPENDIX G: APPE SKILL-BASED ACTIVITIES CHECKLIST

1. Take an outpatient prescription from start to finish (obtain Rx, order entry, preparation, checking, counseling)
2. Demonstrate competency in basic pharmaceutical calculations such as drip rates, conversions, concentrations and dosage calculations
3. Counsel a patient on medications
4. Demonstrate use/counsel on medication delivery devices such as inhalers and injections
5. Take a blood pressure
6. Take a fingerstick lab assessment such as a glucose
7. Discuss legal issues related to a controlled substance prescription including refills, quantity limits, components of written prescription, OARRS, etc.
8. Complete and bill an MTM
9. Maintain an adequate patient database
10. Take a medication history
11. Assess a patient medication profile
12. Assess the appropriateness of each patient's drug therapy
13. Identify and prioritize major problems relating to drug therapy
14. Identify and collect appropriate drug-related parameters
15. Prepare a pharmacotherapeutic plan
16. Complete a SOAP note
17. Complete a medication reconciliation for a patient, especially those in a transition of care (e.g. outpatient to inpatient)
18. Present relevant patient data in a concise and meaningful fashion
19. Prepare a drug information response in a practice setting
20. Take an inpatient prescription from start to finish (CPOE/fax, order entry, preparation, checking, delivery to floor/nurse)
21. Prepare an IV product using USP standards for sterile preparation including admix IV's and Mini-Bag or Add-Vantage and TPN
22. Complete a narcotic analgesic conversion
23. Design a dosage regimen for Vancomycin
24. Design a dosage regimen for an aminoglycoside
25. Design a dosage regimen for Warfarin
26. Demonstrate the use of MedLine/PubMed
27. Demonstrate the use of a tertiary drug information source such as MicroMedix, Lexi-Comp, or Facts and Comparisons
28. Describe the role and qualifications of other members of the health care team such as doctors, nurses, social workers, etc.
29. Work with other health care professional STUDENTS such as medical and nursing students
30. Participate in a health education program directed at a patient group
31. Deliver a continuing education presentation to health care professionals (doctors, nurses, pharmacists, etc.)
32. Complete a case presentation
33. Prepare and present an article in a journal club

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HEALTH DATA FORM
 FOR CONTINUING PHARMD STUDENTS

Last Name	First Name	Middle Initial	Rocket ID
Birth Date	Cell Phone		
Present Address	City	State	Zip Code
Whom To Notify In Case Of Emergency		Contact Number	

PHYSICAL EXAM HAS BEEN COMPLETED AND PATIENT HAS NO RESTRICTIONS	DATE:
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For all TB testing, results must be shown as Positive or Negative. (Choose only 1 of the methods below.)						
<u>PPD Skin Test</u>		<u>TB Quantiferon</u>		<u>T-Spot TB Test</u>		<u>Chest X-ray</u>
PPD Skin Test & Date Given:		Date Collected:		Date Collected:		Date Performed:
PPD Results & Date Read:	<u>OR</u>	Result:	<u>OR</u>	Result:	<u>OR</u>	Result:
If more than one year since your last TB screening, a two-step is required.		Date Recorded:		Date Recorded:	<u>If known to be TB Positive</u>	If previous Chest x-ray is on file, please see us for the TB questionnaire.

Physician's Name:
Address, City, State, Zip:
Physician's Signature: Date:

Please use the office stamp if available.