



## ADVANCED PHARMACY PRACTICE EXPERIENCES (APPE) MANUAL

<b>APPE 2018/2019 Rotations</b>	
Time Frame	Dates
1	May 21 – June 29, 2018
2	July 2 – August 10, 2018
3	August 13 – September 21, 2018
4	September 24 – November 2, 2018
5	November 5 – December 14, 2018
6	December 17– February 1, 2019 (7 wks: allows 1 week off)
7	February 4 – March 15, 2019
8	March 18 – April 26, 2019

**Course Coordinator:**  
 Keith DelMonte, Pharm.D.  
 Director of Experiential Education  
 Office: Room 331  
 Phone: (585) 385-5243  
 Fax: (585) 385-5295  
 Email: [kdelmonte@sjfc.edu](mailto:kdelmonte@sjfc.edu)

## Advanced Pharmacy Practice Experience (APPE)

Welcome to the Advanced Pharmacy Practice Experiences! This is the capstone experience for students in their final year of school at the Wegmans School of Pharmacy. The APPEs consist of seven 6 week rotations. There are four required rotations: Inpatient/Acute Care General Medicine, Community Pharmacy, Health-System Pharmacy, and Ambulatory Care. In addition, the students will take three electives to complement the required rotations and allow for innovative opportunities for the students to mature professionally and in accordance with their own interests. A few examples of elective experiences include research, academic, compounding, management, and drug information. In addition, the student may repeat each core once as an elective. Please review the course manual thoroughly; as professionals you will be responsible for the content contained within.

**A reminder: Patient confidentiality must be respected at all times!**

### Accessory

The student will create a portfolio (MyFolio) in E\*Value which will contain site requirement forms, resume/CV, intern permit, HIPAA training forms, immunization documentation, and sample coursework. All new immunizations for the 2018-2019 school year should be entered on the patient portal on the Health and Wellness site.

### Confidentiality

Patient information is private. We are entrusted with the patients' trust to look into their private lives. The patients trust us as being health care professionals. Therefore, confidentiality is the foundation for the establishment of trust between patients and health care providers. The students are expected to not discuss any patient information that they have encountered at their rotation sites outside of their learning environment. Any infraction will result in immediate dismissal from the site and a failing grade will be given for the rotation. The student will be reported to the Student Progress Committee.

### Preceptor Information

Thank you very much for contributing your time and effort in our educational endeavor. We are preparing a generation of professionals who will lead our profession into the future. Preceptorship is an opportunity to shape the future of pharmacy.

Each student must complete a minimum of seven rotations; each rotation is six weeks long. The student will be at the site for a minimum of eight hours a day, five days a week. Start and stop times will generally follow the preceptor's work schedule but may vary based on the availability of educational opportunities for the student.

Preceptor Expectations:

1. Introduce student to site/staff and review rotation schedule.
2. Explain your expectations to student: start times, procedure for completing tasks, assignment of presentation topic, and assessment procedure.
3. On the first or second day set dates when students will complete required activities.
4. Set dates and time for the formative assessments (week 3) and final assessment (week 6).
5. Coach and mentor students to achieve mastery of required activities.
6. Coach and mentor student regarding tasks – give practical examples to reinforce learning. Review student's written assignments and provide feedback to the student.
7. Identify and resolve student difficulties early
  - a. For serious issues such as repetitive tardiness or unexcused absences **document the issue** and notify the office of Ms. Andrea DiGiorgio as soon as possible.
8. Discuss career options with the student (locally at current site and other sites in general).
9. Motivate, motivate, motivate, and motivate the student some more. Share your pharmacy practice challenges and how you handle these difficult situations.
10. All evaluations are required to be completed by the last day of a rotation. In addition, the final evaluation should be reviewed with the student to provide face-to-face feedback.

Should you have any questions, please contact Andrea DiGiorgio, Experiential Education Coordinator, at (585) 385-7249 (adigiorgio@sjfc.edu).

## Clerkship/Rotation Policies & Regulations

**The student must share the clerkship manual with their preceptor during their first day of rotation.** The student is responsible for reading the content of the clerkship manual and is expected to follow the policies and regulations as stated. Any infringements may lead to automatic dismissal from the site and failure of the rotation.

### I. Pre-requisite

The student must successfully complete all other required courses in the first, second, and third professional years at the Wegmans School of pharmacy, and possess a valid intern permit.

### II. Health records

Students should have all site required health records up to date (physical examination, immunization, PPD or CXR...) before starting rotation. These requirements will vary by site. Copies of these records must be in the health records folder of their electronic portfolio (MyFolio) and presented to your rotation site. Failure to adhere to this policy may result in the delay of completing your rotation.

St. John Fisher College requires all full-time students to have health insurance coverage. Students may be required to provide insurance documents upon request. If you do not have health insurance, St. John Fisher College has an established relationship with the Nationwide Life Insurance Company to provide student health insurance. Prior to placement at any off-campus pharmacy practice experience site (IPPE or APPE), it is the student's responsibility to fully **understand your insurance coverage including where and how to access health and counseling services** should they be required or desired.

### III. Professional insurance

St. John Fisher College arranges liability insurance for students each year.

### IV. Site Selection

1. A site assignment is tentative and does NOT guarantee that a student will attend that site.
2. Student is responsible for ALL expenses associated with attending site.
3. Students may NOT have a first degree relative as a preceptor.
4. Students may NOT receive remuneration for any pharmacy practice experience (IPPE or APPE) for which academic credit is assigned.
5. Students will NOT accept any remuneration from the site while on rotation.
6. For IPPE-I or APPE Community based rotations, students may **NOT** select a rotation site at which they are currently employed or employed in the past.
7. The Director of Experiential Education or assigned preceptor can refuse a student assignment if she/he feels there may be a conflict of interest.
8. For IPPE-II, IPPE-III, IPPE-IV, APPE Institutional, APPE Ambulatory Care, APPE Acute General Medicine or APPE Electives, a student may **NOT** select a site where their potential preceptor would have a dual role as a preceptor and a "boss" or "job reviewer". If the assigned preceptor does not have such a role, then the student can perform a rotation in an institution where they are currently employed.
9. Core rotations of Community, Ambulatory Care, and Inpatient/Acute Care must be completed in our local area which is defined as ~80 miles from SJFC. Health Systems Core rotations may be completed outside of the 80 mile radius with prior approval from the Office of Experiential Education.
10. Housing is NOT provided by SJFC or the sites. The OEE has a list of potential housing options outside of Rochester at the student's expense that might be helpful.
11. Students who feel that they may not meet the above guidelines should contact the Director of Experiential Education and the prospective preceptor before selecting the site.

## **V. Education Portfolio**

Students are encouraged to have a hard copy and electronic portfolio. The first documents to have in the rotation section are: your intern permit, your resume or CV, your health records, and any other site specific requirement. The student should also keep documentation of past assignments and journaling completed on prior rotations. Students are expected to upload APPE assignments and reflections of your choice throughout the year.

## **VI. Grading**

Grading will be Satisfactory (Pass) or Unsatisfactory (Fail). A Pass will be indicated by receiving  $\geq 80\%$  for any given rotation.

## **VII. Evaluations**

The preceptor will evaluate the student throughout the rotation; formal and informal feedback is encouraged. The preceptor formative evaluation of the student should be used to encourage student improvement in specific areas where the student is not performing well. The student must evaluate the preceptor and the site. Failure to adhere to this policy may result in an incomplete grade or failure. Student failure may result if all required assignments have not been completed and uploaded to E\*Value/Coursework by the last day of the rotation.

Please refer to the E\*Value homepage and/or later in the APPE manual for grading rubrics.

## **VIII. Weather conditions**

All students should follow the weather advisory from SJFC regarding cancellation or delay of classes. However, the students who cannot travel to their sites due to hazardous weather conditions should immediately notify their preceptors **and** the Office of Experiential Education. Attendance policy still applies regarding make up days and missing days.

## **IX. Dismissal from sites**

All students are representing Wegmans School of Pharmacy and the Pharmacy profession during their presence at the rotation site. Therefore, professionalism and the highest standards are expected from students during their training at the sites. The Department of Pharmacy Practice and the site reserve the right to dismiss any student who does not uphold a professional attitude during the clerkship time. Any student caught under the influence of any substance of abuse/addiction, or caught stealing from the site will be dismissed automatically and fail the rotation. The student will then be reported to the Student Progress Committee.

## **X. Academic Honesty & Plagiarism**

St. John Fisher College has a firm policy concerning academic dishonesty that includes, but is not limited to, cheating, plagiarism, or any other action that misrepresents academic work as being one's own. Students are expected to demonstrate academic honesty in all coursework, whether completed in-class or not, individually, or as part of a group project. Violations of academic honesty include, but are not limited to, cheating and plagiarism. All students are expected to be familiar with the details of the Policy on Academic Honesty, which are found in the current Student Handbook.

*All Drug Information assignments must be entered into Turnitin.* The Turnitin report must be uploaded into Coursework with the assignment. It is at the preceptor's discretion whether other assignments must use Turnitin.

## **XI. Dress code**

Professionalism is very important in the practice of pharmacy and the dress code is an important part of professionalism. All students are expected to follow the WSoP dress code as outlined in the Student Handbook (<https://www.sjfc.edu/media/schools/pharmacy/documents/PharmacyStudentHandbook.pdf>), and failure to do so may result in lowering of the student's professionalism score. Specific site dress code takes priority over SJFC dress code when the student is at the site. Preceptors may contact the Office of Experiential Education if you would like the dress code sent to you.

## **XII. Holidays/Time off**

Holiday time off is up to the discretion of the preceptor. The 6th rotation block will be seven weeks instead of 6 weeks. Students should coordinate with the preceptor for time off thereby making the rotation 6 weeks. The following days do NOT need to be made up by the students:

Part III of NYS Boards  
Thanksgiving (Thursday)  
Christmas Eve and Christmas Day  
New Year's Day  
WSoP Career day (October)  
WSoP Board Preparation Events (December & June)  
Albany Day (April)  
IPE session at RIT (half day)  
ASHP Midyear Meeting (Monday-Wednesday):

Students must document the days off in the time tracking feature of the E\*Value system by November 1<sup>st</sup>. This will be verified by the preceptor and OEE. . Any time beyond the 3 days will require rotation preceptor approval and the plan to make up the additional missed time prior to submitting the hours. The OEE will inform the student's preceptor in the beginning of timeframe #5.

APhA Meetings:

Students must get permission from their preceptor before making plans to attend this meeting; document the days off in the time tracking feature of E\*Value; provide acceptable documentation of meeting attendance to their preceptor.

*Documentation of any missed time must be noted in E\*Value under "Time Tracking" by the student. This needs to be verified by the preceptor.*

## **XII. Confidentiality & HIPAA**

Patient information is private and we are entrusted with it. The patients trust us because we are health care professionals. Therefore, confidentiality is the foundation for the establishment of trust between patients and health care providers. The students are expected to not discuss any patient information that they have encountered at their rotation sites outside of their learning environment. Any infraction will result in immediate dismissal from the site and a failing grade will be given for the rotation. The student will be reported to the Student Progress Committee.

## **XIV. Certificate of Excellence**

This award given out at the hooding ceremony is a combination of preceptor nominated students and for the *Core* rotations, the top students based on grades. Preceptors can nominate students for this award via the E\*Value system.

## **XV. Sexual Harassment**

Sexual harassment by preceptor or student is strictly prohibited. Below is the legal definition of sexual harassment; any allegation of sexual harassment by preceptor or student **MUST** be reported immediately to the Director of Experiential Education and the Director of Human resources. Sexual harassment, by law, is defined as unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when 1) submission to such conduct is made an explicit or implicit term or condition of employment, 2) submission to or rejection of such conduct is used as a basis for employment decisions, or 3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance, or educational experience, or creates an intimidating, hostile, or abusive work or educational environment. Sexually harassing conduct may include, but is not limited to, sexually charged or sexually suggestive comments or jokes, sexual advances, requests for sexual favors, sexually suggestive pictures, drawings or emails, or similar conduct of a sexual nature.

## **XVI. Student Complaint Process**

If the student feels they are being asked to perform an activity that is considered unprofessional conduct: puts patients or the student at risk for harm; or is contrary to the law, policies, and/or regulations of the institution, site or college; the student should immediately discuss the concern with their preceptor. If the student is not satisfied with their preceptor's response the student should immediately contact Ms. DiGiorgio at (585) 385-7249. The Director of Experiential Education will then talk with the student and preceptor to discuss possible options.

## **XVII. Rotation Failure**

If a student fails a rotation, the student's Advisor and Director of Experiential Education will discuss the circumstances surrounding the failure with the preceptor and the student (separately) in a timely fashion. During these meetings written documentation may be requested. The Director of Experiential Education and Advisor will then meet with (or phone) the student and discuss all the issues relating to the failure.

A student who wishes to appeal a course grade must discuss their concern with the course coordinator, who must reply to the request of the student. If the student is not satisfied with the response received from the course coordinator, the student may appeal in writing to the appropriate department chair, who will reply to the request in writing. If the student is not satisfied with the response received from the department chair, the student can submit a written appeal to the Executive Committee within 3 school days of receiving the response from the chair. The Executive Committee, whose decision is final, will confirm or reject the student's appeal in writing. Note that all written appeals and responses must occur within 3 school days.

If the student's appeal is rejected and the student has failed a course, a proposed remediation plan shall be submitted to the Student Progress Committee by the course coordinator and Department Chair within 3 school days of rendering their decision to the student. The Student Progress Committee will then review the remediation plan in light of the student's academic history and determine the appropriateness of the plan. Depending on the student's probation status and academic history, the proposed remediation plan may be accepted as is, additional remedial work may be assigned, or the student may be removed from the program. The Student Progress Committee will inform the student of the remediation plan in writing within 3 school days of receiving the plan from the course coordinator and department chair.

## **XVIII. Longitudinal Topics**

In addition to the daily activities assigned by the preceptor, the students are required to cover 15 disease states/topics during APPE as a longitudinal requirement to help prepare for the NAPLEX exam. These will be done during any of the student's rotations. The students and their preceptors can decide which topics will be covered during their rotations and the preceptor can decide in what forum the topics will be covered.

For example, the students may discuss one on one with their preceptor or in groups, and the preceptors can schedule to meet with groups of students from multiple sites either on site or at WSoP. Other examples include completion of live or self-study continuing education units, attendance at in-services, or written assignments. Online CE must be a *minimum of 3 hours* to cover the topic appropriately. Examples of longitudinal topic discussions are posted in E\*Value.

Upon completion of a longitudinal topic students will enter the required information in the Coursework portion of E-Value. This will include the date completed, upload document(s), select the topic covered, rotation it was covered in, and method in which it was covered. Preceptors will then verify completion of longitudinal topics in Coursework (Learning Modules).

By verifying the assignment the preceptor is indicating that the student understands the pathophysiology, treatment options, counseling points, monitoring and treatment guidelines, if available.

In order to complete the longitudinal topics in the 7 allotted time blocks students should complete approximate 2- 3 topics in each patient care settings. A chart of typical topics covered by SJFC faculty can be found on the E\*Value home page.

*\*\*\* At the end of timeframe #5, any students with less than 8 longitudinal topics completed will be required to provide a written plan on accomplishing this task to OEE that will be shared with the student progress committee and others as needed.*

Required Longitudinal Topics:

1. Acute Coronary Syndrome (CAD, MI)
2. Atrial Fib./Stroke
3. Asthma/COPD
4. Depression
5. Diabetes
6. Heart Failure
7. Hypertension/ Hyperlipidemia
8. HIV
9. Mental Health (non-depression e.g. dementia, delirium, psychosis)
10. Osteoporosis
11. Pain Management
12. Pneumonia
13. Renal Failure (acute/chronic)
14. UTI
15. Venous Thromboembolism

**\*\* New:** IPE Longitudinal: IPE program @ RIT with the PA students

- Pre-selected dates by students to complete program at RIT
- Document in E\*Value similar to other longitudinals (tag Dr. Symoniak as faculty member)
- Topic will also count as one of the 15 longitudinals if needed

## **XIX. Professionalism**

Student professionalism will be assessed during each rotation. The students will demonstrate to their preceptor positive attributes in the following areas:

1. Verbal communication
2. Written communication
3. Non-verbal communication
4. Punctuality/attendance
5. Accountability
6. Attitude
7. Appearance
8. Legal regulations
9. Use of technology

For all rotations, evaluation for each of the above professionalism outcomes will be according to the rubric listed later in this manual. Receipt of a single score of “1” will result in notification to OEE. Receipt of two scores of “1” will require referral to OEE with reflection or intervention. *Receipt of  $\geq 3$  scores of one on the final professionalism rubric will result in rotation failure.*

## **XX. Assigning an Incomplete**

An assessment of incomplete should be given if the student has not completed assignments due to circumstances beyond their control or if the preceptor feels that the student can complete the assignments with the use of remedial methods. If you are considering assigning your student an incomplete, please contact the Office of Experiential Education as soon as possible so that we can assist you in following the St John St John Fisher College policy for assigning an incomplete grade. The Student Affairs Office and the student’s advisor will also be notified. If you decide to assign an incomplete, please

complete all the required evaluations and indicate that your student has received an incomplete in the Professionalism Evaluation text box. Your student will have 6 weeks from the end of the rotation to complete all coursework necessary to obtain a grade of satisfactory or the grade will revert to a U.

### XXI Transportation Responsibility

Students are responsible for transportation to and from the St. John Fisher College campus. In addition, throughout the PharmD program, as part of the didactic and experiential curricula (IPPE and APPE), co-curricular requirements, or extracurricular opportunities, students are expected to be present at locations other than campus. As such, all students are expected to have access to transportation such that they are present on assigned days and times. Please note that the school of pharmacy cannot guarantee placement for any of the aforementioned activities at locations in Rochester or in locations convenient to its limited public transportation options.

### XXII On Campus Parking

P4 students do **not** need to purchase a year-long parking pass. If you are completing a rotation with a faculty member please get a pass from WSoP Office of Student Affairs.

### XXIII Pharmacists' Patient Care Process

In these courses, students develop the skills to participate in direct patient care using the Pharmacists' Patient Care Process. At the core of the process, students will continually practice the skills necessary to collaborate, document, and communicate with physicians, other pharmacists, and other health care professionals in the provision of safe, effective, and coordinated care.



Adapted from: <https://jcopp.net/patient-care-process/>. Accessed 12/13/17.

## Community Pharmacy PHAR 6701

**DESCRIPTION:** interviewing, dispensing, monitoring, and counseling patients receiving pharmacy services in the community setting. The preceptor should discuss with the student the workload and financial performance indicators of the site. In addition, the student should participate in the purchasing and inventory management process.

**SPECIFICS:** under the supervision of their preceptor, students will identify patients with high utilization of pharmacy services or on narrow therapeutic index medications. These high risk patients will be counseled on proper use of their medications, risk of adverse effects from their medications, and the importance of adherence.

Students will offer at least one of the following:

- smoking cessation counseling OR diabetes counseling on an individual or group basis. The service could be offered for a day or a week depending on the preceptor's preference. Patients could be identified through a general flyer or pinpointed through a search of the pharmacy records. Once completed, the student will upload a brief written summary of their experience into Coursework (Learning Modules) on E\*Value.
- Brown bag day(s) will consist of a general review of patients' medications. Students will perform medication reconciliation using a systematic process to identify all the current medications (Rx, herbs, OTCs) patients are on and identify any actual or potential drug related problems. The student should then compose a resolution to the problems for their preceptor's approval.
- Pharmacy based immunization programs offer a number of opportunities for student involvement. Examples of student activities include creating immunization folders, answering patient questions, assuring collection of patient information, informing the patient if a prescription is necessary, administering questionnaire and consent form, completing vaccine administration history form, preparing an immunization basket for each patient, and patient counseling. Immunization folders may consist of copies of vaccine information sheet, vaccine administration history form, primary provider fax form, and patient vaccine screening questionnaire and consent form. Students may also contact a patient's primary care provider by phone or fax or supply patient with a medical home sheet and organize and file vaccination records.
- Blood pressure screening programs could be offered for a day or a week depending on the preceptor's preference. Patients could be identified through a general flyer or pharmacy records.

The student should be competent in dispensing at the site; however, **no more than 50% of their time should be spent dispensing.**

The amount of time spent completing the above activities will be left to the discretion of the preceptor. One suggested format would be as follows:

Weeks 1-2: Dispensing, getting to know the operational aspects of the pharmacy and identifying some Drug Information questions. Review learning activities with preceptors.

Weeks 3-4: Student transitions to clinical activities and in conjunction with their preceptor begins to identify/counsel high risk/high utilizers of pharmacy care. Student will also advertise smoking cessation/diabetes program for weeks 5-6. Complete some of the learning activities.

Weeks 5-6 complete programs. Student will complete their second Drug Information paper and finish up the remaining learning activities.

**WORKPLACE OUTCOMES,** by the end of the rotation students will demonstrate the following abilities to their preceptor:

1. Gather and evaluate patient and drug-related information needed to identify actual or potential drug therapy problems.
2. Develop a complete medical and drug therapy problem list.
3. Interpret, prepare, and dispense prescriptions.
4. Retrieve, analyze, and interpret the professional, lay, and scientific literature to make informed, rational, and evidence-based decisions.
5. Select and recommend appropriate drug (prescription and non-prescription) and non-drug therapy (i.e., diet, lifestyle modification...) as part of the care plan.

6. Comply with federal, state, and local statutes and regulations that affect pharmacy practice.
7. Explore and attempt to resolve ethical and moral decisions faced by pharmacists.
8. Communicate drug and health information clearly, accurately, compassionately, and confidently to patients, health care professionals, and the public using appropriate listening, verbal, nonverbal, and written communication skills.
9. Educate patients and/or caregivers about drug therapy and the appropriate use of medical devices.
10. Self-assess attainment of course outcomes.
11. Manage time appropriately and efficiently.
12. Exhibit intellectual curiosity and personal commitment to ensure ongoing professional competency.
13. Communicate with prescribers, patients, caregivers, and other involved health care providers to engender a team approach to patient care.
14. Carry out duties in accordance with legal, ethical, social, economic, and professional guidelines.
15. Ensure that all relevant members of a patient population receive needed services.
16. Describe to the preceptor the workload and financial performance indicators of the site and the purchasing and inventory management process.

Grading for each of the above workplace outcomes will be according to the following rubric:

<b>0%</b> <b>Ineffective or unsafe</b>	<b>50%</b> <b>Needs significant improvement</b>	<b>80%</b> <b>Required competency</b>	<b>90%</b> <b>Exceeds expectations</b>	<b>100%</b> <b>Exceptional</b>
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**LEARNING ACTIVITIES**, at a MINIMUM the following activities will be required to successfully complete the Community Pharmacy rotation. The student will upload assignments into Coursework (Learning Modules) on E\*Value.

**2 DI questions**

The assignment may be written or verbal, either way a written summary must be uploaded into E\*Value for grading. A Turnitin report should accompany the written assignment.

**4 OTC and CAM Verbal Counseling Presentations**

Students will present 4 different disease states selected by the preceptor. Examples include cough, cold, fever, constipation, diarrhea, and rash. These activities will be graded after the final submission, and students will be required to have a written summary of the most important counseling points uploaded into E\*Value and approved by the preceptor. An outline listing criteria for completing this activity can be found later in this manual.

**2 Errors & Omissions**

Describe an event containing an error or omission in the prescription, patient label or drug selected for dispensing. Document in E\*Value.

**3 Profile Review**

Describe a prescription(s) with clinical issues that require an intervention. Please provide the identification of the problem and the documented intervention taken, patient demographics, allergy information, and if available, the pertinent medical condition that was related to the intervention. Document in E\*Value.

Select one or more of the following Community Pharmacy Topics (can be verbal or written per preceptor)

- New Drug reviews
- Summary of the rotation site inventory management process
- Describing the proper fitting or use of a medical device (walking cane, knee brace, pregnancy test, etc.)
- Describing a common ethical decision that has to be made by pharmacists

Select one or more of the following Community Pharmacy Activities (depending on the preference of their preceptor)

- Brown bag event
- Immunization screening
- Blood pressure screening
- Smoking cessation counseling
- Diabetes counseling assignment.
- Any other site specific program approved by the preceptor

The DI questions, OTC/CAM, errors & Omissions and Profile Review assignments are graded. All other assignments must be uploaded into E\*Value and the preceptor determines if they are acceptable or unacceptable.

Ideally, one DI question, one Error and Omission, and one Profile Review will have been completed by week 3, allowing the preceptor to give the student formative feedback prior to the final assignment. The OTC student counseling presentations may not be completed yet, but feedback should be given to the student on the quality and the progress of their assignments.

By week 6 a grade should be given to the second DI assignment and the OTC/CAM counseling guides, and the remaining Errors and Omission, and Profile Reviews Learning activities that do not have to be graded should be work that is considered acceptable by the preceptor. If not acceptable, the student should be given multiple opportunities and focused feedback to meet this requirement. The preceptor will review and offer advice to the student for improvement at regular intervals.

**EVALUATIONS** will occur in three dimensions:

1. Student self-evaluation during week 3 (formative) and week 6 (final).
2. Preceptor evaluation of student during week 3 (formative) and week 6 (final).
3. Student to assess site and preceptor and course at the end of the rotation.

Workplace and professionalism evaluations will occur on the web (E\*Value), the preceptor will be E-mailed each time an evaluation is due. It is very important that students compare their self-evaluation with the preceptor's evaluation of the student and discuss the differences and similarities. For significant differences a plan for improvement should be developed. The week three formative evaluation is very important as it gives the student feedback on how to improve their skills and abilities. Finally, the student's assessment of the preceptor and site will occur during week 6, but the results will not be released to the preceptor until the end of the academic year. Ultimately, it is the student's responsibility to ensure the preceptor completes all evaluations in a timely fashion.

**GRADING**, the student's final grade will be derived from the workplace outcomes and the activities. The student must also pass the professionalism rubric.

Grades will be determined based on the following weighting and point values. A minimum score of 80% must be achieved for a passing (satisfactory) grade.

\*Professionalism is separate and also requires a satisfactory outcome. Receipt of a single score of one will result in notification to OEE. Receipt of two scores of one will require referral to OEE with reflection or intervention. Receipt of  $\geq 3$  scores of one on the final professionalism evaluation will result in rotation failure.

Please refer to the E\*Value homepage and/or the APPE manual for grading rubrics.

	<u>Percent of Grade</u>
Workplace Outcomes	50
OTC/CAM	20
DI Question	20
Errors & Omissions	4
Profile Reviews	6
Total	100

\*Professionalism *Receipt of  $\geq 3$  scores of one on the final professionalism rubric will result in rotation failure.*

## Health-System Pharmacy PHAR 6702

**DESCRIPTION:** a variety of activities including order entry, preparation of sterile products, formulary management activities (such as preparing documents for and/or attending P&T meetings), error and adverse drug reaction reporting, and participating in the institution's quality improvement program. Students will analyze errors and ADRs and discuss with their preceptor methods to reduce these events. Errors and ADRs should be actual events unless legal issues prevent students from reviewing these events; in this situation the preceptor could compose an error or ADR event. Please note that due to the operational aspects of the Introductory Rotations this Advanced Rotation does not mandate order entry as a required task.

**WORKPLACE OUTCOMES,** by the end of the rotation students will demonstrate the following abilities to their preceptor:

1. Gather and evaluate patient and drug-related information needed to identify actual or potential drug therapy problems.
2. Retrieve, analyze, and interpret the professional, lay, and scientific literature to make informed, rational, and evidence-based decisions.
3. Comply with federal, state, and local statutes and regulations that affect pharmacy practice.
4. Prepare, store, and ensure quality of sterile dosage forms.
5. Explore and attempt to resolve ethical and moral decisions faced by pharmacists.
6. Communicate drug and health information clearly, accurately, compassionately, and confidently to patients, health care professionals, and the public using appropriate listening, verbal, nonverbal, and written communication skills.
7. Manage medication use systems, formulary development, medication error and adverse drug reaction prevention.
8. Establish collaborative relationships with other healthcare professionals that foster a team approach to patient care.
9. Educate patients and/or caregivers about drug therapy and the appropriate use of medical devices.
10. Self-assess attainment of course outcomes (preceptor will evaluate student's mid-rotation self-evaluation).
11. Manage time appropriately and efficiently.
12. Exhibit intellectual curiosity and personal commitment to ensure ongoing professional competency.
13. Communicate with prescribers, patients, caregivers, and other involved health care providers to engender a team approach to patient care.
14. Carry out duties in accordance with legal, ethical, social, economic, and professional guidelines.

Grading for each of the above workplace outcomes will be according to the following rubric:

<b>0%</b>	<b>50%</b>	<b>80%</b>	<b>90%</b>	<b>100%</b>
<b>Ineffective or unsafe</b>	<b>Needs significant improvement</b>	<b>Required competency</b>	<b>Exceeds expectations</b>	<b>Exceptional</b>

**LEARNING ACTIVITIES:** at a MINIMUM the following activities will be required to successfully complete the Health-System Pharmacy rotation. Grading rubrics can be found at the end of the manual and will be available in E\*Value. The student will upload assignments into Coursework (Learning Modules) on E\*Value.

2 Journal Clubs

2 DI questions

2 Institute for Safe Medication Practices (ISMP) errors

(<https://www.ismp.org/errorReporting/reportErrortoISMP.aspx>), real or composed, reviewed by your preceptor.

More information can be found on the ISMP website (<http://www.ismp.org/default.asp>).

2 ADR forms, real or composed.

<http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM163919.pdf> (Form does not work well in Firefox, please try to download in Explorer or other browser)

Student must also complete 2 ISMP error forms and 2 ADR forms. These need to be uploaded into Coursework.

Ideally one DI question and one journal club assignment will have been completed by week 3 allowing the preceptor to give the student formative feedback prior to the final assessment. Learning activities that are not graded should also be uploaded into Coursework as an on-the-fly assignment. If not acceptable, the student will be given feedback and repeat the assignment until acceptable.

EVALUATIONS will occur in three dimensions:

1. Student self-evaluation during week 3 (formative) and week 6 (final).
2. Preceptor evaluation of student during week 3 (formative) and week 6 (final).
3. Student to assess site, preceptor, and course at the end of the rotation.

Workplace and professionalism evaluations will occur on the web (E\*Value), the preceptor will be E-mailed each time an evaluation is due. It is very important that students compare their self-evaluation with the preceptor's evaluation of the student and discuss the differences and similarities. For significant differences a plan for improvement should be developed. The week three formative evaluation is very important as it gives the student feedback on how to improve their skills and abilities. Finally, the student's assessment of the preceptor and site will occur during week 6 but the results will not be released to the preceptor until the student has completed the rotation. Ultimately it is the student's responsibility to ensure the preceptor completes all evaluations in a timely fashion.

**GRADING**, the student's final grade will be derived from the workplace outcomes, professionalism outcomes, and learning activities.

Grades will be determined based on the following weighting and point values. A minimum score of 80% must be achieved for a passing (satisfactory) grade.

\*Professionalism is separate and also requires a satisfactory outcome. . Receipt of a single score of one will result in notification to OEE. Receipt of two scores of one will require referral to OEE with reflection or intervention. Receipt of  $\geq 3$  scores of one will result in rotation failure.

Please refer to the E\*Value homepage and/or the APPE manual for grading rubrics.

	<u>Percent of Final Grade</u>
Workplace Outcomes	50
ISMP/ADR	10
DI Question	20
Journal Club	20
<hr/> Total	<hr/> 100

\*Professionalism      *Receipt of  $\geq 3$  scores of one on the final professionalism rubric will result in rotation failure*

## Inpatient/Acute Care General Medicine PHAR 6703

**DESCRIPTION**, monitoring (rounding) patients as part of an interdisciplinary team including pharmacists, physicians, nurses, or other providers of care such as respiratory therapists, physical therapists, or discharge planners. Students will use a systematic process to provide patient centered pharmacy care to assigned patients; that is identifying drug related problems and making interventions to improve patient care. Completing Consult notes, patient presentations, journal clubs, and drug information papers will be required. Students may also be required to perform other activities as directed by the preceptor.

**WORKPLACE OUTCOMES**, by the end of the rotation students will demonstrate the following abilities to their preceptor:

1. Gather and evaluate patient and drug-related information needed to identify actual or potential drug therapy problems.
2. Develop a complete medical and drug therapy problem list.
3. Retrieve, analyze, and interpret the professional, lay, and scientific literature to make informed, rational, and evidence-based decisions.
4. Select and recommend appropriate drug (prescription and non-prescription) and non-drug therapy (i.e., diet, lifestyle modification...) as part of the care plan.
5. Devise and implement a patient monitoring plan to ensure achievement of desired therapeutic outcomes.
6. Comply with federal, state, and local statutes and regulations that affect pharmacy practice.
7. Explore and attempt to resolve ethical and moral decisions faced by pharmacists.
8. Communicate drug and health information clearly, accurately, compassionately, and confidently to patients, health care professionals, and the public using appropriate listening, verbal, nonverbal, and written communication skills.
9. Establish collaborative relationships with other healthcare professionals that foster a team approach to patient care.
10. Educate patients and/or caregivers about drug therapy and the appropriate use of medical devices.
11. Self-assess attainment of course outcomes.
12. Manage time appropriately and efficiently.
13. Exhibit intellectual curiosity and personal commitment to ensure ongoing professional competency.
14. Communicate with prescribers, patients, caregivers, and other involved health care providers to engender a team approach to patient care.
15. Carry out duties in accordance with legal, ethical, social, economic, and professional guidelines.
16. Achieve expectations for site specific project(s)

Grading for each of the above workplace outcomes will be according to the flowing rubric (see full rubric later in manual):

<b>0%</b> <b>Ineffective or unsafe</b>	<b>50%</b> <b>Needs significant improvement</b>	<b>80%</b> <b>Required competency</b>	<b>90%</b> <b>Exceeds expectations</b>	<b>100%</b> <b>Exceptional</b>
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**LEARNING ACTIVITIES**, at a MINIMUM the following activities will be required to successfully complete the General Medicine rotation. Grading rubrics can be found at the end of the manual and will be available in E\*Value. The student will upload the assignments into Coursework on E\*Value.

- 1 Consult Note
- 1 Journal Club
- 1 DI Questions
- 1 Presentation
- 1 Therapeutic Drug Monitoring
- 1 IPE reflection paper

Ideally, students should complete 2 - 3 activities prior to week 3. This will, allow the preceptor to give formative feedback to help the student improve. The final grade for each learning activity will be recorded on-line.

EVALUATIONS will occur in three dimensions:

1. Student self-evaluation during week 3 (formative) and week 6 (final).
2. Preceptor evaluation of student during week 3 (formative) and week 6 (final).
3. Student to assess site, preceptor, and course at the end of the rotation.

Workplace and professionalism evaluations will occur via an on line program (E\*Value), the preceptor will be E-mailed each time an evaluation is due. It is very important that students compare their self- evaluation with the preceptor's evaluation of the student and discuss the differences and similarities. For significant differences a plan for improvement should be developed. The week three formative evaluation is very important as it gives the student feedback on how to improve their skills and abilities. Finally, the student's assessment of the preceptor and site will occur during week 6 but the results will not be released to the preceptor until the student has completed the rotation. Ultimately it is the student's responsibility to insure the preceptor completes all evaluations in a timely fashion.

**GRADING**, the student's final grade will be derived from the workplace outcomes, professionalism outcomes, and rotation activities.

Grades will be determined based on the following weighting and point values. A minimum score of 80% must be achieved for a passing (satisfactory) grade.

\*Professionalism is separate and also requires a satisfactory outcome. . Receipt of a single score of one will result in notification to OEE. Receipt of two scores of one will require referral to OEE with reflection or intervention. Receipt of  $\geq 3$  scores of one on the final evaluation will result in rotation failure.

Please refer to the E\*Value homepage and/or the APPE manual for grading rubrics.

	<u>Percent of Grade</u>
Workplace Outcomes	50
Consult Note	15
Journal Club	10
DI Question	10
Presentation	15
Therapeutic Drug Monitoring	P/F
IPE reflection	P/F
<hr/> Total	<hr/> 100

\*Professionalism

*Receipt of  $\geq 3$  scores of one on the final professionalism rubric will result in rotation failure*

## Ambulatory Care PHAR 6704

**DESCRIPTION:** interviewing and counseling patients in an outpatient or primary care setting. Students will use a systematic process to provide patient centered pharmacy care to assigned patients; that is, identifying drug related problems and making interventions to improve patient care. Consult notes, patient presentations, journal club participation and drug information papers will be required. Students will counsel patients on public health issues such as smoking cessation and immunizations. Using pre-defined criteria students will conduct medication reviews and make interventions in specific populations such as diabetes, hypertension and hyperlipidemia. Students may also be required to perform other activities as directed by the preceptor. Please note that order entry is not a part of the Ambulatory Care rotation requirements.

**WORKPLACE OUTCOMES,** by the end of the rotation students will demonstrate the following abilities to their preceptor:

1. Gather and evaluate patient and drug-related information needed to identify actual or potential drug therapy problems.
2. Develop a complete medical and drug therapy problem list.
3. Retrieve, analyze, and interpret the professional, lay, and scientific literature to make informed, rational, and evidence-based decisions.
4. Select and recommend appropriate drug (prescription and non-prescription) and non-drug therapy (i.e., diet, lifestyle modification...) as part of the care plan.
5. Devise and implement a patient monitoring plan to ensure achievement of desired therapeutic outcomes.
6. Comply with federal, state, and local statutes and regulations that affect pharmacy practice.
7. Explore and attempt to resolve ethical and moral decisions faced by pharmacists.
8. Communicate drug and health information clearly, accurately, compassionately, and confidently to patients, health care professionals, and the public using appropriate listening, verbal, nonverbal, and written communication skills.
9. Educate patients and/or caregivers about drug therapy and the appropriate use of medical devices.
10. Manage time appropriately and efficiently.
11. Exhibit intellectual curiosity and personal commitment to ensure ongoing professional competency.
12. Communicate with prescribers, patients, caregivers, and other involved health care providers to engender a team approach to patient care.
13. Carry out duties in accordance with legal, ethical, social, economic, and professional guidelines.
14. Interview patients and caregivers to retrieve information necessary to develop an informed and rationale patient specific therapeutic plan.
15. Self-assess attainment of course outcomes.
16. Achieve expectations for site specific project(s)

Grading for each of the above workplace outcomes will be according to the following rubric (see full rubric later in manual):

<b>0%</b>	<b>50%</b>	<b>80%</b>	<b>90%</b>	<b>100%</b>
<b>Ineffective or unsafe</b>	<b>Needs significant improvement</b>	<b>Required competency</b>	<b>Exceeds expectations</b>	<b>Exceptional</b>

**LEARNING ACTIVITIES:** at a MINIMUM the following activities will be required to successfully complete the Ambulatory Care rotation. Grading rubrics can be found at the end of the manual and will be available in E\*Value. The student will upload assignments into Coursework on E\*Value.

- 1 Consult Note
- 1 Journal Club
- 1 DI Question
- 1 Presentation
- 1 Therapeutic Drug Monitoring

Ideally, the first time a student should complete 2 activities prior to week 3 allowing the preceptor time to give formative feedback to help the student improve. The final grade for each learning activity will be recorded on-line.

**EVALUATIONS** will occur in three dimensions:

1. Student self-evaluation during week 3 (formative) and week 6 (final).
2. Preceptor evaluation of student during week 3 (formative) and week 6 (final).

3. Student to assess site, preceptor, and course at the end of the rotation.

Workplace and professionalism evaluations will occur on the web (E\*Value), the preceptor will be E-mailed each time an evaluation is due. It is very important that students compare their self-evaluation with the preceptor's evaluation of the student and discuss the differences and similarities. For significant differences a plan for improvement should be developed. The week three formative evaluation is very important as it gives the student feedback on how to improve their skills and abilities. Finally, the student's assessment of the preceptor and site will occur during week 6 but the results will not be released to the preceptor until the student has completed the rotation. Ultimately it is the student's responsibility to insure the preceptor completes all evaluations in a timely fashion.

**GRADING**, the student's final grade will be derived from the workplace outcomes, professionalism outcomes, and rotation activities.

Grades will be determined based on the following weighting and point values. A minimum score of 80% must be achieved for a passing (satisfactory) grade.

\*Professionalism is separate and also a satisfactory outcome. Receipt of a single score of one will result in notification to OEE. Receipt of two scores of one will require referral to OEE with reflection or intervention. Receipt of  $\geq 3$  scores of one will result in rotation failure.

Please refer to the E\*Value homepage and/or the APPE manual for grading rubrics.

	<u>Percent of Grade</u>
Workplace Outcomes	50
Consult Note	15
Journal Club	10
DI Question	10
Patient Presentation	15
Therapeutic Drug Monitoring	P/F
<hr/>	
Total	100

\*Professionalism

*Receipt of  $\geq 3$  scores of one on the final professionalism rubric will result in rotation failure*

## Advanced Rotation Electives

**DESCRIPTION:** each student will be required to complete three 6 week elective rotations. Each preceptor will use their own site specific elective rotation syllabus approved by the Office of Experiential Education. Some electives may require a student complete a specific rotation prior to taking an elective which will be stated in the syllabus. Electives are quite varied and are designed to offer students innovative opportunities to mature professionally and explore their own interests. Students are allowed to repeat a core rotation once as an elective in order to accomplish additional learning outcomes.

**WORKPLACE OBJECTIVES** will vary considerably depending on the type of elective. Preceptors will compose a syllabus that includes the learning objectives/outcomes for the rotation so the student has an idea of rotation requirements.

**LEARNING ACTIVITIES** will vary by elective but should be listed in the syllabus. Typical activities include but are not limited to drug information papers, case presentations, and attending journal clubs. These activities may be graded if desired by the preceptor.

**PROFESSIONALISM OUTCOMES**, preceptors may use the professionalism outcomes listed later in this manual or use their own.

**EVALUATIONS** will occur in three dimensions:

1. Student self-evaluation during week 3 (formative) and week 6 (final).
2. Preceptor evaluation of student during week 3 (formative) and week 6 (final).
3. Student to assess site and preceptor at the end of the rotation.

Workplace and professionalism evaluations will occur on the web (E\*Value), the preceptor will be E-mailed each time an evaluation is due. It is very important that students compare their self-evaluation with the preceptor's evaluation of the student and discuss the differences and similarities. For significant differences a plan for improvement should be developed. The week three formative evaluation is very important as it gives the student feedback on how to improve their skills and abilities. Finally, the student's assessment of the preceptor and site will occur during week 6, but the results will not be released to the preceptor until the student has completed the rotation. Ultimately, it is the student's responsibility to insure the preceptor completes all evaluations in a timely fashion.

**GRADING** will occur according to each rotation specific syllabus. Preceptors will give points for learning outcomes. Assigning points to learning activities is optional.

## APPE Professionalism Evaluation – Wegmans School of Pharmacy

Receipt of a single score of one will result in notification to OEE. Receipt of two scores of one will require referral to OEE with reflection or intervention. Receipt of  $\geq 3$  scores of one on final evaluation will result in rotation failure.

	<b>1 – Needs Attention</b>	<b>2 – Meets Expectations</b>	<b>3 - Exemplary</b>
<b>Verbal communication</b> – appropriate language and tone	Inappropriate vocabulary used for audience; grammar impedes understanding; inaudible/demanding/disrespectful tone; inappropriate volume for situation; verbal presentations suggest lack of preparation	Vocabulary is appropriate for audience; confident/respectful tone without arrogance; verbal presentations seem well prepared	Vocabulary is always appropriate for audience; style and tone are adjusted for specific situation and/or audience; verbal presentations are smooth and rehearsed
<b>Written communication</b> – appropriate email, assignments, and documentation	Spelling and grammatical errors that impede understanding; “texting-style” phrasing or lack of formality in emails; inappropriate or disrespectful writing; lacking clarity or not concise; illegible; inaccurate or inappropriate documentation	Few spelling and grammatical errors; respectful with appropriate formality and timeliness; usually clear and concise; uses proper citation format most of the time; if applicable needs minimal prompting to complete documentation appropriately	Free from spelling and grammatical errors; timely and respectful; clear and concise; uses proper citation format; if applicable completes documentation without oversight

<p><b>Non-verbal communication</b> – appropriate body language showing attentiveness</p>	<p>Appears distracted on several occasions; inappropriate distance from conversation and/or situation; struggles comprehending verbal instruction; instructions need to be repeated</p>	<p>Typically shows active engagement in conversation and/or situation with few exceptions; responds to verbal instruction; demonstrates understanding of information heard</p>	<p>Demonstrates active engagement in conversation and/or situation; verifies understanding of information heard; no difficulty following verbal instruction</p>
<p><b>Punctuality/attendance</b> – meets set deadlines, on time for meetings, no unexcused absences</p>	<p>Often late for meetings or with assignments; fails to meet 2 or more set deadlines; 1 or more unexcused absences</p>	<p>Consistently on time for meetings and with assignments; meets most deadlines, &lt; 2 exceptions; no unexcused absences</p>	<p>Always punctual and often early for appointments and with assignments; meets all set deadlines; no unexcused absences</p>
<p><b>Accountability</b> – follows direction, does not make excuses</p>	<p>Lacks good work ethic; acts irresponsibly or makes excuses; cannot work independently</p>	<p>Good work ethic; acts responsibly and usually does not make excuses; developing independence</p>	<p>Good work ethic; acts responsibly and never makes excuses; able to work independently</p>

<b>Attitude</b> – accepts and acts on feedback	Negative attitude by displaying: cocky, defensive, aggressive, arrogant, or indifferent behavior; does not respond appropriately to feedback; unwilling to help others even when asked	Generally positive with an appropriately confident attitude; accepts feedback; willing to help others if asked	Always positive, projects appropriate confidence; accepts and acts on feedback; proactively helps others
<b>Appearance</b> – as instructed by dress code and preceptor	Fails to follow dress code or appears unprofessional; fails to address issue with appearance after a discussion with preceptor	Requires a reminder from preceptor to follow dress code appropriately; corrects issue after discussion with preceptor	Follows dress code appropriately; appears professional at all times
<b>Legal regulations</b> – abides by federal, state, and local laws, acts ethically	Fails to abide by more than one federal, state, or local laws or fails to follow law intentionally; does not act ethically	Fails to abide by a minor federal, state, or local law unintentionally; corrects error after discussion; acts ethically	Abides by all federal, state, and local laws; acts ethically
<b>Use of technology</b> – appropriate and professional	Inappropriate or unprofessional use of technology; fails to correct use after one discussion with preceptor	Appropriate and professional use of technology most times – corrects behavior after one discussion with preceptor; never jeopardizes PHI	Appropriate and professional use of technology at all times; never jeopardizes PHI

**WSoP WORKPLACE OUTCOMES  
ASSESSMENT RUBRIC – PHAR 6703 and PHAR 6704**

	<b>0% Ineffective or unsafe</b>	<b>50% Needs significant improvement</b>	<b>80% Required competency</b>	<b>90% Exceeds expectations</b>	<b>100% Exceptional</b>
<b>Patient Care Activities</b>					
Gather and evaluate patient information	Student is unable to gather basic information about the patient (pertinent labs, vital signs, medications) OR does not evaluate basic information.	Student gathers basic information, does not gather disease specific information, OR information is not appropriately evaluated.	Student gathers all relevant information, evaluates information, but needs some prompting (timing, what they mean).	Students gathers and evaluates all relevant information, needs limited prompting.	Student independently gathers and evaluates all information, has comprehensive understanding of how this informs care plan.
Provides comprehensive medication profile review	Student unable to provide a complete medication list.		Student able to provide a complete medication list (OTC, herbal, nutritional supplementation, fluids, prn, prescription, etc); able to correlate indication.		Student able to provide a complete medication list; able to correlate medication to indication; assess adherence and administration.
Make the problem list	No problem list developed or student does not identify primary problem.	Problem list is <70% complete AND identifies primary problem.	Problem list is 70 - 80% complete AND identifies primary problem AND appropriately prioritizes problems.	Problem list is 80-90% complete AND identifies primary problem AND appropriately prioritizes problems AND does not include extraneous problems.	Problem list is comprehensive, includes all acute and chronic diseases, therapeutic duplications, drug-related problems, and addresses issues related to labs and vitals.
Select and recommend appropriate drug and non-drug therapy	Student does not develop recommendations for problems, or recommendations are unsafe, ineffective, or not commercially available.	Student develops recommendations for some problems or recommendations are population level.	Student develops patient specific recommendations with limited prompting from preceptor.	Student develops patient specific recommendations for all problems with limited to no prompting for preceptor, is able to state rationale for all plans.	Student develops patient specific recommendations for all problems with limited to no prompting from preceptor, is able to state rationale for all plans, has back-up plans should initial recommendation not be accepted.

Devise and implement monitoring plan	Student is unaware of appropriate monitoring for disease and drug therapy, makes plans for monitoring that are unsafe.	Student makes recommendation for monitoring for safety OR efficacy that are inappropriate for drug or disease state, recommendation is inappropriate for clinical setting (population based recommendations or frequency of monitoring).	Student recommends appropriate monitoring for drug and disease states with limited to no prompting from preceptor, monitoring includes both efficacy and safety.	Student recommends appropriate safety and efficacy monitoring for drug and disease states, can describe limitations to monitoring parameters.	Student recommends appropriate safety and efficacy monitoring for all drugs and disease states with limited or no prompting from preceptor, understands limitations of monitoring parameters, can develop solutions to unique problems.
<b>Drug Information</b>					
Identify and retrieve appropriate drug information	Student is unable to identify and retrieve appropriate references (tertiary, secondary, primary) in defined time frame or cites class notes.	Student is unable to identify appropriate references (tertiary, secondary, primary), OR unable to retrieve in defined time frame.	Student is able to identify AND retrieve appropriate references (tertiary, secondary, primary), needs some prompting, population-specific only data provided.	Student is able to identify and retrieve appropriate references (tertiary, secondary, primary), needs limited prompting, correlates to patient-specific characteristics (when appropriate).	Student independently identifies and retrieves appropriate references (tertiary, secondary, primary), mostly primary literature and multiple sources used, and correlates to patient-specific characteristics (when appropriate).
Analyze and interpret drug information	Student provides no interpretation of the literature, based on general references (tertiary).	Student provides superficial interpretation of the literature, clinical OR statistical significance is discussed based on general references.	Student provides informed evaluation of the literature, clinical AND statistical significance is discussed, needs some prompting, population-specific only data discussed.	Student provides informed evaluation of the literature, clinical AND statistical significance is discussed, limited prompting to correlate to patient-specific characteristics (when appropriate).	Student provides informed evaluation of the literature, clinical AND statistical significance is discussed, student independently able to correlate to patient-specific characteristics (when appropriate).

Demonstrate ability to provide drug knowledge (dose, route, frequency, mechanism of action, interactions, etc.)	Student unable to provide basic population level drug knowledge.		Student able to provide basic population level drug knowledge.		Student provides accurate drug knowledge, relevant to clinical context, beyond tertiary references.
<b>Care Team Interactions</b>					
Effectively and appropriately delivers recommendations to the team	Eye contact, body language, and facial expressions are inappropriate and significantly distracting. Volume and cadence is inappropriate. Student appeared uncomfortable and did not clearly communicate consistently throughout interaction.	Student frequently had difficulty with speaking rate, distracting mannerisms, eye contact, and/or engaging the team, audience.	Student demonstrated good communication skills and appears enthusiastic.  Occasional difficulty maintaining eye contact, engages the recipient, speaking rate, and/or distracting mannerisms.	Student demonstrated excellent communication skills. ( <i>Maintained eye contact, engaged the recipient, spoke at an appropriate pace / volume, avoided distracting mannerisms</i> ).	Student demonstrated excellent communication skills. ( <i>Maintained eye contact, engaged the recipient, spoke at an appropriate pace / volume, avoided distracting mannerisms</i> ).  Is able to adapt interaction to recipient.
Establishes collaborative relationships in a patient centered team environment	Student lacks socialization skills and empathy to work well within a health care team. Student consistently fails to recognize social cues for interaction. Has significant knowledge deficits hindering development of collaboration. Does not respect value in collaboration.	Student respects value in collaboration and is able to recognize social cues, but is unable to effectively execute interaction or display empathy.	Student demonstrates adequate skills necessary in establishing collaborations, including empathy.	Student effectively collaborates, shows empathy, and is developing a positive reputation as a clinician.	Student is an independent member of the team who is trusted and respected.
Eliciting information from patient care team	Student unable/unwilling to obtain needed information. Student is unable to perform assessment/interview in appropriate time frame.		Student is able to obtain needed information. Student obtains the majority and most clinically relevant information. Student does so in an appropriate time frame.		Student obtains all clinically relevant information in a highly efficient <i>patient centered manner</i> .

Educate members of the patient centered care team, including the patient (when appropriate)	Student is unable to provide clinically relevant education or education may be harmful.	Student is able to provide clinically relevant education for most aspects of care.  Information is not entirely accurate (but not harmful) and/or critical elements are missing.  Did not consistently verify understanding of information.	Student is able to provide clinically relevant education but information may have been at inappropriate level, pace or was presented out of sequence.  Consistently verifies that patient care team received information accurately (i.e. teach back).	Student provided clinically relevant education at appropriate level, pace and sequence.  Consistently verifies that patient care team received information accurately (i.e. teach back).	Student provided clinically relevant education at appropriate level, pace, and sequence; was able to adapt as the clinical scenario changed.  Consistently verifies that patient care team received information accurately (i.e. teach back).  Effective at employing motivational education techniques, if appropriate.
<b>Professional Development</b>					
Self-assessment of strengths and limitations	Student unable to self-assess and unwilling or unable to correct areas of deficiency identified by preceptor.	Student able to self-assess, but not consistent with evaluation by preceptor.  Struggles to correct areas of deficiency identified by preceptor.	Student mostly able to self-assess and provide accurate reflection of their abilities.  Mostly able to correct areas of deficiency.	Student accurately able to self-assess and provide accurate reflection of their abilities.  Able to correct areas of deficiency.	Student independently and accurately performs continuous self-assessment with ability to create and modify a plan of continuous improvement.
Manages and prioritizes time effectively	Consistently fails to manage and prioritize assigned tasks and is not adequately prepared for identified responsibilities.		Manages and prioritizes assigned tasks adequately and is prepared for identified responsibilities.		Consistently manages and prioritizes assigned tasks.  Demonstrates the ability to independently prepare for identified responsibilities.
Exhibits intellectual curiosity and shows personal commitment	Requires significant guidance and reminders to initiate activities.  Unable or unwilling to perform self-directed study prior to eliciting preceptor assistance.		Student is self-directed and requires minimal prompting to initiate activities.  Attempts to resolve own questions prior to eliciting preceptor assistance		Consistently initiates activities with appropriate supervision and consistently utilizes time to research information relevant to the rotation activities.  Resolves own questions and verifies accuracy of information with preceptor.

Achieves expectations for site specific project(s) <b>(Also includes a choice for Not Applicable)</b>	Project(s) are incomplete or lack organization. Literature sources utilized are not appropriate or relevant to the project(s).		Project(s) are complete and well organized utilizing appropriate literature sources.		Project(s) are complete, well organized and thorough with minimal oversight needed. Uses appropriate literature sources and often explores related topic areas beyond assignment.
<b>Inter-professional Skills</b>					
Explains roles and responsibilities of other care providers and how the patient care team works together	Unable to accurately explain major roles and responsibilities of other care providers encountered and how the team works together to provide care.		Needs minimal prompting to accurately explain the major roles and responsibilities of other care providers encountered and how the team works together to provide care.		Independently able to accurately explain the major roles and responsibilities of other care providers encountered into how the team works together to provide care AND incorporates expertise of others into patient care.
Respects the unique cultures, values, and roles of other health professions	Fails to show respect for the culture, values, and roles of other health professions.		Limited instances that require intervention to appropriately show respect for the culture, values, and roles of other health professions.		Independently and consistently shows respect for the culture, values, and roles of other health professions.
<b>Total Score</b>					
COMMENTS:					



**Clinical Consult Note**

		<b>Exceeds Expectations (5 points)</b>	<b>Meets Expectations (4 points)</b>	<b>Less Than Expected (3 points)</b>	<b>Needs Improvement (2 points)</b>	<b>Inadequate (0 points)</b>
<b>S</b>	<b>Subjective Information – 2%</b>	Complete and concise summary of subjective information provided (>90%).	N/A	N/A	Organized but partially accurate summary of applicable information (50-90%).	Poorly organized and/or relevant subjective data is missing, irrelevant subjective data incorporated, summary of applicable information (<50%)
<b>O</b>	<b>Objective Information – 3%</b>	Complete and concise summary of objective information provided (>90%).	N/A	N/A	Organized but partially accurate summary of applicable information (50-90%).	Poorly organized and/or relevant objective data is missing, irrelevant subjective data incorporated, summary of applicable information (<50%)
<b>A</b>	<b>Problem Identification and Prioritization – 5%</b>	<b>Greater than 90%</b> problems are identified and appropriately prioritized; no extraneous information provided	<b>Most</b> (80-90%) problems are identified, including the <b>“main”</b> problem of the patient; problem list is prioritized appropriately and does not include extraneous problems	<b>Some</b> (70-80%) problems are identified, including the <b>“main”</b> problem of the patient; problem list is prioritized appropriately and does not include extraneous problems	<b>Few</b> (50%-70%) problems are identified, including the <b>“main”</b> problem of the patient, inappropriate problem prioritization; includes nonexistent problems or extraneous information	Main problem <b>not</b> identified, inadequate number of ancillary problems identified, problems <b>not</b> prioritized and/or identified nonexistent problems. (<50%)
	<b>Standards of Care and Monitoring – 5%</b>	First line therapies and disease state specific monitoring included for <b>greater than 90%</b> therapeutic/drug related problems.	First line therapies and disease state specific monitoring included for <b>most</b> (80-90%) therapeutic/drug related problems.	First line therapies and disease state specific monitoring included for <b>some</b> (70-80%) therapeutic/drug related problems.	First line therapies and disease state specific monitoring included in <b>few</b> (50-70%) therapeutic/drug related problems.	First line therapies and disease state specific monitoring for therapeutic/drug related problems inadequately included (<50%)

A	<b>Goals of Therapy – 5%</b>	Both short-term and long-term goals of therapy are identified and addressed in <b>greater than 90%</b> medical problems, all done comprehensively, concisely, and consistently.	N/A	Both short-term and long-term goals of therapy are identified and addressed in <b>some</b> (50-90%) medical problems; <b>usually</b> done comprehensively and concisely.	N/A	Inadequate number of short-term nor long-term goals are identified and addressed in assessment (<50%)
	<b>Application of Standards of Care Individualized for Patient Case – 30%</b>	Provides accurate assessment of disease state(s) or drug related problem(s) and correlates <b>greater than 90%</b> medications with medical problems, applies evidence-based medicine and draws from all patient specific data in assessment of patient	Provides accurate assessment of disease state(s) or drug related problem(s) and correlates <b>most</b> (80-90%) medications with medical problems. Includes patient specific reasons in recommendation but does not draw from all patient specific data in assessment.	Provides accurate assessment of disease state(s) or drug related problem(s) and correlates <b>some</b> (70-80%) medications with medical problems. Includes patient specific reasons in recommendation but does not draw from all patient specific data in assessment.	Provides partial assessment of disease state(s) or drug related problem(s) and correlates <b>few</b> (50-70%) medications with medical problems, does not evaluate for major medication omissions, errors or changes, does not evaluate patient specific data in relation to evidence based medicine in assessment.	Inadequate assessment disease state(s) or drug related problem(s), unable to correlate medication with medical problems, unable to understand patient's clinical status, does not utilize evidence-based medicine in assessment (<50%)
P	<b>Treatment Plan – 20%</b>	Specific, appropriate and justified recommendations (including drug name, strength, route, frequency, and duration of therapy) for <b>greater than 90%</b> identified problem; all done concisely and consistently	Provides complete and appropriate plan for <b>most</b> identified problems (80-90%); <b>usually</b> done comprehensively and concisely	Provides complete and appropriate plan for <b>some</b> identified problems (70-80%); <b>usually</b> done comprehensively and concisely	Partially complete and/or inappropriate plan for <b>few</b> (50%-70%) identified problems, information other than "P" provided.	Recommendations are inappropriate and consistently fail to optimize pharmacotherapy, inappropriate or omitted for some identified problems. (<50%)
	<b>Counseling, Monitoring, and Follow-up- 20%</b>	Specific patient education points, safety and efficacy monitoring parameters, follow-up plan and referral plan for <b>greater than 90%</b> identified problems.	Patient education points, safety and efficacy monitoring parameters, follow-up plan and referral plan for <b>most</b> (80-90%) identified problems.	Patient education points, safety and efficacy monitoring parameters, follow-up plan and referral plan for <b>some</b> (70-80%) identified problems.	Patient education points, safety and efficacy monitoring parameters, follow-up plan and referral plan for <b>few</b> (50%-70%) identified problems.	Not addressed or inappropriate counseling, monitoring, referral and/or follow-up plan.

	<b>References – 10%</b>	<b>ALL</b> references are inclusive and are the most current primary literature available to support the assessment and plan. <b>ALL</b> references are formatted correctly and included throughout the document following NLM guidelines.	<b>Most</b> (>80%) of pertinent references are from primary and secondary literature that is not the most current to support the assessment and plan. <b>ALL</b> references are formatted correctly and included throughout the document following NLM guidelines.	Supports assessment and plan from secondary references minimal uses of primary literature (<80%). References included, format incorrect	Poor or inappropriate use/selection of references to support assessment and plan. References included, format incorrect	Inappropriate use/selection of references, fails to read references located. References not included
		<u>Total</u>				
		<u>Style &amp; Professional Etiquette Deductions (up to five points subtracted)</u>				
		<u>Instructor Comments:</u> (Please provide an explanation for points deducted for style and etiquette) An automatic 5 points will be deducted from the final grade if unapproved abbreviations as defined by the ISMP are used Final Grade:				

## SJFC WSOP Presentation Rubric

<b>APPE Presentation Rubric</b>				
Indicator	Initial	Developing	Developed	Proficient
	0	11	13	15
Delivery	<ul style="list-style-type: none"> <li>• Eye contact, body language, and facial expressions are inappropriate and significantly distracting.</li> <li>• Vocal delivery is too soft or too fast. Long, unintended silences and/or speech disruptions frequently distract audience</li> <li>• Length (+/- &gt;50%)</li> </ul>	<ul style="list-style-type: none"> <li>• Eye contact, body language, and facial expressions neither enhance nor hinder effectiveness significantly.</li> <li>• Vocal delivery is audible. Speech rate or volume disruptions occasionally distract from comprehension</li> <li>• Length did not meet preceptor expectation (+/- 25-50%)</li> </ul>	<ul style="list-style-type: none"> <li>• Some but not all of the following apply:</li> <li>• Eye contact, body language, and facial expressions enhance presentation.</li> <li>• Vocal delivery is confident and dynamic. Speech rate, volume, and tone enhance listener interest and facilitate understanding</li> <li>• Appropriate length (+/- 10-25%)</li> </ul>	<ul style="list-style-type: none"> <li>• Most or all of the following apply: Eye contact, body language, and facial expressions enhance the presentation.</li> <li>• Vocal delivery is confident and dynamic. Speech rate, volume, and tone enhance listener interest and facilitate understanding</li> <li>• Perfect length (+/- 10%)</li> </ul>
	0	30	34	40
Content	<ul style="list-style-type: none"> <li>• Is inaccurate and not up-to-date.</li> <li>• Content does not have breadth or depth.</li> <li>• Content is disorganized.</li> <li>• Recommendation or solution is not supported.</li> <li>• Did not provide adequate referenced information</li> </ul>	<ul style="list-style-type: none"> <li>• Content consists of inaccuracies.</li> <li>• One or more sections of content are not up-to-date.</li> <li>• Focus of content is either too narrow or broad.</li> <li>• Depth of content is inadequate.</li> <li>• Content is somewhat disorganized: some sections are not cohesive and are illogical, which impedes understanding.</li> <li>• Did not provide adequate referenced information</li> </ul>	<ul style="list-style-type: none"> <li>• Most content is accurate and up-to-date.</li> <li>• Content depth and/or breadth may not be sufficient for topic.</li> <li>• Most or all content is evidence based, but not all evidence is reflected in final project.</li> <li>• Most content is organized, cohesive, and logical and does not impede understanding</li> <li>• Referenced information was acceptable (secondary and tertiary but not primary)</li> </ul>	<ul style="list-style-type: none"> <li>• All content is accurate and up-to-date.</li> <li>• All content is of appropriate depth and breadth.</li> <li>• Conclusions and recommendations are evidence based.</li> <li>• Content is well organized, logical, coherent, and cohesive.</li> <li>• Provided reliable, researched, and multi-referenced information (primary, secondary and tertiary)</li> </ul>
	0	23	26	30
Knowledge	<ul style="list-style-type: none"> <li>• Does not demonstrate an adequate level of knowledge about the topic</li> <li>• Cannot answer questions appropriately.</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrates minimal level of knowledge about topic</li> <li>• Answers questions with hesitancy and little detail.</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrates adequate knowledge of topic.</li> <li>• Answers questions with sufficient detail and accuracy.</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrates thorough knowledge of topic.</li> <li>• Answers questions thoroughly and accurately without hesitation.</li> </ul>

	0	11	13	15
Professionalism	<ul style="list-style-type: none"> <li>• Does not demonstrate a positive or professional attitude.</li> <li>• Does not demonstrate regard for others' viewpoints.</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrates a basic level of professionalism and positivity by demonstrating some but not all of the following: maintaining composure, demonstrating sensitivity to others, presenting issues in a positive manner, and providing constructive comments.</li> <li>• Demonstrates appropriate regard for others' viewpoints.</li> </ul>	<ul style="list-style-type: none"> <li>• Generally demonstrates a positive and professional attitude (as evidenced by maintaining composure, demonstrating sensitivity to others, presenting issues in a positive manner, and providing constructive comments).</li> <li>• Demonstrates due regard for others' viewpoints.</li> </ul>	<ul style="list-style-type: none"> <li>• Consistently demonstrates a positive, professional attitude (as evidenced by consistently maintaining composure, demonstrating sensitivity to others, presenting issues in a positive manner, and providing constructive comments).</li> <li>• Demonstrates appropriate regard for others' points of view.</li> </ul>
Positive Feedback				
Constructive Criticism				

## Journal Club Scoring Rubric

	2	3	4	5
<b>Understanding of Clinical Question</b>	The clinical question and/or hypothesis was misunderstood, misinterpreted and was not presented appropriately.	The clinical question and/or hypothesis were understood but were misinterpreted and were not presented appropriately.	The clinical question and/or hypothesis was understood, interpreted correctly but was not presented appropriately.	The clinical question and/or hypothesis of the study was understood, interpreted and presented appropriately.
<b>Presentation of Methodology</b>	NONE of the questions were addressed.	SOME of the questions were addressed.	MOST of the questions were addressed.	ALL of the following questions were addressed/interpreted appropriately (if applicable): <ul style="list-style-type: none"> <li>• How were the subjects selected?</li> <li>• How were they randomized?</li> <li>• Were the interventions of the study well described?</li> <li>• Were doses and medication regimens discussed in detail?</li> <li>• What were the primary and secondary endpoints of the study?</li> </ul>
<b>Presentation of Results</b>	NONE of the questions were addressed.	SOME (1 of 3) of the questions were addressed.	MOST (2 of 3) of the questions were addressed.	ALL of the following questions were addressed/interpreted appropriately (if applicable): <ul style="list-style-type: none"> <li>• Are data presented for all measurements/ endpoints specified in the methodology?</li> <li>• Are data presented objectively?</li> <li>• Are data clear and understandable?</li> </ul>
<b>Statistical Analysis of Results</b>	NONE of the questions were addressed.	SOME of the questions were addressed.	MOST of the questions were addressed.	ALL of the following questions were addressed/interpreted appropriately (if applicable): <ul style="list-style-type: none"> <li>• Are appropriate descriptive statistics presented? [ie measure of central tendency (median, mean, mode), spread of the data (range), variation in the data (SD)]</li> <li>• Are p-values and confidence intervals specified?</li> <li>• Are the inferential statistical tests applied appropriately?</li> </ul>

				<ul style="list-style-type: none"> <li>• Are statistical analyses meaningful?</li> </ul>
<b>Presentation of Author's Conclusions</b>	NONE of the questions were addressed.	SOME of the questions were addressed.	MOST of the questions were addressed.	<p>ALL of the following questions were addressed/interpreted appropriately (if applicable):</p> <ul style="list-style-type: none"> <li>• Are the author's conclusions appropriate based on the data presented?</li> <li>• Are the results statistically significant?</li> <li>• Are the results clinically significant?</li> <li>• Does the author discuss objectively the limitations to the study?</li> <li>• Are the conclusions consistent with the purpose of the study?</li> </ul>
<b>Discussion of Potential Impact of the Study</b>	Both the internal and external validity of the study were either not addressed or misinterpreted.	Either the internal or external validity of the study was misinterpreted and misrepresented.	The internal and external validity of the study were addressed and clearly understood, but the student misrepresented them.	The internal validity and external validity of the study was understood, interpreted, and presented correctly.
<b>Handling of Limitations and Biases</b>	No limitations or biases were discussed.	No limitations were discussed or SOME of the biases were discussed.	Limitations of the study and MOST of biases were discussed.	<p>Limitations of the study and ALL of the following biases (if applicable) were discussed:</p> <ul style="list-style-type: none"> <li>• Selection bias</li> <li>• Classification bias</li> <li>• Confounding bias</li> <li>• Recall bias</li> <li>• Investigator bias</li> </ul>

## Drug Information Scoring Rubric

	<b>Needs Attention 1</b>	<b>Meets Standards 2</b>	<b>Exemplary 3</b>
<b>Understanding of DI Question</b>	The drug information question was not understood nor was it restated within the DI response.	The drug information question was understood, and interpreted correctly but was not restated in the DI response.	The drug information question was: Interpreted Correctly. Restated in the DI response.
<b>Evaluation of the Literature</b>	SOME (1 of 3) or NONE of the criteria were completed.	MOST (2 of 3) of the criteria were completed.	ALL of the following criteria were appropriately completed (if applicable): Literature search was completed appropriately. Relevant databases were consulted. Appropriate/relevant studies were identified
<b>Understanding of Content</b>	The student failed to demonstrate understanding of the content summarized in the DI question.	The student demonstrated limited understanding of the material summarized in the DI question.	The student demonstrated clear understanding of the material summarized in the DI question.
<b>Evidence-Based Conclusions</b>	None of the criteria were met.	MOST (1 of 2) of the criteria were met.	ALL of the following criteria were appropriately met (if applicable): Conclusions were appropriately supported by the literature/data summarized. Clinical recommendations were properly supported with guidelines/data.
<b>References</b>	Facts were not referenced appropriately and citations were not in NLM format.	Facts in the text of the DI question were not referenced appropriately; however, they were cited in NLM format.	All facts in the DI Question were appropriately referenced throughout the text and were cited in NLM format.
<b>Presentation of DI Question (Verbal/Written)</b>	The student is neither clear nor professional in communicating the DI question with the requester. The student is professional; however, does not clearly articulate the DI question with the requester.	The student is professional; however, does not clearly articulate the DI question with the requester.	The student clearly and professionally articulates/ communicates the DI question with the requester.



Date:	Receiver/ Provider Name:	Time Received:
Requester Name:		
Preferred Method of Response:		
Requester Contact Info:		
Time Frame: [Urgent, <4 hours, >4hours, Next Day, Other]		

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**DRUG INFORMATION REQUEST FORM**

<b>Nature of Drug Information Request:</b>	
<input type="checkbox"/> Adverse Drug Effects	<input type="checkbox"/> Drug Interactions (Drug, Food, Dz, lab)
<input type="checkbox"/> Complementary and Alternative Medicine	<input type="checkbox"/> Pregnancy/Lactation/ Teratogenicity
<input type="checkbox"/> Drug Administration/ Dosage/ Compatibility	<input type="checkbox"/> Pharmacokinetics/ Pharmacodynamics
<input type="checkbox"/> Drug Information (Indications/ Contraindications/ Pharmacotherapy, etc.)	<input type="checkbox"/> Poisoning/ Toxicology
<input type="checkbox"/> Drug Identification	<input type="checkbox"/> Vaccines

**Question (verbatim):**

**Probing (background):**

**Answer Provided:**

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**References:**

Wegman's School of Pharmacy at St. John Fisher College  
Pharm 5127: Literature Evaluation  
Literature Evaluation Guide

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### **Introduction**

- Is the reason for conducting the study discussed?
- Are the study objectives clearly defined?
- Is the null hypothesis clear?

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### **Methodology**

For each of the following questions, assess how this might influence the results or affect the validity of the study

### **Selection bias**

- Have adequate measures been taken to prevent selection bias?
  - Is the study population adequately defined?
  - How were subjects selected? What are the inclusion criteria? Are the selection procedures clearly defined?

#### ***Case-control:***

- How were cases selected?
- How were controls selected?
- Are the controls comparable to the cases?
- Was bias introduced in the selection process?

#### ***Follow-up/cross-sectional:***

- How was the study population selected?
- Was bias introduced in the selection process?

#### ***Experimental:***

- Were subjects randomly selected?
- Did all qualified subjects have an equal chance of being admitted to the study?
- Are the treatment groups comparable?
- Are pertinent patient specific data provided? (i.e. healthy subjects vs. patients, sex, age, concurrent disease states, concurrent therapy, race, weight or other pertinent information)
- Have adequate measures been taken to prevent classification bias?
- Does the study use specific definitions for the study parameters?
- How were patients classified for entrance into the study? Do they have the disease of interest? (case-control, experimental)

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### **Observational Studies**

- Is the severity of disease described?
- How were the risk factors classified?
- How were the outcomes classified?
- Have adequate measures been taken to prevent confounding bias?
  - Have measures been taken to prevent competing interventions that may influence the results?
  - Are exclusion criteria clearly defined?
- Have adequate measures been taken to prevent information bias?

- Are data sources used appropriate and likely to have the appropriate information?
- What is the quality of the data?
- Have the issues related to recall bias been adequately addressed? (case-control, or retrospective follow-up study)

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### **All study designs**

- Have adequate measures been taken to prevent measurement bias?
  - What measures were used to evaluate the outcomes of the study?
  - Are they adequately described?
  - Were the measures used appropriate?
  - Were objective measures used?
  - Are the measures reproducible?
- Were subjects observed for a sufficient length of time?
- Have adequate measures been taken to prevent observer bias?
  - Are the observers specified?
  - Have measures been taken to prevent inter-observer variation?

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### **Experimental studies**

- Were subjects randomized?
- Are randomization procedures appropriate and clearly defined? [Allocation bias]
- Are the interventions well described?
- Is the study blinded? Are blinding procedures appropriate?
- Were specific data on drug regimens given including dose, dosage form, duration of administration, time of dose in relationship to meals?
- Were all study drugs given in appropriate doses and regimens?
- Are both groups comparable, and treated in the same manner, except for the intervention?
- Were the measures adequate to insure or evaluate compliance?
- Were there any competing therapies that would have influenced the results?
- If the study is a crossover trial, was the washout period adequate between interventions?

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### **Statistical Analyses**

- Have the authors described the statistical analyses to be used in the study?
- Are the statistical tests appropriate for the type of data (nominal, ordinal, continuous)?
- Is the sample size determination information included?
- Have appropriate significance levels been established?
- Is the power of the study described?

### **Overall methodology**

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- Based on the methodology, is the study likely to have external validity?
- Is the study sample representative of the general population?
- Were the interventions practical? (experimental)

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### **Results**

#### **Patients studied**

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- Is the number of patients specified?
- Can all patients be accounted for?
- Is the number of dropouts given? Are the reasons for dropping out described? (experimental, follow-up)
- Were sufficient numbers of patients studied?
- Were patient demographics presented?
- Do the groups look similar based on demographics?

#### **Data presentation**

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- Are data presented for all measurements specified in the methodology?
- Are data presented objectively?
- Are data clear and understandable?

### **Statistical Analyses**

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- Are appropriate descriptive statistics presented? [i.e. measure of central tendency (median, mean, mode), spread of the data (range), variation in the data (SD)]
- Are p values and confidence intervals specified?
- Are the inferential statistical tests applied appropriately?
- Are statistical analyses meaningful?

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### **Discussion/ Conclusions**

- Are the author's conclusions appropriate based on the data presented?
- Are the results statistically significant?
- Are the results clinically significant?
- Does the author discuss objectively the limitations to the study?
- Are the conclusions consistent with the purpose of the study?
- Can the conclusions be extrapolated to the population in general?

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### **Overall**

- Do the title and abstract appropriately reflect the content of the study?
- Does the author cite mostly primary literature? Is the article referenced appropriately?
- Who sponsored the study?
- What is the reputation of the journal? Is it peer reviewed?
- Are there editorials available that discuss the article? (companion editorials or editorials that come out later)
- In general, what are the study's strengths and weaknesses?
- Does the study have internal validity?
- Does the study have external validity? Is it relevant to your problem/situation/practice?

## Therapeutic Drug Monitoring

### Assignment Description:

Students are expected to monitor drug therapy for at minimum one patient that is receiving a medication that requires substantial monitoring or follow-up by a clinical pharmacist. Examples include, but are not limited to warfarin/DOACs/heparin/low molecular weight heparin, aminoglycosides, vancomycin, insulin, digoxin, anti-epileptic agents, medications that cause QTc prolongation, etc. These are example situations only; please modify use based on your specific needs.

This is a pass/fail assignment that will be completed until competency is demonstrated

### Grading Rubric

<b>Criteria</b>	<b>Yes/No</b> Student meets expectation.	<b>Comments</b>
Identified or calculated correct patient variables used to determine appropriate drug and regimen i.e. appropriate body weight, appropriate assessment of renal function, relevant objective and subjective data		
Identified or calculated correct drug variables i.e. $V_d, k_e, t_{1/2}, F$ , drug metabolism		
Used correct formula for calculating relevant parameters if applicable		
Recommended clinically appropriate dose, frequency, route and duration		
Identified safety and efficacy monitoring parameters including frequency		

**OTC/CAM Student Counseling and New Drug Review Evaluation**

Student Name: \_\_\_\_\_  
 Preceptor Name \_\_\_\_\_

Date \_\_\_\_\_  
 Site Name \_\_\_\_\_

The following criteria should be used as an outline for OTC/CAM counseling and new drug reviews. Each monograph should not exceed one typed page (12 font). The counseling guide and new drug review should contain the following criteria:

- Name of product
- Indication
- Ingredient(s)
- Contraindications
- Interactions:
  - Drug-drug
  - Drug-food
  - Drug-lab test interactions
- Dose/frequency/route
- Pharmacology
- Side effects
- Goals of therapy/how do you know they are reached
- Action to take if overdose, any role for the Poison Control Center?
- Follow up

Students should document this information in Coursework. Grade should be a cumulative grade for all four OTC/CAM assignments.

OTC/CAM assignments for 6701 and ISMP/ADR assignments for 6701 will be graded on the following rubric:

			<b>80% - Meets Expectations</b>		
			The student <b>requires moderate prompting</b> to meet MOST complex criteria and minimal guidance to meet basic criteria. <b>The student meets all basic criteria.</b>	<b>90% - Exceeds Expectations</b>	
	<b>60% - Needs Remedial Training</b>	<b>70% - Needs Significant Development</b>		The student <b>requires limited prompting</b> to meet MOST complex material. <b>The student meets ALL basic criteria.</b>	
<b>0% - Assignments were not completed</b>	The student <b>requires additional training</b> outside of this rotation to meet basic criteria.	The student <b>requires significant guidance</b> and reminders to meet basic criteria.			<b>100% - Accomplished</b>
Student <b>did not complete</b> one or more of the OTC/CAM assignments.					The student <b>independently</b> meets MOST complex criteria and ALL basic criteria.

## **Errors and Omissions**

Describe an event containing an error or omission in the prescription, patient label or drug selected for dispensing.

Examples:

1. wrong medication pulled or dispensed
2. wrong or problematic indication
3. previous ADR to the medication
4. a legal issue was encountered with the original prescription.( refills of a C-IV benzo)
5. wrong Code on original Rx
6. wrong quantities allowed

## **Profile Review**

Describe a prescription(s) with clinical issues that require an intervention. Please provide the identification of the problem and the documented intervention taken, patient demographics, allergy information, and if available, the pertinent medical condition that was related to the intervention.

Examples:

1. An intervention is required due to an existing allergy on the profile.
2. The Pharmacist or student calls the physician/prescriber to inform them of the potential problem.
3. The outcome and recommendation made by the pharmacist/student. The student has to make a specific recommendation.

**Formative (Mid-Rotation) Preceptor Evaluation of Student and Student Self Evaluation – 6701, 6702, and electives**

Please evaluate your student using the criteria listed below, then review the student's mid-rotation self-evaluation, and compare it to your mid-rotation evaluation of the student. Discuss the similarities and differences with the student and then provide the student with focused feedback for improvement. A written Plan for Improvement is MANDATORY for students failing at Mid-Rotation. This plan should be composed by the preceptor and needs to be signed by both the student and preceptor.

GENERAL KNOWLEDGE OUTCOMES: the student is able to utilize critical thinking and problem solving skills.

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither agree or disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
The student is able to utilize critical thinking and problem solving skills	1	2	3	4	5
The student demonstrates the ability to apply knowledge to activities occurring on rotation.	1	2	3	4	5
The student demonstrates the ability to use the necessary tools (language, technology, literature...) to achieve the objectives/outcomes of the rotation.	1	2	3	4	5
The student demonstrates lifelong learning habits and skills.	1	2	3	4	5
The student demonstrates intellectual curiosity by generating pertinent questions for her/his preceptor.	1	2	3	4	5

**WORKPLACE OUTCOMES or OBJECTIVES**

Describe the student's area of greatest need.

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The professionalism rubric (see page xx) will also be included at the mid-point evaluation.

**PASS/FAIL**

Is the student currently on track to pass the rotation?

No      Yes

If NO the preceptor will be contacted by school personnel for more information and the student's advisor will be notified.

**Formative (Mid-Rotation) Preceptor Evaluation of Student and Student Self Evaluation – 6703 & 6704**

Please evaluate your student using the criteria listed below, then review the student's mid-rotation self-evaluation, and compare it to your mid-rotation evaluation of the student. Discuss the similarities and differences with the student and then provide the student with focused feedback for improvement. A written Plan for Improvement is MANDATORY for students failing at Mid-Rotation. This plan should be composed by the preceptor and needs to be signed by both the student and preceptor.

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither agree or disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
The student is competent in Patient Care Activities. (i.e. gathering patient information and problem lists, selecting and recommending drug therapies, devising plan)	1	2	3	4	5
The student demonstrates competency in Drug Information knowledge and application.	1	2	3	4	5
The student interacts with the care team appropriately and effectively.	1	2	3	4	5
The student demonstrates the ability for professional development ( develops lifelong learning habits and skills, exhibits intellectual curiosity, manages time appropriately).	1	2	3	4	5
The student displays inter-professional skills (understands and respects the roles of other health professions).	1	2	3	4	5

The professionalism rubric (see page xx) will also be assessed at the mid-point.

PASS/FAIL

Is the student currently on track to pass the rotation?

No      Yes

If NO the preceptor will be contacted by school personnel for more information and the student's advisor will be notified. The preceptor is also asked to complete a full mid-term evaluation by pulling it from "On the Fly". Please contact the Office of Experiential Education at 585-385-7249 for assistance.

## PHAR 6703

### Patient Care Experience and the IPEC Competencies Reflection Paper

The World Health Organization defines IPE as “students from two or more professions learn[ing] about, from, and with each other to enable effective collaboration and improve health outcomes”. The WHO further defines interprofessional collaborative practice (ICP) as “multiple health workers from different professional backgrounds working together with patients, families, caregivers and communities to deliver the highest quality of care. ICP drives safe, high-quality, accessible, patient-centered care with improved outcomes for patients.

The mission of the Interprofessional Education Collaborative (IPEC) is to promote, encourage and support efforts to prepare future health professionals to become ready for interprofessional collaborative practice. The American Association of Colleges of Pharmacy is a member of IPEC. IPEC has created a set of core competencies which inform interprofessional education and collaborative practice.

Throughout the didactic phase of the PharmD curriculum you have learned about and trained with many other members of the health care team and undoubtedly, while on IPPEs/APPEs, you have/will participate as a member of an interprofessional health care team.

The purpose of this reflection paper is to provide a thoughtful reflection on how your patient care experience (via rounds or team meetings, etc.) during PHAR 6703 helped you to meet the IPEC core competencies. This reflective paper requires you to explore the IPEC competencies and reflect on how you have met specific competencies through interprofessional patient care experiences on your acute care APPE (PHAR 6703).

#### Objectives:

- Choose **two** of the IPEC Core Competencies items provided in the table below and describe how each item relates to providing safe, high-quality, accessible, patient-centered care. Your two items must be from different columns and be different colors.
- Reflect on how you have worked with an interprofessional team(s) to meet the chosen IPEC item.

#### IPEC sub-competency items

<b>Values/Ethics</b>	<b>Rules/Responsibilities</b>	<b>Interprofessional Communication</b>	<b>Teams &amp; Teamwork</b>
VE1. Place interests of patients and populations at center of interprofessional health care delivery and population health programs and policies, with the goal of promoting health and health equity across the life span.	RR1. Communicate one's roles and responsibilities clearly to patients, families, community members, and other professionals.	CC3. Express one's knowledge and opinions to team members involved in patient care and population health improvement with confidence, clarity, and respect, working to ensure common understanding of information, treatment, care decisions, and population health programs and policies.	TT4. Integrate the knowledge and experience of health and other professions to inform health and care decisions, while respecting patient and community values and priorities/preferences for care.

VE2. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care.	RR6. Communicate with team members to clarify each member's responsibility in executing components of a treatment plan or public health intervention.	CC5. Give timely, sensitive, instructive feedback to others about their performance on the team, responding respectfully as a team member to feedback from others.	TT7. Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care.
VE5. Work in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of prevention and health services and programs.	RR10. Describe how professionals in health and other fields can collaborate and integrate clinical care and public health interventions to optimize population health.	CC7. Recognize how one's own uniqueness (experience level, expertise, culture, power, and hierarchy within the health team) contributes to effective communication, conflict resolution, and positive interprofessional working relationships (University of Toronto, 2008).	TT6. Engage self and others to constructively manage disagreements about values, roles, goals, and actions that arise among health and other professionals and with patients, families, and community members.
VE8. Manage ethical dilemmas specific to interprofessional patient/population centered care situations.	RR4. Explain the roles and responsibilities of other providers and how the team works together to provide care, promote health, and prevent disease.	CC8. Communicate the importance of teamwork in patient-centered care and population health programs and policies.	TT3. Engage health and other professionals in shared patient-centered and population-focused problem-solving.

The full version of the 2016 updated IPEC competencies is available at <https://www.asha.org/uploadedFiles/Interprofessional-Collaboration-Core-Competency.pdf>.

Requirements:

- This paper is designed to reflect your thinking process and should be at least three pages in length, typed, double-spaced and in a 12-point Times New Roman (TNR) font with one-inch margins. Grammar and spelling will be evaluated. This reflection paper is to be used as proof of meeting ACPE accreditation standards; and therefore, must be thoughtful and meaningful.
- This paper must be ran through TurnItIn and then submitted (along with the PDF version of the TurnItIn compatibility report) via E-value.

**Grading Rubric:** The following rubric will be used to evaluate your work. A passing score is 16/20 (80%).

<b>Reflection Paper Rubric</b>	<b><u>4</u> Proficient</b>	<b><u>3</u> Developed</b>	<b><u>2</u> Developing</b>	<b><u>1</u> Needs Development</b>	<b>Score</b>
<b>Format</b>	Paper is neatly typed, double-spaced, 12-point TNR font, one-inch margins, and 3-5 pages in length. TurnItIn report attached.	One formatting rule is not followed but paper is 3-5 pages in length. TurnItIn report attached.	More than one formatting rule is not followed but paper is 3-5 pages in length. TurnItIn report missing.	More than one formatting rules is not followed, and, shorter than 3 pages in length. TurnItIn report missing.	
<b>Grammar and Spelling</b>	No errors.	1-2 minor errors.	2-5 minor errors of 1-2 major errors.	Contains > 5 minor or > 3 major errors.	
<b>Organization</b>	Well-organized, well written, easy to read and understand.	Well-organized but “flow” could be improved.	Organization lacking and difficult to follow.	Disorganization interferes with understanding.	
<b>Reflection</b>	Shows strong evidence of reasoned reflection and depth.	Shows evidence of reasoned reflection but not depth.	Basic reflection but no depth.	Basic reflection and depth are absent.	
<b>Completeness</b>	Fully addresses two IPEC sub-competencies with commentary and reflection on each.	Partially addresses two IPEC sub-competencies with commentary and reflection on each.	Partially addresses two IPEC sub-competencies with either commentary or reflection but not both.	Addresses only one IPEC sub-competency.	

### **Plan for Improvement Template**

This form helps document a simple plan for improvement. If a preceptor has their own form they should feel free use their own. The plan should be composed by the preceptor; both student and preceptor must sign and date this form. Once sections A, B, and C are complete the form will then be delivered to the school immediately.

**A. CURRENT STATUS:**

From the syllabus list the top 3 objectives/outcomes the student is deficient in:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**B. REMEDIATION:**

Describe how the student will gain the knowledge/skills to achieve the above objectives/outcomes. This could be assigned readings, observations of pharmacists, research...Please be very specific and include as many details as possible.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**C. VERIFICATION:**

Describe in detail how the student will demonstrate achievement of the deficient objectives/outcomes after they have been given opportunity and time to gain knowledge and skills.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Preceptor Signature \_\_\_\_\_

Date \_\_\_\_\_

Form may be E-mailed or faxed to:  
Office of Experiential Education  
Fax: 585-385-5295  
E-mail [adigiorgio@sjfc.edu](mailto:adigiorgio@sjfc.edu)

## Final Student Evaluation of Preceptor

(Complete on-line during week 6)

Student's Name: \_\_\_\_\_

Rotation Site: \_\_\_\_\_ Date: \_\_\_\_\_

Preceptor's Name: \_\_\_\_\_

1 = Strong Disagree; 2 = Disagree; 3 = Neither Agree nor Disagree; 4 = Agree; 5 = Strongly Agree

The evaluation methods and criteria were clarified with me early in the rotation.	Yes/No
My preceptor exemplifies the characteristics of a professional.	1-5
My preceptor gave me adequate feedback on a regular basis.	1-5
My preceptor's feedback helped me improve.	1-5
My preceptor (or designee) was readily available.	1-5
My preceptor asked questions that caused me to explore issues and answer questions.	1-5
My preceptor answered my questions clearly	1-5
My preceptor prompted me to work independently as needed.	1-5
My preceptor displayed dedication to teaching/education.	1-5
Overall my preceptor is an effective educator, coach or mentor.	1-5

What did the preceptor do that was most effective in supporting your learning needs?

What would you suggest for changes?

Additional Comments (optional)

## Final Student Evaluation of Rotation Site

(Complete on line in during week 6)

## Final Student Evaluation of Experiential Site

(Complete in E\*Value Week 6)

Criteria	
Exposure to the practice of pharmacy at the site meet your expectations	Y/N
The site provides an environment conducive to your learning	Y/N
<b>For the next set of questions, please indicate if the following IPE (inter-professional education) activities were incorporated into your rotation. If yes, please indicate the type of healthcare professionals and health professions students with whom you participated.</b>	
<b>Attended inter-professional patient care rounds.</b>	Y/N
If yes, with whom did you participate in inter-professional patient care rounds? Check all that apply.	
<b><u>Actively participated</u> in inter-professional patient care rounds.</b>	Y/N
If yes, with whom did you actively participate in inter-professional patient care rounds?	
<b>Provided direct face-to-face patient care along with other professions. (provided patient counseling, devised a patient care treatment plan, etc..)</b>	Y/N
If yes, with whom did you provide direct face-to face patient care?	
<b>Attended grand rounds with health care professionals and/or health care students of other professions.</b>	Y/N
If yes, with whom did you attend grand rounds?	
<b>Attended an educational presentation (CE, patient case, medicine conference, etc...) with health care professionals and/or health care students of other professions.</b>	Y/N
If yes, with whom did you attend an educational presentation?(check all that apply):	
<b><u>Presented</u> an educational presentation (CE, patient case, medicine conference, etc..) to health care professionals and/or health care students of other professions.</b>	Y/N
If yes, to whom did you present? (Check all that apply)	
<b>Listened to a journal club presentation with health care professionals and/or health care students of other professions.</b>	Y/N
If yes, with whom did you listen to a journal club? (Check all that apply)	
<b><u>Presented</u> a journal club presentation to health care professionals and/or health care students of other professions.</b>	Y/N
If yes, to whom did you present a journal club? (Check all that apply)	
<b>Attended a committee meeting (P&amp;T, medication safety, etc..) with health care professionals and/or health care students of other professions.</b>	Y/N
If yes, with whom did you attend a committee meeting? (Check all that apply)	
<b><u>Presented</u> at a committee meeting (P&amp;T, medication safety, etc.) to health care professionals and/or health care students of other professions.</b>	Y/N
If yes, to whom did you present at a committee meeting? (Check all that apply)	
<b>Participated in community outreach event(s) (vaccine clinic, educational presentation, BP screening, etc..) with health care professionals and/or health care students of other professions.</b>	Y/N
If yes, with whom did you participate in a community outreach event? (Check all that apply)	
<b>Shadowed health care professionals and/or health care students of other professions.</b>	Y/N
If yes, who did you shadow? (check all that apply)	

**Strengths of the site:**

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**Weaknesses of the site:**

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## Suggestions for improvement:

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### Preceptor Evaluation of Student – Final (6701)

DESCRIPTION, interviewing, dispensing, monitoring, and counseling patients receiving pharmacy services in the community setting. The preceptor should discuss with the student the workload and financial performance indicators of the site. In addition the student should participate in the purchasing and inventory management process.

SPECIFICS, under the supervision of their preceptor students will identify patients with high utilization of pharmacy services or on narrow therapeutic index medications. These high risk patients will be counseled on proper use of their medications, risk of adverse effects from their medications and the importance of adherence.

Students will offer smoking cessation counseling OR diabetes counseling on an individual or group basis. The service could be offered for a day or a week depending on the preceptor's preference. Patients could be identified through a general flyer or pinpointed through a search of the pharmacy records. Once completed, the student will upload a brief written summary of their experience into Coursework on E\*Value.

A general review of patients medications (brown bag day(s)) will be offered. Students will perform medication reconciliation using a systematic process to identify all the current medications (Rx, herbs, OTCs) patients are on and identify any actual or potential drug related problems. The student should then compose a resolution to the problems for their preceptor's approval. Once completed, the student will upload a brief written summary of their experience into Coursework on E\*Value.

The student should be competent in dispensing at the site; however, no more than 50% of their time should be spent dispensing.

The amount of time spent completing the above activities will be left to the discretion of the preceptor. One suggested format would be as follows:

Weeks 1-2: Dispensing, getting to know the operational aspects of the pharmacy and identifying some Drug Information questions. Review learning activities with preceptors.

Weeks 3-4: Student transitions to clinical activities and in conjunction with their preceptor begins to identify/counsel high risk/high utilizers of pharmacy care. Student will also advertise smoking cessation/diabetes program for weeks 5-6. Complete some of the learning activities.

Weeks 5-6 complete brown bag service days, and smoking cessation/diabetes programs. Student will complete their second Drug Information paper and finish up the remaining learning activities.

WORKPLACE OUTCOMES, by the end of the rotation students will demonstrate the following abilities to their preceptor:

Grading for each of the above workplace outcomes will be according to the following rubric:

0%	50%	80%	90%	100%
<b>Needs Remedial Training</b>	<b>Needs Significant Development</b>	<b>Meets Expectations</b>	<b>Exceeds Expectations</b>	<b>Accomplished</b>
The student <b>requires additional training outside of this rotation to meet basic criteria.</b>	The student <b>requires significant guidance and reminders to meet basic criteria.</b>	The student <b>requires moderate prompting</b> to meet MOST complex criteria and minimal guidance to meet basic criteria. <b>The student meets all basic criteria.</b>	The student <b>requires limited prompting</b> to meet MOST complex criteria. The student meets ALL basic criteria.	The student <b>independently</b> meets MOST complex criteria and ALL basic criteria. Ready to enter the profession.

	criteria.			
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Criteria	Student Score	Maximum Score
Gather and evaluate patient and drug-related information needed to identify actual or potential drug therapy problems.		100
Develop a complete medical and drug therapy problem list.		100
Interpret, prepare, and dispense prescriptions.		100
Retrieve, analyze, and interpret the professional, lay, and scientific literature to make informed, rational, and evidence-based decisions.		100
Select and recommend appropriate drug (prescription and non-prescription) and non-drug therapy (i.e., diet, lifestyle modification...) as part of the care plan.		100
Comply with federal, state, and local statutes and regulations that affect pharmacy practice.		100
Explore and attempt to resolve ethical and moral decisions faced by pharmacists.		100
Communicate drug and health information clearly, accurately, compassionately, and confidently to patients, health care professionals, and the public using appropriate listening, verbal, nonverbal, and written communication skills.		100
Educate patients and/or caregivers about drug therapy and the appropriate use of medical devices.		100
Self-assess attainment of course outcomes		100
Manage time appropriately and efficiently.		100
Exhibit intellectual curiosity and personal commitment to ensure ongoing professional competency.		100
Communicate with prescribers, patients, caregivers, and other involved health care providers to engender a team approach to patient care.		100
Carry out duties in accordance with legal, ethical, social, economic, and professional guidelines.		100
Assure that all relevant members of a patient population receive needed services.		100
Describe to the preceptor the workload and financial performance indicators of the site and the purchasing and inventory management process.		100
Student offered a smoking cessation counseling, diabetes counseling, brown bag, immunization, blood pressure screening or other site specific program that was approved by their preceptor.	Yes	No
Student provided 4 OTC or CAM verbal counseling presentations.	Yes	No
Student completed at least one of the following: 1 page paper describing a common ethical decision that has to be made by pharmacists, new drug review, current drug topics, or verbal summary of rotation site inventory management	Yes	No
Student completed 2 Errors/Omissions Assignment	Yes	No
Student completed 3 Profile Review Assignment	Yes	No

**Community Pharmacy 6701 Comments**

## Preceptor Evaluation of Student – Final (6702)

DESCRIPTION, a variety of activities including order entry, preparation of sterile products, formulary management activities (such as preparing documents for and/or attending P&T meetings), error and adverse drug reaction reporting, and participating in the institution's quality improvement program. Students will analyze errors and ADR's and discuss with their preceptor methods to reduce these events. Errors and ADR's should be actual events unless legal issues prevent students from reviewing these events; in this situation the preceptor could compose an error or ADR event. Please note that due to the operational aspects of the Introductory Rotations this Advanced Rotation does not mandate order entry as a required task.

WORKPLACE OUTCOMES, by the end of the rotation students will demonstrate the following abilities to their preceptor:

Grading for each of the above workplace outcomes will be according to the flowing rubric:

0%	50%	80%	90%	100%
<b>Needs Remedial Training</b>	<b>Needs Significant Development</b>	<b>Meets Expectations</b>	<b>Exceeds Expectations</b>	<b>Accomplished</b>
The student <b>requires additional training outside of this rotation to meet basic criteria.</b>	The student <b>requires significant guidance and reminders to meet basic criteria.</b>	The student <b>requires moderate prompting</b> to meet MOST complex criteria and minimal guidance to meet basic criteria. <b>The student meets all basic criteria.</b>	The student <b>requires limited prompting</b> to meet MOST complex criteria. The student meets ALL basic criteria.	The student <b>independently</b> meets MOST complex criteria and ALL basic criteria. Ready to enter the profession.

Criteria	Student Score	Maximum Score
Gather and evaluate patient and drug-related information needed to identify actual or potential drug therapy problems.		100
Retrieve, analyze, and interpret the professional, lay, and scientific literature to make informed, rational, and evidence-based decisions.		100
Comply with federal, state, and local statutes and regulations that affect pharmacy practice.		100
Prepare, store, and assure quality of sterile dosage forms.		100
Explore and attempt to resolve ethical and moral decisions faced by pharmacists.		100
Communicate drug and health information clearly, accurately, compassionately, and confidently to patients, health care professionals, and the public using appropriate listening, verbal, nonverbal, and written communication skills.		100
Manage medication use systems, formulary development, medication error and adverse drug reaction prevention.		100
Establish collaborative relationships with other healthcare professionals that foster a team approach to patient care.		100
Educate patients and/or caregivers about drug therapy and the appropriate use of medical devices.		100
Self-assess attainment of course outcomes, preceptor will evaluate student's mid-rotation self-evaluation.		100
Manage time appropriately and efficiently.		100
Exhibit intellectual curiosity and personal commitment to ensure ongoing professional competency.		100
Communicate with prescribers, patients, caregivers, and other involved health care providers to engender a team approach to patient care.		100
Carry out duties in accordance with legal, ethical, social, economic, and professional guidelines.		100
Student completed two Institute for Safe Medication Practices (ISMP) error reports.	Yes	No
Student completed two Adverse Drug Reaction reports.	Yes	No

### Health-System Pharmacy PHAR 6702 comments:

**Preceptor Evaluation of Student – Final (6703 and 6704 - please see the Workplace Outcomes Rubric on page 21 of this manual.**

DESCRIPTION, monitoring (rounding) patients as part of an interdisciplinary team including pharmacists, physicians, nurses, or other providers of care such as respiratory therapists, physical therapists, or discharge planners. Students will use a systematic process to provide patient centered pharmacy care to assigned patients; that is identifying drug related problems and making interventions to improve patient care. Completing Consult notes, patient presentations, journal clubs, and drug information papers will be required. Students may also be required to perform other activities as directed by the preceptor.

WORKPLACE OUTCOMES, by the end of the rotation students will demonstrate the following abilities to their preceptor:

Grading for each of the above workplace outcomes will be according to the following rubric:

0%	50%	80%	90%	100%
<b>Ineffective or unsafe</b>	<b>Needs Significant Improvement</b>	<b>Required Competency</b>	<b>Exceeds Expectations</b>	<b>Exceptional</b>

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## Sample Action Plan

APPE Action Plan for: STUDENT NAME

Date:

Student X received an overall average of 2.5 for the formative preceptor assessment of student at week 5. Student X and I discussed the problem of repetitively showing up late for rotation (6:30AM instead of 6AM as expected). The student stated that child care was the issue but now realizes the importance of showing up on time and will make alternate child care arrangements. The student has agreed to be on time for the remainder of the rotation. I reminded the student that any future violations of rotation policies and regulations will result in failure of the rotation.

Student Signature \_\_\_\_\_

Preceptor Signature \_\_\_\_\_

# CAPE Educational Outcomes

## Domain 1 – Foundational Knowledge

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

Examples of Learning Objectives\*

1.1.1. Develop and demonstrate depth and breadth of knowledge in **pharmaceutical, social/behavioral/administrative, and clinical sciences**.

1.1.2. Articulate how knowledge in foundational sciences is integral to clinical reasoning; evaluation of future advances in medicine; supporting health and wellness initiatives; and delivery of contemporary pharmacy services.

1.1.3. Integrate knowledge from foundational sciences to explain how specific drugs or drug classes work and evaluate their potential value in individuals and populations.

1.1.4. Apply knowledge in foundational sciences to solve therapeutic problems and advance **patient-centered care**.

1.1.5. Critically analyze scientific literature related to drugs and disease to enhance clinical decision making.

1.1.6. Identify and critically analyze emerging theories, information, and technologies that may impact **patient-centered** and **population based care**.

## Domain 2 – Essentials for Practice and Care

**2.1. Patient-centered care (Caregiver)** - Provide **patient-centered care** as the medication expert (collect and interpret evidence, prioritize, formulate assessments and recommendations, implement, monitor and adjust plans, and document activities).

Examples of Learning Objectives\*

2.1.1. Collect subjective and objective evidence related to patient, medications, allergies/adverse reactions, and disease, by performing patient assessment (including physical assessment) from chart/electronic health records, pharmacist records and patient/family interviews.

2.1.2. Interpret evidence and patient data.

2.1.3. Prioritize patient needs.

2.1.4. Formulate evidence based care plans, assessments, and recommendations.

2.1.5. Implement patient care plans.

2.1.6. Monitor the patient and adjust care plan as needed.

2.1.7. Document patient care related activities.

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

Examples of Learning Objectives\*

2.2.1. Compare and contrast the components of typical **medication use systems** in different pharmacy practice settings.

2.2.2. Describe the role of the pharmacist in impacting the safety and efficacy of each component of a typical **medication use system** (i.e., procurement, storage, prescribing, transcription, dispensing, administration, monitoring, and documentation).

2.2.3. Utilize technology to optimize the medication use system.

2.2.4. Identify and utilize human, financial, and physical resources to optimize the **medication use system**.

2.2.5. Manage healthcare needs of patients during **transitions of care**.

2.2.6. Apply standards, guidelines, best practices, and established processes related to safe and effective medication use.

2.2.7. Utilize continuous quality improvement techniques in the medication use process.

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

Examples of Learning Objectives\*

2.3.1. Describe systematic preventive care, using risk assessment, risk reduction, screening, education, and immunizations.

2.3.2. Provide prevention, intervention, and educational strategies for individuals and communities to improve health and wellness.

2.3.3. Participate with *interprofessional* healthcare team members in the management of, and health promotion for, all patients.

2.3.4. Evaluate personal, social, economic, and environmental conditions to maximize health and wellness.

**2.4. Population-based care (Provider)** - Describe how *population-based care* influences *patient-centered*

*care* and influences the development of practice guidelines and evidence-based best practices.

Examples of Learning Objectives\*

2.4.1. Assess the healthcare status and needs of a targeted patient population.

2.4.2. Develop and provide an evidence-based approach that considers the cost, care, access, and satisfaction needs of a targeted patient population.

2.4.3. Participate in *population health management* by evaluating and adjusting interventions to maximize health.

## Domain 3 - Approach to Practice and Care

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

Examples of Learning Objectives\*

3.1.1. Identify and define the primary problem.

3.1.2. Define goals and alternative goals.

3.1.3. Explore multiple solutions by organizing, prioritizing, and defending each possible solution.

3.1.4. Anticipate positive and negative outcomes by reviewing assumptions, inconsistencies, and unintended consequences.

3.1.5. Implement the most viable solution, including monitoring parameters, to measure intended and unintended consequences.

3.1.6. Reflect on the solution implemented and its effects to improve future performance.

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

Examples of Learning Objectives\*

3.2.1. Conduct a learning needs assessment of constituents who would benefit from pharmacist-delivered education (e.g., patients/caregivers, technicians and interns, pharmacy students, fellow pharmacists, other healthcare providers, legislators).

3.2.2. Select the most effective techniques/strategies to achieve learning objectives.

3.2.3. Demonstrate the ability to coordinate educational efforts with other healthcare providers, when appropriate, to ensure a consistent, comprehensive, and team-based encounter.

3.2.4. Ensure instructional content contains the most current information relevant for the intended audience.

3.2.5. Adapt instruction and deliver to the intended audience.

3.2.6. Assess audience comprehension.

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

Examples of Learning Objectives\*

3.3.1. Empower patients to take responsibility for, and control of, their health.

3.3.2. Assist patients in navigating the complex healthcare system.

3.3.3. Ensure patients obtain the resources and care required in an efficient and cost-effective manner (e.g.,

triage to social and/or other healthcare services).

**3.4. Interprofessional collaboration (Collaborator)** – Actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and values to meet patient care needs.

Examples of Learning Objectives\*

- 3.4.1. Establish a climate of shared values and mutual respect necessary to meet patient care needs.
- 3.4.2. Define clear roles and responsibilities for team members to optimize outcomes for specific patient care encounters.
- 3.4.3. Communicate in a manner that values team-based decision making and shows respect for contributions from other areas of expertise.
- 3.4.4. Foster accountability and leverage expertise to form a highly functioning team (one that includes the patient, family, and community) and promote shared patient-centered problem solving.

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

Examples of Learning Objectives\*

- 3.5.1. Recognize the collective identity and norms of different **cultures** without overgeneralizing (i.e., recognize and avoid biases and stereotyping).
- 3.5.2. Demonstrate an attitude that is respectful of different **cultures**.
- 3.5.3. Assess a patient's **health literacy** and modify communication strategies to meet the patient's needs.
- 3.5.4. Safely and appropriately incorporate patients' cultural beliefs and practices into health and wellness care plans.

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

Examples of Learning Objectives\*

- 3.6.1. Interview patients using an organized structure, specific questioning techniques (e.g., motivational interviewing), and medical terminology adapted for the audience.
- 3.6.2. Actively listen and ask appropriate open and closed-ended questions to gather information.
- 3.6.3. Use available technology and other media to assist with communication as appropriate.
- 3.6.4. Use effective interpersonal skills to establish rapport and build trusting relationships.
- 3.6.5. Communicate assertively, persuasively, confidently, and clearly.
- 3.6.6. Demonstrate empathy when interacting with others.
- 3.6.7. Deliver and obtain feedback to assess learning and promote goal setting and goal attainment.
- 3.6.8. Develop professional documents pertinent to organizational needs (e.g., monographs, policy documents).
- 3.6.9. Document patient care activities clearly, concisely, and accurately using appropriate medical terminology.

## Domain 4 – Personal and Professional Development

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

Examples of Learning Objectives\*

- 4.1.1. Use **metacognition** to regulate one's own thinking and learning.
- 4.1.2. Maintain motivation, attention, and interest (e.g., **habits of mind**) during learning and work-related activities.
- 4.1.3. Identify, create, implement, evaluate and modify plans for personal and professional development for the purpose of individual growth.
- 4.1.4. Approach tasks with a desire to learn.
- 4.1.5. Demonstrate persistence and flexibility in all situations; engaging in **help seeking** behavior when appropriate.
- 4.1.6. Strive for accuracy and precision by displaying a willingness to recognize, correct, and learn from errors.

- 4.1.7. Use **constructive coping strategies** to manage stress.
- 4.1.8. Seek personal, professional, or academic support to address personal limitations.
- 4.1.9. Display positive self-esteem and confidence when working with others.

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

Examples of Learning Objectives\*

- 4.2.1. Identify characteristics that reflect **leadership** versus **management**.
- 4.2.2. Identify the history (e.g., successes and challenges) of a team before implementing changes.
- 4.2.3. Develop relationships, value diverse opinions, and understand individual strengths and weaknesses to promote teamwork.
- 4.2.4. Persuasively communicate goals to the team to help build consensus.
- 4.2.5. Empower team members by actively listening, gathering input or feedback, and fostering collaboration.

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

Examples of Learning Objectives\*

- 4.3.1. Demonstrate initiative when confronted with challenges.
- 4.3.2. Develop new ideas and approaches to improve quality or overcome barriers to advance the profession.
- 4.3.3. Demonstrate creative decision making when confronted with novel problems or challenges.
- 4.3.4. Assess personal strengths and weaknesses in **entrepreneurial skills**
- 4.3.5. Apply **entrepreneurial skills** within a simulated entrepreneurial activity.
- 4.3.6. Conduct a risk-benefit analysis for implementation of an innovative idea or simulated entrepreneurial activity.

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

Examples of Learning Objectives\*

- 4.4.1. Demonstrate altruism, integrity, trustworthiness, flexibility, and respect in all interactions.
  - 4.4.2. Display preparation, initiative, and accountability consistent with a commitment to excellence.
  - 4.4.3. Deliver **patient-centered care** in a manner that is legal, ethical, and compassionate.
  - 4.4.4. Recognize that one's professionalism is constantly evaluated by others.
  - 4.4.5. Engage in the profession of pharmacy by demonstrating a commitment to its continual improvement.
- \* Colleges or schools are encouraged to expand or edit these example learning objectives to meet local needs, as these are not designed to be prescriptive.

# Family Educational Rights and Privacy Act (FERPA) for Faculty/Advisors

Although not all the FERPA suggestions below directly relate to rotations, some may. This sheet is just to make preceptors aware of the general requirements of FERPA.

The Family Educational Rights and Privacy Act (FERPA) is a federal law designed to protect the privacy of a student's education records. It provides guidelines for appropriately using and releasing student information. It is intended to broadly define and apply student rights.

Once a student is enrolled in a postsecondary institution the student is considered to be the 'owner' of the education record and the institution and its personnel are the 'custodian' of that record.

FERPA gives rights to students attending postsecondary institutions certain rights in regard to their education records.

- The right to inspect and review their own education records.
- The right to request amendment to their own education records.
- The right to some control over the disclosure of personally identifiable information from their education records.

## **The top 10 steps to take to avoid FERPA problems and a visit from the campus FERPA enforcer:**

1. Do not take attendance by passing around your class roster printed from Fish'R'Net.
2. Do not leave graded assignments in the hallway for students to pick up.
3. Do not discuss a student's performance in class with a parent who just stop by during your office hours or called with a concern.
4. Do not post grades outside your office or give grades over the phone.
5. Do not send any personally identifiable information or grades to students via e-mail.
6. Do not use an e-mail address other than the @sjfc.edu account to contact students.
7. Do not share your advising notes with other faculty members in your department or program.
8. Do not respond to outside requests for specific information about your students, the students in your major or program or the students in the college. Refer all requests to the Director or Marketing and Communications at x8070.
9. Do not use the student name or ID in the subject line of an @sjfc.edu e-mail to other college personnel.
10. Simply think about student information as your information and protect it the very same way you want your personal information treated.

For any questions about FERPA please contact the registrar's office at (585) 385-8032.