Lake Erie College of Osteopathic Medicine
School of Pharmacy

Erie, PA Campus

Advanced Pharmacy Practice Experiences
(APPE)

Experiential Education Program Manual
Class of 2016 (Academic Year 2015-16)

__The student is required to share the Rotation Manual, Student Profile, and the Longitudinal Checklist__
__with their preceptor at the beginning of each rotation;__ a student that does not may lose 5% from their final grade.
The student is responsible for reading the content of the rotation manual and is expected to follow the policies as stated.
Any infringements may lead to grade deductions, dismissal from the site, and/or failure of the rotation.

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To the Class of 2016:

LECOM Faculty and Administration is so proud of all of you. Let's face it; making it through two full years of coursework in an accelerated curriculum was not an easy task!   But here you are, about to embark upon your final year, your Advanced Pharmacy Practice Experiences (APPEs).

The purpose of Advanced Pharmacy Practice Experiences (APPE) is to enable you to apply the facts, information, and concepts gained in didactic coursework in "real-life" situations. The APPE rotations do not emphasize the need to gain knowledge of abstract theories, but rather use an integrative approach to learning that includes experience and interactions between you and your preceptor in various health care settings to turn didactic knowledge into practical knowledge; to assist you in your final transition from student to pharmacist!

This APPE Rotation Manual contains all the information needed regarding the experiential program and expectations / requirements to successfully complete your rotations. I encourage you to examine the manual closely and use it to assist you in getting the most out of your learning opportunities. As an Experiential Office, we will do our best to support you during your year off campus.

During APPE rotations, you will refine an array of skills such as professionalism, communication, problem solving, critical thinking, and professional competence. We encourage our preceptors to emphasize to you the importance of connecting knowledge, critical thinking skills, and action. It is up to you to take their guidance and transform yourself into the professional you want to be to best serve your patients and your community.

Ask your preceptors lots of questions including why they like and dislike the setting in which they are working! Take the opportunity to get an idea of what their lives are like on a daily basis and whether you feel that you can fit into that setting following graduation or perhaps in the distant future. And remember, what you get out of the rotation depends upon what you put into it.   Work hard, be energetic, and be professional! I wish each and every one of you the best final year ever!

Dr. Smith

LECOM EXPECTATIONS for our STUDENTS

The student is responsible for ensuring successful completion of the rotation by emphasizing the following:

1. Review and comply with the information outlined in this manual and the rotation syllabus.
2. SHARE this manual and its contents with the preceptor at the beginning of the rotation.
3. Have applicable Pharmacist Intern License(s) available at all times for review by site, preceptor, or Office of Experiential Education.
4. Fulfill all prerequisites specific to the rotation including immunizations, background checks, drug screenings, HIPAA/OSHA training, and anything additional as required by site.
5. Ensure that you report all missed time from rotation, regardless of whether it is made up at another time using the appropriate Absence Request form. You are earning academic credit in addition to intern hours, so all time must be accounted for.
6. Follow all laws and regulations that govern the pharmacy profession.
7. Fully engage in the experience provided by the preceptor and the rotation site.
8. Recognize and appreciate that the preceptor is volunteering his/her time, energy and expertise to help you develop and improve your professional skills.
9. Work independently, but seek advice and accept direction from the preceptor.
10. Learn to say "I don't know" and follow through with acquiring the necessary knowledge to answer a question or complete a task.
11. Submit all assignments and evaluations in a timely fashion.
12. Positively accept feedback and constructive criticism. Recognize its intended purpose (helping the student grow professionally).
13. Exhibit professional conduct at all times.

Preceptor: Welcome to APPEs!

Dear Valued Preceptor:

Thank you for continuing the circle of mentorship by being an APPE preceptor for our program. The purpose of Advanced Pharmacy Practice Experiences (APPE) is to apply the facts, information, and concepts gained in didactic coursework in "real-life" situations. The APPE rotations use an integrative approach to learning that includes experience and interactions between the students and preceptors in various health care settings to turn didactic knowledge into practical knowledge. We encourage you to emphasize to the students the importance of connecting knowledge, critical thinking skills, and action.

Ultimately, our goal is to enable our students to provide safe and effective pharmacotherapy plans, optimize patients' outcomes, assure safe and accurate preparation and dispensing of medications, provide reliable health care information, and promote public health. To help accomplish these goals, this APPE Rotation Manual contains all the information needed for both preceptors and students regarding the experiential program and expectations / requirements to successfully complete the rotations. We encourage everyone to review this manual to continuously improve the quality of experiential rotations. We look forward to your feedback and do our best to support you during the rotations.

We want this APPE to be an enjoyable experience for you, as well as for the student. Thank you for all that you do for patients, for our profession, and for all that you will do to assist us in each student's development. We could not do it without you! Have a wonderful and successful year!

Warmest Regards,

Doug

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PRECEPTOR CHARACTERISTICS/LECOM's EXPECTATIONS of our PRECEPTORS

The following characteristics have been outlined by the Accreditation Council for Pharmacy Education (ACPE) Accreditation Standards and Guidelines:

1. Practice ethically and with compassion for patients.
2. Accept personal responsibility for patient outcomes.
3. Have professional training, experience, and competence commensurate with his/her position.
4. Utilize clinical and scientific publications in clinical care decision making and evidence-based practice.
5. Have a desire to educate others (patients, care givers, other health care professionals, students, pharmacy residents).
6. Have an aptitude to facilitate learning.
7. Be able to document and assess student performance.
8. Have a systematic, self-directed approach to his/her own continuing professional development.
9. Collaborate with other health care professionals as a member of a team.
10. Be committed to their organization, professional societies, and the community.

The preceptor will be responsible for the following:

1. Maintain their professional licensure and precepting license, if applicable.
2. Listening to preceptor training via The Pharmacist's Letter Preceptor Resource and Training Network regarding General Policies and Procedures and IPPE as indicated by School.
3. Review and employ the material contained in this manual and the rotation syllabus.
4. Serve as a role model for professional practice.
5. Interact with the student as teacher-student versus employer-employee.
6. Determine the student's level of competence and provide a learning environment and opportunities for the student to develop and improve professional skills.
7. Provide timely constructive feedback to the student in a private and confidential manner.
8. Inform students of any areas needing improvement as early as possible.
9. Review to ensure that assignments are complete. Complete midpoint and final evaluations, review them with the student, and submit to the Office of Experiential Education as outlined in this manual.
10. Maintain the confidentiality of all student information including information regarding their performance. The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. Preceptors should think of student information as they would private patient information.

APPE Rotation Schedule

First rotation block: 8/10/15 – 9/18/15

Second rotation block: 09/21/15 – 10/30/15

Third rotation block: 11/09/15 – 12/18/15

Fourth rotation block: 01/04/16 – 02/12/16

Fifth rotation block: 02/22/16 – 04/01/16

Sixth rotation block: 04/04/16 – 05/13/16

* Students delayed in the start of their APPE rotations for any reason must work directly with the Director of Experiential Education to determine how their individual rotation schedule will be affected. Please refer to the Student Handbook and contact the Director of ASP for additional information regarding official graduation date and receipt of diploma.

Graduation Schedule:

Mandatory Graduation Week Events: Tuesday, May 24 – Saturday, May 28

GRADUATION: Sunday, May 29, 2016

A Note about Holidays:

The attendance policy applies to holidays falling during the rotation year!

LECOM observes the following holiday calendar for on-campus schedules; **however** the student should assume that the preceptor/site requires attendance on these days. Patients do not take holidays off.

Students must develop a plan with their preceptor to be off during these holidays; **any time missed is considered an UNEXCUSED absence. Time must be made up directly or via an approved assignment comparable to at least 8 hours-worth of rotation time for each day missed.**

- New Year's Day
- Freedom Day (Martin Luther King Jr. Day)
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day and the day after
- Christmas Day

Rotation Policies & Regulations

The student is required to share the Rotation Manual, Student Profile, and the Longitudinal Checklist
with the preceptor at the beginning of each rotation; a student that does not may have an additional 5% subtracted from their final calculated grade. (e.g. 93% - 5% deduction = 88% revised final grade reported to Registrar). The student is responsible for reading the content of the rotation manual and is expected to follow the policies and regulations as stated. Any infringements may lead to grade deductions, dismissal from the site, and failure of the rotation.

Pre-requisites

1. Student must be in good academic standing after the second academic year and will have successfully completed all didactic coursework before APPE rotations may commence. Remediation by examination or course (including IPPE rotations not completed the previous year) will delay the start of APPE rotations (and a timely graduation).

2. **Students are required to contact their respective preceptor/site at least <u>4-6 weeks prior</u> to their start date to determine clearance requirements and plan for their site orientation. Exceptions include Veterans Affairs (VA) sites, Indian Health System (IHS), and other government sites, most of which have specific internal procedures for completing background checks and must be contacted 6-8 weeks prior to the start of the rotation.** <u>Failure to provide necessary information to sites or the Office of Experiential Education may result in cancellation of the rotation, which will need to be made up at a later date, potentially delaying graduation.</u>

3. **All documents and any additional prerequisites as required by the rotation site must be completed in advance of the first day of the rotation and filed with the Office of Experiential Education. *It is the student's responsibility to determine, well in advance, what is required for clearance, and ensure that all documentation is acquired and ready to present to both the site and the Office of Experiential Education for sign-off as needed.* <u>Failure to adhere to this policy will result in the delay of your rotation and a full 5% reduction in your grade.</u>**

   a) **PLEASE NOTE: Many government sites require US Citizenship (and some will NOT accept dual citizenship).**   Be sure to check with your sites well in advance if clearance is a concern in this regard.

   b) <u>Health Documents</u> - Students must have all up-to-date school and site-required health records (physical examination, immunizations, 2 step-PPD, influenza vaccine, etc.) prior to starting rotations. *Students must keep a copy of their health records with them to present to the site upon request. A copy must also be provided to Experiential Education.*

   c) <u>Background Checks, Drug Screens, etc</u>. – Student must complete a background check, fingerprinting and drug screens as required by the rotation sites, within the required timeframe. Instructions for completing these checks through Certiphi or

other appropriate vendor are described in another section of this manual. Students may have different requirements for each rotation; therefore, it is essential that they contact the site in a timely fashion as indicated above to determine such requirements. **Please note the TIMELINE for GOVERNMENT sites in #2 above and abide by this timeline…no exceptions.**

*****If a student chooses to complete any of these screens through a different vendor, LECOM will not be able to verify completion or sign off on required documents for the sites. This may result in increased cost to the student (when they need to order and complete the screens through the vendors noted above) and may result in delay or cancellation of the rotation.***

d) <u>Intern Licenses</u> – Student must have an intern license for each state in which they will complete rotations.   *Students must have their intern license with them at all times while on rotation.*   ALL STUDENTS MUST BE LICENSED IN PENNSYLVANIA regardless of whether rotations will be completed in PA. Last minute reschedules are often scheduled in Pennsylvania; if you are not licensed, you may not be able to be rescheduled and your rotation may be delayed.   Additionally, all students may have intern hours reported to the State of PA, which cannot be done without an intern number on file for each student.

e) <u>OSHA/HIPAA/TB Training</u> – Student must complete the required on-line training modules regarding "OSHA Bloodborne Pathogens" and "HIPAA" on The Pharmacist's Letter website as instructed by the school. Many sites are now also requiring completion of the Tuberculosis module.

f) <u>BLS Certification</u> – Must be the two-year certification through the American Heart Association and must be valid through the end of the rotation schedule.

Attendance policy

1. **Time requirements**:
   - **All students are expected to adhere to the rotation attendance policy and are required to spend a *<u>minimum</u>* of 40 contact hours per scheduled week at the site and at least 5 hours working on rotation-related activities off-site in order to acquire academic credit for the rotation experience**.
   - A preceptor may expect a student to stay extra time for educational purposes, but a student <u>may not count more than 50 hours per week toward their educational requirements.</u>
   - Students are expected to be on time and to stay until the time set by the preceptor. <u>Repetitive tardiness or leaving early will result in failure of the rotation</u>.
   - Students are not permitted to work "ahead" hours to shorten their rotation and should follow the schedule as assigned by the preceptor**. It is not up to the student to determine their own schedule for convenience, financial reasons, or otherwise.**

- **Modifying rotation dates or hours without notification and approval of the Director of Experiential Education will result in an additional 5% deducted from the student's final calculated rotation grade**.

2. **Absences**
   - **Absences with Advanced Notice:**
     i. A student may request to be excused from a rotation for a qualifying school-sponsored, other educational event, or interview. In these cases, an "Experiential Absence Request Form" (available on the LECOM portal) needs to be completed by the student, then signed and approved by their preceptor and the Director of Experiential Education <u>at least ten (10) working days in advance of the first requested day off</u> or 5% will be deducted from the final grade.   The 5% will be waived in instances where the student does not have a 10 day notice for a planned event (e.g. interviews where email trail shows lesser time available).
     ii. Documentation supporting the absence (e.g. e-mail from residency program requesting a specific interview date) must be provided in order to be considered.
     iii. Failure to adhere to this policy will result in missing days being counted as unexcused absences.   If a rotation cannot be completed, a new rotation may need to be scheduled, potentially delaying graduation.
     iv. **Any <u>non-emergency absence that is NOT documented</u> according to the policy may result in a ten percent (10%) deduction** from the student's final rotation grade. *A site may be audited at any time to ensure that the student is present.*
     v. <mark>The student should NEVER ASSUME that an absence request will be approved.</mark> The Director of Experiential Education has the FINAL say regarding whether an absence is approved. **Plans should not be made (e.g. conference registrations, airline tickets purchased, etc) without first acquiring official approval by both the preceptor AND the Director of Experiential Education**.   The School will not be responsible for lost monies, lost jobs/residencies, etc. due to the student not following proper procedures.

   - **Unplanned Absences (e.g. Illness or Emergency):**
     i. <u>In the event</u> that the student must be unexpectedly absent from rotation (e.g. illness, emergency), the student **must IMMEDIATELY notify BOTH the preceptor (by phone, unless email is specified by the preceptor) and the Experiential Education Coordinator of the Office of Experiential Education (814-860-5167).** The student should treat their preceptor as they would an employer and provide notice as early as possible. In the event that the student must leave a message, (s)he should provide a contact phone number where (s)he may be reached and ideally, follow up with an e-mail to ensure that the message was received.
     ii. Additionally, the student must document the absence as soon as you return to rotation with an "Absence Request Form" which is located on the portal. As with classes, absences for illness and/or emergency will be

considered UNEXCUSED unless it is reported in a timely fashion and proper supportive documentation can be presented; therefore, the time will need to be made up.

    iii. **Each failure to notify the preceptor AND the School properly according to this policy will result in a five percent (5%) deduction** from the student's final calculated rotation grade**.**

- **Absences for Holidays:**
  - i. *The attendance policy applies to holidays falling during the rotation year*
  - ii. Though LECOM observes certain holidays for on-campus schedules, the student should assume that the preceptor/site requires attendance on these days. Patients do not take holidays off.
  - iii. If a student wishes to take a holiday off, (s)he must develop a plan with the preceptor and submit an Absence Request Form outlining how the time will be made up. A**ny time missed is considered an UNEXCUSED absence.**
  - iv. The **Absences with Advanced Notice** policy applies in the case of holidays.

- **Absence due to Weather conditions:**
  - o All students should follow the weather advisory from their rotation site regarding cancellation or delay of the rotation. However, the students who cannot travel to the site due to hazardous weather conditions should immediately notify their preceptors <u>and</u> the Experiential Education Coordinator(814-860-5167). The attendance policy applies regarding reporting and making up days.

- **Excessive Absences:**
  - i. Any more than two (2) excused days off for any reason, per rotation, will need to be made up. For example, if you choose to take off 5 rotation days in Block 5 for residency and job interviews, you must make up 3 days (24 hours) of time.
  - ii. **Students who miss more than five (5) days per rotation, for any reason, will FAIL the rotation.** The rotation MUST then be remediated and may consequently delay graduation.
  - iii. **Failure of more than two rotations may cause dismissal from school.**
  - iv. **EXCEPTION:** Students who need to miss >3 days due to illness or other emergency situations may request a Leave of Absence. The rotation will be considered **incomplete** until the missed time has been made up.
  - v. It is suggested that if you know of the need for a prolonged absence (e.g. ASHP meeting), please contact the Director of Experiential Education to determine if your rotation dates may be adjusted to ensure that you are able to acquire all of your required hours/learning opportunities without the need for an official leave.

- **Extended Absences:**
    - If an extended absence from the rotation becomes necessary, the student **MUST** contact the Director of Experiential Education (in addition to the preceptor) immediately to determine the course of action, including consideration of an official leave of absence. If the absence is due to MEDICAL reasons, the student must receive medical clearance to return to rotation, even if the medical event occurred during an "OFF" rotation block. Information will be shared with the Office of Student Affairs and other School personnel as needed."

- **What is an excused absence/ do I need to make up the time?**
    - The **Director of Experiential Education makes the determination regarding whether an absence is approved or not** (in accordance with the Student Handbook for class attendance). Documentation of plans for making up this time must be included on the "Absence Request Form."
    - Students will be allowed to have 5 days for job interviews and 3 days for professional meetings during the year.
    - All but 2 missed <u>excused</u> absence days per rotation must be made up, also keeping in mind the maximums for interviews (5) and professional meetings (3) per year.
    - ALL UNEXCUSED TIME MUST BE MADE UP
    - Examples of excused absences may include (list is non-inclusive):
        - Attendance at professional pharmacy meetings
        - Attendance at school-sponsored events (e.g. Career Day)
        - Required legal appointments (e.g. jury duty, immigration appointments)
        - Residency or job interviews
        - Emergency situations (may result in rescheduling of rotation)
    - Examples of absences that are unexcused (list is non-inclusive):
        - Training of any type for a future employer. Should you need assistance discussing this with your hiring manager, please contact the Director of Experiential Education.
        - Holidays, weddings, birthdays, etc.

- *Please note that a site may be audited by phone or in person at any time and student attendance will be one aspect reviewed.*

Professional liability insurance

Students are covered under the LECOM Certificate of Self-Insurance. If the site requests verification of LECOM liability insurance, they may contact the Office of Experiential Education and a copy of the insurance certificate will be sent to the site.

Site Selection/ Site Audits

1. Students create their preference list of rotations on-line in PharmAcademic using the list of sites and preceptors that have worked with LECOM in the past. Preceptors provide their

availability on-line in PharmAcademic during the fall. The randomized match is run in late fall and the preliminary schedule is released prior to Thanksgiving. Students can then request changes to their schedule by swapping with classmates or selecting from remaining availability. Specific instructions on the process, including requesting new sites, will be provided by each campus Director of Experiential Education.

2. Students are not permitted to rotate in the same capacity with a coexisting or previous employer or under the direct supervision of a family member. If any potential conflict of interest may occur due to a relationship between the student and any individual at a site or the site itself, the student may not rotate at the site. Students may not complete more than two rotations at the same location (including both IPPE and APPE) unless a substantial difference in the learning experience can be demonstrated.

3. Students are responsible for any expenses associated with the rotation. Students should not accept any remuneration from the site.

4. Rotation <u>dates</u> are firm and CANNOT be changed except for extreme hardships and must be approved by the Director of Experiential Education. A "Rotation Change Request" (located on the portal) must be completed and submitted to the Director of Experiential Education to document the reason for the request.

5. **Students should be sure to inform the Office of Experiential Education immediately if there is a change in their assigned preceptor of record.**

6. A site may be audited by phone or in person to audit the compliance of with rotation requirements.

Rotation portfolio

All students shall maintain an electronic rotation portfolio ([PharmPortfolio; www.pharmportfolio.com](http://www.pharmportfolio.com)). All required assignments and all work accomplished during the rotations should be uploaded in PharmPortfolio and juried by the preceptor at each site. This information should be shared with each subsequent preceptor for review prior to the first day of the rotation. The portfolio will help you to keep track of your own accomplishments as well as to inform your preceptor about your activities during previous rotations.

The following is required for your portfolio:

- Contents
  - o Required documents
    - ▪ Curriculum vitae (CV)
    - ▪ Intern license(s)
    - ▪ Immunization records
    - ▪ Background check, if available (optional)
    - ▪ HIPAA/ OSHA/TB Training Certificates
    - ▪ Other important required information for individual sites
    - ▪ Other: Copy of the printed rotation manual (optional) and site contact form
  - o Completed assignments/ reflections/ projects
  - o Evaluations- any written feedback by preceptor, including presentation evaluations and rotation midpoint and final evaluations

During this year also maintain a hard-copy rotation binder/portfolio. The portfolio is a collection of required documents and documented learning activities. The experiential portfolio is a vital tool because it enhances students' communication, writing, and organizational skills and enables faculty, students and preceptors to longitudinally assess the professional growth of students. Also, the portfolio is a strategically organized document that can be used for future residency and job searches. Students should share their portfolio with their preceptor at the beginning of each rotation.

The same contents as for PharmPortfolio are recommended for this portfolio.

Evaluations

All rotation evaluations are to be completed in PharmAcademic. Both the preceptor and the student will receive an e-mail notification that an assessment is due, however the link is not needed for access. Log in to www.pharmacademic.com. Access to the evaluation is through the homepage on PharmAcademic and will disappear from the screen if not completed in a timely fashion. See "Completing Evaluations (Assessments)" for more information.

Failure to adhere to this policy will result in an **incomplete grade** until all documents are received by the Director of Experiential Education.

Preceptor:
- At the midpoint (3 weeks) and end of each rotation (6 weeks), the preceptor will complete an evaluation of the student within PharmAcademic and review it with them. The preceptor will include the student's self-evaluation in this review process.
- Whether a student passes or fails an individual rotation is based on their PERFORMANCE in the COMPETENCY AREAS evaluated. Therefore, if the preceptor identifies areas of concern, these should be addressed with a plan for improvement AS EARLY AS POSSIBLE, to ensure the best possible chance of student success. **The student must be informed of any concerns regarding deficiencies that may jeopardize their ability to successfully pass the competencies and the rotation.**

- The preceptor should contact the Director of Experiential Education AS SOON AS POSSIBLE (no later than the rotation's midpoint) for guidance and then forward the Midpoint Deficiency Notification if there is a concern of the student failing the rotation.

Student:
- The student must complete a Midpoint and Final Self-Assessment, print them and have them available for evaluation discussions with their preceptor. **Self-assessments are REQUIRED**. If you do not complete both the Mid-Point and Final Assessment in a timely fashion, **you may be deducted 5% from your overall rotation grade.**
- At the end of the rotation, the student will complete an evaluation of the preceptor and the rotation site. **Failure to do so may result in a 5% deduction of the final grade.** The student should also directly provide feedback to the site in an honest and professional manner. Site/preceptor evaluations will be shared with the preceptor.
- Failure to adhere to this policy may also result in an **incomplete grade** until all documents are received by the Director of Experiential Education.
- If there is any concern about your experience at a site, please contact the Director of Experiential Education immediately.

Grading

Grading will be a letter grade similar to the grading during the didactic portion of your training at school. The <u>evaluation of competency areas</u> will be performed by the preceptor at mid-rotation and at the end of the rotation in PharmAcademic. ==This evaluation is utilized by the School to calculate a grade. The preceptor does not provide you with a number grade==. In the event that the Student feels there may be a large discrepancy between the calculated grade and the evaluation itself, the Student may request an investigation by contacting the Director of Experiential Education.

Deductions of an additional **5 percentage (5%)** (more if specified) from the rotation grade may be made by the school in certain situations, calculated as follows:

	Final calculated grade	- 5% =	Final reported grade
E.g.	93%	- 5% =	88% reported to Registrar

Each situation is considered unique and the points are additive. These reasons include, but are not limited to:
- Failure to share and discuss the requirements of the APPE Manual with the preceptor at the beginning of the rotation.
- Failure to maintain a student portfolio and present to preceptor for review at the beginning of the rotation.
- Failure to complete school and site-specific requirements in a timely manner.
  - If this failure results in a delay to the start of the rotation or rescheduling of a rotation, the deduction will be **10 %**.
- Failure to contact and send curriculum vitae to preceptor prior to rotation as outlined

in this manual.
- Attempts to modify rotation dates or scheduled hours without approval by the Director of Experiential Education.
- Failure to report absences as outlined in this manual (up to 10% deduction).
- Failure to complete midpoint and final self-assessments.
- Failure to submit the Student Evaluation of Preceptor and Site.
- Lack of professionalism (as described in section below regarding Professionalism).
- Unapproved and inappropriate use of smart phones.

Grade scale

A - Excellent (Numerical Range 89.5-100)		4
B - Good (Range 79.5-89.4)		3
C - Satisfactory (Range 69.5-79.4)		2
F - Failure (Range of 69.4 or below)		0

Failure of two (2) rotations may result in dismissal from school as defined by the Academic Catalog and Student Handbook.

Dismissal from sites

All students are representing LECOM and the pharmacy profession during their preparation for and presence at the rotation site. Therefore, compliance with requirements, professionalism and the highest standards are expected from all students during their association with the preceptor and site. LECOM, the site and preceptors may refuse a student from attending a site or dismiss a student from a current site per the site's agreement with LECOM. Examples include (but are not limited to) not complying with pre-requisites (background checks, immunizations, etc), not upholding a professional attitude during the rotation or not meeting academic standards. Additionally, rotation sites maintain the right to remove a student from the site if the student does not comply with safety, ethical, or treatment standards of the rotation site. Any student under the influence of any substance of abuse or caught stealing (drugs, money, etc.) from the site will be also be dismissed. **Dismissal for any reason will result in an automatic failure of the rotation and may disqualify a student from graduation or delay the graduation date.** **Both the preceptor and the student should contact the Director of Experiential Education immediately if the student is dismissed.** The incident will be forwarded to the Academic Standing and Professionalism (ASP) Committee for further action.

Academic Honesty & Plagiarism

Any violation of the Academic Honesty Policy and Plagiarism as defined in the student handbook will not be tolerated. Violators will be subject to disciplinary action, which may include failure of the rotation.

Please be sure to review the Citation Reference Guide for helpful tips on citing properly!

Examples of dishonesty and plagiarism include, but are not limited to:
1. Not using own work for an assignment
2. Reusing projects for multiple rotations, unless using them as reference
3. Using slides from course lectures for rotation presentations

Professionalism

As consistent with the expectations of a professional and practice environment, professional behavior and attitudes are expected of all students enrolled in this rotation. Examples of professional behavior include, but are not limited to: appropriate demeanor/attitude, ethics, dress/grooming, punctuality, and civility.

Cell phones should not be directly with the student except when it has been approved beforehand by the preceptor for a specific and valid reason (e.g. electronic drug reference). **Under no circumstances should a student text, make calls, or check/post to social media sites during rotation, unless on break.   Any reports by preceptors to the School regarding violations to this policy will result in a 5% deduction in the rotation grade on top of any deductions taken by the preceptor on the student's overall evaluation**.

Dress code

All students must wear their white lab coat with appropriate logo from the LECOM School of Pharmacy and their name, during the rotation time. No additional embellishments are allowed on the white lab coat.

Students must maintain a neat and clean appearance befitting students attending professional school. Professional attire must be maintained whenever the student is on school property or on a rotation experience. Men must wear dress trousers, dress shirt, and necktie appropriately. Women are required to wear appropriate dresses or skirts of reasonable length (no more than two inches above the knee) or slacks with appropriate blouses. Revealing or tight, form fitting clothing is unacceptable. All students are required to wear closed toed shoes with hosiery or socks. Heels of footwear must not exceed two inches in height as students can expect to be on their feet for extended periods of time, take stairs, etc. and higher heels may pose a safety hazard. Shorts, jeans, T-shirts, and sandals are not permitted. Hair should be clean and neat, avoiding extreme styles or colors. Beards and moustaches must be neat and trimmed at all times; stubble is unacceptable. Makeup, if worn, should be moderate, tasteful, and professional. Perfume/cologne, strong smelling lotions, or aftershave should be avoided as patients/other site personnel may have allergies or other reactions to certain scents/chemicals. Excessive body piercings and tattoos are also not acceptable and should be removed or covered, respectively. Artificial nails may not be permitted by an individual site in accordance with infection control policies.

Preceptors/sites may require students to wear different attire then that mentioned above (e.g. "scrubs") in order to effectively perform duties.   This is acceptable as long as the attire is kept professional, neat, and clean.

Confidentiality & HIPAA

Patient information is private. Confidentiality is a foundation for the establishment of trust between patients and health care providers; patients permit pharmacists to look into their private health information in order to carry out their duties. The students are RESTRICTED from accessing information not immediately tied to their rotational experience (including their OWN record or the record of family members or friends). Additionally, the student may not discuss or divulge in any manner (intentional or otherwise) any patient information that they have learned from 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**.

All students must complete the HIPAA Privacy and Security Training via The Pharmacist's Letter as outlined by the Office of Experiential Education.

Business models (proprietary information) and procedures of rotation sites should also be considered confidential information and not shared with others without the permission of the preceptor and/or site.

Family Education Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. Section 10 of the LECOM Student Catalog and Handbook provides additional details.

Preceptors and sites must also maintain the confidentiality of all student information including information regarding their performance. Preceptors should think of student information as they would private patient information.

Verification of Site and Preceptor Information in PharmAcademic

All students will verify the information contained in PharmAcademic regarding their preceptor and site on the first day of the rotation including preceptor; spelling of preceptor name; preceptor address, phone number, fax number, and e-mail address (if available); site name, address, phone number, and fax number. The student will notify the Experiential Education Coordinator(814-860-5167) of any incorrect information and provide the correct information as soon as possible by e-mail. Failure to do this may impact the evaluation process and may delay the rotation

Experiential Curriculum

LECOM School of Pharmacy Program Outcomes

As noted in the 2016 ACPE Standards, ACPE chose AACP's Center for the Advancement of Pharmacy Education (CAPE) Outcomes 2013 as the framework for establishing expected educational outcomes for Doctor of Pharmacy programs. LECOM School of Pharmacy (LECOM SOP) has assigned CAPE outcomes 2013 as LECOM SOP outcomes based on LECOM SOP's mission, vision, strategic initiatives, goals, and objectives. Graduates of the LECOM School of Pharmacy will demonstrate:

Center for the Advancement of Pharmacy Education (CAPE)
2013 Educational Outcomes

Domain 1 – Foundational Knowledge

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.

Domain 2 – Essentials for Practice and Care

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).

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.

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

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.

Domain 3 - Approach to Practice and Care

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

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

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

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

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

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

Domain 4 – Personal and Professional Development

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.

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

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

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

NAPLEX Blueprint

The NAPLEX Competency Statements

The NAPLEX Competency Statements provide a blueprint of the topics covered on the examination. They offer important information about the knowledge, judgment, and skills you are expected to demonstrate as an entry-level pharmacist. A strong understanding of the Competency Statements will aid in your preparation to take the examination.

Area 1 Assure Safe and Effective Pharmacotherapy and Optimize Therapeutic Outcomes (Approximately 54% of Test)

1.1.0 Obtain, interpret and evaluate patient information to determine the presence of a disease or medical condition, assess the need for treatment and/or referral, and identify patient-specific factors that affect health, pharmacotherapy, and/or disease management.

    1.1.1 Identify and assess patient information including medication, laboratory and disease state histories.

    1.1.2 Identify and/or use instruments and techniques related to patient assessment and diagnosis.

    1.1.3 Identify and define the terminology, signs, and symptoms associated with diseases and medical conditions.

    1.1.4 Identify and evaluate patient factors, genetic factors, biosocial factors, and concurrent drug therapy that are relevant to the maintenance of wellness and the prevention or treatment of a disease or medical condition.

1.2.0 Identify, evaluate, and communicate to the patient or health-care provider, the appropriateness of the patient's specific pharmacotherapeutic agents, dosing regimens, dosage forms, routes of administration, and delivery systems.

    1.2.1 Identify specific uses and indications for drug products.

    1.2.2 Identify the known or postulated sites and mechanisms of action of pharmacotherapeutic agents.

    1.2.3 Evaluate drug therapy for the presence of pharmacotherapeutic duplications and interactions with other drugs, food, diagnostic tests, and monitoring procedures.

    1.2.4 Identify contraindications, warnings and precautions associated with a drug product's active and inactive ingredients.

    1.2.5 Identify physicochemical properties of drug substances that affect their solubility, pharmacodynamic and pharmacokinetic properties, pharmacologic actions, and stability.

    1.2.6 Interpret and apply pharmacodynamic and pharmacokinetic principles to calculate and determine appropriate drug dosing regimens.

    1.2.7 Interpret and apply biopharmaceutic principles and the pharmaceutical characteristics of drug dosage forms and delivery systems, to assure bioavailability and enhance patient compliance.

1.3.0 Manage the drug regimen by monitoring and assessing the patient and/or patient information, collaborating with other health care professionals, and providing patient education.

    1.3.1 Identify pharmacotherapeutic outcomes and endpoints.

    1.3.2 Evaluate patient signs and symptoms, and the results of monitoring tests and procedures to determine the safety and effectiveness of pharmacotherapy.

    1.3.3 Identify, describe the mechanism of, and remedy adverse reactions, allergies, side effects and iatrogenic or drug-induced illness.

    1.3.4 Prevent, recognize, and remedy medication non-adherence, misuse or abuse.

    1.3.5 Recommend pharmacotherapeutic alternatives.

Area 2 Assure Safe and Accurate Preparation and Dispensing of Medications (Approximately 35% of Test)

2.1.0 Perform calculations required to compound, dispense, and administer medication.

2.1.1 Calculate the quantity of medication to be compounded or dispensed; reduce and enlarge formulation quantities and calculate the quantity of ingredients needed to compound the proper amount of the preparation.

2.1.2 Calculate nutritional needs and the caloric content of nutrient sources.

2.1.3 Calculate the rate of drug administration.

2.1.4 Calculate or convert drug concentrations, ratio strengths, and/or extent of ionization.

2.2.0 Select and dispense medications in a manner that promotes safe and effective use.

2.2.1 Identify drug products by their generic, brand, and/or common names.

2.2.2 Determine whether a particular drug dosage strength or dosage form is commercially available, and whether it is available on a nonprescription basis.

2.2.3 Identify commercially available drug products by their characteristic physical attributes.

2.2.4 Interpret and apply pharmacokinetic parameters and quality assurance data to determine equivalence among manufactured drug products, and identify products for which documented evidence of inequivalence exists.

2.2.5 Identify and communicate appropriate information regarding packaging, storage, handling, administration, and disposal of medications.

2.2.6 Identify and describe the use of equipment and apparatus required to administer medications.

2.3.0 Prepare and compound extemporaneous preparations and sterile products.

2.3.1 Identify and describe techniques and procedures related to drug preparation, compounding, and quality assurance.

2.3.2 Identify and use equipment necessary to prepare and extemporaneously compound medications.

2.3.3 Identify the important physicochemical properties of a preparation's active and inactive ingredients; describe the mechanism of, and the characteristic evidence of incompatibility or degradation; and identify methods for achieving stabilization of the preparation.

Area 3 Provide Health Care Information and Promote Public Health (Approximately 11% of Test)

3.1.0 Access, evaluate, and apply information to promote optimal health care.

3.1.1 Identify the typical content and organization of specific sources of drug and health information for both health-care providers and consumers.

3.1.2 Evaluate the suitability, accuracy, and reliability of information from reference sources by explaining and evaluating the adequacy of experimental design and by applying and evaluating statistical tests and parameters.

3.2.0 Educate the public and health-care professionals regarding medical conditions, wellness, dietary supplements, and medical devices.

3.2.1 Provide health care information regarding the prevention and treatment of diseases and medical conditions, including emergency patient care.

3.2.2 Provide health care information regarding nutrition, lifestyle, and other non-drug measures that are effective in promoting health or preventing or minimizing the progression of a disease or medical condition.

3.2.3 Provide information regarding the documented uses, adverse effects and toxicities of dietary supplements.

3.2.4 Provide information regarding the selection, use and care of medical/surgical appliances and devices, self-care products, and durable medical equipment, as well as products and techniques for self-monitoring of health status and medical conditions.

Competencies for LECOM APPE rotations

See Final Evaluation for sub-competency criteria by which the following competencies are evaluated:

1. Drug Distribution/Distribution Support Skills
2. Disease State Knowledge
3. Drug Therapy Evaluation and Development
4. Monitoring for Endpoints
5. Patient Case Presentations
6. Patient Interviews
7. Patient Education/Counseling
8. Drug Information
9. Formal Oral Presentations
10. Formal Written Presentations
11. Professional Team Interaction
12. Professionalism/Motivation
13. Cultural Sensitivity

** Not all competencies are evaluable on certain rotations

SUCCESS Competencies and Subcompetencies
1. **Drug distribution systems**
☐ a. Apply principles of civil law to the practice of pharmacy.
☐ b. Applies state and federal regulations in the dispensing process.
☐ c. Determines need and factors for correctly using the medication.
☐ d. Identifies drug costs to the patient.
☐ e. Clarifies, adds and/or corrects prescription order information when necessary.
☐ f. Correctly labels and performs the final check.
☐ g. Correctly documents adverse drug reactions through the appropriate channels.
☐ h. Applies ordering, purchasing and inventory control principles.
☐ i. Abides by laws on storage and disposal of medication.
2. **Disease state knowledge**
☐ a. Discusses pathophysiology of disease(s).
☐ b. Synthesizes basic science and clinical information to appropriately identify patient problems
☐ c. Applies knowledge of the pathophysiology of a specific disease to prevent medication-related problems.
☐ d. Uses appropriate critical pathways, clinical practice guidelines, and disease management protocols in the delivery of pharmaceutical care.
☐ e. Assesses the needs of the target population relative to disease prevention/detection.
☐ f. Selects and implements an appropriate strategy to prevent (i.e. immunizations) or detect (i.e. blood cholesterol screening) disease in the target population.

3.	**Drug therapy evaluation and development**

- ☐ a. Synthesizes complete patient history and laboratory and physical exam data to identify problems.
- ☐ b. Identifies and prioritizes both actual and potential drug related problem stating rationale.
- ☐ c. Identifies problems that require emergency medical attention.
- ☐ d. Designs and evaluates treatment regimens for optimal outcomes using pharmacokinetic data and drug formulation data.
- ☐ e. Designs and evaluates treatment regimens for optimal outcomes using disease states and previous or current drug therapy as well as including psycho-social, ethical-legal, and financial data.
- ☐ f. Develops backup plans based on what problems are likely to occur from/with the primary plan.
- ☐ g. Provides written documentation of the pharmaceutical care plan that is clear, complete, and concise.

4.	**Monitoring for Endpoints**

- ☐ a. Identifies and suggests appropriate therapeutic endpoints for patient (cure, maintenance, or prophylaxis of disease).
- ☐ b. Develops monitoring plan appropriate for patient specific physiologic differences.
- ☐ c. Provides rationale for monitoring plan with documentation from reliable sources.
- ☐ d. Evaluates and alters monitoring plan when necessary as the patient's needs change.
- ☐ e. Identifies monitoring results, which would require emergency medical attention.
- ☐ f. Suggests drug therapy changes based on progress towards endpoints or identified drug-related problems.

5.	**Patient Case Presentations**

- ☐ a. Patient cases are prepared in a timely manner.
- ☐ b. Follows patients and maintains information on number required by preceptor.
- ☐ c. Verbally presents data in an organized manner.
- ☐ d. Writes a chart note on patient and data is recorded and presented in appropriate format.
- ☐ e. Uses appropriate verbal and nonverbal mannerisms during presentation.
- ☐ f. Communicates presentation clearly and in a tone and volume that is clearly understood.
- ☐ g. Able to answer questions about patients or disease states.

6.	**Patient Interviews**

- ☐ a. Introduces self as student from College of Pharmacy.
- ☐ b. Optimizes environment for the interview.
- ☐ c. Clarifies the purpose and structure of the interview.
- ☐ d. Verifies patient name and correct pronunciation, and demographic data.
- ☐ e. Explains how patient will benefit from interview.
- ☐ f. Employs vocabulary, question structure, question complexity, and invited feedback to insure patient understanding.
- ☐ g. Implements the interview in an organized fashion.
- ☐ h. Answers patient questions providing appropriate and correct data.

7.	**Patient Education and Counseling**

- ☐ a. Speaks clearly using proper enunciation, volume, and rate.
- ☐ b. Uses terminology specific to the understanding of the patient.
- ☐ c. Uses appropriate non-verbal communication.
- ☐ d. Provides accurate and pertinent information in appropriate detail.
- ☐ e. Includes information required for the patient's social and financial needs.
- ☐ f. Provides feedback to patient questions/concerns.
- ☐ g. Determines patient level of understanding by asking questions.
- ☐ h. Demonstrates empathy.
- ☐ i. Shows concern for patient well-being.
- ☐ j. Retrieves and evaluates new information for the purpose of responding to patient questions.

8.	**Drug Information**
☐	a. Selects the best available resource for answering a drug related request.
☐	b. Demonstrates the ability to use other information resources (this includes poison control centers, pharmaceutical companies and federal agencies).
☐	c. Generates correct answers to questions in a timely and systematic manner.
☐	d. Can define primary, secondary and tertiary references.
☐	e. Is able to discuss the organization and operation of the Pharmacy and Therapeutics Committee (or its equivalent depending on the site). (Specific responsibilities would include formulary management and drug usage evaluation process).
☐	f. Demonstrates the ability to interpret descriptive statistics and inferential statistical tests using assessment tools commonly reported in medical and pharmaceutical literature.
☐	g. Critically analyzes the design, methodology, results, and conclusions of a given published study
☐	h. Compares and contrasts the approaches to clinical practice guideline (CPG) development and the concept of evidence-based medicine (EBM)

9.	**Formal Oral Presentations**
☐	a. Provides list of references that support an adequate review of the literature.
☐	b. Delivers a content correct presentation based on the assignment parameters.
☐	c. Communicates correct information that is understood and useable by the audience.
☐	d. Uses appropriate verbal and non-verbal communication skills (inclusive of body language).
☐	e. Utilizes audiovisual aids and technology that enhance delivery and understanding of the presentation.
☐	f. Utilizes time allotted for presentation efficiently and effectively.
☐	g. Generates feedback from the audience by asking questions.
☐	h. Demonstrates a knowledge base sufficient for the topic of discussion.
☐	i. Correctly synthesizes enthusiasm, verbal skills, non-verbal skills, and audiovisual aids to produce a presentation, which gains and keeps the audience's attention.

10.	**Formal Written Presentations**
☐	a. Facts about the topic are correct.
☐	b. Presentation of the topic is organized.
☐	c. Presentation format and length adheres to the parameters established by the Preceptor.
☐	d. Written document contains review of primary literature from reputable sources.

11.	**Professional Team Interaction**
☐	a. Dresses appropriately for the setting.
☐	b. Demonstrates sensitivity for patients and families during team activities.
☐	c. Demonstrates respect for other health care professionals.
☐	d. Uses interpersonal communication skills to facilitate team interactions.
☐	e. Actively participates in team activities.
☐	f. Assists team members in establishing therapeutic and/or diagnostic objectives.
☐	g. Uses documentation, persuasion, and alternative suggestions to resolve therapeutic disagreements.
☐	h. Provides accurate, organized, and pertinent information relevant to the team's current or future tasks.
☐	i. Follows up on questions asked by the team in a timely fashion.
☐	j. Interactions with the team are conducted with an appropriate level of confidence.
☐	k. Retrieves and evaluates new information for the purpose of responding to professional questions.

12.	**Professionalism and Motivation**
☐	a. Identifies and respects the values of others.
☐	b. Demonstrates knowledge and understanding of the pharmacist "code of ethics".

☐ c. Defends ethical decisions through analysis of ethical principles.
☐ d. Demonstrates sensitivity to confidentiality issues.
☐ e. Attends and participates in all activities according to attendance policies.
☐ f. Is punctual for all activities.
☐ g. Completes assigned responsibilities (including patient care responsibilities) on time.
☐ h. Accommodates to change in workflow without disruption of work schedule.
☐ i. Initiates additional learning opportunities.
☐ j. Synthesizes new information in order to draw conclusions, hypothesizes, or decides a course of action.

13. **Cultural Sensitivity**

☐ a. Assesses the religious and socio-economic value systems that affect need and adherence.
☐ b. Possesses the knowledge, skills and behaviors required to identify communication tools to accommodate a culturally diver population.
☐ c. Identifies cultural differences that will potentially affect professional interactions.
☐ d. Identifies appropriate alternative measures to improve verbal and non-verbal interactions between patient and pharmacist.

APPE
Rotation Descriptions

Individual syllabi for rotations are available as separate documents in PharmAcademic

Advanced Community

Description
Under the supervision of the pharmacy preceptor, the student will provide direct patient-centered care in a community pharmacy setting. Students will experience the operation and management of community pharmacy systems and the functions and responsibilities of a pharmacist in a community setting. Students will have the opportunity to be involved in all aspects of the medication use process and health care delivery in the community setting, including the need for continuity of care.

Learning Objectives
1. State the advantages and benefits for delivering clinical services in a Community Pharmacy.
2. Provide education to patients regarding their drugs and/or therapeutic monitoring.
3. Provide/develop a wellness service or education program for the community population.
4. Employ safe medication practices to reduce the chance of an adverse medication related event.
5. Improve therapeutic outcomes through increased pharmacist involvement in medication management services.
6. Participate in discussions and assignments of human resource management and financial performance.
7. Demonstrate a working knowledge of the technology used in community pharmacy practice.
8. Demonstrate appropriate team behaviors and professionalism.
9. Additional objectives as assigned by the individual preceptor

This list is not intended to be all inclusive. The preceptor has the authority to adapt and to add other experiences that he/she feels the students will benefit from. <u>Specific activities suggested by the Accreditation Council for Pharmacy Education (ACPE) Accreditation Standards and Guidelines and Rotation Competencies are also to be included in the rotation experience. Refer to the rotation syllabus for further detail.</u>

Advanced Institutional

Description
Under the supervision of the pharmacy preceptor, the student will provide direct patient-centered care in the institutional, inpatient setting (including hospital long-term care, etc.). The student will experience the operation and management of institutional pharmacy systems and the functions and responsibilities of a pharmacist in the institutional setting. Students will have the opportunity to be involved in all aspects of the medication use process and health care delivery in the institutional setting, including the need for continuity of care.

Learning Objectives
1. Participate in the pharmacy and hospital's quality improvement programs.
2. Demonstrate the ability to effectively communicate with other health professionals by presenting information in a practical, timely and well-organized manner.

3. Understand the management of systems for storage, preparation and dispensing of medications.
4. Describe the various policies, procedures, and protocols that are put in place for medication safety.
5. Interact with other members of the health care team by going to various meetings that pharmacists are involved in.
6. Prepare reports, monographs to support different committees in the hospital where pharmacists are involved.
7. Demonstrate a working knowledge of the technology used in hospital pharmacy practice and how such technology is chosen.
8. Demonstrate appropriate team behaviors and professionalism.
9. Additional objectives as assigned by the individual preceptor.

This list is not intended to be all inclusive. The preceptor has the authority to adapt and to add other experiences that he/she feels the students will benefit from. <u>Specific activities suggested by the Accreditation Council for Pharmacy Education (ACPE) Accreditation Standards and Guidelines and Rotation Competencies are also to be included in the rotation experience. Refer to the rotation syllabus for further detail.</u>

Ambulatory Care

Description

This rotation is designed to offer the student the opportunity to experience firsthand the functions and responsibilities of a pharmacist in the Ambulatory Care setting (patients being treated at home or at facilities but not admitted for inpatient services). Under the supervision of the preceptor, students will apply the knowledge of pharmacology, pharmaceutics, drug information, counseling skills, critical thinking, pathophysiology, and therapeutics to the care of patients (all ages), as well as share their knowledge with health care team members. The student will interact with all members of the health care team to provide patient-centered care and include a focus on continuity of care.

Learning Objectives

1. Obtain accurate medication histories through various methods, including chart review, patient interview, etc.
2. Review and analyze medical records for proper pharmacological management.
3. Review and analyze laboratory values and make appropriate therapeutic recommendations based upon these results.
4. Educate patients on safe and effective prescription and non-prescription medication use.
5. Conduct a patient program to promote health and wellness at the site and/or within the community.
6. Collaborate with other health care professionals and fellow students to provide quality patient-centered care.
7. Attend and participate in provider/staff meetings in order to become familiar with issues and concerns specific to providing health care to patients at the site
8. Be involved in the development and implementation of clinical ambulatory pharmacy programs and any associated outcomes studies conducted by the pharmacist.

9. Develop an understanding of collaborative practice agreements/collaborative drug therapy management and how they apply to clinical pharmacy practice and/or other health care professionals.
10. Answer drug information questions posed by the clinical staff and outpatient pharmacists in a professional and efficient manner.
11. Attend chart rounds with medical providers in a given outpatient clinic if and when applicable.
12. Provide patient education materials and counseling on medications as requested by providers.
13. Develop new patient education materials as needed.
14. Prepare a medication-related problem list and pharmacist care plan.
15. Recommend and communicate your care plan effectively.
16. Demonstrate appropriate team behaviors and professionalism.
17. Additional objectives as assigned by the individual preceptor

This list is not intended to be all inclusive. The preceptor has the authority to adapt and to add other experiences that he/she feels the students will benefit from. <u>Specific activities suggested by the Accreditation Council for Pharmacy Education (ACPE) Accreditation Standards and Guidelines and Rotation Competencies are also to be included in the rotation experience. Refer to the rotation syllabus for further detail.</u>

Inpatient/Acute Care Medicine

<u>Description</u>
Under the supervision of the preceptor, students put into application the knowledge of pharmacology, pharmaceutics, drug information, medication safety, communication skills, critical thinking, pathophysiology, and therapeutics to the care of patients (all ages) as well as share their knowledge with health care team members in an inpatient/acute care setting. The student will interact with all members of the health care team to provide patient-centered care and include a focus on continuity of care.

<u>Learning Objectives</u>
1. Develop and implement patient centered drug therapy care plans.
2. Recommend changes to the drug therapy regimen through monitoring and assessing/reassessing patient information.
3. Access, evaluate, and apply information to promote optimal health care.
4. Identify and report medication errors and adverse drug reactions.
5. Communicate to the patient and other health care professionals the appropriateness of the patient's specific pharmacotherapeutic agents, dosing regimens, dosage forms, routes of administration and delivery systems.
6. Demonstrate the ability to retrieve, evaluate and apply clinical and scientific publications in the decision-making process.
7. Promote self-directed learning through a self-initiated, proactive, evidenced based clinical pharmacy practice.
8. Demonstrate appropriate team behaviors and professionalism.
9. Additional objectives as assigned by the individual preceptor.

This list is not intended to be all inclusive. The preceptor has the authority to adapt and to add other experiences that he/she feels the students will benefit from. Specific activities suggested by the Accreditation Council for Pharmacy Education (ACPE) Accreditation Standards and Guidelines and Rotation Competencies are also to be included in the rotation experience. Refer to the rotation syllabus for further detail.

Elective Experience

Description

Each elective rotation offers different and specific learning experiences based on the site and the type of specialties. Examples of potential rotation settings include any of the required rotation sites, research, management, drug information, education, managed care, long-term care, hospice, home health care, nuclear, etc. Students will select elective rotations to individualize their training and experience in preparation for their careers as well as to complement the experiences gained in the required rotations. The preceptor will discuss and explain to you the specifics involved in the rotation when you arrive at the site.

Learning Objectives

1. Demonstrate the ability to retrieve, evaluate and apply specific data in the decision-making process.
2. Promote self-directed learning through a self-initiated, proactive, evidenced based practice.
3. Demonstrate appropriate team behaviors and professionalism.
4. Additional objectives as assigned by the individual preceptor specific to this rotation experience. For patient care electives, preceptors may wish to refer to the Inpatient/Acute Medicine, Ambulatory Care, Advanced Community, or Advanced Hospital learning objectives for guidance in tailoring an experience for the student.

This list is not intended to be all inclusive. The preceptor has the authority to adapt and to add other experiences that he/she feels the students will benefit from. Specific activities suggested by the Accreditation Council for Pharmacy Education (ACPE) Accreditation Standards and Guidelines and Rotation Competencies are also to be included in the rotation experience. Refer to the rotation syllabus for further detail.

Common Question Regarding Evaluations for Electives: - How am I supposed to use (be evaluated by) the competency-based evaluation criteria provided if my rotation is not a patient care type of rotation?

We are considering providing an alternative for such rotations, but for the time being we feel that most rotations of this type can still use the competencies with most of the weight for the courses being assigned to the following competencies:

2- Disease State Knowledge

8- Drug Information

9- Formal Oral Presentations

10- Formal Written Presentations

11- Professional Team Interactions

12- Professionalism/Motivation

13- Cultural Sensitivity

Since many non-patient care rotations are primarily project based, these should allow for assessment of performance in those areas.   Please note that the rotation grade will be calculating using only those outcomes that are evaluated, hence the fewer the competencies evaluated, the more weight each carries.

Rotation Evaluation Considerations/
Required Assignment Evaluation Criteria

Accreditation Standards and Guidelines for APPE Rotations

In general, and where legally permitted, activities in which students should participate during required advanced pharmacy practice experiences include, but are not limited to:

- practicing as a member of an interprofessional team
- identifying, evaluating, and communicating to the patient and other health care professionals the appropriateness of the patient's specific pharmacotherapeutic agents, dosing regimens, dosage forms, routes of administration, and delivery systems
- consulting with patients regarding self-care products
- recommending prescription and nonprescription medications, dietary supplements, diet, nutrition, traditional nondrug therapies, and complementary and alternative therapies
- recommending appropriateness medication dosing utilizing practical pharmacokinetic principles
- administering medications where practical and consistent with the practice environment and where legally permitted
- identifying and reporting medication errors and adverse drug reactions
- managing the drug regimen through monitoring and assessing patient information
- providing pharmacist-delivered patient care to a diverse patient population
- providing patient education to a diverse patient population
- educating the public and health care professionals regarding medical conditions, wellness, dietary supplements, durable medical equipment, and medical and drug devices
- retrieving, evaluating, managing, and using clinical and scientific publications in the decision-making process
- accessing, evaluating, and applying information to promote optimal health care
- ensuring continuity of pharmaceutical care among health care settings
- participating in discussions and assignments regarding compliance with accreditation, legal, regulatory/legislative, and safety requirements
- participating in discussions and assignments regarding the drug approval process and the role of key organizations in public safety and standards setting
- participating in discussions and assignments concerning key health care policy matters that may affect pharmacy
- working with the technology used in pharmacy practice

Additional activities in which students should be able to participate during **required community and hospital/health system advanced pharmacy practice experiences** may include, as appropriate to the learning environment:
- preparing and dispensing medications
- managing systems for storage, preparation, and dispensing of medications
- allocating and using key resources and supervising pharmacy technical staff

- participating in purchasing activities
- creating a business plan to support a patient care service, including determining the need, feasibility, resources, and sources of funding
- managing the medication use system and applying the systems approach to medication safety
- participating in the pharmacy's quality improvement program
- participating in the design, development, marketing, and reimbursement process for new patient services
- participating in discussions and assignments of human resources management, medication resources management, and pharmacy data management systems, including pharmacy workload and financial performance
- participating in the pharmacy's planning process
- conducting a drug use review
- managing the use of investigational drug products
- participating in the health system's formulary process
- participating in therapeutic protocol development
- participating in the management of medical emergencies
- performing prospective and retrospective financial and clinical outcomes analyses to support formulary recommendations and therapeutic guideline development

Additional activities in which students should be able to participate during **required ambulatory care and acute/general medicine advanced pharmacy practice experiences** may include, as appropriate to the learning environment:
- developing and analyzing clinical drug guidelines
- participating in the health system's formulary process
- participating in the design, development, marketing, and reimbursement process for new patient services
- participating in discussions of human resources management, medication resources management, and pharmacy data management systems including pharmacy workload and financial performance

Elective Courses

- Multiple opportunities should be provided throughout the curriculum for students to undertake pharmacy practice experiences designed to develop areas of personal interest, to expand their understanding of professional opportunities, and to achieve the outcomes of the curriculum.

Citation Reference Guide: Pharmacy

General Guidelines:

- List references as superscripts at the end of sentences or phrases. Example.[1,3-5,8]
- List author names with the author's last name followed by initials, no periods. Example: Sheehan AH, Killion VJ. (IF MORE THAN 6 AUTHORS, LIST THE FIRST 3 FOLLOWED BY, ET AL.)
- Retain the spelling, abbreviations, and style for numbers used in the original article title, book title, parts of book, or other material.
- For journal article titles and chapter titles in books, capitalize only the first letter of the first word in a title and subtitle.
- For journal titles and book titles, capitalize all main words.
- Inclusive page numbers (i.e., 1404-1412 would be referenced as 1404-12; 1395-1406 would be referenced as 1395-406.)
- Do not use quotation marks.
- Reference the most specific part when possible (i.e., cite the monograph within the online database, not the entire database or cite the chapter within book.)
- Accepted abbreviation of journal titles should be used rather than the full name of the journal

Type	Format	Example
Journal Articles	Authors(Last name First Name Initial). Article title. *Abbreviated Journal Title.* Year Month Date; Volume Number(Issue Number):Inclusive Pages	Meneton P, Jeunemaitre X, de Wardener HE, MacGregor GA. Links between dietary salt intake, renal salt handling, blood pressure, and cardiovascular diseases. *Physiol Rev.* 2005 Apr;85(2):679-715.
Online Journal Article	Author Last Name First Initial Middle Initial. Title of article. *Accepted Abbreviation of Journal Title* Year; Volume: Inclusive Page Numbers. DOI.	Fahey T, Schroeder K, Ebrahim F. Interventions used to improve control of blood pressure in patients with hypertension. *Cochrane Database Syst Rev* 2006;(4):CD005182. doi:10.1002/14651858.CD005182.
Textbooks	Author. Title of Book. Edition. Place of Publication: Publisher; Date. Name of Part Number of Part, Title of Part; Location of Part.	Speroff L, Fritz MA. Clinical gynecologic endocrinology and infertility. 7th ed. Philadelphia: Lippincott Williams & Wilkins; c2005. Chapter 29, Endometriosis; p. 1103-33
Mircomedex®	Title of monograph or document. Specific Micromedex database. Micromedex 2.0. Truven Health Analytics, Inc. Greenwood Village, CO. Available at: http://www.micromedexsolutions.com. Accessed Month day, year.	Entanercept. DrugPoints Summary. Micromedex 2.0. Truven Health Analytics, Inc. Greenwood Village, CO. Available at: http://www.micromedexsolutions.com. Accessed August 13, 2014.
Lexi-Comp ®	Name of monograph, specific topic or chart. Specific database. Lexicomp. Wolters Kluwer Health, Inc. Hudson, OH. Available at: http://online.lexi.com. Accessed Month day, year.	Entanercept. Lexi-Drugs. Lexicomp. Wolters Kluwer Health, Inc. Hudson, OH. Available at: http://online.lexi.com. Accessed August 13, 2014.
Facts and Comparisons ®	Name of monograph, specific topic or chart. Specific database. Wolters Kluwer Health, Inc. Philadelphia, PA. Available at: http://factsandcomparisons.com. Accessed Month day, year.	Atorvastatin. Drug Facts and Comparisons. Facts & Comparisons eAnswers. Wolters Kluwer Health, Inc. Philadelphia, PA. Available at: http://factsandcomparisons.com. Accessed August 13, 2014.
Package Inserts (DailyMed®)	Medication Name [package insert]. City, State Abbreviation: Manufacturer's Name; Year.	Byetta(R) [package insert]. San Diego, CA: Amylin Pharmaceuticals Inc; 2007.
UpToDate®	Authors. Title of article. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. Accessed Month day, year.	Bichet DG. Diagnosis of polyuria and diabetes insipidus. In: UpToDate, Post T, (ed), UpToDate, Waltham, MA: Accessed August 13, 2014.
Internet Sites	Authors (if indicated). Organization responsible for the site. Title of page or document. Available at: URL. Accessed Month day, year.	Food and Drug Administration. MedWatch. Available at: http://www.fda.gov/medwatch/index.html. Accessed June 13, 2007.

*This Referencing style follows the AMA citation style
**Sheehan AH, Killion AH. Purdue University Libraries. Reference guide for pharmacy students. Available at: http://guides.lib.purdue.edu/pharmrefguide. Accessed February 19, 2015. (permission granted Feb 2015)

Patient Case Presentation Format

(Check with your preceptor for specific instructions.)

I.   Presentation of Case
    A.   Patient Demographic Data
        1.   Age
        2.   Gender
        3.   Race
        4.   Date of admission
        5.   Unit
    B.   Chief Complaint (CC)
    C.   History of Present Illness (HPI)
    D.   Past medical history (PMH)
    E.   Family history (FH)
    F.   Social history (SH)
    G.   Medication history – from direct interview with patients, family members, pharmacies, or from the medical chart. Include an assessment of compliance.
    H.   Review of systems (ROS)
    I.   Physical Exam (PE)
    J.   Laboratory, x-rays, test results
    K.   Assessment and Plan for work-up and therapy – related to each diagnostic impression
    L.   Discharge data (if applicable) – include discharge medication summary when appropriate

II.   Discussion of major disease state(s) and therapy
- Discuss your patient therapy and compare it with the standard of practice.
- Discuss your own impression related to the case and substantiate it accordingly.
- Include any recommendations that you had provided to your team.

    A.   Etiology of the disease(s)
    B.   Epidemiology of the disease(s)
    C.   Pathophysiology of the disease(s)
    D.   Clinical manifestations
    E.   Diagnosis (including differential)
    F.   Therapy
        1. non – pharmacologic management
        2. pharmacologic management
- Pharmacology
- Dosing/administration
- Adverse effects – differentiate between common and unusual ADR(s)
  - Establish appropriate monitoring parameters and frequency of monitoring
  - Indicate how certain side effects should be managed or prevented
- Interactions
  - Drug-drug (identify the mechanism, classify the interaction as to whether it is pharmacokinetic or pharmacodynamic, how to manage and monitor)
    - Drug-disease (identify the mechanism, how to manage and monitor)
    - Drug laboratory
    - Drug – food (identify the mechanism, how to manage and monitor)
- Monitoring parameters and frequency of monitoring, endpoints
- Patient information / counseling
- ost considerations, miscellaneous

    G.   Prognosis

Patient Case Evaluation Criteria- Option 1

Student Name:_____ **Date:**_____

Preceptor Name: _____ **Site:**_____

Criteria	Checklist
Patient Presentation • Patient identification, CC, HPI, histories, ROS, VS, PE and lab/test results clearly presented • Detail of chronology of events	
Discussion of patient-specific disease states/pathophysiology • Etiology, Epidemiology • Identification of risk factors • Signs and symptoms	
Drug Therapy • Explain indications and rationale for patient's drug therapy • Relate problem list with drug therapy – evaluate the appropriateness of current regimen and identify alternative treatment regimens where required • Discuss mechanisms of action of drugs • Evaluate the dosing regimen including pharmacokinetic considerations • Identify drug induced effects if present and outline its management • Identify potential common or serious adverse drug reactions and recommend appropriate prevention strategies when indicated • Identify potential drug interactions	
Monitoring • Identify appropriate parameters for monitoring of therapeutic effects (including the desirable endpoint and frequency of monitoring) • Identify appropriate parameters for assessment of adverse effects (including frequency of monitoring)	
Patient Information & Counseling • Explain purpose(s) of drug therapy • Important instructions for use • Side effects and precautions • Self-monitoring parameters	
Presentation Style • Organization • Voice projection, correct pronunciation • Ability to answer questions – can support with evidence from the literature • Ability to present without "reading" notes • Distracting mannerisms	
Audiovisual • If handouts are used – they are organized and appropriately referenced • If overheads or slides are used – they are clear	

Comments:

Patient Case Evaluation Criteria- Option 2

Student Name: _____ **Date:**_____

Preceptor Name: _____ **Site:** _____

Criteria	Checklist
Patient Presentation • Patient identification, CC, HPI, FHx, SHx, surgical history, PMH, ROS, VS, PE and lab/test results, medication history (dates of when medications were started and discontinued), allergies, medications prior to admission • Detail of chronology of events clearly presented	
Discussion of Patient-Specific Disease State, or Drug Interaction, or Adverse Drug Reaction, etc. • Etiology, Epidemiology • Pathophysiology • Diagnostic parameters • Identification of risk factors • Clinical manifestations • Nonpharmacologic treatment options • Pharmacologic treatment options (include mechanism of action, adverse effects, dosing/administration, drug-drug interactions, drug-food interactions, drug-disease interactions, place in therapy/guidelines)	

Drug Therapy/Problem List (Care Plan)
• Devise a problem list
  - Explain indications and rationale for patient's drug therapy and identify alternative treatment regimens where required
  - Discuss mechanism of action, adverse effects, drug interactions, and counseling issues for the current medication(s) and alternative treatment regimens
  - Identify drug induced adverse effects if present and outline the management
  - Identify common or potentially serious adverse drug reactions and recommend appropriate prevention strategies when indicated
  - Identify potential drug interactions and recommend appropriate therapy modifications/monitoring parameters
  - Support all recommendations and information from the literature	

Monitoring • Identify appropriate parameters for monitoring of therapeutic effects (including the <u>desirable endpoint and frequency of monitoring</u>) • Identify appropriate parameters for assessment of adverse effects (including <u>frequency of monitoring</u>)	
Presentation Style • Organized • Voice projection, correct pronunciation • Enthusiastic • Ability to answer questions – can support with evidence from the literature • Ability to present without "reading" notes • No distracting mannerisms • The length of presentation was appropriate to the topic • Accepts questions and comments in a non-defensive manner. • Accuracy of terminology used • No use of slang ("ya know", um), etc. • The student answers questions satisfactorily and does not bluff	

Audiovisual	
• The information provided was accurate • The handout/PowerPoint slides are clear and concise without typos and/or crowding of information • The handout/PowerPoint slides are organized and appropriately referenced throughout • References are provided and cited correctly (journal articles <u>must</u> be used) • The learning objectives are directed toward the audience's outcomes	

<u>Comments:</u>

Drug Information Question

Modified Systematic Approach

(Host TR, Kirkwood CF. Abstract presented as ASHP Midyear Clinical Meeting; Dec 1987)

Steps:
1. Identify caller/patient
2. Obtain background information*****
3. Determine and categorize ultimate question
4. Develop search strategy and conduct search
5. Perform evaluation, analysis, and synthesis
6. Formulate and provide response
7. Conduct follow-up and documentation

*****Background Information to determine:

Regardless of type of question:	- Requestor's name - Requestor's location and/or contact info - Requestor's affiliation, if healthcare professional - Requestor's title, profession - Resources requestor has already contacted - Request patient specific or not - Patient's diagnosis and other meds - Urgency of request
Adverse Drug Reaction:	- Obtain description of the event and assess severity - Temporal relationships - Signs/symptoms - Concomitant medications - Assess current status of patient - How is the patient being managed? - Previous history of exposure to same or similar agents
Drug Interactions:	- Obtain description of the problem – is the patient already taking the drugs or is this in anticipation of starting a drug? - Doses, duration of therapy, rates of administration? - Temporal relationship between the drugs in question - Other medications - Is a disease-drug or food-drug interference a possibility?
Foreign drug identification:	- Reason for inquiry - US equivalent needed - Suspected form, strength, dosing regimen, color, markings - Where did the spelling come from?
Product availability:	- Indication for treatment - Dosage form/ route of administration desired - On formulary status required
Product ID:	- Correct spelling - Country of origin - Trade/generic/chemical name - Reason for inquiry - Suspected product and use - Manufacturer - Size/shape/strength, imprint markings, color

	• Where did you hear about the product?
	• How did you hear about this product?
Compatibility/stability:	• How are drugs going to be mixed?
	• What are the concentrations of the drugs?
	• What diluent solutions are the drugs mixed in?
	• What are the doses and rates of infusion?
	• Any fluid/electrolyte restrictions?
	• Available routes for administration
	• How many IV lines are available?
	• What other medications are running?
Dosage/Administration:	• Indication for the drug
	• Weight of the patient
	• Age/sex of patient
	• Renal and/or hepatic function
	• Planned route of administration
	• Other medications (drug interactions)
Drug of Choice/Therapeutics:	• Exact indication and severity of condition
	• Renal and/or hepatic function
	• Concomitant medications
	• Concomitant medical conditions
	• Route of administration
	• Allergies
	• What other treatments has this patient tried for this condition? If other tried, why were they stopped? (Lack of efficacy, adverse effect)
	• Compliance and cost factors
Pharmacokinetics:	• Reason for inquiry (treatment failure, low levels)
	• Dose and route of administration
	• Indication
	• Height, weight, age, sex of patient
	• Renal and/or hepatic function/protein status
	• Drug levels? Timing of levels? Believable?
	• Single versus multiple doses
	• Duration of therapy
	• Times levels drawn and what are the levels
	• Concomitant medications? Other physiologic conditions present that can affect kinetics?
Pregnancy/ lactation:	• Has the patient already taken the drug?
	• Indication for the drug
	• How essential is the drug
	• Planned dose, frequency, duration, and route of administration?
	• Other drugs or disease states?
	• Trimester of pregnancy
	• Fetal abnormality?
	• Symptoms following breast feeding
	• How old is the infant?
	• Frequency/schedule of breast-feeding
	• Is bottle feeding an option?
Compounding/ Formulation:	• Reason for having to compound
	• What is the drug being used for?
	• Did the patient use another similar agent? Result?
	• Dosage
	• Site of desired administration

Poison/ Toxicology:	• Telephone number • Acute ingestions → poison center • What was ingested – drug/chemical? • Amount ingested • Route of exposure • Time elapsed since ingestion • Accidental exposure? Suicide attempt? Environmental exposure? • What symptoms is patient having? • What has been done for the patient so far? • Renal and hepatic function
Pharmacology:	• Reason for inquiry (often pharmacokinetics or drug interaction) • Patient's disease state
Investigational drugs:	• Reference sources (where did caller hear about the drug?) • Correct spelling (source of spelling) • Therapeutic use • Investigator manufacturer • Reason for inquiry (sometimes a toxicity/ adverse effects question)

Other information:

Drug Information Question Evaluation

Student Name: _____   Date: _____

Preceptor Name: _____   Site: _____

Criteria	Checklist

Define and understand the question.
   a. Classify the question that is being asked (therapeutics, pharmacology, adverse drug reaction, drug interaction, pharmacokinetics, dosing, toxicology, IV compatibility, availability, etc.)
   b. Classify the background and contact information of the requestor (i.e. nurse, physician, etc.)	

Obtain the necessary background information
   a. Demographic of the requestor
   b. The Issue "Question"
   c. Time line for the answer	

Search for the answer.
   a. Start with tertiary references then proceed to secondary references then to primary references.
   b. Indicate which references you found information in and the pages on which the information was found. If you did not find any information, make a notation to that effect.
   c. A copy of primary articles(s) should be submitted with your write-up.	

Evaluate, organize and interpret the facts. a. Evaluate the literature to formulate an answer.	

Formulate an answer.
   a. The response should be clear, complete, and concise with the arguments to support your recommendations. All references have to be listed.
   b. The time the response was called or delivered and the name of the person who received the message should be noted.	

Comments:

In-service Presentation Evaluation Criteria

Preceptors may modify form as needed for specific target audience

Student's name _____   **Rotation:**_____

Topic of Presentation _____

		Checklist
1.	The handout/PowerPoint slides are clear and concise without typos and/or crowding of information	
2.	The presentation is organized (content order flows well and makes sense)	
3.	The learning objectives are directed toward the audience's outcomes	
4.	All information provided supports the presentation objectives	
5.	The information provided was accurate	
6.	Transitions between topics and/or speakers are carried out in a smooth fashion	
7.	The major points are summarized at the end of the presentation.	
8.	References are provided and are cited correctly (journal articles need to be used)	
9.	The student functioned independently and did not require an unreasonable amount of guidance in research or preparation	
10.	The student accepts questions and comments in a non-defensive manner	
11.	The student answers questions satisfactorily and does not bluff	
12.	The student appears confident.	
13.	The student displays enthusiasm.	
14.	The student speaks at an appropriate volume and rate	
15.	The student uses language appropriate to the audience	
16.	The student has good eye contact with the audience	
17.	The student has appropriate stance and posture. Avoids distracting mannerisms/nonverbal.	
18.	The speaker does not use too many "um, ah, well, or slang…"	
19.	The length of presentation and time spent presenting was appropriate to the topic	

Comments:

Journal Club Guidelines

Journal clubs evolved from students and health professionals who were having difficulty staying current with the expanding number of research studies being published in the world's biomedical literature. A group would form a journal club and meet to discuss what was new in the literature. Each member of the club was assigned a journal, such as the *New England Journal of Medicine* or *Annals of Internal Medicine*, and would present one or two studies at each meeting.

Journal clubs became a way for those new to the published research to learn about study design, statistics, and literature evaluation. These topics are now taught in drug information courses in all colleges of pharmacy. Today journal clubs provide students with the opportunities to practice and improve these skills.

In addition, learning how to present a cogent, concise presentation can be added to the skills that can be developed by participation in the journal club.

PICKING AN ARTICLE (general guidelines…ask your preceptor for individual preference):
- Primary literature published within the last 6 months
- Randomized controlled trial (or case control)
- Should involve drug therapy or other pharmacy-related intervention
- Relevant to your rotation type

DEFINITIONS OF TERMS USED IN THE EVALUATION CRITERIA FOR JOURNAL CLUB

Described the study design:
The student should be able to identify and describe the various types of research methodologies used by the investigators in the study being presented. These include randomized controlled trials, prospective and retrospective cohort studies, case-control studies, meta-analyses, and pharmacoeconomic analyses.

Described the purpose of the study and the study's hypothesis:
Here the student should discuss the question that the investigators are asking, the study hypothesis, and what the study is trying to show.

Briefly places the study in context by giving an overview of the current state of knowledge regarding the study's hypothesis:
The length and depth of this overview depends on the study being presented. It is intended to give the audience sufficient background to be able to discuss the research.

Described the characteristics of the study population (inclusion/exclusion criteria):
This would include age, gender, other drugs being taken, and co-morbid conditions of the research subjects. Disease states and conditions that preclude participation in the study should also be discussed.

Identified potential sources of bias (confounding):
A synonym for bias is a systematic error that produces a result that departs from the true values in a consistent direction. A confounding variable is one that is distributed differently in the study and control groups that affects the outcome being assessed. Age, for example, is a common confounding variable.
A common technique for controlling or adjusting for bias is stratification, for example, by age, gender, or severity of disease.

Described the study's endpoint(s) and if they are, or are not, clinically meaningful to patients:
The study's endpoint(s) is the outcome being measured. Exercise tolerance is a common endpoint in trials of drugs for congestive heart failure. Exercise tolerance may be improved but survival is either not affected or is worsened. The student must decide if exercise tolerance is a clinically meaningful endpoint for patients.

Described the magnitude of the differences (effect size) between treatments or interventions and whether or not they were clinically meaningful:
If the results of a trial of a new drug for osteoporosis found that the rate of new vertebral fractures was one percent and the rate in the placebo control group was two percent the effective size would be one percent. The student must decide if this one percent difference is clinically meaningful.

Described the statistical tests used and their interpretation:
It is not necessary to be a biostatistician to assess the medical literature. The student should be able to interpret a p value and explain why a particular statistical test was used. For example, a Cox regression is used when the dependent variable (outcome) is affected by time. This is sometimes called a time to event analysis.

Discussed the drop-out rate (loss to follow-up or response rate) in the study and its effect on the study results:
Drop-outs or subjects lost to follow-up are those who did not complete the study for whatever reasons. A high number of drop-outs may bias the results of the study. The student must decide if the drop-out rate could have affected the study results.

Discussed whether or not the student agrees or disagrees with the investigators conclusions and why:
The student should state if they agree or disagree with the study's results and be able discuss the study's strengths and weaknesses.

Journal Club Evaluation Criteria - Option 1

Student Name: _____   Date: _____

Preceptor Name: _____   Site: _____

Criteria	Checklist
Described the study design: Study title Type of study (i.e. randomized, blinded, controlled, meta-analysis, etc.) Study group allocations, drug doses, regimens, duration (if applicable) Follow-up tests, laboratory and otherwise (if applicable) Assessment of compliance (if applicable)	
Described the purpose of the study and the study's hypothesis: The student should discuss the question that the investigators are asking and what the study is trying to show.	
Briefly placed the study in context by giving an overview of the current state of knowledge regarding the study's hypothesis: The student should discuss the existing standard of care about the topic generating the study.	
Described the characteristics of the study population: Inclusion/exclusion criteria Date study conducted, country(ies), center(s) Age, gender, other drugs being taken, co-morbid conditions of the research subjects Disease states and conditions that preclude participation in the study	
Identified potential sources of bias (confounding): Described the sources and methods used for controlling or adjusting for bias. Explained how (s)he would overcome/control for bias in the study	
Described the study's endpoint(s) and if they are, or are not, clinically meaningful to patients.	
Described the magnitude of the differences (effect size) between treatments or interventions and whether or not they were clinically meaningful: Explained how his/her practice would change based on the study's results	
Described the statistical tests used and their interpretation.	
Discussed the dropout rate (loss to follow-up or response rate) in the study and its effect on the study results: Adverse effects Accountability of the number of patients initiating and completing the study (i.e., data in tables/figures coincide with text/identified dropouts)	
Discussed whether or not the student agrees or disagrees with the investigators conclusions and why: Whether the study was ethical or not Limitations and strengths of the study	
Delivery: Voice: volume, speed, enunciation, pronunciation Language: Accuracy of terminology used, no use of slang ("ya know", um,), etc. Makes a clear attempt to answer questions accurately. Does not bluff. Accepts questions and comments in a non-defensive manner.	

Comments:

Journal Club Evaluation Criteria- Option 2

Student Name: _____ **Date:** _____

Preceptor Name: _____ **Site:**_____

Criteria	Checklist
After reading the title, briefly _introduced_ the design of the study (i.e., randomized, blinded, controlled, etc.)	
Provided a <u>brief</u>, concise background of existing standard of care or evidence-based guidelines (if applicable) about the topic generating the study (i.e. introduced the topic before proceeding into the article "specifics.")	
Described the rationale (purpose) for conducting the study	
Stated study hypothesis. Able to determine the null hypothesis.	
Appropriately described overall study design, including (but not limited to):	
Date study conducted, country(ies), center(s)	
Inclusion/exclusion criteria	
Study group allocation, drug doses, regimens, duration	
Follow-up, tests (laboratory and otherwise), assessment of compliance	
Primary and secondary endpoints	
Statistical tests used	
Provided _synopsis_ of _main points_ of the results of the study, including:	
Accountability of the number of patients initiating and completing the study (i.e., data in tables/ figures coincided with text/identified dropouts)	
Potential bias in patient selection (e.g. group distribution)	
Achievement of primary and secondary end-points	
Side effects / adverse reactions	
Interpretation and assessment of the appropriateness of statistical tests used	
Keeps it brief and to the point (a true synopsis)	
Stated the author's conclusions and critique of their validity based on the study's objectives and results.	
Provided a <u>brief</u>, concise summary of the journal article	
Provided <u>OWN</u> conclusions	
Provided critique including:	
Whether study was ethical or not	
Limitations and strengths	
Sources of bias and methods used to overcome. Explained how (s)he would overcome/control for bias in the study.	
Potential influence of excluded patient population on study results	
Whether drug doses and regimens reflect the current standard of care / guidelines and if duration of the study was adequate to achieve a therapeutic effect.	
The clinical significance of the study. Presenter commented if and how her/his practice would change based on this study's results.	
Delivery:	
Timing (maximum 30 minutes)	
Voice: volume, speed, enunciation, pronunciation	
Language: Accuracy of terminology used, no use of slang ("ya know", um,), etc.	
Makes a clear attempt to answer questions accurately. Does not bluff. Accepts questions and comments in a non-defensive manner	
Overall, the paper selected for the Journal Club was appropriate	

<u>**Comments:**</u>

Additional Assignment Options and Evaluation Criteria

Medication History / Patient Interview

All documentation to be placed in the student portfolio must NOT contain any patient identifiers.

IMPORTANT: LECOM School of Pharmacy feels that this is an important skill that must be developed and practiced in our students. If this activity cannot be performed due to limited opportunities at site, the following is recommended:

- If the preceptor or other staff member is willing, perform an interview/med history using them as your sample patient
- The preceptor can create a "mock" patient script that they may use while the student conducts the interview.
- If multiple students are at the site, the preceptor can oversee the performance of actual or mock medication histories on each other.
- As a worst case scenario, the student may interview a family member, friend, or roommate in order to complete the assignment.

Interview Date: _____

□ Male   □ Female   Age: _____

Source of information (e.g., patient, family member, etc.): _____

*Medication History (include all prescription, over the counter, supplements and herbal products used by the patient); use additional page if necessary.

Medication (name, strength, dose, route, frequency	Last taken	How long have they taken?	Indication/Purpose/ Comments

Medication Allergies:

Medication name: _____   Reaction: _____

Medication name: _____   Reaction: _____

Medication name: _____   Reaction: _____

Immunization Record (date/year of last dose if known):

Influenza, Hepatitis, Pneumonia, Tetanus, Zoster, other?

_____ _____

Alcohol/Tobacco Use and Quantity:

Describe any potential medication related problems or other areas of concern the patient may express:

OTC Formulary / Related Products Reference

Write a report (2 pages) to serve as a reference tool for a category of OTC medications or home monitoring/diagnostic products. Choose from the list below (or as assigned by your preceptor) and compare/contrast the items carried by the pharmacy you are assigned to for your community rotation.

Categories: OTC class or home diagnostic product:
- Ophthalmic and contact lens preparations
- Otic preparations
- Laxatives
- Anti-diarrheals
- Antacids (and other stomach upset preparations)
- Diet/weight control agents
- Sleep aids
- Topical antibacterials/antiseptics and wound irrigations
- Sunburn prevention/treatment
- Home diagnostic products: pregnancy tests
- Home monitoring products: blood glucose
- Diaper rash
- Pediatric fever and pain relief products
- Home diagnostic products: drug tests
- Yeast infection products
- Contraceptive products

Your report should include the following information:

OTCs	**Home Monitoring/Diagnostic Products**
- Background information on the selected topic/OTC class - Names of the products in that category carried at the pharmacy - Active Ingredients (if applicable) - Other ingredients (if to be considered in OTC selection/recommendation to a patient) - Dosing - Indications - Contraindications - Drug/drug interactions - Drug/disease interactions - Adverse reactions - Toxicity - Recommendations for specific patient populations (e.g., pediatrics, geriatrics, disease states, etc.) - Patient teaching considerations - References	- Background information on the selected topic/OTC class - Names of the products in that category carried at the pharmacy - Mechanism of action - Criteria for product recommendation - Patient teaching considerations - References

SOAP Note

Final SOAP note to be typed for inclusion in the student portfolio.

Using the data obtained from your Patient Self-Medication Consultation worksheet or your interview with the patient, please write a SOAP Note for each patient following the format provided.

SOAP Notes Guide

Subjective
- Information that the patient relates back to the health care practitioners regarding her/his conditions
- Perceived by the patient and not evident to the health care provider (i.e. pain, nausea, fatigue, dizziness)
- Ideas and opinions of the patient – often the chief complaint

Objective
- Quantifiable data the health care provider observes without bias
- All information that can be reproduced or verified
- Facts (i.e. laboratory tests, vital signs, diagnostic tests, medication profile)
- Should NOT include anything the patient has told the provider
    - However, may include information that supports the subjective information provided by the patient, for example:
      Subjective: "I'm depressed, I can't stop crying."
      Objective: The patient is tearful today.

Assessment
- Usually includes diagnoses noted by the physician or nurse practitioner
    - Pharmacists cannot diagnose a medical condition(s)
- Should be a complete assessment
    - Assessment of problem (with rationale)
    - Assessment of present therapy (with rationale)
- Pharmacy student SOAP notes should include their own evaluation of the subjective and objective information
    - For example:
      Subjective: "I feel dizzy whenever I stand up."
      Objective: Patient has been on atenolol 50 mg daily for 2 years and BP had been well controlled without dizziness until recently. Creatinine was 2 on admission. Baseline creatinine was 1.1. BP 110/70, P 80 lying down. BP 80/40 with P 120 standing up.
      Assessment: Patient's dizziness is likely related to orthostatic hypotension secondary to atenolol and its reduced clearance due the current change (decrease) in renal function. Estimated creatinine clearance is 30 mL/min.

Plan
- Strategy for treating/addressing the problem(s)
    - Include a SMART goal for each problem
    - Be specific! If making a recommendation to start a new medication, be sure to give drug name, dose, route, and schedule.
- Must include 4 components
    - Specific recommendation for treatment (include dose, route, and frequency for drug therapy)

- o Rationale for your recommendation
- o Recommendation for specific monitoring (include safety and efficacy)
- o Patient education
▪ Discharge planning, immunizations, and counseling should be included.
▪ Based on the issues defined in the Assessment portion, define a plan of action for each issue, including non-pharmacologic and pharmacologic options. Be sure that this is something that is within a pharmacist's scope of practice (i.e. use "Recommend increase dose to…" not "Increase dose to....")
- o i.e. for atenolol example above:

Plan: Recommend holding atenolol until orthostasis resolved and reinstitute atenolol at 25 mg daily once BP is up. Monitor BP, orthostatic BP, and symptoms of orthostasis such as lightheadedness/dizziness when getting up. Prior to discharge, will educate patient on the change in dose if this is implemented. Will also educate regarding methods to manage orthostasis including getting up slowly and dangling legs over the edge of the bed before standing.

QuEST SCHOLAR:

QuEST SCHOLAR is a method used to gather information from patients about self-care concerns. Please utilize the template below to gather information from a patient and to organize your self-care recommendation and counseling points.

Title: *Date:*	
*Qu: **Qu**ickly and accurately assess the patient* *Who is the patient (age/ gender/initials/ethnicity)?*	
Symptoms:	
Characteristics:	
History:	
Onset:	
Location:	
Aggravating factors:	
Remitting factors:	
Health conditions:	
Allergies:	
Medications (Prescription, OTC, herbals):	
Social History:	

Initial assessment:		
Nonprescription products available:		

	Yes/No	Describe:
Severe symptoms?		
Persistent symptoms?		
Avoiding med care?		

Medication (including dose and frequency):		Rationale:
Alternative tx:		
General care:		

T: Talk with the patient

	Absolute need to know (try to limit to 3-4):	Should know:
Med (action, admin, ADRs):		
Treatment expectations:		
Follow up:		

Patient Self-Medication Consultation Worksheet

You may utilize this form to assure that you collect all of the information from the patient that is needed in order to appropriately assess and document your OTC consultation experience.

1. Describe the symptoms and the symptom time frame which led this patient to seek OTC therapy:

2. What other disease states or conditions does the patient have? What other medications is the patient taking? How did this information influence your decision?

3. Your detailed recommendation. It needs to include 4 components: a) specific recommendation for treatment (include dose, route, and frequency for drug therapy); b) rationale for your recommendation; c) recommendation for specific monitoring for efficacy and safety; and d) patient education including when to seek additional help.

Student Name: _____   Date: _____

Preceptor Name: _____   Date: _____

Patient Counseling Guide

I.   **Prepare for the counseling session**
1.   Review the patient's profile or medical record
2.   Review information that will be given to the patient
3.   Identify any potential functional or emotional barriers that may be present.
4.   Determine if there is a compliance problem.

II.   **First Impression**
1.   Walk out (or stand up) of the booth to greet the patient by name

2.   Identify yourself and state the purpose of your discussion.
3.   Use appropriate non-verbal behaviors for establishing rapport. Pay attention to patient language barrier or being hard of hearing.

III.   **New Prescription/Medication**
1. *What did the doctor tell you the medication is for?*
    Name of the medication
    Purpose of the medication

2. *How did the doctor tell you to take the medication?*
    Dosing schedule
    Ancillary instructions
    Length of therapy
    Demonstrate use (inhalers etc.)
    Storage of medication

3. *What did the doctor tell you to expect?*
    Expected beneficial outcomes
    Precautions
    Side effects

4. *Verification –*
    Ask the patient to reiterate your instructions.

IV.   **Refills**
1. What do you take the medication for?
2. How do you take it?
3. Any things that bother you about these medication?

- Use lay language, adapt to the situation (patient in a hurry, having small child crying…)
- Do not talk continuously for more than 60 seconds. *"What else can I do for you?"*

V.   **Documentation**
If it is not documented, it is not done. It will help to provide continuity of care.

Adverse Drug Reaction Assessment

Naranjo Nomogram

	Yes	No	Do Not Know
1. Are there previous conclusive reports on this reaction?	+1	0	0
2. Did the adverse event appear after the suspected drug was administered?	+2	-1	0
3. Did the adverse reaction improve when the drug was discontinued or a specific antagonist was administered?	+1	0	0
4. Did the adverse reaction reappear when the drug was re-administered?	+2	-1	0
5. Are there alternative causes (other than the drug) that could, on their own, have caused the reaction?	-1	+2	0
6. Did the reaction appear when a placebo was given?	-1	+1	0
7. Was the drug detected in the blood (or other fluids) in concentrations known to be toxic?	+1	0	0
8. Was the reaction more severe when the dose was increased, or less severe when dose decreased?	+1	0	0
9. Did the patient have a similar reaction to the same or similar drugs in any previous exposure?	+1	0	0
10. Was the adverse event confirmed by any objective evidence?	+1	0	0

Total Score _____

Definite: score ≥ 9
Probable: 5-8
Possible: 1-4
Doubtful: ≤ 0

Michel DJ, Knobel LC. Comparison of three algorithms used to evaluate adverse drug reactions. Am J Hosp Pharm. 1986;43:1711.

Formal Student Evaluations (Assessments)

Questions and Answers Regarding the LECOM Student Assessment Tool

Where do these "competencies" come from and why is LECOM using them?
In 2001, representatives from University of Florida, Florida A and M and Nova Southeastern University attended the American Association of Colleges of Pharmacy Spring Training Institute to collaborate and develop an online assessment of student performance on advanced practice experience courses (rotations). The Directors of Experiential Education had long heard from preceptors that they wished the Colleges of Pharmacy would get together and coordinate rotation dates, assessments and other things together. That is a process easier said than done when dealing with a combination of state and private schools. With this in mind, however, the group of faculty met and reviewed all evaluation tools in place at each school. Several years prior the American Association of Colleges of Pharmacy had developed a set of outcomes that they felt every pharmacy student should achieve in order to practice pharmacy. These were called the CAPE (Center for the Advancement of Pharmaceutical Education) outcomes. The group decided to develop an assessment tool that incorporated the CAPE outcomes. The result is an assessment tool that evaluates students learning based on the acquisition of knowledge, building a skill set, and developing attitudes and values that are required of an entry level pharmacist.

LECOM School of Pharmacy in Bradenton, Florida utilizes the online SUCCESS platform developed by the above group to manage student rotations, as do all Florida pharmacy schools. **Because we and our Bradenton campus are ONE school under one ACPE accreditation, we at LECOM School of Pharmacy- Erie felt that that we must match the criteria utilized by our Florida program to ensure that our students were being uniformly evaluated (well, as much as possible!)** Instead of using an additional database for grade entry, however, we have chosen to manage all rotation matters, including grade entry, by using our rotation management system, PharmAcademic, and to simplify the grading process as much as possible.

There is difficulty in being objective when assessing the learning by a student, because as faculty, it is difficult to get inside the brain. Students believe that if they show up, they should receive a high score (an A) for the course. As preceptors it is hard not to feel pressured by the student and to be objective about what they have really learned. Often students are given the benefit of the doubt, and grades are higher than what the student earned. This grade "inflation" is not unique in experiential education, but the process lends itself to the opportunity in ways that do not occur in didactic courses. There are ways to assess the knowledge, skills and attitudes of students and provide them with a grade that is commensurate with their performance. **Think of this assessment tool as an opportunity to reflect with students on their learning, rather than an evaluation.**

How will I know what grade I am giving?
The grade itself is blinded to the preceptor. You will only be able to assign an "Excellent," "Above Average," "Competent," or "Deficient" rating as it pertains to the student's activities in each competency area. Each competency carries with it a "weight" and each rating, a "score." The grade will be generated automatically taking these factors into consideration and will be directly calculated by LECOM. The important point to recognize is that you will be evaluating the students based on what they have <u>done;</u> their grade will follow naturally. In the event that there is a perceived discrepancy, the student may request an investigation of their grade with the Director of Experiential Education.

What are "critical" sub competencies?
Some sub-competencies are classified as "critical" and students *must* show that they are competent in these areas. Despite achieving a competent rating in all other sub competencies for that main competency area, a student can potentially fail a competency area if they do not achieve a competent rating in the critical skill. Such skills are ones that would produce harm to a patient or to the practice site were the student to perform at the level defined as "Deficient." If a student is having difficultly showing a competent rating in a critical area it may speak to a larger need for remediation for that student. It is better that this remediation occur via their curriculum rather than at the expense of a patient under their care in the future

An exception to this "rule" occurs in the case when the "critical skills" do not apply to the rotation in question. For example, when examining Competency #1 Drug Distribution/Distribution Support Skills below, a preceptor on an Advanced Community rotation should clearly be able to evaluate items A through C. However, even though the 3 "critical" skills may not apply to his rotation, a preceptor on an Ambulatory Care rotation may still choose to evaluate this competency because (s) he feels that items D - G do apply.

Critical Skills (If rotation has dispensing functions, the student must fulfill these sub-competencies in order to earn a C, AA, or E rating for this competency):
 A. Applies state and federal regulations in the dispensing process
 B. Clarifies, adds and/or corrects prescription order information when necessary
 C. Correctly labels and performs the final check

Additional sub-competencies:
 D. Determines need and factors for correctly using the medication
 E. Applies principles of civil law to the practice of pharmacy
 F. Identifies drug costs to the patient
 G. Correctly documents adverse drug reactions through the appropriate channels
 H. Applies ordering, purchasing, and inventory control principles
 I. Abides by laws on storage and disposal of medication

What if my rotation does not use one of the 13 competencies at all?
All competencies are equally weighted. Some of the 13 competency areas may be left out of the calculation by answering "Not Applicable" to the question, if provided. This will, however, correspondingly increase the overall weighting of the remaining competencies. Certainly, the more that can be evaluated the better. Some competencies MUST be evaluated (such as Professionalism/Motivation).

What if my rotation is not a patient care type of rotation?
Currently, there is only one set of competency statements that will be used for all rotations. Future plans are to develop a second set of competencies that will address courses that are taught in industry, management, or other types of non-direct patient care settings. For now, faculty who provide such rotations may look within the grading section of the ELECTIVE rotation description for guidance in using the current competencies to evaluate students on their rotations.

Is it true a student could FAIL the rotation without the preceptor being aware it will happen?
Though this is possible in theory, it is highly unlikely. Preceptors do need to be very aware of the sub-competencies within each competency area and provide feedback to the students to let them know their status. Mid-point evaluations are essential. At the end of the rotation, the preceptor evaluates and provides an "estimated or recommended" grade. If this recommendation is vastly different from that calculated by the School, the preceptor will be contacted by the Experiential Director to discuss the discrepancy.

What grading scale will be used?
The numerical value associated with each competency rating will be used to calculate the student's grade which will conversely be converted to a traditional A, B, C, and F letter grade (see Policies for scale).

Completing Evaluations (Assessments)

1. STEPS TO BE COMPLETED IN ORDER
2. All forms to be completed and submitted via PharmAcademic unless otherwise indicated.
3. **The student** should review the PHARMACADEMIC process with their preceptor and the evaluations should be entered online. The completed online assessment must be received by the Director for Experiential Education no later than the last day of each rotation**. It is the student's responsibility to see that this is done.**
4. Any questions regarding assessments should be directed to the <u>Experiential Education Coordinator.</u>

MID-ROTATION:

Student:

1. Turn in all pertinent assignments as assigned by your preceptor for review PRIOR to your Midpoint evaluation. The Midpoint evaluation will be available to you for completion in PharmAcademic and a notification will be sent via e-mail approximately 3-4 days before the scheduled midpoint of the rotation.

2. Complete "APPE Midpoint Student Self-Assessment" (online in PharmAcademic) prior to the midpoint discussion with your preceptor. **Failure to complete may result in a 5% deduction from your final grade.**

Preceptor:

1. During the third week of rotation complete the "APPE Midpoint Assessment of Student" and review the results with the student. The evaluation will be available to you for completion in PharmAcademic and an email notification will be sent via e-mail approximately 3-4 days before the scheduled midpoint of the rotation. You will need to complete this in a timely fashion, as the assessment will expire by the end of the fourth week, highlighting the need for timely student feedback.

2. **Please keep in mind that at the end of the rotation, you will not be asked for a GRADE for the student.**   Whether a student passes or fails an individual rotation is based on their PERFORMANCE on the FINAL EVALUATION in the COMPETENCY AREAS evaluated.   Therefore, if you are concerned about the student's performance in ANY of the competency areas, please contact the Director of Experiential Education AS SOON AS POSSIBLE (no later than the rotation's midpoint) for guidance. A Midpoint Deficiency Notification (found in this manual following the Midpoint Assessment) should be completed in which the preceptor identifies areas of concern, as well as a plan for improvement AS EARLY AS POSSIBLE, to ensure the best possible chance of student success. **The student must be informed of any concerns regarding deficiencies that may jeopardize their ability to successfully pass the competencies and the rotation.**

END of ROTATION:

Student:

1. Turn in all pertinent assignments to your preceptor for review at the Final Assessment. The preceptor may ask to see ALL assignments from the full rotation, so please have them ready for review.

2. Present the **Longitudinal Checklist** to the preceptor for the preceptor to sign off on topics covered during the rotation.

3. Complete the "APPE - Final Student Self-Assessment" (online in PharmAcademic). The evaluation will be available on the Home screen in PharmAcademic and a notification will be sent via email approximately 1 week prior to the end of rotation. It should ideally be completed within 2 days of the end of your rotation (or evaluation with your preceptor). **Failure to complete may result in a deduction of 5% from your final grade.**

4. Complete the "APPE Student Evaluation of Preceptor/Site" (online in PharmAcademic). Remember to provide very honest but professional feedback. Feedback will be shared with your preceptor to assist them in improving the rotation for future students.

Preceptor:

1. During the sixth (last) week of rotation complete the "APPE Final Assessment of Student" online in PharmAcademic and review the results with the student. The evaluation will be available on the Home screen in PharmAcademic and a notification will be sent via email approximately 1 week prior to the end of rotation. It should ideally be complete within 2 days of the end of the scheduled rotation. It will remain active for approximately 1 week following the end of rotation.

2. **You will not be asked for a GRADE for the student.** Whether a student passes or fails an individual rotation is based on their PERFORMANCE on the FINAL EVALUATION in the COMPETENCY AREAS evaluated.

3. Review the student's *Longitudinal Checklist* and mark topics/skills items that were sufficiently covered during the rotation.

4. Please see the following pages for the questions that you will be asked to complete in PharmAcademic when completing the online evaluation (assessment).

THE PRECEPTOR SHOULD VERIFY THAT THE STUDENT HAS COMPLETED THE SITE AND PRECEPTOR EVALUATIONS PRIOR TO DISCUSSION OF THE STUDENT FINAL EVALUATION. THIS FEEDBACK WILL BE SHARED.

APPE *SAMPLE* Assessment of Student
For use at Midpoint and Final

Please examine the student's work as it pertains to their rotation experience with you (thus far). Considering overall performance and assignments to date (or during the FULL rotation), evaluate the student within PharmAcademic in the listed competency areas using the criteria below. Please be as honest with the student as possible; if (s)he needs to improve in an area, it is up to you as their preceptor to point this out to him/her so that they may work to improve during the remainder of the rotation and to provide guidance to future preceptors regarding areas of improvement that the student may need to focus on. ***All competencies are weighted equally. If a competency area is not applicable to your rotation type, please mark "Not Applicable" if provided. Some competencies are required. The grade will be calculated by LECOM from the assessment of competencies that remain (thus each will be weighted more heavily).*** If you have any questions regarding the evaluation, please contact the Director of Experiential Education.

D = Deficient	C = Competent	AA = Above Average	E = Excellent
Student is **not able to meet expectations** despite guidance and/or multiple redirection attempts on part of preceptor.	Student is **able to meet expectations with guidance from the preceptor** in most cases but some refinement may be needed. Completes assignments/follows directions.	Student is **able to meet expectations with minimal preceptor guidance.** Completes assignments and follows directions.	Student **consistently and independently fulfills and sometimes exceeds expectations** compared to other students you have precepted.
Student seems **indifferent to preceptor counseling**.	Student is **open to feedback** and some improvement is observed.	Student is **open to feedback** and a true effort to improve is evident.	**Student solicits feedback**
Avoids problems.	**More reactive than proactive.**	**May not be consistently proactive, but adapts and delivers** efficiently.	Consistently **proactive** in approach to problems, learning, and communication.
Assignment quality is **poor or incomplete**. Significant revision is still needed.	Assignments are of **adequate quality;** may have required moderate corrections but overall outcome is sufficient**.**	Assignments are of **very good quality;** corrections are made accurately and improve the assignment.	Assignments are of **high overall quality,** requiring minimal correction to complete

1)   Drug Distribution/Distribution Support Skills
                                                     Evaluation:_____

Critical Skills (If rotation has dispensing functions, the student must fulfill these sub-competencies in order to earn a C, AA, or E rating for this competency):
A. Applies state and federal regulations in the dispensing process
B. Clarifies, adds and/or corrects prescription order information when necessary
C. Correctly labels and performs the final check

Additional sub-competencies:
D. Determines need and factors for correctly using the medication
E. Applies principles of civil law to the practice of pharmacy
F. Identifies drug costs to the patient

G. Correctly documents adverse drug reactions through the appropriate channels
H. Applies ordering, purchasing, and inventory control principles
I. Abides by laws on storage and disposal of medication

*Drug Distribution Skills: Please **provide specific feedback** regarding which of the above sub-competencies require(s) the most improvement and helpful advice regarding how the student might achieve improvement:*

2) ## **Disease State Knowledge**

Evaluation: _____

Critical Skills (must fulfill these sub-competencies in order to earn a C, AA or E rating for this competency):
A. Synthesizes basic science and clinical information to appropriately identify patient problems
B. Uses appropriate critical pathways, clinical practice guidelines, and disease management protocols in the delivery of pharmaceutical care

Additional sub-competencies:
C. Discusses pathophysiology of disease(s)
D. Applies knowledge of the pathophysiology of a specific disease to prevent medication-related problems
E. Assesses the needs of the target population relative to disease prevention/detection
F. Selects and implements an appropriate strategy to prevent (i.e. immunizations) or detect (i.e. blood cholesterol screening) disease in the target population

*Disease State Knowledge: Please **provide specific feedback** regarding which of the above sub-competencies require(s) the most improvement and helpful advice regarding how the student might achieve improvement:*

3) ## **Drug Therapy Evaluation and Development**

Evaluation: _____

Critical Skills (must fulfill these sub-competencies in order to earn a C, AA or E rating for this competency):
A. Identifies and prioritizes both actual and potential drug related problem stating rationale
B. Identifies problems that require emergency medical attention
C. Designs and evaluates treatment regimens for optimal outcomes using pharmacokinetic data and drug formulation data
D. Designs and evaluates treatment regimens for optimal outcomes using disease states and previous or current drug therapy as well as including psycho-social, ethical-legal, and financial data

Additional sub-competencies:
E. Synthesizes complete patient history and laboratory and physical exam data to identify problems
F. Develops backup plans based on what problems are likely to occur from/with the primary plan
G. Provides written documentation of the pharmaceutical care plan that is clear, complete, and concise

*Drug Therapy Evaluation and Development: Please **provide specific feedback** regarding which of the above sub-competencies require(s) the most improvement and helpful advice regarding how the student might achieve improvement:*

4) **Monitoring for Endpoints**

Evaluation: _____

Critical Skills (must fulfill these sub-competencies in order to earn a C, AA or E rating for this competency):
A. Identifies and suggests appropriate therapeutic endpoints for patient (cure, maintenance, or prophylaxis of disease)
B. Develops monitoring plan appropriate for patient specific physiologic differences
C. Identifies monitoring results which would require emergency medical attention

Additional sub-competencies:
D. Provides rationale for monitoring plan with documentation from reliable sources
E. Evaluates and alters monitoring plan when necessary as the patient's needs change
F. Suggests drug therapy changes based on progress towards endpoints or identified drug-related problems

Monitoring for Endpoints: Please **provide specific feedback** *regarding which of the above sub-competencies require(s) the most improvement and helpful advice regarding how the student might achieve improvement:*

5) **Patient Case Presentations**

Evaluation: _____

Critical Skills (must fulfill these sub-competencies in order to earn a C, AA or E rating for this competency):
None

Sub-competencies:
A. Patient cases are prepared in a timely manner
B. Follows patients and maintains information on number required by preceptor
C. Verbally presents data in an organized manner
D. Writes a chart note on patient and data are recorded and presented in appropriate format
E. Uses appropriate verbal and nonverbal mannerisms during presentation
F. Communicates presentation clearly and in a tone and volume that is clearly understood
G. Able to answer questions about patients or disease states

Patient Case Presentations: Please **provide specific feedback** *regarding which of the above sub-competencies require(s) the most improvement and helpful advice regarding how the student might achieve improvement:*

6) **Patient Interviews**

Evaluation: _____

Critical Skills (must fulfill these sub-competencies in order to earn a C, AA, or E rating for this competency):
A. Introduces self as student from College of Pharmacy
B. Verifies patient name and correct pronunciation, and demographic data
C. Employs vocabulary, question structure, question complexity, and invited feedback to ensure patient understanding
D. Answers patient questions providing appropriate and correct data

Additional sub-competencies:
E. Optimizes environment for the interview
F. Clarifies the purpose and structure of the interview
G. Explains how patient will benefit from the interview
H. Implements the interview in an organized fashion

*Patient Interviews: Please **provide specific feedback** regarding which of the above sub-competencies require(s) the most improvement and helpful advice regarding how the student might achieve improvement:*

7) **Patient Education/Counseling**

Evaluation: _____

Critical Skills (must fulfill these sub-competencies in order to earn a C, AA, or E rating for this competency):
A. Speaks clearly, using correct enunciation, volume, and rate
B. Provides accurate and pertinent information in appropriate detail

Additional sub-competencies:
C. Uses terminology specific to the understanding of the patient
D. Uses appropriate non-verbal communication
E. Includes information required for the patient's social and financial needs
F. Provides feedback to patient questions/concerns
G. Determines patient level of understanding by asking questions
H. Demonstrates empathy
I. Shows concern for patient well-being
J. Retrieves and evaluates new information for the purpose of responding to patient questions

*Patient Education/Counseling: Please **provide specific feedback** regarding which of the above sub-competencies require(s) the most improvement and helpful advice regarding how the student might achieve improvement:*

8) **Drug Information**

Evaluation: _____

Critical Skills (must fulfill these sub-competencies in order to earn a C, AA, or E rating for this competency):
A. Generates correct answers to questions in a timely and systemic manner

Additional sub-competencies:
B. Selects the best available resource for answering a drug-related request
C. Demonstrates the ability to use other information resources (this includes poison control centers, pharmaceutical companies, and federal agencies)
D. Can define primary, secondary, and tertiary references
E. Is able to discuss the organization and operation of the Pharmacy and Therapeutics Committee (or its equivalent depending on the site). (Specific responsibilities would include formulary management and drug usage evaluation process).

F. Demonstrates the ability to interpret descriptive statistics and inferential statistical tests using assessment tools commonly reported in medical and pharmaceutical literature.

G. Critically analyzes the design, methodology, results, and conclusions of a given published study

H. Compares and contrasts the approaches to clinical practice guideline (CPG) development and the concept of evidence-based medicine (EBM)

*Drug Information: Please **provide specific feedback** regarding which of the above sub-competencies require(s) the most improvement and helpful advice regarding how the student might achieve improvement:*

9) Formal Oral Presentations

Evaluation: _____

Critical Skills (must fulfill these sub-competencies in order to earn a C, AA, or E rating for this competency):
A. Delivers a content-correct presentation based on the assignment parameters
B. Communicates correct information that is understood and useable by the audience

Additional sub-competencies:
C. Provides list of references that support an adequate review of the literature
D. Uses appropriate verbal and non-verbal communication skills (including body language)
E. Utilizes audiovisual aids and technology that enhance delivery and understanding of the presentation
F. Utilizes time allotted for presentation efficiently and effectively
G. Generates feedback from the audience by asking questions
H. Demonstrates a knowledge base sufficient for the topic of discussion
I. Correctly synthesizes enthusiasm, verbal skills, non-verbal skills, and audiovisual aids to produce a presentation, which gains and keeps the audience's attention

*Formal Oral Presentations: Please **provide specific feedback** regarding which of the above sub-competencies require(s) the most improvement and helpful advice regarding how the student might achieve improvement:*

10) Formal Written Presentations

Evaluation: _____

Critical Skills (must fulfill these sub-competencies in order to earn a C, AA, or E rating for this competency):
A. Facts about the topic are correct
B. Written document contains review of primary literature from reputable sources

Additional sub-competencies:
C. Presentation of the topic is organized
D. Presentation format and length adheres to the parameters established by the Preceptor

*Formal Written Presentations: Please **provide specific feedback** regarding which of the above sub-competencies require(s) the most improvement and helpful advice regarding how the student might achieve improvement:*

11) **Professional Team Interaction**

<div align="right">**Evaluation:** _____</div>

Critical Skills (must fulfill these sub-competencies in order to earn a C, AA, or E rating for this competency):
A.   Demonstrates sensitivity for patients and families during team activities
B.   Provides accurate, organized, and pertinent information relevant to the team's current or future tasks

Additional sub-competencies:
C.   Dresses appropriately for the setting
D.   Demonstrates respect for other healthcare professionals
E.   Uses interpersonal communication skills to facilitate team interactions
F.   Actively participates in team activities
G.   Assists team members in establishing therapeutic and/or diagnostic objectives
H.   Uses documentation, persuasion, and alternative suggestions to resolve therapeutic disagreements
I.   Follows up on questions asked by the team in a timely fashion
J.   Interactions with the team are conducted with an appropriate level of confidence
K.   Retrieves and evaluates new information for the purpose of responding to professional questions

*Professional Team Interaction: Please **provide specific feedback** regarding which of the above sub-competencies require(s) the most improvement and helpful advice regarding how the student might achieve improvement:*

12) **Professionalism/Motivation**

<div align="right">**Evaluation:** _____</div>

Critical Skills (must fulfill these sub-competencies in order to earn a C, AA, or E rating for this competency):
A.   Demonstrates knowledge and understanding of the pharmacist "Code of Ethics"
B.   Demonstrates sensitivity to confidentiality issues
C.   Attends and participates in all activities according to attendance policies

Additional sub-competencies:
D.   Identifies and respects the values of others
E.   Defends ethical decisions through analysis of ethical principles
F.   Is punctual for all activities
G.   Completes assigned responsibilities on time (including patient care responsibilities)
H.   Accommodates to change in workflow without disruption of work schedule
I.   Initiates additional learning responsibilities
J.   Synthesizes new information in order to draw conclusions, hypothesizes, or decides a course of action

*Professionalism/Motivation: Please **provide specific feedback** regarding which of the above sub-competencies require(s) the most improvement and helpful advice regarding how the student might achieve improvement:*

13) **<u>Cultural Sensitivity</u>**

Evaluation: _____

Critical Skills *(must fulfill these sub-competencies in order to earn a C, AA, or E rating for this competency):*

None

Sub-competencies:
A.   Assesses the religious and socio-economic value systems that affect need and adherence
B.   Possesses the knowledge, skills, and behaviors required to identify communication tools to accommodate a culturally diverse population
C.   Identifies cultural differences that will potentially effect professional interactions
D.   Identifies appropriate alternative measures to improve verbal and non-verbal interactions between patient and pharmacist

*<u>Cultural Sensitivity</u>: Please **provide specific feedback** regarding which of the above sub-competencies require(s) the most improvement and helpful advice regarding how the student might achieve improvement:*

<u>Additional questions from mid-point and/or final evaluation (may be numbered differently on-line):</u>

14)   **Additional preceptor comments regarding student performance to date (MIDPOINT):**
      Overall comments regarding this student's performance (FINAL):

15)   **Please indicate the number of days the student has been absent (at MIDPOINT and at FINAL) from this rotation**

         0   1   2   3   4   5

16)   **How many of these absent days did the student make up?** *(Note: All but 2 missed <u>excused</u> absence days per rotation must be made up; ALL UNEXCUSED TIME MUST BE MADE UP. Approval for an excused absence must have been provided by both the preceptor and the Director of Experiential Education)*

         NA   1   2   3   4   5

17)   **MIDPOINT ONLY: Is this student in danger of failing this rotation? If yes, please contact the Director of Experiential Education through the Experiential Education Coordinator(814-860-5167) as soon as possible to discuss a plan for student improvement.**

         Yes   No

18)   **FINAL ONLY: Did the student complete a *minimum* of 240 hours during this rotation?**

         Yes   No

19) **Student contacted site a *minimum* of 4 weeks prior to the start of rotation (6 weeks for VA- Veterans Affairs facilities), completed all necessary pre-work, and reviewed the rotation manual with preceptor at the beginning of the rotation. (Failure to follow policy will result in 5% deduction of grade.)**

        Yes   No

20) **The student provided me with their Student Profile prior to rotation, and an opportunity to review their portfolio. They are professional in appearance. The portfolio includes their CV, other documents of interest, pertinent rotation projects, and previous preceptor evaluations: (Failure to follow policy will result in 5% deduction of grade)**

        Yes   No

21) **I reviewed the student's Longitudinal Checklist and initialed all areas sufficiently covered during this rotation experience**

        Yes   No

22) **I completed and discussed a midpoint evaluation with the student.**

        Yes   No

23) **This final evaluation was verbally discussed with the student at the end of the rotation.**

        Yes   No

Midpoint Deficiency Notification

Please contact the Director of Experiential Education immediately by phone (814-860-515867) if there is a concern the student may fail the rotation. Please complete and forward this notification to attention of the Director of Experiential Education by fax (814-860-5183) or as a PDF via e-mail to document concerns and the action plan. Attach additional pages if needed.

Student's Name: _____ **Date:** _____

Rotation Site: _____

Preceptor's Name: _____

_____

Description of deficiency:

_____

_____

_____

_____

_____

_____

Action Plan for Improvement:

_____

_____

_____

_____

_____

Student's Signature: _____

Preceptor's Signature: _____

APPE- *SAMPLE* Student Self-Assessment

This assessment documents the progress and achievement of objectives for the APPE rotation. An **honest** self-assessment will help you focus your learning endeavors and development of professional skills. This evaluation should be performed in PharmAcademic towards the end of the third week and at the end of the sixth week of the rotation prior to meeting with your preceptor for evaluation.   To the best of your knowledge, assess yourself in each competency area. Remember, the goal is to use your APPE rotations to prepare you to practice pharmacy by the end of your rotation experiences; you are not expected to be perfect! *If a competency area is really not applicable to your rotation type, please mark "Not Applicable."   At the end of the rotation, your grade will be calculated by LECOM from the competencies that are evaluated by your preceptor. All competencies are equally weighted; therefore, if competencies cannot be evaluated, those that remain carry more weight.* If you have any questions regarding the evaluation, please contact the Director of Experiential Education. **Self-assessments are REQUIRED**. If you do not complete both the Mid-Point and Final Assessment in a timely fashion, **you may be deducted have 5% from your overall rotation grade.**

1) – 13) **Rubric and Competency statements for evaluation are EXACTLY the same as those the preceptor uses to evaluate you (see APPE Sample Evaluation of Student)**

14)   **Midpoint- Comments regarding my performance to date:**
          Final- Comments regarding my overall performance on this rotation:

15)   **Midpoint only: My plans for improvement during the second half of rotation include:**

16)   **I reviewed my Longitudinal Checklist with and had my preceptor initial all areas sufficiently covered during this rotation experience (please place in your portfolio).**

Student Assessment of Site and Preceptor

The student should complete this form at the end of the rotation and PRIOR to receiving the final grade and evaluation from the preceptor. **Your preceptor will receive feedback in the future regarding his/her performance. Please be honest but professional in your assessment.**

Using the following key, complete each statement.
1= Strongly Disagree
2 = Disagree
3 = Neutral
4 = Agree
5 = Strongly Agree

SITE EVALUATION					
	1	**2**	**3**	**4**	**5**
1. The site provided a good opportunity to experience the rotation learning objectives					
2. The site provided an environment conducive to student learning					
3. I was made to feel welcome at the site					
4. I had the opportunity to interact with other healthcare professionals					
5. I had the opportunity to interact with diverse patient populations					
PRECEPTOR EVALUATION					
	1	**2**	**3**	**4**	**5**
6. The preceptor provided timely feedback					
7. The preceptor provided helpful feedback					
8. The preceptor provides opportunities conducive to learning					
9. The preceptor served as a positive role model					
10. The preceptor is a highly competent pharmacy practitioner					
11. The preceptor demonstrated collegiality with all team members					
12. The preceptor was receptive to questions and other viewpoints					
13. The preceptor is an enthusiastic and dedicated teacher					

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

15. **How could the learning experience be improved?**

16. **My preceptor reviewed my performance at the rotation's midpoint:**   Yes   No

17. **My preceptor reviewed my final evaluation with me:**   Yes   No

Longitudinal Checklist

Please place in your portfolio

Student's Name: _____

Preceptor Name: **Initials:**

1 _____   _____

2 _____   _____

3 _____   _____

4 _____   _____

5 _____   _____

6 _____   _____

Preceptors: Please initial under your rotation number if you have sufficiently covered this topic on rotation. Do not initial for minor exposure only.   This list is not meant to dictate topics that must be covered on each rotation; rather, it is a list of suggested topics/activities for the student's exposure during the APPE year. This may assist the student and future preceptors in determining topics that may require attention. **Activities may only be performed in accordance with state law guiding activities for interns.**

Topic/Activity	1	2	3	4	5	6	Topic/Activity	1	2	3	4	5	6
Activities							**Activities Continued:**						
Allergy assessment							Nursing Home Regulations						
Budgeting							Opioid Dose Conversions						
Case Presentation							P& T Committee						
Creatinine Cl Calculation							Patient Education Sheet						
Compounding							Personnel Management						
Counseling – Community							Pediatric Dosing						
Counseling- Devices							Phenytoin Dosing						
Counseling- Inpatient Discharge							Poster Presentation						
Counseling- Smoking Cessation							Prior authorizations						
Drug Development Process							Publication						
Drug Information Quest.							TPN Order						
Drug Utilization Project							Vaccine administration						
Enter Rxs- Inpatient							Verbal order acceptance						
Enter Rxs –Outpatient							Warfarin Dosing/Mgmt						
Epo/Darbopoetin dosing													
Formal Presentation													
Formulary Management													
Heparin/LMWH Dosing							**Other activities (list):**						
IBW/BSA calculation													
Insurance Processing													
IV preparation													
Journal Club													
Kinetics- Aminoglycosides													
Kinetics- Vancomycin													
Managed Care													
Med Reconciliation													
Medication History													
Medicare Part B/D													
Owning a Pharmacy													
Newsletter													

Disease State Topics	1	2	3	4	5	6	Disease State Topics	1	2	3	4	5	6
Acne							Lymphomas						
Addiction/Subs Abuse							Meningitis						
Alcohol Withdrawal							Migraines						
Alzheimer's Disease							Motion sickness						
Anemias							Myocardial Infarction						
Anorexia/Bulimia							Neuromuscular Blockers						
Anxiety Disorders							Neutropenic Fever						
Arrhythmia							Nutrition- Enteral						
Asthma							Nutrition- Parenteral						
Benign Prostatic Hyperplasia							Obesity						
Bipolar Disorder							Osteoporosis						
Blood Dyscrasias							Otitis externa						
Breast Cancer							Otitis media						
Cirrhosis							Pain Management- Acute						
Constipation							Pain Management- Chronic						
Contraception							Pancreatitis						
COPD							Parenteral Nutrition						
Cough/cold							Parkinson's Disease						
CYP Inducers/ Inhibitors							Pediatrics						
Deep Vein Thrombosis							Pneumonia- Comm Acquired						
Depression							Pneumonia- Hosp Acquired						
Diabetes- Type 1							Post herpetic neuralgia						
Diabetes- Type 2							Prostate CA						
Diabetes- DKA							Opportunistic Infections						
Diabetes- HHNS							Osteoarthritis						
Dialysis							Prostatitis						
Diarrhea							Psoriasis						
Dyslipidemia							Pulmonary Embolism						
Electrolyte Replacement							Rheumatoid Arthritis						
Endocarditis							Schizophrenia						
Epilepsy							Seasonal Allergies						
Erectile Dysfunction							Seasonal influenza						
Fluid Replacement							Shock						
Fungal Infections							Skin Infections						
Geriatrics							Sleep Disorders						
GERD/Peptic Ulcers							STDs						
Glaucoma							Stress Ulcer Prophylaxis						
Gout							Sunburn						
Hair Loss							Surgical Prophylaxis						
Headaches							Thyroid Disorders						
Heart Failure							Toxicology						
Hemorrhagic Stroke							Transplant						
Hepatitis							Urinary Tract Infection						
Herpes Zoster							Vaccine Requirements						
Hormone Replacement (Women)							Vitamins/Minerals						
HIV/AIDS							Warts						
Hypertension							Women's HRT						
Hypogonadism							Yeast infections						
Incontinence													
Inflammatory Bowel Dz													
Ischemic Heart Disease							**Other Topics (list):**						
Ischemic Stroke													
Leukemia													
Lice Treatment													
Lung Cancer													

General Instructions for using PharmAcademic

NOTE: PharmAcademic is updated on a consistent basis. The most up-to-date references on use of the system can be found in the HELP documents on PharmAcademic.

Pharm*Academic* is the rotation management software system used by the LECOM School of Pharmacy to track all pharmacy rotations and associated information. Every preceptor and student will be able to use the system, via the Internet, to check for rotation updates, maintain addresses, record activities using PharmPortfolio, and complete evaluation forms.

The following pages are intended to provide basic instructions for use of the system. Pharm*Academic* ID's and passwords are intended for the recipient only. Please do not share your ID or password with anyone. Unauthorized use is prohibited.

If you have questions or problems with the SYSTEM, do not hesitate to contact McCreadie Group Support at 1-866-722-1096 so they can provide you with assistance. Thank you.

PharmAcademic: Login/Change Password

Steps for logging in to PharmAcademic:
1. Click on a link to PharmAcademic in an email message sent to you, or type http://www.pharmacademic.com into your internet browser.
2. If your email address is not pre-populated, type your email address in the PharmAcademic Email box.
3. Type in your password. If you are using a 14-character automatically-generated password (such as the initial one you receive), copy and paste it from the email message so you do not need to identify each of the characters (take care not to copy any leading or trailing spaces).

Steps for changing your password in PharmAcademic:
1. Log in to PharmAcademic.
2. Select the Change My Password option from the My Account menu at the top of the screen.
3. Type or copy and paste your current (old) password into the Current Password box.
4. Select a new password that meets the requirements described on the screen. It must be at least 7 characters long, and contain one character that is neither a letter nor a number (such as a punctuation mark).
5. Type in your new password two times in the boxes provided.
6. Click the Change Password button. Your new password is valid immediately.

Change Your Password

Current Password: [ ]
New Password: [ ]
Confirm New Password: [ ]

Change Password   Cancel

Your new password must be at least 7 characters long, and contain at least 1 character which is not a number or a letter (!, @, etc.).

If you have an account in Resitrak with the same email address you use for PharmAcademic and/or PharmPortfolio, your password is shared among Resitrak, PharmAcademic, and/or PharmPortfolio. If you change your password in PharmAcademic, it will be changed immediately in Resitrak and/or PharmPortfolio.

Home
My Account ▶
Courses ▶
Experiential ▶
My Portfolio
Help & Support
Log Out

McCreadieGroup

User Login: student015@mccreadiegroup.com
Site Selected: Demo College of Pharmacy
Version: 3.6.1.1

PharmAcademic Instructions for Preceptors

Additional information for Preceptors may be found on the PharmAcademic home page in the "Announcement" tab of the Experiential Education tab set. This information is regularly updated by the Experiential office. Documents, files, and other information uploaded by the Experiential office may also be found on the "Resources" tab.

The "Sites and Rotations" tab lists all rotations for which the preceptor is listed as either the primary or supporting preceptor. Clicking on the name of a Site opens a pop-out window with information about the site only. Clicking on the PDF link opens the Site Description report (including information about all rotations at the site). Clicking on the Rotation name opens the Rotation Description Report (which can also be opened from the Student Viewer).

The "Preceptor Contact Information" tab displays the preceptor name, primary email, and primary phone number exactly as they are displayed for students who have been scheduled with the preceptor. (Students may only see contact information for the preceptors on their schedule, not during the rotation ranking process.) A link to the "Edit My Account Information" screen is available, and that screen may also be accessed from the My Account menu on the left. Preceptors should review and update their information regularly.

View Current Schedule

Select the "Schedule" tab in the Experiential Education tab set on the PharmAcademic home page.

The Schedule tab contains the list of all students, rotations, and dates which have been scheduled for the preceptor. These rotations are displayed after the experiential education office releases the match to preceptors. Note that the default date range is three month into the past through two years into the future. To view students outside of this date range, change the default dates and click the Filter button.

By clicking on the name of a student, preceptors may view more information about the student and the rotation in the Student Viewer.

Experiential Education

Preceptor, Fifth

| Announcements | Schedule | Sites and Rotations | Preceptor Availability | Preceptor Contact Information | Resources | License Management | Manage CV/Resume |

The date search is based on the begin date on the student's schedule

Students in this Rotation   Begin: 8/11/2011   End: 2/17/2012   [Filter]

The student list is based only on the primary preceptor.   *Submit/Review a Change Request*

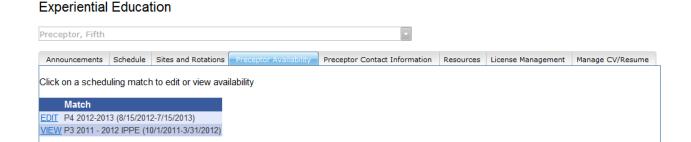| Student	Match	Start Date	End Date	Rotation
Student, Andrew	P4 2011-2012	10/15/2011	11/14/2011	Internal Med: Pediatrics
Student, Eighth	P4 2011-2012	8/15/2011	9/14/2011	Community: General
Student, Eighth	P4 2011-2012	10/15/2011	11/14/2011	Internal Med: Pediatrics
Student, Eleventh	P4 2011-2012	9/15/2011	10/14/2011	Internal Med: Pediatrics
Student, Eleventh	P4 2011-2012	10/15/2011	11/14/2011	Internal Med: Pediatrics
Student, Jill	P4 2011-2012	8/15/2011	9/14/2011	Community: General
Student, Jill	P4 2011-2012	9/15/2011	10/14/2011	Internal Med: Pediatrics
Student, Jill	P4 2011-2012	1/15/2012	2/14/2012	Internal Med: Pediatrics
Student, Twelfth	P4 2011-2012	8/15/2011	9/14/2011	Internal Med: Pediatrics
Student1, Demo	P4 2011-2012	11/15/2011	12/14/2011	Internal Med: Pediatrics

Student Viewer

The Student Viewer allows the preceptor to view the student's primary address, phone number, email address, and photo (if loaded by the school or the student), and the student's entire schedule for the match in which the preceptor's rotation occurs. The name of the rotation is a hyperlink to the Rotation Description report, which opens as a PDF in a new window.

Clicking the "View the Student's Portfolio" link opens the PharmPortfolio Viewer in a new tab in the user's browser. The student portfolio may contain the student's CV, previous pharmacy employment experience, biography statement, projects/presentations/research and other artifacts of learning. At the direction of the college of pharmacy, students are responsible for maintaining the portfolio contents. The student's portfolio will be available 30 days prior to the match through 30 days after the end of the match.

The Assessments for this Rotation grid displays all scheduled evaluations for the rotation block. Submitted evaluations (including single evaluations completed by the student, if this option is enabled by the experiential education office) can be viewed using the view link. The evaluations will open as a PDF document in a separate window.

Entering Availability for Future Matches

The Preceptor Availability tab lists all current and future matches in which the preceptor's rotation is contained. The availability for each match can either be viewed or edited, depending upon settings controlled by the experiential education office.

Experiential Education

Preceptor, Fifth

| Announcements | Schedule | Sites and Rotations | Preceptor Availability | Preceptor Contact Information | Resources | License Management | Manage CV/Resume |

Click on a scheduling match to edit or view availability

Match
EDIT P4 2012-2013 (8/15/2012-7/15/2013)
VIEW P3 2011 - 2012 IPPE (10/1/2011-3/31/2012)

PLEASE NOTE that you will need to follow the directions below for each match in which you are accepting students (IPPE vs. APPE) by using the dropdown menu toward the top of your screen.

When it is time to indicate your availability, you will be notified by email. Log on to PharmAcademic as before and choose the "Preceptor Availability" tab in the Experiential Education tab set. Choose the match where you need to indicate availability per block. Please indicate your availability that you can dedicate to LECOM SCHOOL OF PHARMACY-ERIE CAMPUS only.

Per rotation per block availability: Enter your availability per rotation and per block, noting the number of students you are willing to accept for each block, for each rotation. Blocks are the actual rotation time periods defined for the match. You will want to put zeros for any blocks where you cannot accept students. Please put non-zero availability for as many blocks as possible in this section. You can limit the total number of blocks and/or students as described below.

To change the specified availability for any line in this table, click the "edit" link on the far right. The row you selected will become yellow. Type the number of students you will accept for that block and that rotation in the box, and click "update".

You may find the quick links just above the table to be helpful. They will set the availability for all rotations and all blocks to a specified number. You can, of course, edit each of the rows specifying your availability after clicking one of the quick links.

If you offer multiple rotations, you can choose whether to accept students in both rotations at the same time, or whether you only accept students in one rotation at a time. In order to accept students in both/all rotations, put non-zero availability for both/all rotations for each block. To ensure that only one rotation is scheduled for each block, put non-zero availability for only one rotation in each block.

<u>Number of Students Accepted for this Match:</u> Further limit the total number of students you accept for the entire match presented on this screen by entering a number here. *You may leave this field blank if you can accept the total number of students entered in the per block availability.*

<u>Number of Blocks to Schedule for this Match:</u> Further limit the total number of blocks for which you will accept students for the entire match presented on this screen by entering a number here. *You may leave this field blank if you can accept students in each of the blocks completed in the per block availability.*

<u>Special Availability Requests for the Experiential Training Office:</u> Enter any additional comments you have for the Experiential Education Office.

Click the "Save" button at the bottom of the screen. If needed, repeat the process for a second match by selecting the second match after saving the current one.

Helpful hints/notes:

All of the availability restrictions will be respected by the automatically-generated schedule. However, the Experiential Education Office at the School/College of Pharmacy is able to override any preferences you specify.

If you do not want students in different rotations (e.g. Internal Medicine and Cardiology) at the same time, make your availability greater than zero for only one rotation for each block.

In order to provide maximum flexibility for scheduling students, please use the boxes at the bottom of the screen to limit the total number of blocks or the total number of students you will accept, instead of putting overly-restrictive requirements in the per rotation per block availability at the top. Use the per-block availability to show only those blocks you cannot accept students. For example, if you are willing to accept students for no more than 4 blocks throughout the year, but there are no blocks where it is impossible for you to accept students, put availability in all blocks on the top, but a maximum of four blocks at the bottom. PharmAcademic will schedule students such that ALL of the requirements are met. Thus, no more than the number of students per rotation per block listed at the top AND no more than the maximum number of students AND no more than the maximum number of blocks will be scheduled.

Completing a Student Evaluation: Preceptors

When an evaluation is due to be completed in PharmAcademic, you may receive an email notification similar to the one at the right. You can click on the included link to access the evaluation. You will be redirected to PharmAcademic and be prompted to log in before you can begin the evaluation. Your login is the email address to which the message was sent. If you don't know your password, click the "Forgot Password" link. Enter your e-mail address and PharmAcademic will reset your password and send you a new one.

Subject	PharmAcademic Student Assessment Notification: End of Rotation Assessment Form
From	McCreadie Group Support
To	PreceptorSmith@localpharmacy.biz
Sent	Thursday, September 02, 2010 11:51 AM

You have been assigned the following assessment. Please click on the link(s) below to complete the assessment. The assessment is also listed on your home screen when you log into PharmAcademic.

Assessment: End of Rotation Assessment Form
Type: Student
Due Date: 2/28/2011
Subject: Student Jones
http://www.pharmacademic.com/pharmacademic/Assessments/Assessment.aspx?id65fcb6f-44e8-

If you don't know your password, please go to http://www.pharmacademic.com/pharmacademic/login.aspx and click the "Forgot Password" link. Enter the e-mail address that this message was sent to and PharmAcademic will reset your password and send you a new one.

Alternatively, any time you log in to PharmAcademic, your Home page lists any outstanding assessments in the "Current" tab of the Assessments tab set. The list will show the name of the assessment, the name of the person or the course/rotation to be evaluated, and the date on which the assessment is due. Assessments will drop off the list when complete or when the expiration date has passed.

Once the assessment is open, information at the top of each page lists the name of the evaluator, the name of the person (or site/rotation) being evaluated, the name of the evaluation and the due date.

Evaluations may have several sections, so upon completing a page, you may need to select the Next button to go on to the next part of the assessment. When you are done, you may submit the assessment by clicking the "Submit" button, or save it to review later by selecting the "Home" button.

Throughout the assessment, there may be required questions which are marked with an asterisk. If you do not answer these required questions, you will be prompted to go back and complete them before you can submit the evaluation.

You may receive email reminders if you do not complete an evaluation by the due date. These are set up by the college/school of pharmacy, and can be set to repeat if the evaluation remains unsubmitted.

Viewing Completed Evaluations

From the PharmAcademic home page, the "All" tab of the Assessments tab set displays all evaluations which have been assigned to the preceptor. The Due Date filter allows preceptors to search past, current, and future evaluations, and the columns can be sorted by clicking on the column title. Current evaluations can be completed by clicking the name of the assessment. Submitted evaluations may be viewed by clicking the submit date, and they will open in a separate PDF window. All evaluations will display the date they become available and the expiration date. Evaluations with no link (neither the assessment name nor the date is clickable) have not yet been delivered or have expired. Preceptors must contact the college of pharmacy regarding expired evaluations. Selecting the View link opens the completed evaluation as a PDF document in a separate window. You will need a PDF reader to view these evaluations.

Additionally, submitted assessments for a specific student may be viewed from the Student Viewer, available from the Schedule tab of the Experiential Education tab set.

Completing an Assessment: Students

When an evaluation is due to be completed in PharmAcademic, you may receive an email notification similar to the one at the right.
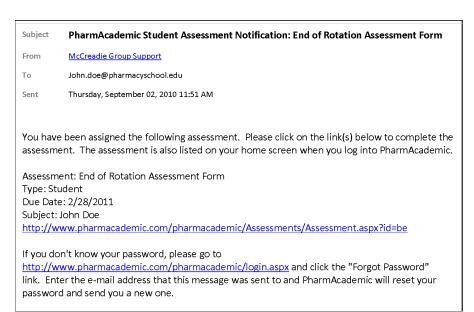
You can click on the included link to access the evaluation. You will be redirected to PharmAcademic and be prompted to log in before you can begin the evaluation.

Your login is the email address to which the message was sent. If you don't know your password, click the "Forgot Password" link. Enter your e-mail address and PharmAcademic will reset your password and send you a new one.

Subject	**PharmAcademic Student Assessment Notification: End of Rotation Assessment Form**
From	McCreadie Group Support
To	John.doe@pharmacyschool.edu
Sent	Thursday, September 02, 2010 11:51 AM

You have been assigned the following assessment. Please click on the link(s) below to complete the assessment. The assessment is also listed on your home screen when you log into PharmAcademic.

Assessment: End of Rotation Assessment Form
Type: Student
Due Date: 2/28/2011
Subject: John Doe
http://www.pharmacademic.com/pharmacademic/Assessments/Assessment.aspx?id=be

If you don't know your password, please go to http://www.pharmacademic.com/pharmacademic/login.aspx and click the "Forgot Password" link. Enter the e-mail address that this message was sent to and PharmAcademic will reset your password and send you a new one.

Alternately, any time you log in to PharmAcademic, your Home page lists any outstanding assessments. The list will show the name of the assessment, the name of the person or the course/rotation to be evaluated, and the date on which the assessment is due. Assessments will drop off the list when complete or when the expiration date is past.

Select an assessment to begin.

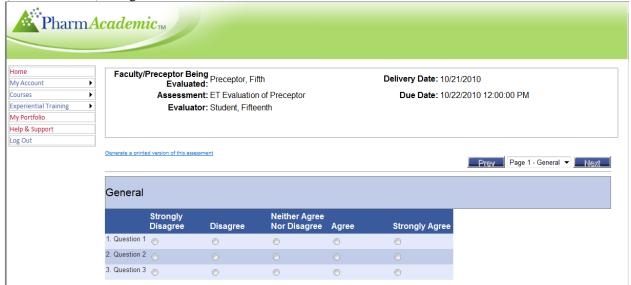Once the assessment is open, information at the top of each page lists the name of the evaluator, the name of the person (or site/rotation) being evaluated, the name of the evaluation and the due date.

Evaluations may have several sections, so upon completing a page, you may need to select the Next button to go on to the next part of the assessment. When you are done, you may submit the assessment by clicking the "Submit" button, or save it to review later by selecting the "Home" button.

Throughout the assessment, there may be required questions which are marked with an asterisk. If you do not answer these required questions, you will be prompted to go back and complete them before you can submit the evaluation.
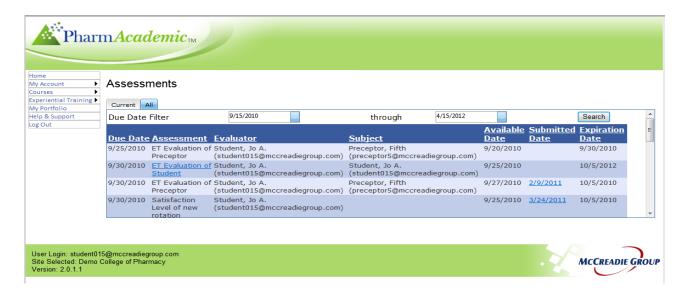
You may receive email reminders if you do not complete an evaluation by the due date. These are set up by the sender, and can be set to repeat if the evaluation remains unsubmitted.

Once completed, you may view evaluations by viewing your schedule in PharmAcademic. From the Experiential Training menu, select the Student Ranking/Schedule screen, and select Details next to a rotation. Evaluations will be listed, and those that are complete have a View link. Selecting the View link opens the completed evaluation as a PDF document in a separate window. You will need a PDF reader to view these evaluations. Any incomplete evaluations which have not expired will have an active "Go" link which will redirect you to the evaluation.

Completed evaluations are also available in PharmPortfolio. From the education record, select the "More…" link next to the rotation, then select the Assessments tab. Completed evaluations will be displayed with a View link which opens the evaluation as a PDF document in a separate window as above.

Viewing Completed Evaluations: Students

1. Log in to PharmAcademic
2. Select the "All" tab from the Assessments tab set on the home screen.

The All tab displays all evaluations which have been assigned to the student. The Due Date filter allows students to search past, current, and future evaluations, and the columns can be sorted by clicking on the column title. Current evaluations can be completed by clicking the name of the assessment. Submitted evaluations may be viewed by clicking the submit date, and they will open in a separate PDF window. All evaluations will display the date they become available and the expiration date. Evaluations with no link (neither the assessment name nor the date is clickable) have not yet been delivered or have expired. Students must contact the college of pharmacy regarding expired evaluations.

Completed evaluations are also available in PharmPortfolio. From the education record, select the "More…" link next to the rotation, then select the Assessments tab. Completed evaluations will be displayed with a View link which opens the evaluation as a PDF document in a separate window as above.

Site-Specific Requirements
(Background Checks, Drug Screens, MVRs, Child Abuse Clearance, Fingerprinting)

Fulfilling Site-Specific Prerequisites

All students must ensure that they have ALL vaccinations acquired and have copies ready to present to sites upon request and should check with sites WELL IN ADVANCE to determine requirements. Sites will require the following AT A MINIMUM:

- Physical exam
- Tdap
- Proof of positive titers for: Varicella (Chicken Pox), Measles (Rubeola), Mumps, Rubella, Hepatitis B
- 2-Step PPD then yearly PPD **or** (Chest x-ray results if positive PPD—check with site regarding time requirements for when CXR must be performed prior to your rotation). Most sites will also accept the QuantiFERON Gold test in lieu of a PPD/CXR.

Also commonly needed:
- Updated background check
- Updated drug screen
- Update physical exam
- Child Abuse Clearance
- Influenza Vaccine and any additional immunizations/records as required by site

Also required:
- CPR card
- HIPAA/OSHA Training Certificates

Acquiring updated Background Checks, Drug Screens, MVRs, Child Abuse Clearance, Fingerprinting

Students must check with rotation sites at least 6 weeks in advance to determine what is required by the site. LECOM School of Pharmacy has contracted with Certiphi when possible (exception: PA Fingerprinting) to provide students with a convenient and economical means of obtaining background checks, drug screens, or finger printing. Directions for its use are on the following pages. A link is provided in this section and is also available on the main page of the LECOM portal. Any rotation requirements are to be completed using Certiphi whenever possible.

CERTIPHI INSTRUCTIONS

Report Delivery Manager

> **NOTE: LECOM requires that you directly provide all requested information to the site AT LEAST 2 weeks prior to the start of rotation. Some of these checks can take many weeks to complete; therefore it is necessary to contact rotation sites at least 4-6 weeks before the start of the rotation.** The VA has its own clearance mechanism in place which you should follow. They must be contacted at least 6 weeks in advance!!

The Report Delivery Manager (RDM) allows students to distribute an electronic copy of your background check and drug screen results to a third party for IPPEs and APPEs. RDM can be found in Application Station: Student Edition. Please see the document titled *Student Report Delivery Manager* **for step-by-step instructions.** Reports are available to students for 12 months. If reports are needed beyond 12 months, students must print a copy to be distributed as needed.

If you encounter issues with the Application Station: Student Edition or have questions regarding the site, please contact Certiphi's Help Desk at 888-260-1370, ext. 2006 or itsupport@certiphi.com. If you are still running into problems acquiring your records, you may contact the LECOM Office of Security ay 814-866-8415 during daytime business hours for assistance in acquiring your reports.

What to do if you need a Background Investigation?
- The process below is for the first background check *that you have ever ordered from Certiphi. If you received your MATRICULATION check through Certiphi/PharmCAS, you need to order the UPDATED CHECK below*
- **The cost for the initial background check is $73.00.**

Locate the email from **studentedition@certiphi.com** titled "Application Station – Student Edition." The email will include step-by-step instructions for accessing Application Station: Student Edition to authorize and pay for a background investigation. If you are unable to locate the email, instructions are as follows.

      1. Click the following link or paste it into your browser: http://www.applicationstation.com
      2. Enter the Code: **LECOMPASTUDENT** in the Application Station Code field.
      3. Click the "SIGN UP NOW" button to create an account.
      4. Follow the instructions on the Application Station web site.

Note – please store the username and password created for Application Station in a secure location. This information is needed to enter Application Station in the future which includes obtaining a copy of your background investigation.

If you encounter issues with the Application Station: Student Edition or have questions regarding the site, please contact **Certiphi's Help Desk at 888-260-1370, ext. 2006 or itsupport@certiphi.com.**

Background Investigations are completed, on average, within 3 to 5 business days. Once completed, you will receive an email from Certiphi Screening. Follow the link in the email to access Application Station: Student Edition to view the report. Application Station includes instructions for disputing information included in the background check should you feel anything is incorrect.

The initial background investigation consists of the search components listed below. All records are searched by primary name and all AKAs, as well as a Pennsylvania Statewide Criminal Search (PATCH), a student's primary address, and all addresses lived within the past seven years.

- Social Security Number Validation
- Social Security Number Verification
- Pennsylvania Statewide Records Search (PATCH)
- County Criminal Records Search – any county lived outside of Pennsylvania
- Federal Criminal Records Search – all U.S. District Courts of residence
- National Sexual Offender Registry Search
- Employment Verification – two most recent employers
- SanctionsBase Search
- OIG/EPLS Search

What to do if you need an *updated* Background Investigation?
- This applies if you have ordered a background investigation from Certiphi previously.
- **The cost for an updated background check is $39.00**

Locate the email from **studentedition@certiphi.com** titled "Application Station – Student Edition." The email will include step-by-step instructions for accessing Application Station: Student Edition to authorize and pay for a background investigation. If you are unable to locate the email, instructions are as follows:

      1. Click the following link or paste it into your browser: http://www.applicationstation.com
      2. Enter the Code: **LECOM-RECHECKPA** in the Application Station Code field.
      3. Click the "SIGN UP NOW" button to create an account.
      4. Follow the instructions on the Application Station web site.

Note – please store the username and password created for Application Station in a secure location. This information is needed to enter Application Station in the future which includes obtaining a copy of your background investigation.

If you encounter issues with the Application Station: Student Edition or have questions regarding the site, please contact Certiphi's Help Desk at 888-260-1370, ext. 2006 or itsupport@certiphi.com.

Background Investigations are completed, on average, within 3 to 5 business days. Once completed, you will receive an email from Certiphi Screening. Follow the link in the email to access Application Station: Student Edition to view the report. Application Station includes instructions for disputing information included in the background check should you feel anything is incorrect.

The search components included in an updated background investigation are listed below. All records are searched by primary name and all AKAs, as well as a Pennsylvania Statewide Criminal Search (PATCH), a student's primary address, and all addresses lived within the past three years.

- Social Security Number Validation
- Social Security Number Verification
- Pennsylvania Statewide Records Search (PATCH)
- County Criminal Records Search – any county lived outside of Pennsylvania
- Federal Criminal Records Search – all U.S. District Courts of residence
- National Sexual Offender Registry Search
- Employment Verification – two most recent employers
- SanctionsBase Search
- OIG/EPLS Search

What to do if you need a 10-Panel Drug Screen?
- **The cost of a drug screen is $29.50 for an in-network facility**. Additional fees may apply if you need to use an out-of-network facility.

Locate the email from studentedition@certiphi.com title "Application Station – Student Edition." The email will include step-by-step instructions (also listed immediately below) for accessing Application Station- Student Edition to pay for the drug screen as well as locate a collection site. *If none of the collection sites listed are convenient (within 30 minute drive)*, please contact Certiphi's Occupational Health Screening Department for assistance with locating an alternate location; phone number 800-803-7859.

If you cannot locate the e-mail, please follow the instructions below:

      1. Click the link below or paste it into your browser: http://www.applicationstation.com
      2. Enter the Code: **LECOMPASCREEN** in the Application Station Code field.

Note – please store the username and password created for Application Station in a secure location. This information is needed to obtain a copy of your drug screen.

After you have paid for the drug screen, please follow these instructions:

Before the Collection

1. Please log on to www.applicationstation.com before going for your drug screen collection.
2. Provide the LabCorp technician account number <mark>906959</mark> at the time of collection. The LabCorp technician will create an electronic COC (chain of custody) for your drug screen collection.
3. You are required to have valid photo identification with you. (Examples: driver's license or other photo identification card)

After the Collection

1. Obtain the donor copy of the chain of custody form prior to leaving the collection facility.
2. Within one hour of completion of all testing, call Certiphi Screening (a division of Vertical Screen) at 800-803-7859. Have your copy of the chain of custody form available.
3. If drug screen is performed before logging on to www.applicationstation.com it can cause a delay with receiving your drug screen results.

If the initial drug screen is reported as positive/non-negative, you will receive a call from Certiphi's Medical Review Officer (MRO). The MRO will obtain medical proof as to why you test positive. If you are on any form of prescription medicine, it is wise to obtain proof from your physician to be provided to the MRO when contacted. This will speed up the process of reporting drug test results.

You will receive an email from Certiphi Screening once drug test results are available.   Follow the link in the email to access Application Station: Student Edition to view the report.

All drug screens conducted for LECOM are 10-panel and test for:

Amphetamines (including Methamphetamine)
Barbiturates
Benzodiazepines
Cannabinoids (Marijuana)
Cocaine
MDMA (Ecstasy)
Methadone
Opiates (4): Codeine, Morphine, Oxycodone, Hydrocodone
Phencyclidine
Propoxyphene

If you encounter issues with the Application Station: Student Edition or have questions regarding the site, please contact Certiphi's Help Desk at 888-260-1370, ext. 2006 or itsupport@certiphi.com.

What to do if you need a Pennsylvania Child Abuse Clearance
- **The cost of a Pennsylvania Child Abuse Clearance - $10.00 state fee**

- Go to Child Abuse History Clearance Online at https://www.compass.state.pa.us/CWIS.
- First time users should Create a New Account. Establish a Keystone ID. This will give you immediate access to your results. If your results cannot be processed immediately, the site will provide the status of your results.
- Once submitted if within 7 days you do not see the words under your e-Clearance ID Purpose "Your application has been processed -To view the results, click here," please call the Childline Verification Unit at 1.717.783.6211 and ask that a copy of your results be mailed immediately.

What to do if you need a Motor Vehicle Report (driving history)
- **The cost of a motor vehicle report is $3.00 plus applicable state processing fees.**

Locate the email from applicationstation@certiphi.com titled "Application Station – Student Edition". The email will include step-by-step instructions for accessing Application Station: Student Edition to authorize and pay for a background investigation.

If you are unable to locate the email, instructions are as follows.

1. Click the link below or paste it into your browser: http://www.applicationstation.com
2. Enter the Code: LECOMPA-MVR in the Application Station Code field.
3. Click the "SIGN UP NOW" button to create an account.
4. Follow the instructions on the Application Station web site.

Note – please store the username and password created for Application Station in a secure location. This information is needed to enter Application Station in the future which includes obtaining a copy of your background investigation.

If you encounter issues with the Application Station: Student Edition or have questions regarding the site, please contact Certiphi's Help Desk at 888-260-1370, ext. 2006 or itsupport@certiphi.com.

Motor Vehicle Reports are completed, on average, within 1 to 2 business days. Once completed, you will receive an email from Certiphi Screening. Follow the link in the email to access Application Station: Student Edition to view the report. Application Station includes instructions for disputing information included in the background check should you feel anything is incorrect.

What to do if you need fingerprinting for a Pennsylvania site:

If you are located in PA:

1. Contact at www.pa.cogentid.com
2. Select **Department of Public Welfare (DPW)**
3. Select **Register Online** from the Registration Column
4. Fill in YELLOW areas
   a) Reason Fingerprinted: choose "**Employment with a significant likelihood of regular contact with children"**
   b) **SSN** should be filled in to assure a better match
   c) Driver's License No should also be included

5. Select **Next**
6. Verify your information
   a) If correct select **next**
   b) If not correct select **Go Back** and repeat steps 4 to 6
7. Fill in Payment information
8. Select **Pay**
9. Go to location to have fingerprints taken. Locations that can take fingerprints are available on the Cogent web site.

If you are NOT located in PA:
1. Find someone who is able to take ink-based fingerprints and place them on FBI fingerprint cards. If you need fingerprint cards, you can download them from the FBI's website at www.fbi.gov/hq/cjisd/fprequest.htm.
2. Register on-line at www.pa.cogentid.com. Select the "Department of Public Welfare" and then select "register online." Go through the on-line registration process. **Make sure you select the check box for the card user option at the very top of the first registration screen.** Print out the last screen where it says you have completed registration. The fee is $40 and you can pay on-line with a credit card or you can submit a money order (if using a money order make it payable to Cogent Systems).
3. Go to whoever is going to fingerprint you and complete this process.
4. Mail in the completed card, a copy of the registration receipt and the money order (if applicable) to the following address (by mailing to Ms. Zickler instead of Cogent Systems this ensures that you have our approval to use this process):

> Bryle Zickler
> Office of Children, Youth and Families
> Department of Public Welfare
> Health and Welfare Building
> 625 Forster Street
> 1st Floor, Room 103
> Harrisburg, PA 17120-0701

FYI - The FBI needs two separate sets of ink print cards submitted before they will do a name search. So, if there are any issues with having difficulty obtaining clear prints (medical condition that doesn't allow you to fully open your hands, worn fingerprints, etc.) you might be required to submit a second set of fingerprints. This isn't always necessary, but if the first set isn't clear and the FBI rejects them this will add a significant delay if you did not get two sets completed initially. Please be sure to get two done, send them both to Bryle Zickler (see above for address) and she will hold on to the second one and wait to see if the FBI rejects the first set.

FYI – When you register on-line, you are going to enter your address. This address is used to not only assist in the search of a criminal record but is also used to mail the results letter. Be sure to enter an address where you can receive your results letter.

What to do if you need fingerprinting for a Florida site:

You will need an AHCA Fingerprint, and may acquire using the following procedure:

1. Visit www.FieldprintFlorida.com
2. Click the "Schedule an Appointment" button, which links to our scheduling website.
3. Follow the wizard instructions to log into the site. Provide your Fieldprint Code of **FPLakeErieOsteo1.** At that point, you are ready to schedule your fingerprint appointment.

4. At the end of the process, print the Confirmation Page. Take the Confirmation Page with you to your fingerprint appointment, along with two forms of identification. At least one form of ID must be a valid, government issued Photo ID, such as a driver's license.
5. Once fingerprints have been collected, Certiphi will electronically submit the prints to AHCA for printing. AHCA will not return fingerprint report results to the student or school. However, the clinical site for IPPEs or APPEs can access results directly from AHCA. The site will need your name, SSN, and date of birth.

The cost for an AHCA Fingerprint is **$85.25**

What to do if you need fingerprinting for a site in another state:
(other than PA or FL)

If your site requires fingerprints, please follow their site-specific instructions to acquire.

Important Contact Information

Mailing Address	**1858 W. Grandview Blvd.**
	Erie, PA 16509
LECOM Main Number	**814-866-6641**
Doug Smith, PharmD, BCOP	**814-860 5158**
Director of Experiential Education	**dlsmith@lecom.edu**
Roberta Volgstadt	**814-860-5167**
Experiential Education Coordinator	**rvolgstadt@lecom.edu**
LECOM web address	**www.lecom.edu/pharmacy**
LECOM web page for preceptors	**http://lecom.edu/pharmacists.php**
LECOM manuals on PharmAcademic- see files tab	**www.pharmacademic.com**
LECOM Preceptor Training Information	**Preceptor Training Info**
The Pharmacist's Letter Preceptor Training	**The Pharmacist's Letter**
and Resource Network	
(Preceptor Orientation and additional CE)	
PharmAcademic- evaluations	**http://www.pharmacademic.com**
Background/Drug Screens (Certiphi)	**http://www.applicationstation.com**
Pennsylvania State Board of Pharmacy	**717-783-7156**
	http:/www.dos.state.pa.us/pharm
NABP	**http://www.nabp.net/**
(National Association of Boards of Pharmacy)	

LECOM School of Pharmacy   Student – Site Contact Form

Student Name_____ Class of_____

Once rotations have been assigned it is the responsibility of the student to contact preceptors / rotation sites *4-6 weeks* prior to start of rotation. Ask about specific requirements such as HIPAA training, immunizations, OSHA, CPR, background checks and what is specifically required, testing, etc.

Date of Contact	Type of Rotation	Rotation Block	Site Name	Contact Person	Special Requirements

This form to be maintained in rotation binder and made available to the Office of Experiential Education upon request.

EXPERIENTIAL EDUCATION ABSENCE REQUEST FORM – APPE
ALL ABSENCES MUST BE DOCUMENTED! Supportive documentation is required.

*For **anticipated absences**, this form MUST be submitted no less than 10 working days prior to your requested absence. Any anticipated absence NOT documented on this form will result in 10% deduction of your grade.*
***Unanticipated absences** (e.g. illness, death in family) must be reported to your preceptor AND the school IMMEDIATELY. Any unanticipated absence not reported to your preceptor on the day missed or to the school within 1 week of absence will result in a 5% deduction of your grade.*

Student name _____ Date _____

Rotation Block #: _____ **Date(s) requested off** _____

Preceptor name and e-mail address _____

Site name: _____

Reason for requested days - please be specific:

_____
Documentation is required (e.g. interview confirmation/schedule, conference brochure, etc).   Registrations, etc should not be completed until you have received <u>School approval</u> for your absence.

Makeup dates and times (proposed by preceptor):

_____
Date   Start Time   End Time   Total Hours

_____
Date   Start Time   End Time   Total Hours

or **Proposed Extra Assignment** (*completed assignment must be supplied to school*):

_____
                                                                               Total Hours Credit

_____ _____
Preceptor's Signature   Date
==
Experiential Office Use Only   **EXCUSED?**   **MAKE-UP:**
                                                           Yes ☐   Required ☐
_____ _____   No ☐   Not required ☐
Director, Experiential Education   Date

Comments: _____

_____

☐   Student emailed with decision: _____   ☐   Preceptor emailed with decision: _____
                                   Date   Date
Form will be kept in student file.   Absences are tracked throughout the year.

LECOM School of Pharmacy
Experiential Education Checklist
Print this checklist for your files

Carry the following forms in your portfolio to your sites:
Intern License(s), Immunization Records, Criminal Background, CV/Resume´

REQUIRED DOCUMENTATION	DEADLINE
Pennsylvania Intern Permit (all LECOM students)	July 15th
Non-Pennsylvania Intern permits (student to check directly with state boards for requirements and forms)	July 15th

Immunization Records/Other Records   Submitted to site by student upon site request
(Note: Please do not submit immunization records directly to sites that require Experiential to complete attestation forms. Experiential will verify your records and submit the one form to our site contact for each of you. Be sure Experiential has a copy of all of your records!).

   Student is responsible for making and keeping their own copies (copy to LECOM Experiential)
- Records Release Form
- Tdap
- 2-Step PPD then yearly PPD **or** (Chest x-ray results if positive PPD—check with site regarding time requirements for when CXR must be performed prior to your rotation)
- Proof of positive titers for: Varicella (Chicken Pox), Measles (Rubeola), Mumps, Rubella, Hepatitis B
- Any additional immunizations/records as required by site (e.g. Influenza vaccine)
- CPR card
- HIPAA/OSHA Training Certificates

Criminal Background Checks	Submitted to site by student upon site request
Liability Insurance	LECOM will send to site upon site request
Site Contact	Student contact site 4-8 weeks prior to rotation
Student Profile and CV/ Resume´	Student to submit to site approximately 4 weeks prior to rotation
Review Rotation Manual with preceptor	Beginning of each rotation
Review Portfolio with preceptor	Beginning /end of each rotation
Review PharmAcademic with preceptor	Beginning of rotation, at midpoint, and at final
Online Assessment (evaluations/grades)	At end of weeks 3 (Midpoint) and 6 (Final)
Preceptor/Site Evaluation	At the end of week 6 (Final)

NOTE: Please keep a copy of all medical & legal documents in your portfolio. Your applicable intern licenses must be available at site any time you are on the premises.