

# Lake Erie College of Osteopathic Medicine School of Pharmacy

Erie, PA Campus



## Introductory Pharmacy Practice Experiences (IPPE)

### Experiential Education Program Manual Class of 2017

***The student is required to share the rotation manual with his/her preceptor at the beginning of the rotation.***

***A student that does not may have an additional 5 percentage points (5%) subtracted from the final calculated grade. The student is responsible for reading the content of this rotation manual and is expected to follow the policies and regulations as stated. Any infringements may lead to deductions in grade, automatic dismissal from the site, and/or failure of the rotation.***

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**Welcome Student**  
**to**  
***Introductory Pharmacy Practice Experiences (IPPEs)***

To the Class of 2017:

I want to congratulate you on your successes to date. Let's face it, making it through the first year of coursework was not an easy task (especially with courses like Biochemistry and A & P), particularly in an accelerated curriculum. But here you are, about to embark upon your first set of rotations, the Introductory Pharmacy Practice Experiences (IPPEs).

The purpose of the IPPE is to permit you, under appropriate supervision and as permitted by practice regulations, to begin to assume direct patient care responsibilities in both an institutional and a community pharmacy setting. This is the primary mechanism by which you will begin to learn how practice differs between these two settings, which will be very important as you continue to assess where you may want to practice someday. Recognize that you will be asked to participate and observe the primarily distributive processes of the pharmacy, from interpretation of a physician order through delivery of product to the patient. These processes are the foundation of our practice upon which additional services of a clinical and administrative nature can be added; these enhanced services will primarily be explored during your APPE. So for now, enjoy learning about these processes and why they are necessary for proper patient care.

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 someday. 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 summer ever!

Dr. Smith and the Experiential Education Team

## 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. Follow all laws and regulations that govern the pharmacy profession.
6. Fully engage in the experience provided by the preceptor and the rotation site.
7. Recognize and appreciate that the preceptor is volunteering his/her time, energy and expertise to help you develop and improve your professional skills.
8. Work independently, but seek advice and accept direction from the preceptor.
9. Learn to say “I don’t know” and follow through with acquiring the necessary knowledge to answer a question or complete a task.
10. Submit all assignments and evaluations in a timely fashion. .
11. Positively accept feedback and constructive criticism. Recognize its intended purpose (helping the student grow professionally).
12. Exhibit professional conduct at all times.

**Welcome Preceptor**  
to  
***Introductory Pharmacy Practice Experiences (IPPEs)***

Dear Valued Preceptor:

Thank you for continuing the circle of mentorship by being an IPPE preceptor for our program. The Introductory Pharmacy Practice Experience (IPPE) is meant to give each student an opportunity to gain an understanding regarding how institutional practice and community practice differ. The student should be encouraged to begin to assume patient care responsibilities to the level possible in your facility/state and your comfort level. The focus is to learn the foundations of the distributive process from order interpretation to product delivery. We also want the student to acquire a basic understanding of how each setting differs administratively and the many aspects involved from inventory management through advanced clinical services if available. Please refer to our Learning Objectives for a complete list of rotation goals.

Refer to this manual as a resource to guide you through the student's time with you. You will find some required and some optional assignment suggestions enclosed. There are also instructions regarding the evaluation process which should occur at the end of the 2<sup>nd</sup> and 4<sup>th</sup> weeks through the use of PharmAcademic. I invite your feedback and ask that you contact me at any time if you require ANY additional support.

We want this IPPE 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 summer!

Best,

*Doug Smith*

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## PRECEPTOR CHARACTERISTICS AND EXPECTATIONS

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.

# IPPE Rotation Schedule

First rotation block: 5/18/15 – 6/12/15

Second rotation block: 6/15/15 - 7/10/15

Third rotation block: 7/13/15 - 8/7/15

*Each student is scheduled for 2 of the 3 rotation blocks*

LECOM observes the following holiday calendar for didactic courses on campus; however, they do NOT apply to experiential rotations. The preceptor/site may require students to be in attendance on these days if they fall within a rotation block. Students must coordinate attendance with their preceptor to be off during these holidays. **The attendance policy applies to holidays; the day(s) must be made up.**

Memorial Day

Independence Day



# Rotation Policies & Regulations

**The student is required to share the rotation manual with his/her preceptor at the beginning of the rotation.** A student that does not may have an additional 5 percentage points (5%) subtracted from the final calculated grade (e.g. 93% calculated - 5% deduction = 88% revised final grade reported to the 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 deductions in grade, automatic dismissal from the site, and/or failure of the rotation.

## I. Pre-requisites

1. **Students are required to contact their respective preceptor/site at least 4-6 weeks prior to their start date to determine clearance requirements and plan for their site orientation. An exception is Veterans Affairs (VA), 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. 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.**
2. 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.*** Failure to adhere to this policy will result in the delay of your rotation and a full 5% reduction in your final grade.
  - 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) **Health Documents** - 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) **Background Checks, Drug Screens, etc.** – 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, FieldPrint, or other appropriate vendors, 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 may 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 again through the vendors noted above) and may result in delay or cancellation of the rotation.***

- d) Intern Licenses – 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 the Pennsylvania; if you are not licensed, you may not be able to be rescheduled and your rotation (and graduation) may be delayed.

Please note: Most FEDERAL SITES will accept internship licensure from any state in lieu of licensing within the state of the facility. Please DO NOT ASSUME that you will not require a state-specific license. Please VERIFY with your preceptor.

OSHA/HIPAA/Tuberculosis Training – Student must complete the required on-line training modules regarding (OSHA) Bloodborne Pathogens, HIPAA (Privacy and Security), and Tuberculosis on The Pharmacist’s Letter website as instructed by the School.

## II. Attendance policy

### 1. Time requirements:

All students are expected to adhere to the rotation attendance policy. All students are required to spend a **minimum** of 40 contact hours per week at the site and at least 5 hours working on rotation-related activities off-site. A preceptor may expect you to stay extra time for educational purposes, but a student will need to follow the laws a rules for each state they are licensed in regarding the number of intern hours that can be earned per week. *No more than 50 hours/week of intern time will be credited under any circumstances.*

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 his/her 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 an additional 5 percentage points (5%) deducted from the student’s final calculated rotation grade.**

### 2. Absences:

- a. **Absences with Advanced Notice:** A student may make a request to be excused from rotation for a qualifying school-sponsored or other educational event. In these cases, an “Experiential Absence Request/Report Form” (available on the LECOM

portal) needs to be completed by the student then signed and approved by his/her preceptor and the Director of Experiential Education at least ten (10) working days in advance. Failure to adhere to this policy will result in missing days being counted as unexcused absences. A site may be audited at any time to ensure that the student is present.

- i. **Plans should not be made (e.g. conference registrations, airline tickets purchased, etc) without approval by the preceptor AND the Director of Experiential Education FIRST.** The School will not be responsible for lost monies, etc. due to the student not following proper procedures.
  - ii. **The 5% grade deduction for not documenting within the specified 10 day window will be waived in instances where the student does not have a 10 day notice for a planned event (e.g. residency interviews).**
  - iii. **Any non-emergency absence that is NOT documented will result in a 10% deduction** from the student's final calculated rotation grade.
- b. **Unplanned Absences (e.g. Illness or Emergency):** In the event that the student must be unexpectedly absent from rotation, the student **must immediately notify BOTH the preceptor (by phone) and the Experiential Education Coordinator (814-860-5167).** Additionally, the student must document the absence as soon as (s)he returns to rotation with an "Experiential Absence Request/Report Form" which is located on the portal. Students should treat the preceptor/site as (s)he 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 follow up with an e-mail (if possible) to ensure that the message was received. **Each failure to notify both the preceptor AND the School properly will result in a full 5% deduction** from the student's final calculated rotation grade.
- c. **Absences for Holidays:**  
*The attendance policy applies to holidays falling during the rotation schedule.* Though LECOM observes certain holidays for on-campus schedules/didactic coursework, the student should assume that the preceptor/site requires attendance on these days. Patients do not take holidays off. If students wish to take a holiday off, they must develop a plan with their preceptor and submit a completed Absence Request/Report form; **any time missed is considered an UNEXCUSED absence.** The **Absences with Advanced Notice (section a above)** policy applies in the case of holidays.
- d. **Absence due to Weather conditions:**  
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 preceptor and the Experiential Education Coordinator (814-860-5167). The attendance policy applies regarding reporting and making up days.

- e. **Excessive Absences:** Students who miss more than three (3) days per rotation, for any reason, will **fail** the rotation. Time missed **MUST** be remediated which may consequently delay graduation. Documentation of plans for making up this time must be included on the “Absence Request/Report Form.”
  - i. **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.
  
- f. **Extended Absences/Leave of Absence:** 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.
  
- g. Examples of excused absences include (list is non-inclusive):
  - i. Attendance at professional meetings
  - ii. Attendance at school-sponsored events (e.g. Career Day)
  - iii. Required legal appointments (e.g. jury duty, immigration appointments)
  - iv. Emergency situations (may result in rescheduling of rotation)

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

### III. Professional liability insurance

LECOM arranges for liability insurance for students each year. 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.

### IV. 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 authorized to perform their rotations at the same site where a co-existing or previous employer/employee relationship exists or under the direct supervision of a family member. Students may not complete more than two rotations at the same location unless a substantial difference in the learning experience can be demonstrated.
  2. Students are responsible for any expenses associated with the rotation. Students should not accept any remuneration from the site.
  3. Rotation dates are firm, CANNOT be changed except for extreme hardships, and must be approved by the Director of Experiential Education.
  4. **Students should be sure to inform the Office of Experiential Education immediately if there is a change in their assigned Preceptor of Record.**
  5. Preceptors may refuse a student from attending a site or expel a student from a current site per the site's agreement with LECOM. If a student is expelled from a site, the student must contact the Director of Experiential Education for further guidance. Expulsion may disqualify a student from graduation or delay the graduation date.
  6. *Please note that a site may be audited by phone or in person at any time and student attendance will be one aspect reviewed.*

## V. Rotation portfolio

All students shall maintain a rotation portfolio. All assignments required and all work accomplished during the rotations should be kept and presented to the preceptor at each site for review on 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. You will continue to build your portfolio through the rest of the curriculum and during your APPEs.

Portfolios must be maintained and presented to your Advisor within 2 weeks of returning to campus for the Fall term of your P2 year. **The Advisor will be responsible for review of and assignment of 10% of each of your IPPE grades.** Failure to present your portfolio with pertinent assignments for review within the 2 week time frame will result in a loss of 10% of your grade. You must also present your portfolio to the Office of Experiential Education immediately upon request. **PLEASE SEE EVALUATION CRITERIA AT THE END OF THIS MANUAL.**

The following is recommended for your portfolio:

### Format

- 3-Ring binder
- Use divider tabs for “documents” and for each rotation (2 IPPE and 6 APPE) as well as P1 and P2 “year” for accomplishments from the didactic curriculum that you are particularly proud of

### Contents

- Required documents
  - Intern license(s)
  - Immunization records
  - Background check\* - optional, but must make immediately available to site
  - HIPAA/ OSHA/TB Training Certificates
  - Basic Life Support/CPR Cards (if applicable for individual site)
  - Other important required information for individual sites
  - Other: Copy of the printed rotation manual (optional) and site contact form
  - Completed assignments/ reflections/ projects
  - As outlined in the Assignments section of the manual
  - Evaluations- any written feedback by preceptor or evaluations performed in PharmAcademic

## VI. Evaluations

**All rotation evaluations are to be completed in PharmAcademic.** 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 (2 weeks) and end of each rotation (4 weeks), the preceptor will complete an evaluation of the student and review it with the student.
- The student must be informed of any concerns regarding deficiencies that may jeopardize his/her ability to successfully pass the rotation. The preceptor should contact the Director of Experiential Education immediately and forward the Midpoint Deficiency Notification if there is a concern of the student failing the rotation.

### Student:

- The student must perform a Midpoint and Final Self-Assessment, print it and have it available for evaluation discussions with the preceptor.
- At the end of the rotation, the student will complete an evaluation of the preceptor and the rotation site.

## VII. Grading

Grading will be a letter grade similar to the grading during the didactic portion of your training at school. The evaluation should be performed by the preceptor at mid-rotation and at the end of the rotation; please ask for feedback at Midpoint! The grade is calculated by LECOM based on the way you are assessed in each competency area of the evaluation. **The preceptor does not assign your official grade.** Ten percent (10%) of your grade will come from your completion of your student portfolio. **PLEASE SEE EVALUATION CRITERIA AT THE END OF THIS MANUAL.**

Preceptor- Assignment Completion/ Overall IPPE Evaluation: 90%

Advisor- Review of Student Portfolio:  $\frac{10\%}{100\%}$

***Failure to complete the required assignments will result in an incomplete grade for the rotation. The student will meet with the ASP Committee who will confer with the Director of Experiential Education and recommend the outcome of the rotation. This could include failure.***

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

Final calculated grade	- full 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 IPPE Manual with the preceptor at the beginning of the rotation.
- Failure to maintain a student portfolio.
- Failure to complete assignments included in this manual.
- 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, the deduction will be a full **10 %**.
- Failure to contact 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 XI. Professionalism).
- Unapproved and inappropriate use of personal smart phones, tablets, or other technology.

#### Grade scale

A - Excellent (Numerical Range 89.5-100)

B - Good (Range 79.5-89.4)

C - Satisfactory (Range 69.5-79.4)

F - Failure (Range of 69.4 or below)

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

## **VIII. Dismissal from sites**

All students are representing LECOM and the pharmacy profession during 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 Committee for further action.

## IX. Academic Honesty & Plagiarism

Any violation of the Academic Honesty Policy and Plagiarism Policy as defined in the Student Handbook will not be tolerated. Violators will be subject to disciplinary action that may include failure of the rotation.

## X. 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, tablets, or other technology should not be used directly by the student without prior approval 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. Please keep in mind that discussion of any rotation-related matters may constitute a violation of HIPAA.

## XI. Dress code

All students must wear their white-coat jacket with appropriate logo from the LECOM School of Pharmacy and their name, during the rotation time. 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.

A clean and well-cared-for appearance should be maintained. Men must wear dress trousers, shoes with socks, 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. Students are required to wear closed toed shoes with stockings 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 length (men), styles or colors. Beards and moustaches must be neat and trimmed at all times; stubble is unacceptable. Makeup, if worn, should be 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.

Preceptors/sites may require students to wear different attire than that mentioned above (e.g. “scrubs”) in order to effectively perform duties. This is fine with the School as long as the attire is kept professional, neat, and clean.

## **XII 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. Students are expected not to 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. **Students are also not to access any patient information for which they do not have a legitimate educational and patient care need; this includes their OWN personal information, that of friends/family members and/or any other patient they are not directly following at the preceptor’s request.**

**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.

## **XIII. 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.

#### **XIV. 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***

## **IPPE Learning Objectives**

Share these objectives with your preceptor prior to the start of your rotation, or on the first day while reviewing the manual. These objectives should serve as general guidelines throughout the rotation. However, your preceptors will have opportunities to add additional tasks specific to the site in order to provide you with more practice experiences.

The goal of these rotations is to have the students become proficient in the daily practice of pharmacy operations. The student will:

1. Describe the structure, the organization, and chain of command within the organization.
2. Describe the roles and responsibilities of the diverse personnel working in the pharmacy.
3. Become familiar with the workflow in the pharmacy.
4. Handle the processing of prescriptions or physician's orders from their initial receipt in the pharmacy to the dispensing of the product to the patient or to the patient's floor/bedside.
5. Gain experience handling parenteral medications as well as other types of formulations.
6. Document and/or file orders or other documents pertaining to the daily work in the pharmacy.
7. Use pharmacy technology pertaining to the site and understand the technology's impact on the practice of pharmacy.
8. Communicate efficiently with patients (if appropriate) and members of the health care team.
9. Be professional at all times.

This list is not intended to be exhaustive. The preceptor has the authority to adapt and to add other experiences that he/she feels the student will benefit from.

# 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

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

### Domain 2 – Essentials for Practice and Care

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

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

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

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

### Domain 3 - Approach to Practice and Care

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

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

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

represented.

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

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

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

#### **Domain 4 – Personal and Professional Development**

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

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

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

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

# IPPE Community Rotation

Full syllabus available in PharmAcademic

## **COURSE DESCRIPTION:**

The goal of this rotation is to have the student become competent in the daily practice of community pharmacy operations through active learning and participation. The emphasis is on the operations, distribution system and professional conduct in the community environment. This will serve as a basis for understanding the provision of patient-centered care in the community setting. The following three (3) steps of the medication-use system will be emphasized: selecting, procuring and storing; ordering and transcribing; and dispensing and preparation.

## **GENERAL ABILITY-BASED OUTCOMES:**

At the completion of this rotation, the student will be able to:

1. Describe the structure, the organization, and chain of command within the organization.
2. Describe the roles and responsibilities of the diverse personnel working in the pharmacy.
3. Become familiar with the workflow in the pharmacy.
4. Handle the processing of prescriptions from their initial receipt in the pharmacy to the dispensing of the product to the patient.
5. Gain experiences in handling various types of formulations.
6. Document and/or file orders or other documents pertaining to the daily work in the pharmacy.
7. Use pharmacy technology pertaining to the site and understand the technologies' impact on the practice of pharmacy.
8. Communicate efficiently with patients (if appropriate) and members of the health care team.
9. Be professional at all times.

**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 SUCCESS competencies are also to be included in the rotation experience. Refer to the rotation syllabus for further detail.**

# IPPE Institutional Rotation

Full syllabus available in PharmAcademic

## **COURSE DESCRIPTION:**

The goal of this rotation is to have the student become competent in the daily practice of institution (hospital) pharmacy operations through active learning and participation. The emphasis is on the operations, distribution system and professional conduct in the hospital environment. This will serve as a basis for understanding the provision of patient-centered care in the hospital, inpatient setting. The following three (3) steps of the medication-use system will be emphasized: selecting, procuring and storing; ordering and transcribing; and dispensing and preparation.

## **GENERAL ABILITY-BASED OUTCOMES:**

At the completion of this rotation, the student will be able to:

1. Describe the structure, the organization, and chain of command within the organization.
2. Describe the roles and responsibilities of the diverse personnel working in the pharmacy.
3. Become familiar with the workflow in the pharmacy.
4. Handle the processing of prescriptions from their initial receipt in the pharmacy to the dispensing of the product to the patient.
5. Gain experiences in handling various types of formulations.
6. Document and/or file orders or other documents pertaining to the daily work in the pharmacy.
7. Use pharmacy technology pertaining to the site and understand the technologies' impact on the practice of pharmacy.
8. Communicate efficiently with patients (if appropriate) and members of the health care team.
9. Be professional at all times.

**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 SUCCESS competencies are also to be included in the rotation experience. Refer to the rotation syllabus for further detail.**

# **Accreditation Council for Pharmacy Education (ACPE) Accreditation Standards and Guidelines for IPPE Rotations**

ACCREDITATION STANDARDS AND GUIDELINES FOR THE PROFESSIONAL PROGRAM IN PHARMACY  
LEADING TO THE DOCTOR OF PHARMACY DEGREE. ADOPTED: JANUARY 15, 2006; GUIDELINES 2.0: JANUARY  
23, 2011

1. Processing and dispensing new/refill medication orders
2. Conducting patient interviews to obtain patient information
3. Creating patient profiles using information obtained
4. Responding to drug information inquiries
5. Interacting with other health care professionals
6. Participating in educational offerings designed to benefit the health of the general public
7. Interpreting and evaluating patient information
8. Triage and assessing the need for treatment or referral, including referral for a patient seeking pharmacist-guided self-care
9. Identifying patient-specific factors that affect health, pharmacotherapy, and/or disease state management
10. Assessing patient health literacy and compliance
11. Performing calculations required to compound, dispense, and administer medications
12. Administering medications
13. Providing point-of-care and patient-centered services
14. Conducting physical assessments
15. Preparing and compounding extemporaneous preparations and sterile products
16. Communicating with patients and other health care providers
17. Interacting with pharmacy technicians in the delivery of pharmacy services
18. Documenting interventions in patient records in a concise, organized format that allows readers to have a clear understanding of the content
19. Presenting patient cases in an organized format covering pertinent information
20. Billing third parties for pharmacy services

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 will benefit the students.



# Rotation Assignments

The assignments included in this manual (and each rotation syllabus) have been designed for application of knowledge and skills taught during the first didactic year. The manual contains titled sections that provide descriptions and worksheets for specific assignments. The following table identifies the competency area and the related assignments:

Competency Area	Community Site Assignment	Institution Site Assignment	When it is due for review by preceptor
Distribution Systems	Rotation Site Description (Introduction to Health Care Delivery)	Rotation Site Description (Introduction to Health Care Delivery)	Midpoint
Professional Growth	Reflection	Reflection	Midpoint and Final
Drug Information	OTC Formulary / Related Products Reference (Pharmacist Provided Care)	Drug Information Question(s) (Drug Information)	Midpoint and/or Final
Patient Care	SOAP Note / QuEST-SCHOLAR (Introduction to Pharmacy; Pharmacist Provided Care)	Medication History (Communications; Pharmacist Provided Care)	Final

1. The assignments listed in the pertinent columns are **required**. Additional assignment suggestions are provided in the manual. These and/or additional site or rotation-specific assignments may be assigned at the discretion of the preceptor.
2. ***Failure to complete the required assignments will result in an incomplete grade for the rotation. The student will meet with the ASP Committee who will confer with the Director of Experiential Education and recommend the outcome of the rotation. This could include failure.***

## **General guidance for a quality assignment:**

- The student displayed initiative, independence, motivation and effort to complete the assignment.
- Moderate preceptor intervention was required to complete the assignment.
- Minimal to moderate corrections were necessary upon review of the final assignment by the preceptor.
- Grammar, organization, style and formatting were appropriate.
- The final assignment was deemed competent to excellent.

# Assignment I – *Required for both rotations*

## Rotation Site Description

### Directions:

1. Complete the data collection worksheet for the practice site by interviewing your preceptor and other healthcare professionals. Select the data collection worksheet appropriate to the rotation site.
2. Answer the additional points below by interviewing necessary personnel.
3. Write a paper describing the site incorporating the data collected. ***The assignment must be done individually by each student and be written in your own words.*** You will submit both the completed data collection worksheet and the paper to your portfolio.

### Additional points to address:

- Describe the physical layout of the pharmacy practice setting.
- Describe the personnel of the pharmacy, including job titles and primary responsibilities.
- Specifically discuss your primary preceptor's role and responsibilities.
- Discuss the organizational chart (reporting structure) for the pharmacy.
- Describe the workflow in the pharmacy on an average day.
- Describe how the site or applicable personnel is/are involved in the training of pharmacy students.
- What measures does the site have in place to prevent dispensing errors?

## Site Data Collection Worksheet – Institutional

(To be completed by student)

1. Site Name:	
2. Location:	Address: City: State: ZIP: Phone: Fax: Website:
3. Patient Types:	<input type="checkbox"/> Acute <input type="checkbox"/> Ambulatory <input type="checkbox"/> Extended Care
4. Pharmaceutical care is a primary focus of practice	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Approx. % of patient types	Pediatric _____ %    Geriatric _____ %    Other: _____ % Adult _____ %    Hospice _____ %
6. Number of pharmacists	FTE (full-time equivalents) PTE (part-time equivalents)
7. Number of technicians	FTE (full-time equivalents) PTE (part-time equivalents)
8. Site affiliates with other academic institutions	<input type="checkbox"/> Yes    List schools: <input type="checkbox"/> No
9. Number of specialized positions	FTE (full-time equivalents) PTE (part-time equivalents)
10. Site is an accredited residency site	<input type="checkbox"/> Yes    Accrediting Agency: <input type="checkbox"/> No
11. Number of residents and type	PGY1: Pharmacy practice: Community: Managed Care: PGY2: Ambulatory care: Cardiology: Critical care: Critical care/nutrition support: Drug information: Emergency medicine: Emergency medicine/critical care: Geriatric: Health system pharmacy practice administration:

	Health system pharmacy practice administration/MS: HIV: Infectious diseases: Internal medicine: Managed care: Medication use safety: Nephrology: Nuclear pharmacy: Nutrition support: Oncology: Other (describe): Palliative care/pain management: Pediatric: Pharmacotherapy: Pharmacy informatics: Psychiatric: Solid organ transplant: Transplantation/immunology:
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Site Specific Information

1. Practice Type	<input type="checkbox"/> Hospital <input type="checkbox"/> Extended Care <input type="checkbox"/> Other (describe):
2. Institution Size	# of beds:
3. Average census	
4. Basic Hospital Services (check all that apply)	<input type="checkbox"/> Medical / Surgical <input type="checkbox"/> Pediatrics <input type="checkbox"/> Neonatal ICU <input type="checkbox"/> Pediatric ICU <input type="checkbox"/> ICU <input type="checkbox"/> ER <input type="checkbox"/> Trauma Center <input type="checkbox"/> OB/Gyn <input type="checkbox"/> Psychiatry <input type="checkbox"/> Ambulatory Care <input type="checkbox"/> Infectious Disease <input type="checkbox"/> Other (describe):
5. Description of services	<input type="checkbox"/> Centralized unit dose distribution <input type="checkbox"/> Decentralized unit dose distribution <input type="checkbox"/> IV preparation <input type="checkbox"/> TPN compounding <input type="checkbox"/> Chemotherapy compounding <input type="checkbox"/> Other (describe):
6. Non-distributive services provided	<input type="checkbox"/> Patient rounds <input type="checkbox"/> Pharmacokinetics <input type="checkbox"/> Therapeutic consults

	<input type="checkbox"/> IV to PO conversion <input type="checkbox"/> Drug information <input type="checkbox"/> Newsletter provision <input type="checkbox"/> P & T Committee/Formulary development <input type="checkbox"/> Nursing/Physician/Other care Practitioner education <input type="checkbox"/> Chart writing privileges <input type="checkbox"/> Laboratory test order protocol <input type="checkbox"/> Code Blue participation <input type="checkbox"/> ER service <input type="checkbox"/> OR service <input type="checkbox"/> Infectious Disease service <input type="checkbox"/> Nutritional Support service <input type="checkbox"/> Anticoagulation service <input type="checkbox"/> Pain Management service <input type="checkbox"/> Formal patient education programs Other (describe):
7. Patient monitored/R.Ph practitioner/day	Average #:
8. Patient identification for non-distributive services	Describe (e.g., physician consults, lab results, etc.):
9. Pharmaceutical Care documentation system	Describe
10. Automation	<input type="checkbox"/> Baker cells/counting machines <input type="checkbox"/> Barcode scanning <input type="checkbox"/> Interactive voice response (IVR) <input type="checkbox"/> IV automation system (describe): <input type="checkbox"/> Robot/ScriptPro (describe): <input type="checkbox"/> Other (describe):
11. Economics of practice (%)	Insurance: Medicare: Medicaid: Private pay: Cash:

*Adapted from American Association of Colleges of Pharmacy Academic-Practice Partnership Initiative, pilot project to profile exemplary advanced practice experience sites (September, 2005)*

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

Rotation Dates: \_\_\_\_\_

## Site Data Collection Worksheet –Community

(To be completed by student)

1. Site Name:	
2. Location:	Address: City: State: ZIP: Phone: Fax: Website:
3. Patient Types:	<input type="checkbox"/> Acute <input type="checkbox"/> Ambulatory <input type="checkbox"/> Extended Care
4. Pharmaceutical care is a primary focus of practice	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Approx. % of patient types	Pediatric _____ %    Geriatric _____ %    Other: _____ % Adult _____ %    Hospice _____ %
6. Number of pharmacists	FTE (full-time equivalents) PTE (part-time equivalents)
7. Number of technicians	FTE (full-time equivalents) PTE (part-time equivalents)
8. Site affiliates with other academic institutions	<input type="checkbox"/> Yes List schools: <input type="checkbox"/> No
9. Number of specialized positions	FTE (full-time equivalents) PTE (part-time equivalents)
10. Site is an accredited residency site	<input type="checkbox"/> Yes Accrediting Agency: <input type="checkbox"/> No
11. Number of residents and type	PGY1: Community: Managed Care: Other (describe): PGY2: Other (describe):

### Site Specific Information

Pharmacy area (square feet)	
1. Drive through window	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Average Rx's per day	
3. Front-end square footage and	Square feet: Products:

products	<input type="checkbox"/> OTC <input type="checkbox"/> Supplements <input type="checkbox"/> Herbals <input type="checkbox"/> Homeopathic <input type="checkbox"/> Diagnostics/monitoring devices <input type="checkbox"/> Medical supplies <input type="checkbox"/> Other (describe):
4. Description of services	Medication Therapy Management in: <input type="checkbox"/> Anticoagulation <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> CHF <input type="checkbox"/> Hyperlipidemia <input type="checkbox"/> Hypertension <input type="checkbox"/> Metabolic Syndrome <input type="checkbox"/> Smoking cessation <input type="checkbox"/> Weight loss <input type="checkbox"/> Women's health Other: <input type="checkbox"/> Compounding <input type="checkbox"/> Durable Medical Equipment (DME) <input type="checkbox"/> Home IV and Hyperalimentation <input type="checkbox"/> Emergency contraception <input type="checkbox"/> Immunizations <input type="checkbox"/> Medication counseling <input type="checkbox"/> Health screenings <input type="checkbox"/> OTC consultations <input type="checkbox"/> Polypharmacy management <input type="checkbox"/> Skilled Nursing Home consulting <input type="checkbox"/> Patient medication assistance Other (describe):
6. Patients monitored/ R.Ph. practitioner/day	Average #:
7. Patient care workflow for MTMS (how are they referred/seen/etc.)	Describe (referrals, walk-ins, etc.):
8. Pharmaceutical care documentation system	Describe:
9. Documentation format and feedback	<input type="checkbox"/> SOAP Notes <input type="checkbox"/> Other (describe):  How is information provided to patient and to patient's physician (describe)?

10. Automation	<input type="checkbox"/> Baker cells/counting machines <input type="checkbox"/> Barcode scanning <input type="checkbox"/> Interactive voice response (IVR) <input type="checkbox"/> IV automation system (describe): <input type="checkbox"/> Robot/ScriptPro (describe): <input type="checkbox"/> Other (describe):
11. Economics of practice (%)	Insurance: Medicare: Medicaid: Private pay: Cash:
12. Billing for MTMS	Describe (include success)

*Adapted from American Association of Colleges of Pharmacy Academic-Practice Partnership Initiative, pilot project to profile exemplary advanced practice experience sites (completed September 2005)*

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

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



## **Assignment II – Required** *(for both Community and Institutional rotations)*

### **Reflection Paper**

*Write two (2) reflections for each IPPE rotation. The first will be at the end of the second week (midpoint) and the second will be at the completion (final) of the rotation. Include the aspects noted below and any additional information you feel important in your development as a pharmacist. Each reflection should be 2-3 pages, typed and double-spaced. Submit to your preceptor the day before your midpoint and your final evaluations, unless otherwise requested by your preceptor. Please print a copy for your portfolio and retain an electronic version of this reflective exercise. The Office of Experiential Education may request that you send a copy at any time.*

#### Pre-Planning:

Determine your specific goals and objectives to attain during your rotation experience.

#### Both reflections need to include the following title information:

1. Student name
2. Title to include midpoint or final reflection
3. Date of reflection
4. Preceptor name
5. Site name
6. Rotation type (community or institution) and dates

#### Midpoint Reflection (due the day before your 2-week Midpoint evaluation):

1. Identify what you thought you would experience during the first two (2) weeks of the rotation, including your goals and objectives, and compare to your actual experience.
2. Summarize your activities and experiences during the first two (2) weeks of the rotation.
3. Describe at least one (1) example of behaviors or characteristics you observed among the pharmacy employees and how they positively or negatively affect the delivery of services.
4. Describe at least one (1) interaction between pharmacy employees and each of the following healthcare professionals: Physician; Nurse. Include your thoughts on what you expected to see as compared to how the interaction actually occurred, a description of the outcome and your thoughts on how the interaction could have been improved.
5. Identify at least one (1) area of pharmacy practice you participated in that was covered in pharmacy coursework during your P1 year.
6. Identify specific goals for the final two (2) weeks of the rotation.

#### Final Reflection (due the day before your FINAL evaluation):

1. Identify what you thought you would experience during the last two (2) weeks of the rotation, including your goals and objectives, and compare to your actual experience.
2. Summarize your activities and experiences during the last two (2) weeks of the rotation.
3. Describe at least one (1) **additional** (and different) behavior or characteristic you observed among the pharmacy employees and how they positively or negatively affect the delivery of services.
4. Describe at least one (1) **additional** interaction between pharmacy employees and each of the following healthcare professionals: Physician; Nurse. Include your thoughts on what you expected to

see as compared to how the interaction actually occurred, a description of the outcome and your thoughts on how the interaction could have been improved.

5. Identify at least one (1) additional area of pharmacy practice you participated in that was covered in pharmacy coursework during your P1 year.
6. Describe how you have been changed by this rotation experience and how it has helped you in your development as a pharmacist. Include an assessment of strengths and weaknesses you identified in yourself during this rotation.

**Assignment III- *Institutional Requirement***  
**Drug Information Question Worksheet**

**Requestor Name** (if patient, use initials): \_\_\_\_\_

**Question asked:** \_\_\_\_\_

\_\_\_\_\_

**Introduction** (state pertinent background provided that sets the context for the response):

**Information / data found regarding question:**

**Conclusion / Recommendations** (information / data above must support conclusion):

**References** (cite reference completely):

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

# Drug Information Question Processing

## Modified Systematic Approach

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

### Steps:

1. Identify caller
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:

<b><u>Regardless of type of question:</u></b>	<ul style="list-style-type: none"> <li>• Requestor's name</li> <li>• Requestor's location and/or contact info</li> <li>• Requestor's affiliation, if healthcare professional</li> <li>• Requestor's title, profession</li> <li>• Resources requestor has already contacted</li> <li>• Request patient specific or not</li> <li>• Patient's diagnosis and other meds</li> <li>• Urgency of request</li> </ul>
<b><u>Adverse Drug Reaction:</u></b>	<ul style="list-style-type: none"> <li>• Obtain description of the event and assess severity</li> <li>• Temporal relationships</li> <li>• Signs/symptoms</li> <li>• Concomitant medications</li> <li>• Assess current status of patient</li> <li>• How is the patient being managed?</li> <li>• Previous history of exposure to same or similar agents</li> </ul>
<b><u>Drug Interactions:</u></b>	<ul style="list-style-type: none"> <li>• Obtain description of the problem – is the patient already taking the drugs or is this in anticipation of starting a drug?</li> <li>• Doses, duration of therapy, rates of administration?</li> <li>• Temporal relationship between the drugs in question</li> <li>• Other medications</li> <li>• Is a disease-drug or food-drug interference a possibility?</li> </ul>
<b><u>Foreign drug identification:</u></b>	<ul style="list-style-type: none"> <li>• Reason for inquiry</li> <li>• US equivalent needed</li> <li>• Suspected form, strength, dosing regimen, color, markings</li> <li>• Where did the spelling come from?</li> </ul>
<b><u>Product availability:</u></b>	<ul style="list-style-type: none"> <li>• Indication for treatment</li> <li>• Dosage form/ route of administration desired</li> <li>• On formulary status required</li> </ul>
<b><u>Product ID:</u></b>	<ul style="list-style-type: none"> <li>• Correct spelling</li> <li>• Country of origin</li> </ul>

	<ul style="list-style-type: none"> <li>• Trade/generic/chemical name</li> <li>• Reason for inquiry</li> <li>• Suspected product and use</li> <li>• Manufacturer</li> <li>• Size/shape/strength, imprint markings, color</li> <li>• Where did you hear about the product?</li> <li>• How did you hear about this product?</li> </ul>
<b><u>Compatibility/stability:</u></b>	<ul style="list-style-type: none"> <li>• How are drugs going to be mixed?</li> <li>• What are the concentrations of the drugs?</li> <li>• What diluent solutions are the drugs mixed in?</li> <li>• What are the doses and rates of infusion?</li> <li>• Any fluid/electrolyte restrictions?</li> <li>• Available routes for administration</li> <li>• How many IV lines are available?</li> <li>• What other medications are running?</li> </ul>
<b><u>Dosage/Administration:</u></b>	<ul style="list-style-type: none"> <li>• Indication for the drug</li> <li>• Weight of the patient</li> <li>• Age/sex of patient</li> <li>• Renal and/or hepatic function</li> <li>• Planned route of administration</li> <li>• Other medications (drug interactions)</li> </ul>
<b><u>Drug of Choice/Therapeutics:</u></b>	<ul style="list-style-type: none"> <li>• Exact indication and severity of condition</li> <li>• Renal and/or hepatic function</li> <li>• Concomitant medications</li> <li>• Concomitant medical conditions</li> <li>• Route of administration</li> <li>• Allergies</li> <li>• What other treatments has this patient tried for this condition? If other tried, why were they stopped? (Lack of efficacy, adverse effect)</li> <li>• Compliance and cost factors</li> </ul>
<b><u>Pharmacokinetics:</u></b>	<ul style="list-style-type: none"> <li>• Reason for inquiry (treatment failure, low levels)</li> <li>• Dose and route of administration</li> <li>• Indication</li> <li>• Height, weight, age, sex of patient</li> <li>• Renal and/or hepatic function/protein status</li> <li>• Drug levels? Timing of levels? Believable?</li> <li>• Single versus multiple doses</li> <li>• Duration of therapy</li> <li>• Times levels drawn and what are the levels</li> <li>• Concomitant medications? Other physiologic conditions present that can affect kinetics?</li> </ul>

<b><u>Pregnancy/ lactation:</u></b>	<ul style="list-style-type: none"> <li>• Has the patient already taken the drug?</li> <li>• Indication for the drug</li> <li>• How essential is the drug</li> <li>• Planned dose, frequency, duration, and route of administration?</li> <li>• Other drugs or disease states?</li> <li>• Trimester of pregnancy</li> <li>• Fetal abnormality?</li> <li>• Symptoms following breast feeding</li> <li>• How old is the infant?</li> <li>• Frequency/schedule of breast-feeding</li> <li>• Is bottle feeding an option?</li> </ul>
<b><u>Compounding/ Formulation:</u></b>	<ul style="list-style-type: none"> <li>• Reason for having to compound</li> <li>• What is the drug being used for?</li> <li>• Did the patient use another similar agent?? Result?</li> <li>• Dosage</li> <li>• Site of desired administration</li> </ul>
<b><u>Poison/ Toxicology:</u></b>	<ul style="list-style-type: none"> <li>• Telephone number</li> <li>• Acute ingestions → poison center</li> <li>• What was ingested – drug/chemical?</li> <li>• Amount ingested</li> <li>• Route of exposure</li> <li>• Time elapsed since ingestion</li> <li>• Accidental exposure? Suicide attempt? Environmental exposure?</li> <li>• What symptoms is patient having?</li> <li>• What has been done for the patient so far?</li> <li>• Renal and hepatic function</li> </ul>
<b><u>Pharmacology:</u></b>	<ul style="list-style-type: none"> <li>• Reason for inquiry (often pharmacokinetics or drug interaction)</li> <li>• Patient's disease state</li> </ul>
<b><u>Investigational drugs:</u></b>	<ul style="list-style-type: none"> <li>• Reference sources (where did caller hear about the drug?)</li> <li>• Correct spelling (source of spelling)</li> <li>• Therapeutic use</li> <li>• Investigator manufacturer</li> <li>• Reason for inquiry (sometimes a toxicity/ adverse effects question)</li> </ul>

## Assignment IV- Institutional Requirement

### Medication History / Patient Interview Worksheet

*\*All documentation to be turned in to the school or kept 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 that person as your sample patient.
- The preceptor can create a “mock” patient script that may be used 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, quantity/dose, route and frequency)	Last Taken (Date/Time)	Indication/ Purpose/ Comments

**Medication Allergies:**

Medication name: \_\_\_\_\_ Reaction: \_\_\_\_\_

Medication name: \_\_\_\_\_ Reaction: \_\_\_\_\_

Medication name: \_\_\_\_\_ Reaction: \_\_\_\_\_

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

Influenza Vaccine: \_\_\_\_\_ Hepatitis Vaccine: \_\_\_\_\_

Pneumonia Vaccine: \_\_\_\_\_ Tetanus Vaccine: \_\_\_\_\_

Zoster Vaccine: \_\_\_\_\_ Other Vaccine: \_\_\_\_\_

**Describe any potential drug-related problems or other areas of concern:**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_



# Assignment V- *Community Requirement*

## OTC Formulary / Related Products Reference

Create a document (2-3 pages) to serve as a reference for a category of OTC medications or home monitoring/diagnostic products. The purpose is to serve as a resource to help a patient select the best product for self-treatment. Choose from the list below (or as assigned by your preceptor) and compare/contrast the individual products carried by the pharmacy you are assigned to for your community IPPE rotation. The preceptor may help determine if all products in the category should be included or only selected products, such as the top 5 best sellers. On the following pages, a drug monograph worksheet is included. This should be used to describe each class or medication.

### **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, drug tests
- Home monitoring products: blood glucose
- Diaper rash
- Pediatric fever and pain relief products
- Yeast infection products
- Contraceptive products

Your report should include the following information:

### **OTCs**

- 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

**Home Monitoring/Diagnostic Products**

- 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

### Drug Monograph Worksheet:

Brand name:	Other brand names available:
Generic name:	Mechanism of action:
Therapeutic category (Antacid, analgesic, etc):	Onset of action:
Pharmacologic category (H2-blocker, NSAID, etc):	Recommendations for special populations (pediatrics, geriatrics, pregnancy):
Dosing:	
Indications:	
Contraindications:	
Drug-Drug Interactions:	Patient counseling points:
Drug-Disease Interactions:	
Adverse Reactions:	

**List 3 important counseling points for your patient that are not located on the Drug Facts Label:**

## Assignment VI- *Community Requirement*

### SOAP Note / QuEST SCHOLAR / Patient Self-Medication Consultation Worksheet

Without even realizing it, pharmacists perform the QuEST SCHOLAR or SOAP technique with patients every day as they listen to and provide therapeutic recommendations for OTC products. Many questions, such as those listed in the QuEST SCHOLAR technique are utilized. The pharmacist quickly listens to their “subjective” complaints, observes for any “objective” signs, “assesses” the patient’s condition using their overall experience in patient care, and then develops a “plan”/provides a recommendation.

- Please interview or observe your preceptor in consultation with a patient regarding a specific OTC health related concern (e.g. recommendation for treatment of a cough or cold). Even though timing is sometimes tight, if at all possible, utilize the QuEST SCHOLAR or Patient Self-Medication Consultation Worksheet to gather all pertinent information from the patient.
- Utilize either the QuEST SCHOLAR or SOAP Note format to document what you have learned, reason through, and develop a plan of action for the patient.
- Because of the busy nature of most pharmacies, in most cases, the student will observe a fairly brief interaction between the pharmacist and patient. However, in the write-up, the student should perform a thorough assessment and create a plan as if there is ample time to spend.
- If preceptors would prefer to create a more “complex” patient for learning purposes, they can create a “mock” patient script and play the role of the patient while the student conducts the interview.

#### **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.

<i>Title:</i>	
<i>Date:</i>	
<i>Qu: Quickly and accurately assess the patient</i> <i>Who is the patient (age/ gender/initials/ethnicity)?</i>	
<b>Symptoms:</b>	
<b>Characteristics:</b>	
<b>History:</b>	

<b>Onset:</b>	
<b>Location:</b>	
<b>Aggravating factors:</b>	
<b>Remitting factors:</b>	
<b>Health conditions:</b>	
<b>Allergies:</b>	
<b>Medications (Prescription, OTC, herbals):</b>	
<b>Social History:</b>	

Initial assessment:		
Nonprescription products available:		
<i>E: Establish that the patient is an appropriate self-care candidate (if any "yes" then refer to physician)</i>		
	Yes/No	Describe:
Severe symptoms?		
Persistent symptoms?		
Avoiding med care?		
<i>S: Suggest appropriate self-care strategies</i>		
Medication (including dose and frequency):		Rationale:
Alternative tx:		
General care:		

<i>T: Talk with the patient</i>		
	Absolute need to know (try to limit to 3-4):	Should know:
Med (action, purpose, administration, ADRs):		
Treatment expectations:		
Follow up:		

### **Patient Self-Medication Consultation Worksheet**

Please utilize this form to ensure 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 assessment of the patient's situation.
4. 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: \_\_\_\_\_

### **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 above or your interview with the patient, please write a SOAP note for each patient following the format provided.

### **SOAP Note 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)
- When available, include patient demographics, chief complaint, history of present illness, past medical/surgical history, family history, social history, vaccination history, current medications (Rx, OTC, herbal), and drug allergies
  - Medication history is subjective when it is obtained from the patient

### Objective

- Quantifiable data the health care provider observes without bias
- All information that can be reproduced or verified
- When available, include pertinent vital signs, calculations, current medications, physical exam/review of systems, labs, test results, and microbiology
  - Medication history is objective when it is obtained from a database such as the pharmacy computer system

### Assessment

- Identify, prioritize, and characterize each patient problem
- Example:
  - Problem 1- Newly-identified diabetic ketoacidosis requiring immediate treatment
  - Problem 2- Uncontrolled hyperlipidemia requiring dose increase or change of therapy
  - Problem 3- Controlled hypertension requiring continued therapy & monitoring
  - Problem 4- Morbid obesity requiring intervention on follow-up

### Plan

- Strategy for treating/addressing all problems identified in the assessment with pharmacologic and/or non-pharmacologic therapy
  - Include a SMART goal for each problem
- Include specific recommendation for treatment (include dose, route, frequency, and duration for drug therapy)
- Include rationale for your recommendation
- List recommendations for specific monitoring of efficacy and safety and follow-up
- When appropriate, document patient education

Example:

#### Subjective:

CC: 48 y.o. male in no acute distress presenting to the pharmacy for consultation regarding stomach medication

#### HPI:

- Substernal chest pain accompanied by sour “battery acid” taste in mouth and back of throat
- Sporadic onset and frequency aggravated by spicy foods, coffee and eating late at night
- Patient finds incomplete relief from milk and occasional use of Tums

PMH:

- Hypertension

Allergies:

- Bee Stings (anaphylaxis)
- Lisinopril (cough)

Objective:

Medications per dispensing system:

- Prescription
  - Valsartan 40mg po qam-blood pressure
  - Diltiazem ER 180mg po qam-blood pressure
  - HCTZ 12.5mg po qam-blood pressure
- OTC
  - None
- Herbal/Dietary Supplements
  - MVI po qday

Vital Signs:

- BP = 143/78
- HR = 57
- RR = 17

Assessment:

1. Mild to moderate intermittent heartburn secondary to aggravating foods requiring drug therapy
2. Chronic uncontrolled hypertension requiring adjustment of drug therapy regimen including reduction of polypharmacy
3. Health maintenance requiring continued assessment

Plan:

1. Heartburn
  - Goal:
    - Reduce severity of patient reported signs and symptoms (scale of 1 to 10) of heartburn by at least 50% within 24-48 hours.
    - Reduce occurrence of symptoms to < 1 time per week within 30 days
  - Pharm:
    - Pepcid Complete 2 tablets bid x 3 days, then 1-2 tablets bid prn
    - Counsel patient to take 30-45 minutes prior to meals if potential for indigestion is high i.e. spicy foods, coffee etc.
    - May supplement with Roloids 1-2 tabs prn breakthrough indigestion; max 10 tabs per day
  - Non-Pharm:
    - Avoid aggravating foods and eating within 3 hours of bedtime
    - Reduce meal size and remain upright for 60 minutes following meals to prevent reflux
    - Consider weight loss; follow-up with dietitian
    - If nighttime symptoms continue to persist, elevate head of bed 6 inches
  - Monitoring:
    - Reduction/elimination of patient reported symptoms in 24-48 hours



- Reduction in frequency of occurrences to <1 time per week over the next 30 days
  - Monitor continuously for increased dizziness or headache as well as diarrhea or constipation with Pepcid Complete
  - Monitor continuously for increased diarrhea especially if using prn Roloids; discontinue and call RPh or physician if symptoms become severe
  - 
  - Follow-Up:
    - Contact patient in 48 hours to determine level of relief
    - Follow-up with patient in 14 days after to determine level of long term symptom relief
    - Refer to physician if symptoms worsen or ADEs develop
2. Hypertension
- Goal:
    - Reduce blood pressure to <140/90 over the next 30 days
    - Consolidate regimen at this visit to reduce polypharmacy and potential contribution to stomach upset
  - Pharm:
    - Discontinue Diltiazem and HCTZ
    - Increase valsartan to 80mg po qday
  - Non-Pharm:
    - Reduce salt intake to <2000mg daily
    - Dietary consultation for fitness and weight loss
  - Monitoring:
    - Patient self-monitored blood pressure daily for next 3 days, then weekly thereafter with goal of <140/90 at 30 days; consider adjusting regimen at that point
    - Monitor for dizziness or drowsiness with change in regimen
    - BMP for baseline renal function and potassium, then q6months thereafter
  - Follow-up:
    - Patient to self-monitor blood pressure as indicated above and follow up with physician in 30 days
    - Contact physician prior if dizziness, drowsiness problematic
3. Health Maintenance
- Continue to evaluate need for MVI
    - Monitor for GI upset
  - Recommend prescription for Epi-Pen due to severe allergy to bee stings
    - Counsel patient on appropriate use

# Completing Evaluations (Assessments)

1. STEPS TO BE COMPLETED IN ORDER
2. **All Evaluations are to be completed and submitted via PharmAcademic unless otherwise indicated.**
3. **The student** should review the PHARMACADEMIC process with his/her 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.**

## MID-ROTATION:

### Student:

1. Turn in all pertinent assignments to your preceptor for review prior to your Midpoint evaluation.
2. Complete "IPPE- Student Mid-rotation Self-Assessment" (online in PharmAcademic)

### Preceptor:

1. During the second week of rotation complete the "IPPE -- Preceptor Midpoint Assessment of Student" form and review the results with the student.
2. If the student is at risk for failure during the mid-rotation review, the preceptor should contact the Director of Experiential Education. A plan of action should be developed between the preceptor and the student to improve the student's performance and chance of success. Please document concerns and pertinent plan using the Midpoint Deficiency Notice (found in this manual following the Midpoint Assessment) and submit to the Director of Experiential Education-Erie for review.

## END of ROTATION:

### Student:

1. Turn in all pertinent assignments to your preceptor for review at the Final Assessment as outlined in the manual. The preceptor may ask to see ALL assignments from the full rotation, so please have them ready for review.
2. Complete the "IPPE - Student Final Self-Assessment" (online in PharmAcademic)
3. Complete the "Student Assessment of Site and Preceptor" (online in PharmAcademic)

4. Your portfolio must be reviewed by your Advisor within 2 weeks of returning to campus for the Fall term in order for you to receive credit for this work. This is worth 10% of your grade for EACH rotation.

**Preceptor:**

1. During the fourth (last) week of rotation complete the “IPPE -- Preceptor Final Assessment of Student” online in PharmAcademic and review the results with the student.
2. Please see the following pages for the questions that you will be asked to complete in PharmAcademic when completing the online evaluation (assessment).

## IPPE Midpoint Assessment of Student- *Sample*

*Considering the student's coursework to date (Basic Prescription Interpretation, Top 200 drugs/OTCs, Basic Drug Information Skills, Communications, Calculations, Biochemistry, Anatomy and Physiology, Immunology, Microbiology, and Pharmaceutics), please evaluate the student in the following areas using these criteria:*

<b>D = Deficient</b>	<b>C = Competent</b>	<b>E = Excellent</b>
<p>Student is <b>not able to meet expectations</b> despite guidance and/or multiple redirection attempts on part of preceptor.</p> <p>Student seems <b>indifferent to preceptor counseling</b>.</p> <p>Assignment quality is <b>poor or incomplete</b>. Significant revision is still needed.</p>	<p>Student is <b>able to meet expectations with guidance from the preceptor</b> in most cases but some refinement may be needed. Completes assignments and follows directions.</p> <p>Student is <b>open to feedback</b>.</p> <p>Assignments are of <b>adequate quality</b>; may have required moderate corrections but overall outcome is sufficient.</p>	<p>Student <b>consistently and independently fulfills and sometimes exceeds expectations</b> compared to usual students.</p> <p>Is <b>proactive</b> in approach to various situations, to learning, and in communicating. Is a model student.</p> <p>Assignments are of <b>high overall quality</b> and required minimal correction to complete</p>

### 1) Knowledge Base

#### A. Order fulfillment/drug and pharmacy systems knowledge

*Example competencies:*

**Evaluation:** \_\_\_\_\_

- a. Completes basic order interpretation and dispensing of requested product
- b. Displays basic knowledge of brand/generic and drug purpose
- c. Performs pertinent calculations
- d. Demonstrates error prevention process

#### B. Knowledge support skills

*Example competencies:*

**Evaluation:** \_\_\_\_\_

- a. Retrieves additional information when needed (e.g. from patient/caregiver, chart, package insert, nurses, insurance company, pharmaceutical company, etc.)
- b. Researches basic drug information questions
- c. Interprets information from basic literature, manuals, or other references

## 2) Technical Skills

*Example competencies:*

**Evaluation:** \_\_\_\_\_

- a. Acquires from stock and accurately prepares medications
- b. Displays good technique (after training) in preparation of parenteral products
- c. Able to navigate use of technology appropriately (dispensing systems, computers, etc)
- d. Identifies/troubleshoots basic problems
- e. Able to incorporate self into workflow of the pharmacy effectively
- f. Files necessary paperwork, electronic data

## 3) Communication Skills

### A. **Verbal/non-verbal communication**

*Example competencies:*

**Evaluation:** \_\_\_\_\_

- a. Uses appropriate verbal (clear, concise) communication skills with preceptor/other staff
- b. Displays appropriate non-verbal mannerisms during all interactions
- c. Communicates with preceptor/staff when more guidance is needed
- d. Interacts effectively with patients
- e. Delivers live presentations effectively

### B. **Written communication**

*Example competencies:*

**Evaluation:** \_\_\_\_\_

- a. Uses appropriate written (legible, accurate, format, professional) communication skills in assignments/other communications
- b. Crafts appropriate SOAP note/care plan

## 4) Professionalism

### A. **Attitude**

*Example competencies:*

**Evaluation:** \_\_\_\_\_

- a. Accepts constructive feedback and responsibility. Recognizes own limitations.
- b. Enthusiastic about learning/ self-motivated/ self-confident for level of experience/ participates in discussion and activities
- c. Displays caring, non-judgmental attitude toward patients, caregivers, or health care colleagues (including culture, religion, gender, or personal lifestyle)
- d. Appears invested in well-being of patients, success of colleagues/site in delivering patient care.
- e. Respect other's opinions/ consensus seeking
- f. Remains focused and not distracted from duties/responsibilities

### B. **Professional Ethics**



## Midpoint Deficiency Notification

*Please contact the Director of Experiential Education immediately by phone (814-860-5167 or email (rxrotations-pa@lecom.edu) 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:** \_\_\_\_\_

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**Description of deficiency:**

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**Action Plan for Improvement:**

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**Student's Signature:** \_\_\_\_\_

**Preceptor's Signature:** \_\_\_\_\_

## IPPE- Student Self-Assessment- *Sample*

*This assessment documents the progress and achievement of objectives for the IPPE rotation. An **honest** self-assessment will help you focus your learning endeavors and development of professional skills. This evaluation should be performed towards the end of the second week and at the end of the fourth week of the rotation prior to meeting with your preceptor for evaluation.*

<b>D = Deficient</b>	<b>C = Competent</b>	<b>E = Excellent</b>
<p>Student is <b>not able to meet expectations</b> despite guidance and/or multiple redirection attempts on part of preceptor.</p> <p>Student seems <b>indifferent to preceptor counseling</b>.</p> <p>Assignment quality is <b>poor or incomplete</b>. Significant revision is still needed.</p>	<p>Student is <b>able to meet expectations with guidance from the preceptor</b> in most cases but some refinement may be needed. Completes assignments and follows directions.</p> <p>Student is <b>open to feedback</b>.</p> <p>Assignments are of <b>adequate quality</b>; may have required moderate corrections but overall outcome is sufficient.</p>	<p>Student <b>consistently and independently fulfills and sometimes exceeds expectations</b> compared to usual students.</p> <p>Is <b>proactive</b> in approach to various situations, to learning, and in communicating. Is a model student.</p> <p>Assignments are of <b>high overall quality</b> and required minimal correction to complete</p>

### 1) Knowledge Base

#### A. Order fulfillment/drug and pharmacy systems knowledge

*Example competencies:*

**Evaluation:** \_\_\_\_\_

- a. Completes basic order interpretation and dispensing of requested product
- b. Displays basic knowledge of brand/generic and drug purpose
- c. Performs pertinent calculations
- d. Demonstrates error prevention process

#### B. Knowledge support skills

*Example competencies:*

**Evaluation:** \_\_\_\_\_

- a. Retrieves additional information when needed (e.g. from patient/caregiver, chart, package insert, nurses, insurance company, pharmaceutical company, etc.)
- b. Researches basic drug information questions
- c. Interprets information from basic literature, manuals, or other references



## 2) Technical Skills

*Example competencies:*

**Evaluation:** \_\_\_\_\_

- a. Acquires from stock and accurately prepares medications
- b. Displays good technique (after training) in preparation of parenteral products
- c. Able to navigate use of technology appropriately (dispensing systems, computers, etc)
- d. Identifies/troubleshoots basic problems
- e. Able to incorporate self into workflow of the pharmacy effectively
- f. Files necessary paperwork, electronic data

## 3) Communication Skills

### A. **Verbal/non-verbal communication**

*Example competencies:*

**Evaluation:** \_\_\_\_\_

- a. Uses appropriate verbal (clear, concise) communication skills with preceptor/other staff
- b. Displays appropriate non-verbal mannerisms during all interactions
- c. Communicates with preceptor/staff when more guidance is needed
- d. Interacts effectively with patients
- e. Delivers live presentations effectively

### B. **Written communication**

*Example competencies:*

**Evaluation:** \_\_\_\_\_

- a. Uses appropriate written (legible, accurate, format, professional) communication skills in assignments/other communications
- b. Crafts appropriate SOAP note/care plan

## 4) Professionalism

### A. **Attitude**

*Example competencies:*

**Evaluation:** \_\_\_\_\_

- a. Accepts constructive feedback and responsibility. Recognizes own limitations.
- b. Enthusiastic about learning/ self-motivated/ self-confident for level of experience/ participates in discussion and activities
- c. Displays caring, non-judgmental attitude toward patients, caregivers, or health care colleagues (including culture, religion, gender, or personal lifestyle)
- d. Appears invested in well being of patients, success of colleagues/site in delivering patient care.
- e. Respect other's opinions/ consensus seeking
- f. Remains focused and not distracted from duties/responsibilities

**B. Professional Ethics**

*Example competencies:*

**Evaluation:** \_\_\_\_\_

- a. Arrives on time (and forms preceptor promptly otherwise), appropriate attire/appearance, uses professional language, collegial
- b. Adheres to laws, regulations, and site specific policies/procedures.
- c. Conscientious in completing assigned tasks in a timely fashion
- d. Maintains confidentiality (patient/proprietary)

5) **Assignments** *(all listed here are due at Final)*

- a. Site description **Evaluation:** \_\_\_\_\_
- b. Midpoint Reflection **Evaluation:** \_\_\_\_\_
- c. Med Class Review (Comm.)/DI Question (Inst.) **Evaluation:** \_\_\_\_\_
- d. SOAP Note (Comm.) or Medication History (Inst.) **Evaluation:** \_\_\_\_\_
- e. Final Reflection **Evaluation:** \_\_\_\_\_

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

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

## IPPE Final Assessment of Student- *Sample*

*Considering the student's coursework to date (Basic Prescription Interpretation, Top 200 drugs/OTCs, Basic Drug Information Skills, Communications, Calculations, Biochemistry, Anatomy and Physiology, Immunology, Microbiology, and Pharmaceutics), please evaluate the student in the following areas using these criteria:*

<b>D = Deficient</b>	<b>C = Competent</b>	<b>E = Excellent</b>
<p>Student is <b>not able to meet expectations</b> despite guidance and/or multiple redirection attempts on part of preceptor.</p> <p>Student seems <b>indifferent to preceptor counseling</b>.</p> <p>Assignment quality is <b>poor or incomplete</b>. Significant revision is still needed.</p>	<p>Student is <b>able to meet expectations with guidance from the preceptor</b> in most cases but some refinement may be needed. Completes assignments and follows directions.</p> <p>Student is <b>open to feedback</b>.</p> <p>Assignments are of <b>adequate quality</b>; may have required moderate corrections but overall outcome is sufficient.</p>	<p>Student <b>consistently and independently fulfills and sometimes exceeds expectations</b> compared to usual students.</p> <p>Is <b>proactive</b> in approach to various situations, to learning, and in communicating. Is a model student.</p> <p>Assignments are of <b>high overall quality</b> and required minimal correction to complete</p>

### 1) Knowledge Base

#### A. Order fulfillment/drug and pharmacy systems knowledge

*Example competencies:*

**Evaluation:** \_\_\_\_\_

- a. Completes basic order interpretation and dispensing of requested product
- b. Displays basic knowledge of brand/generic and drug purpose
- c. Performs pertinent calculations
- d. Demonstrates error prevention process

#### B. Knowledge support skills

*Example competencies:*

**Evaluation:** \_\_\_\_\_

- a. Retrieves additional information when needed (e.g. from patient/caregiver, chart, package insert, nurses, insurance company, pharmaceutical company, etc.)
- b. Researches basic drug information questions
- c. Interprets information from basic literature, manuals, or other references

## 2) Technical Skills

*Example competencies:*

**Evaluation:** \_\_\_\_\_

- a. Acquires from stock and accurately prepares medications
- b. Displays good technique (after training) in preparation of parenteral products
- c. Able to navigate use of technology appropriately (dispensing systems, computers, etc)
- d. Identifies/troubleshoots basic problems
- e. Able to incorporate self into workflow of the pharmacy effectively
- f. Files necessary paperwork, electronic data

## 3) Communication Skills

### A. **Verbal/non-verbal communication**

*Example competencies:*

**Evaluation:** \_\_\_\_\_

- a. Uses appropriate verbal (clear, concise) communication skills with preceptor/other staff
- b. Displays appropriate non-verbal mannerisms during all interactions
- c. Communicates with preceptor/staff when more guidance is needed
- d. Interacts effectively with patients
- e. Delivers live presentations effectively

### B. **Written communication**

*Example competencies:*

**Evaluation:** \_\_\_\_\_

- a. Uses appropriate written (legible, accurate, format, professional) communication skills in assignments/other communications
- b. Crafts appropriate SOAP note/care plan

## 4) Professionalism

### A. **Attitude**

*Example competencies:*

**Evaluation:** \_\_\_\_\_

- a. Accepts constructive feedback and responsibility. Recognizes own limitations.
- b. Enthusiastic about learning/ self-motivated/ self-confident for level of experience/ participates in discussion and activities
- c. Displays caring, non-judgmental attitude toward patients, caregivers, or health care colleagues (including culture, religion, gender, or personal lifestyle)
- d. Appears invested in well-being of patients, success of colleagues/site in delivering patient care.
- e. Respect other's opinions/ consensus seeking
- f. Remains focused and not distracted from duties/responsibilities

**B. Professional Ethics**

*Example competencies:*

**Evaluation:** \_\_\_\_\_

- a. Arrives on time (and forms preceptor promptly otherwise), appropriate attire/appearance, uses professional language, collegial
- b. Adheres to laws, regulations, and site specific policies/procedures.
- c. Conscientious in completing assigned tasks in a timely fashion
- d. Maintains confidentiality (patient/proprietary)

5) **Required Assignments**

- a. Site description **Evaluation:** \_\_\_\_\_
- b. Midpoint Reflection **Evaluation:** \_\_\_\_\_
- c. Med Class Review (Comm.)/DI Question (Inst.) **Evaluation:** \_\_\_\_\_
- d. SOAP Note (Comm.) or Medication History (Inst.) **Evaluation:** \_\_\_\_\_
- e. Final Reflection **Evaluation:** \_\_\_\_\_

6) **Preceptor's Overall Comments regarding student performance on rotation:**

7) **Please indicate the number of days the student has been absent from the entire rotation:**

0      1      2      3      4

8) **How many of these absent days did the student make up?**

NA    1      2      3      4

9) **Did the student complete a *minimum* of 160 hrs during this rotation?**

Yes                  No

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

Yes                          No

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

Yes                          No

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

Yes

No

# 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.*

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

**14. Would you recommend this preceptor for recognition as an outstanding preceptor? If yes, please explain.**

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

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

**17. My preceptor reviewed my performance at the rotation's midpoint:**

Yes                  No

**18. My preceptor reviewed my overall performance at the end of the rotation:**

Yes                  No



# General Instructions for using PharmAcademic

PharmAcademic 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.

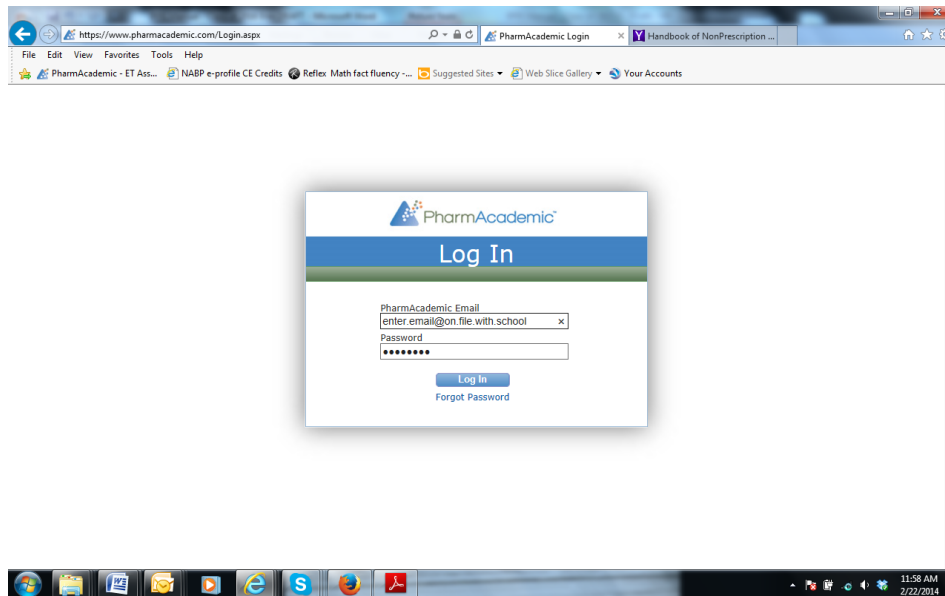
PharmAcademic ID's and passwords are intended for the recipient only. Please do not share your ID or password with anyone. Unauthorized use is prohibited.

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.

## 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
<a href="#">Student, Andrew</a>	P4 2011-2012	10/15/2011	11/14/2011	Internal Med: Pediatrics
<a href="#">Student, Eighth</a>	P4 2011-2012	8/15/2011	9/14/2011	Community: General
<a href="#">Student, Eighth</a>	P4 2011-2012	10/15/2011	11/14/2011	Internal Med: Pediatrics
<a href="#">Student, Eleventh</a>	P4 2011-2012	9/15/2011	10/14/2011	Internal Med: Pediatrics
<a href="#">Student, Eleventh</a>	P4 2011-2012	10/15/2011	11/14/2011	Internal Med: Pediatrics
<a href="#">Student, Jill</a>	P4 2011-2012	8/15/2011	9/14/2011	Community: General
<a href="#">Student, Jill</a>	P4 2011-2012	9/15/2011	10/14/2011	Internal Med: Pediatrics
<a href="#">Student, Jill</a>	P4 2011-2012	1/15/2012	2/14/2012	Internal Med: Pediatrics
<a href="#">Student, Twelfth</a>	P4 2011-2012	8/15/2011	9/14/2011	Internal Med: Pediatrics
<a href="#">Student1, Demo</a>	P4 2011-2012	11/15/2011	12/14/2011	Internal Med: Pediatrics

### Student Viewer

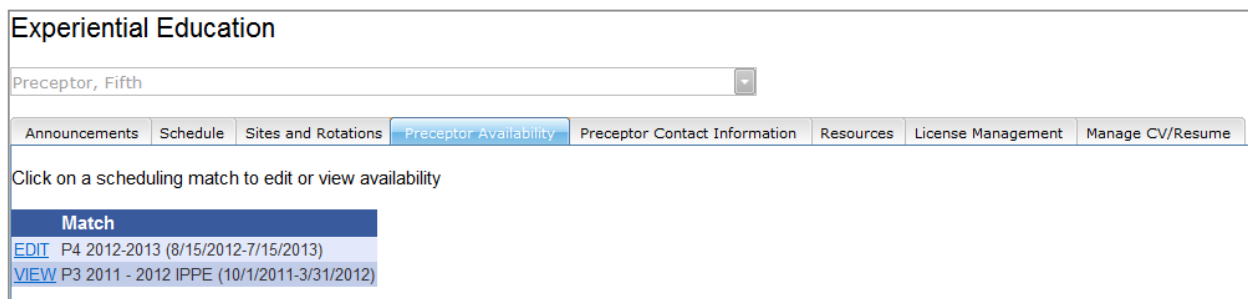
The Student Viewer allows the preceptor to view the student’s primary address, phone number, email address, and photo (if loaded by the school or the student), and the student’s entire schedule for the match in which the preceptor’s rotation occurs. The name of the rotation is a hyperlink to the Rotation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



The screenshot shows the 'Experiential Education' interface. At the top, there is a dropdown menu for 'Preceptor, Fifth'. Below this is a navigation bar with tabs: 'Announcements', 'Schedule', 'Sites and Rotations', 'Preceptor Availability' (which is highlighted), 'Preceptor Contact Information', 'Resources', 'License Management', and 'Manage CV/Resume'. Below the navigation bar, there is a message: 'Click on a scheduling match to edit or view availability'. Underneath this message is a table with a header 'Match' and two rows of data:

Match
<a href="#">EDIT</a> P4 2012-2013 (8/15/2012-7/15/2013)
<a href="#">VIEW</a> 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.

**Preceptor Availability**

Enter your availability for this match. You can set your availability at the individual block level by editing the grid below. Click the save button to save your entries.

Quick Links - Set all blocks to 0 | 1 | 2 students accepted

Site Name	Block	Rotation	How many students will you accept for this block?
ABC Pharmacy #521	September Block (09/01/2012 - 09/30/2012)	Advanced Community	Not Specified <a href="#">Edit</a>
ABC Pharmacy #521	October Block (10/01/2012 - 10/31/2012)	Advanced Community	Not Specified <a href="#">Edit</a>
ABC Pharmacy #521	November Block (11/01/2012 - 11/30/2012)	Advanced Community	Not Specified <a href="#">Edit</a>
ABC Pharmacy #521	December Block (12/01/2012 - 12/30/2012)	Advanced Community	Not Specified <a href="#">Edit</a>
ABC Pharmacy #521	January Block (01/03/2013 - 01/31/2013)	Advanced Community	Not Specified <a href="#">Edit</a>
ABC Pharmacy #521	February Block (02/01/2013 - 02/28/2013)	Advanced Community	Not Specified <a href="#">Edit</a>
ABC Pharmacy #521	March Block (03/01/2013 - 03/31/2013)	Advanced Community	Not Specified <a href="#">Edit</a>
ABC Pharmacy #521	April Block (04/01/2013 - 04/30/2013)	Advanced Community	Not Specified <a href="#">Edit</a>
ABC Pharmacy #521	May Block (05/01/2013 - 05/31/2013)	Advanced Community	Not Specified <a href="#">Edit</a>

If you wish to specify the total number of blocks that you will accept students or the total number of students you will accept, please complete these fields. Otherwise, you may leave these blank.

Maximum Number of Students Accepted for this Match:

Maximum Number of Blocks to Schedule for this Match:

Special Availability Requests for the Experiential Training Office:

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.

Number of Students Accepted for this Match: 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.*

Number of Blocks to Schedule for this Match: 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.*

Special Availability Requests for the Experiential Training Office: 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.


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.

Subject	PharmAcademic Student Assessment Notification: End of Rotation Assessment Form
From	<a href="#">McCreadie Group Support</a>
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.



Home  
My Account  
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Assessment  
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My Portfolio  
Help & Support  
Log Out


### Assessments

Current **All** Summaries

Due Date Filter: 9/1/2011 through 1/30/2012

Due Date	Assessment	Evaluator	Subject	Available Date	Submitted Date	Expiration Date
1/15/2012	<a href="#">Preceptor Survey</a>	Owens, Preceptor20 (Preceptor20@mccreadiegroup.com)		11/9/2011		1/31/2012
9/30/2011	Student Evaluation	Owens, Preceptor20 (Preceptor20@mccreadiegroup.com)	Student139, Anne (Anne139@mccreadiegroup.com)	9/25/2011		10/5/2011
10/31/2011	Student Evaluation	Owens, Preceptor20 (Preceptor20@mccreadiegroup.com)	Student142, Danielle (Danielle142@mccreadiegroup.com)	10/26/2011	<b>11/8/2011</b>	11/16/2011
11/30/2011	Student Evaluation	Owens, Preceptor20 (Preceptor20@mccreadiegroup.com)	Student101, Adam (Ed) (Adam101@mccreadiegroup.com)	10/18/2011	<b>11/8/2011</b>	12/31/2011
11/30/2011	Student Evaluation	Owens, Preceptor20 (Preceptor20@mccreadiegroup.com)	Student102, Eric (Eric102@mccreadiegroup.com)	10/18/2011	<b>11/8/2011</b>	12/31/2011

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.



Home  
My Account  
Curriculum  
Courses  
Assessment  
Experiential Training  
My Portfolio  
Help & Support  
Log Out

**Student Being Evaluated:** Student, Fifth  
**Assessment:** ET Evaluation of Student  
**Evaluator:** Preceptor, Fifth

**Delivery Date:** 10/22/2010  
**Due Date:** 11/1/2010 12:00:00 PM

[Generate a printed version of this assessment](#)

Page 1 - General

General

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.

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.

Subject	<b>PharmAcademic Student Assessment Notification: End of Rotation Assessment Form</b>
From	<a href="#">McCreadie Group Support</a>
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.

Assessment	Subject	Due Date
<a href="#">ET Evaluation of Preceptor</a>	Mr. Fifth Preceptor (preceptor5@mccreadiegroup.com)	10/31/2010
<a href="#">ET Evaluation of Preceptor</a>	Mr. First Preceptor (preceptor1@mccreadiegroup.com)	10/31/2010
<a href="#">ET Evaluation of Preceptor</a>	Mr. Fourth Preceptor (preceptor4@mccreadiegroup.com)	10/31/2010
<a href="#">ET Evaluation of Student</a>	Fifteenth Student (student015@mccreadiegroup.com)	10/27/2010

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.



Home  
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Log Out

**Faculty/Preceptor Being Evaluated:** Preceptor, Fifth  
**Assessment:** ET Evaluation of Preceptor  
**Evaluator:** Student, Fifteenth

**Delivery Date:** 10/21/2010  
**Due Date:** 10/22/2010 12:00:00 PM

[Generate a printed version of this assessment](#)

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**General**

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
1. Question 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Question 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Question 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.

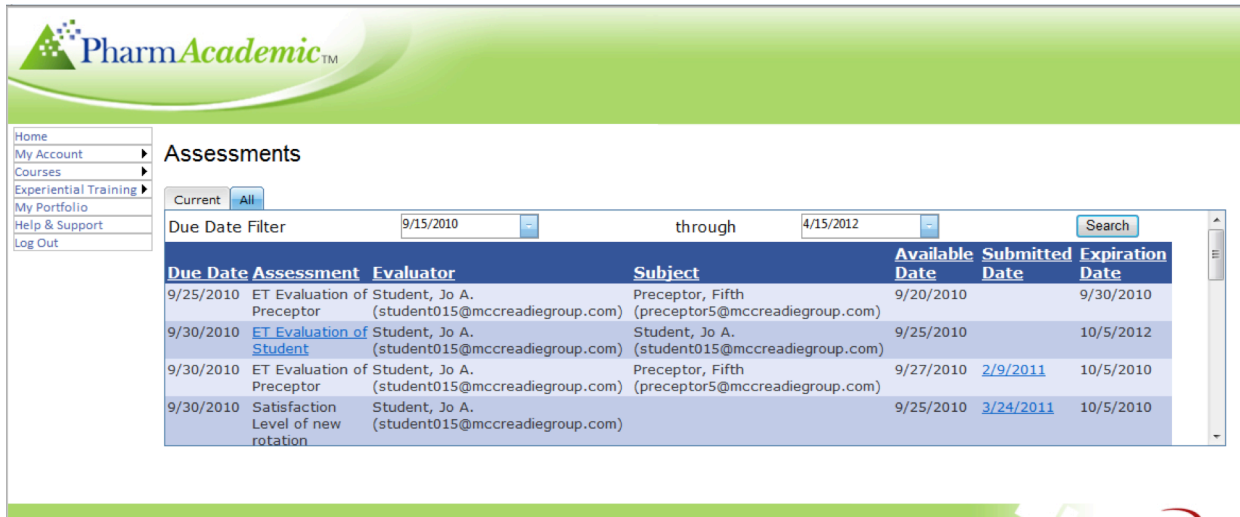
Once completed, you may view evaluations by viewing your schedule in PharmAcademic. From the Experiential Training menu, select the Student Ranking/Schedule screen, and select Details next to a rotation. Evaluations will be listed, and those that are complete have a View link. Selecting the View link 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 screenshot shows the PharmAcademic interface. On the left is a navigation menu with links: Home, My Account, Courses, Experiential Training, My Portfolio, Help & Support, and Log Out. The main content area is titled 'Assessments' and has two tabs: 'Current' and 'All'. Below the tabs is a 'Due Date Filter' section with two date pickers: '9/15/2010' and '4/15/2012', with the text 'through' between them and a 'Search' button. Below this is a table with the following data:

Due Date	Assessment	Evaluator	Subject	Available Date	Submitted Date	Expiration Date
9/25/2010	ET Evaluation of Student, Jo A. Preceptor	Student, Jo A. (student015@mccreadiegroup.com)	Preceptor, Fifth (preceptor5@mccreadiegroup.com)	9/20/2010		9/30/2010
9/30/2010	<a href="#">ET Evaluation of Student</a>	Student, Jo A. (student015@mccreadiegroup.com)	Student, Jo A. (student015@mccreadiegroup.com)	9/25/2010		10/5/2012
9/30/2010	ET Evaluation of Student, Jo A. Preceptor	Student, Jo A. (student015@mccreadiegroup.com)	Preceptor, Fifth (preceptor5@mccreadiegroup.com)	9/27/2010	<a href="#">2/9/2011</a>	10/5/2010
9/30/2010	Satisfaction Level of new rotation	Student, Jo A. (student015@mccreadiegroup.com)		9/25/2010	<a href="#">3/24/2011</a>	10/5/2010

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.

## Fulfilling Site-Specific Prerequisites:

### **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 6 weeks before the start of the rotation. Please e-mail Roberta Volgstadt to inform her when you are sending this information so we can place a note in your file.**

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](mailto:itsupport@certiphi.com). If you are still running into problems acquiring your records, you may contact the LECOM Office of Security at 814-866-8415 during daytime business hours for assistance in acquiring your reports.

### What to do if you need an **updated** comprehensive Background Investigation:

- This applies if you have ordered a background investigation from Certiphi previously through PharmCAS. If you have not, please contact the Director of Experiential Education for guidance.
- **The cost for an updated background check is \$39.00**

Locate the email from [studentedition@certiphi.com](mailto: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](mailto: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/AGS/EPLS Search

**What to do if you need a Pennsylvania PATCH (Act 34) clearance only:**

- 1) Please go to the following website to order: <https://epatch.state.pa.us/Home.jsp>
- 2) **The cost for an PATCH screen is \$10.00**
- 3) Please note that a PATCH screen is part of your comprehensive background check via Certiphi, as well. If you know you may require a more comprehensive check for a later rotation, you may want to acquire through Certiphi.

**What to do if you need a Pennsylvania Child Abuse Clearance (Act 33)- Electronic Submission (\$10)**

- 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 fingerprints:**

1) **For a Pennsylvania site:**

**If you are located in PA:**

- 1 Contact at [www.pa.cogentid.com](http://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](http://www.fbi.gov/hq/cjisd/fprequest.htm).
2. Register on-line at [www.pa.cogentid.com](http://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  
1<sup>st</sup> Floor, Room 103  
Harrisburg, PA 17120-0701

5. 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.

6. 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.

**2) If you need fingerprints for a Florida site:**

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

- 1) Visit [www.FieldprintFlorida.com](http://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**

**3) If you need fingerprints for a site in another state (other than PA and FL):**

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

### **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](mailto: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.
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 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](http://www.applicationstation.com) before going for your drug screen collection.
2. Provide the LabCorp technician account number **906959** 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](http://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.

Effective 8/24/12, 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**

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#### **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](mailto: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](mailto: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.

## Important Contact Information

**Mailing Address** 1858 W. Grandview Blvd.  
Erie, PA 16509

**LECOM Main Number** 814-866-6641

**Doug L. Smith, Pharm.D.** 814-860-5158  
**Director of Experiential Education** [dlsmith@lecom.edu](mailto:dlsmith@lecom.edu)

**Roberta Volgstadt** 814-860-5167  
**Experiential Education Coordinator** [rvolgstadt@lecom.edu](mailto:rvolgstadt@lecom.edu)

**LECOM web address** [www.lecom.edu/pharmacy](http://www.lecom.edu/pharmacy)

**LECOM web page for preceptors** [http://lecom.edu/pharm\\_mentor.php](http://lecom.edu/pharm_mentor.php)

**LECOM manuals on web** [http://lecom.edu/pharm\\_mentor.php](http://lecom.edu/pharm_mentor.php)

**PharmAcademic on web** <http://www.pharmacademic.com>

**PharmAcademic link on portal** <https://portal.lecom.edu/ics>

**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)

**The Pharmacist's Letter (Preceptor Training)**  
<https://pharmacistsletter.therapeuticresearch.com/logon.aspx?cs=PTRNONLY&s=PL&lm p=ceptrn&bu=/ptrn/default.aspx%3Fadd=1&buce=/ptrn/default.aspx%3Fadd=1&referer=lakeerie/ptrn>