Lake Erie College of Osteopathic Medicine
School of Pharmacy

Bradenton, FL Campus

**Advanced Pharmacy Practice Experiences
(APPE)**

**Class of 2017
Experiential Education Program Manual**

(Academic Year: 2016 - 2017)

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Welcome To
Advanced Pharmacy Practice Experiences
(APPE)

Dear Class of 2017,

Congratulations to our students for reaching an important milestone and thanks to our preceptors for mentoring our students to reach higher professional goals. The purpose of Advanced Pharmacy Practice Experiences (APPE) is to apply the facts, information, and concepts gained in didactic coursework in "real-life" situations. The APPE rotations do not emphasize the need to gain knowledge of abstract theories, but rather use an integrative approach to learning that includes experience and interactions between the students and preceptors in various health care settings to turn didactic knowledge into practical knowledge.

During APPE rotations, the students have an excellent opportunity to develop an array of skills such as professionalism, communication, problem solving, critical thinking, and professional competence. We encourage our preceptors to emphasize to the students the importance of connecting knowledge, critical thinking skills, and action.

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

We wish you a successful year!

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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. Have applicable Pharmacist Intern License(s) available at all times for review by site, preceptor, or Office of Experiential Education.
3. Fulfill all prerequisites specific to the rotation including immunizations, background checks, fingerprinting, drug screening, HIPAA/OSHA training, and anything additional as required by site.
4. Follow all laws and regulations that govern the pharmacy profession.
5. Fully engage in the experience provided by the preceptor and the rotation site.
6. Recognize and appreciate that the preceptor is volunteering their time, energy and expertise to help you develop and improve your professional skills.
7. Work independently, but seek advice and accept direction from the preceptor.
8. Learn to say *"I don't know"* and follow through with acquiring the necessary knowledge to answer a question or complete a task.
9. Submit all assignments and evaluations in a timely fashion.
10. Positively accept feedback and constructive criticism. Recognize its intended purpose (helping the student grow professionally).
11. Exhibit professional conduct at all times.

The student is required to share the rotation manual with their preceptor at the beginning of the rotation. A student that does not may have an additional 5 percent (5%) subtracted from their final calculated grade. *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 can lead to deductions in grade, automatic dismissal from the site, and/or failure of the rotation.*

Preceptor: Welcome to APPEs!

Dear Valued Preceptor:

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

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

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

Warmest Regards,

Chris

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PRECEPTOR CHARACTERISTICS/LECOM's EXPECTATIONS of our PRECEPTORS

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

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

The preceptor will be responsible for the following:

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

APPE Rotation Schedule

Rotation # 1 (June)	05/30/16 – 06/24/16
Rotation # 2 (July)	06/27/16 – 07/22/16
Rotation # 3 (August)	07/25/16 – 08/19/16
Rotation # 4 (September)	08/29/16 – 09/23/16
Rotation # 5 (October)	09/26/16 – 10/21/16
Rotation # 6 (November)	10/24/16 – 11/18/16
Rotation # 7 (December)	11/21/16 – 12/16/16
Rotation # 8 (January)	01/02/17 – 01/27/17
Rotation # 9 (February)	01/30/17 – 02/24/17
Rotation #10 (March)	02/27/17 – 03/24/17
Rotation #11 (April)	03/27/17 – 04/21/17

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

GRADUATION: Sunday, June 04, 2017

A Note about Holidays:

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

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

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

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

Rotation Policies & Regulations

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

Pre-requisites

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

2. **Students are required to contact their respective preceptor/site at least <u>4-6 weeks prior</u> to their start date to determine clearance requirements and plan for their site orientation. Exceptions include Veterans Affairs (VA) sites, Indian Health System (IHS), and other government sites, most of which have specific internal procedures for completing background checks and must be contacted 12 weeks prior to the start of the rotation.** <u>Failure to provide necessary information to sites or the Office of Experiential Education may result in cancellation of the rotation, which will need to be made up at a later date, potentially delaying graduation.</u>

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

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

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

c) <u>Background Checks, Drug Screens, etc</u>. – Student must complete a background check, fingerprinting and drug screens as required by the rotation sites, within the required timeframe. Instructions for completing these checks through Certiphi or other appropriate vendor are described in another section of this manual. Students may have different requirements for each rotation; therefore, it is essential that they contact the site in a timely fashion as indicated above to determine such requirements. **Please note the TIMELINE for GOVERNMENT sites in #2 above and abide by this timeline…no exceptions.**

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

d) <u>Intern Licenses</u> – Student must have an intern license for each state in which they will complete rotations.   ***Students must have their intern license with them at all times while on rotation.***   ALL STUDENTS MUST BE LICENSED IN FLORIDA regardless of whether rotations will be completed in FL. Last minute reschedules are often scheduled in Florida; if you are not licensed, you may not be able to be rescheduled and your rotation may be delayed.

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

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

Attendance policy

1. **Time requirements**:
   - **All students are expected to adhere to the rotation attendance policy and are required to spend a _minimum_ of 40 contact hours per scheduled week at the site and at least 5 hours working on rotation-related activities off-site in order to acquire academic credit for the rotation experience**.
   - A preceptor may expect a student to stay extra time for educational purposes, but a student <u>may not count more than 50 hours per week toward their educational requirements.</u>
   - Students are expected to be on time and to stay until the time set by the preceptor. <u>Repetitive tardiness or leaving early will result in failure of the rotation.</u>

- Students are not permitted to work "ahead" hours to shorten their rotation and should follow the schedule as assigned by the preceptor. **It is not up to the student to determine their own schedule for convenience, financial reasons, or otherwise.**
- **Modifying rotation dates or hours without notification and approval of the Director of Experiential Education will result in an additional 5% deducted from the student's final calculated rotation grade**.

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

   - **<u>Unplanned Absences (e.g. Illness or Emergency):</u>**
     i. <u>In the event</u> that the student must be unexpectedly absent from rotation (e.g. illness, emergency), the student **must IMMEDIATELY notify BOTH the preceptor (by phone, unless email is specified by the preceptor) and the Experiential Education Coordinator of the**

Office of Experiential Education (941-782-5676). The student should treat their preceptor as they would an employer and provide notice as early as possible. In the event that the student must leave a message, you should provide a contact phone number where you can be reached and ideally, follow up with an e-mail to ensure that the message was received.

ii. Additionally, the student must document the absence as soon as you return to rotation with an "Absence Request Form" which is located on the portal. As with classes, absences for illness and/or emergency will be considered UNEXCUSED unless it is reported in a timely fashion and proper supportive documentation can be presented; therefore, the time will need to be made up.

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

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

- **Absence due to Weather conditions:**
    o All students should follow the weather advisory from their rotation site regarding cancellation or delay of the rotation. However, the students who cannot travel to the site due to hazardous weather conditions should immediately notify their preceptors and the Experiential Education Coordinator (941-782-5676). The attendance policy applies regarding reporting and making up days.

- **Excessive Absences:**
    i. **Students who miss more than three (3) days per rotation, for any reason, will FAIL the rotation.** The rotation MUST then be remediated and may consequently delay graduation.
    ii. **Failure of more than two rotations may cause dismissal from school.**
    iii. **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.

    iv.   It is suggested that if you know of the need for a prolonged absence (e.g. ASHP meeting), please contact the Director of Experiential Education to determine if your rotation dates may be adjusted to ensure that you are able to acquire all of your required hours/learning opportunities without the need for an official leave.

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

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

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

Professional liability insurance

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

Site Selection/ Site Audits

1. Students create their preference list of rotations on-line in PharmAcademic using the list of sites and preceptors that have worked with LECOM in the past. Preceptors provide their availability on-line in PharmAcademic during the fall. The randomized match is run in late fall and the preliminary schedule is released prior to Thanksgiving. Specific instructions on the process, including requesting new sites, will be provided by each campus Director of Experiential Education.

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

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

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

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

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

Rotation portfolio

The portfolio is a collection of required documents and documented learning activities. The experiential portfolio is a vital tool because it enhances students' communication, writing, and organizational skills and enables faculty, students and preceptors to longitudinally assess the professional growth of students.

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

The following is required for your portfolio:

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

Evaluations

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

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

<u>Preceptor:</u>
- At the midpoint (2 weeks) and end of each rotation (4 weeks), the preceptor will complete an evaluation of the student within PharmAcademic and review it with them. The preceptor will include the student's self-evaluation in this review process.
- Whether a student passes or fails an individual rotation is based on their PERFORMANCE in the COMPETENCY AREAS evaluated.   Therefore, if the preceptor identifies areas of concern, these should be addressed with a plan for improvement AS EARLY AS POSSIBLE, to ensure the best possible chance of student success. **<u>The student must be informed of any concerns regarding</u>**

deficiencies that may jeopardize their ability to successfully pass the competencies and the rotation.

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

Student:

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

Grading

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

Deductions of an additional **5 percentage (5%)** (more if specified) from the rotation grade is calculated as follows:

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

Each situation is considered unique and the points are additive. These reasons include, but are not limited to:

●   Failure to share and discuss the requirements of the APPE Manual with the preceptor at the beginning of the rotation.

●   Failure to maintain a student portfolio and present to preceptor for review at the

beginning of the rotation.

● Failure to complete school and site-specific requirements in a timely manner.
o If this failure results in a delay to the start of the rotation or rescheduling of a rotation, the deduction will be **10 %**.
● Failure to contact and send curriculum vitae to preceptor prior to rotation as outlined in this manual.
● Attempts to modify rotation dates or scheduled hours without approval by the Director of Experiential Education.
● Failure to report absences as outlined in this manual (up to 10% deduction).
● Failure to complete midpoint and final self-assessments.
● Failure to submit the Student Evaluation of Preceptor and Site.
● Lack of professionalism (as described in section below regarding Professionalism).
● Unapproved and inappropriate use of smart phones.

Grade scale

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

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

Dismissal from sites

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

Academic Honesty & Plagiarism

Any violation of the Academic Honesty Policy and Plagiarism as defined in the student

handbook will not be tolerated. Violators will be subject to disciplinary action, which may include failure of the rotation.

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

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

Professionalism

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

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

Dress code

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

Students must maintain a neat and clean appearance befitting students attending professional school. Professional attire must be maintained whenever the student is on school property or on a rotation experience. Men must wear dress trousers, dress shirt, and necktie appropriately. Women are required to wear appropriate dresses or skirts of reasonable length (no more than two inches above the knee) or slacks with appropriate blouses. Revealing or tight, form fitting clothing is unacceptable. All students are required to wear closed toed shoes with hosiery or socks. Heels of footwear must not exceed two inches in height as students can expect to be on their feet for extended periods of time, take stairs, etc. and higher heels may pose a safety hazard. Shorts, jeans, T-shirts, and sandals are not permitted. Hair should be clean and neat, avoiding extreme

styles or colors. Beards and moustaches must be neat and trimmed at all times; stubble is unacceptable. Makeup, if worn, should be moderate, tasteful, and professional. Perfume/cologne, strong smelling lotions, or aftershave should be avoided as patients/other site personnel may have allergies or other reactions to certain scents/chemicals. Excessive body piercings and tattoos are also not acceptable and should be removed or covered, respectively. Artificial nails may not be permitted by an individual site in accordance with infection control policies.

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

Confidentiality & HIPAA

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

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

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

Family Education Rights and Privacy Act (FERPA)

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

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

Verification of Site and Preceptor Information in PharmAcademic

The student will complete the Student Information Collection of Preceptor and Site assessment that is assigned through PharmAcademic to verify the information contained in PharmAcademic regarding their preceptor and site is correct. This includes 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.

Experiential Curriculum

LECOM School of Pharmacy Program Outcomes

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

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

Domain 1 – Foundational Knowledge

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.

NAPLEX Blueprint

The NAPLEX Competency Statements

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

Area 1 Assure Safe and Effective Pharmacotherapy and Optimize Therapeutic Outcomes (Approximately 67% of Test)

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

> 1.1.1 Identify and assess patient information including medication, laboratory and disease state histories.
> 1.1.2 Identify and/or use instruments and techniques related to patient assessment and diagnosis.
> 1.1.3 Identify and define the terminology, signs, and symptoms associated with diseases and medical conditions.
> 1.1.4 Identify and evaluate patient factors, genetic factors, biosocial factors, and concurrent drug therapy that are relevant to the maintenance of wellness and the prevention or treatment of a disease or medical condition.

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

> 1.2.1 Identify specific uses and indications for drug products.
> 1.2.2 Identify the known or postulated sites and mechanisms of action of pharmacotherapeutic agents.
> 1.2.3 Evaluate drug therapy for the presence of pharmacotherapeutic duplications and interactions with other drugs, food, diagnostic tests, and monitoring procedures.
> 1.2.4 Identify contraindications, warnings and precautions associated with a drug product's active and inactive ingredients.
> 1.2.5 Identify physicochemical properties of drug substances that affect their solubility, pharmacodynamic and pharmacokinetic properties, pharmacologic actions, and stability.
> 1.2.6 Interpret and apply pharmacodynamic and pharmacokinetic principles to calculate and determine appropriate drug dosing regimens.
> 1.2.7 Interpret and apply biopharmaceutic principles and the pharmaceutical characteristics of drug dosage forms and delivery systems, to assure bioavailability and enhance patient compliance.

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

> 1.3.1 Identify pharmacotherapeutic outcomes and endpoints.
> 1.3.2 Evaluate patient signs and symptoms, and the results of monitoring tests and procedures to determine the safety and effectiveness of pharmacotherapy.
> 1.3.3 Identify, describe the mechanism of, and remedy adverse reactions, allergies, side effects and iatrogenic or drug-induced illness.
> 1.3.4 Prevent, recognize, and remedy medication non-adherence, misuse or abuse.
> 1.3.5 Recommend pharmacotherapeutic alternatives.

Area 2 Assure Safe and Accurate Preparation and Dispensing of Medications (Approximately 33% of Test)

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

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

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

2.1.3 Calculate the rate of drug administration.

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

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

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

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

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

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

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

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

2.3.0 Prepare and compound extemporaneous preparations and sterile products.

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

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

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

Accreditation Standards and Guidelines for APPE Rotations

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

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

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

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

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

Elective Courses

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

Competencies for LECOM APPE rotations

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

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

** Not all competencies are evaluable on certain rotations

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

3. Drug therapy evaluation and development	

☐ a. Synthesizes complete patient history and laboratory and physical exam data to identify problems.

☐ b. Identifies and prioritizes both actual and potential drug related problem stating rationale.

☐ c. Identifies problems that require emergency medical attention.

☐ d. Designs and evaluates treatment regimens for optimal outcomes using pharmacokinetic data and drug formulation data.

☐ e. Designs and evaluates treatment regimens for optimal outcomes using disease states and previous or current drug therapy as well as including psycho-social, ethical-legal, and financial data.

☐ f. Develops backup plans based on what problems are likely to occur from/with the primary plan.

☐ g. Provides written documentation of the pharmaceutical care plan that is clear, complete, and concise.

4. Monitoring for Endpoints

☐ a. Identifies and suggests appropriate therapeutic endpoints for patient (cure, maintenance, or prophylaxis of disease).

☐ b. Develops monitoring plan appropriate for patient specific physiologic differences.

☐ c. Provides rationale for monitoring plan with documentation from reliable sources.

☐ d. Evaluates and alters monitoring plan when necessary as the patient's needs change.

☐ e. Identifies monitoring results, which would require emergency medical attention.

☐ f. Suggests drug therapy changes based on progress towards endpoints or identified drug-related problems.

5. Patient Case Presentations

☐ a. Patient cases are prepared in a timely manner.

☐ b. Follows patients and maintains information on number required by preceptor.

☐ c. Verbally presents data in an organized manner.

☐ d. Writes a chart note on patient and data is recorded and presented in appropriate format.

☐ e. Uses appropriate verbal and nonverbal mannerisms during presentation.

☐ f. Communicates presentation clearly and in a tone and volume that is clearly understood.

☐ g. Able to answer questions about patients or disease states.

6. Patient Interviews

☐ a. Introduces self as student from College of Pharmacy.

☐ b. Optimizes environment for the interview.

☐ c. Clarifies the purpose and structure of the interview.

☐ d. Verifies patient name and correct pronunciation, and demographic data.

☐ e. Explains how patient will benefit from interview.

☐ f. Employs vocabulary, question structure, question complexity, and invited feedback to insure patient understanding.

☐ g. Implements the interview in an organized fashion.

☐ h. Answers patient questions providing appropriate and correct data.

7. Patient Education and Counseling

☐ a. Speaks clearly using proper enunciation, volume, and rate.

☐ b. Uses terminology specific to the understanding of the patient.

☐ c. Uses appropriate non-verbal communication.

☐ d. Provides accurate and pertinent information in appropriate detail.

☐ e. Includes information required for the patient's social and financial needs.

☐ f. Provides feedback to patient questions/concerns.

☐ g. Determines patient level of understanding by asking questions.

☐ h. Demonstrates empathy.

☐ i. Shows concern for patient well-being.

☐ j. Retrieves and evaluates new information for the purpose of responding to patient questions.

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

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

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

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

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

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

13. Cultural Sensitivity

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

APPE Rotation
Brief Descriptions
Individual syllabi for rotations are available as separate documents

Advanced Community

Description

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

Learning Objectives

1. State the advantages and benefits for delivering clinical services in a Community Pharmacy.
2. Process, prepare and dispense medications including the adjudication process with patient insurance companies.
3. Provide education to patients regarding their drugs and/or therapeutic monitoring.
4. Provide/develop a wellness service or education program for the community population.
5. Participate in discussions and assignments of human resource management and financial performance.
6. Employ safe medication practices to reduce the chance of an adverse medication related event.
7. Improve therapeutic outcomes through increased pharmacist involvement in medication management services.
8. Demonstrate a working knowledge of the technology used in community pharmacy practice.
9. Demonstrate appropriate team behaviors and professionalism.

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

Advanced Institutional

Description

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

Learning Objectives

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

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

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

Ambulatory Care I & II

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

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

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

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

Acute Care Medicine I & II

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

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

This list is not intended to be all inclusive. The preceptor has the authority to adapt and to add other experiences that he/she feels the students will benefit from. Specific activities suggested by the Accreditation Council for Pharmacy Education (ACPE) Accreditation

Standards and Guidelines and Rotation Competencies are also to be included in the rotation experience. Refer to the rotation syllabus for further detail.

Elective Experiences

Description

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

Learning Objectives

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

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

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

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

 2- Disease State Knowledge

8- Drug Information

9- Formal Oral Presentations

10- Formal Written Presentations

11- Professional Team Interactions

12- Professionalism/Motivation

13- Cultural Sensitivity

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

Rotation Assignments

Longitudinal Checklist

Please place in your portfolio

Student's Name: _____

Preceptor Name:	Initials:	Preceptor Name:	Initials:
1 _____	_____	6 _____	_____
2 _____	_____	7 _____	_____
3 _____	_____	8 _____	_____
4 _____	_____	9 _____	_____
5 _____	_____		

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

Topic/Activity	1	2	3	4	5	6	7	8	9	Topic/Activity	1	2	3	4	5	6	7	8	9
Activities										**Activities Continued:**									
Allergy Assessment										Kinetics - Vancomycin									
Budgeting										Managed Care									
Case Presentation										Med Reconciliation									
Creatinine Cl Calculation										Medication History									
Compounding										Medicare Part B/D									
Counseling – Community										Owning a Pharmacy									
Counseling – Inpatient Discharge										Newsletter									
Counseling – Smoking Cessation										Nursing Home Regs									
Drug Development Proc.										Opioid Dose Conversions									
Drug Information Question										P & T Committee									
Drug Utilization Project										Patient Education Sheet									
Enter Rxs – Outpatient										Personnel Management									
Epo/Darbopoetin Dosing										Pediatric Dosing									
Formal Presentation										Phenytoin Dosing									
Formulary Management										Poster Presentation									
Heparin/LMWH Dosing										Prior Authorizations									
IBW Calculation										Publication									
Insurance Processing										TPN Order									
IV Preparations										Verbal Order Acceptance									
Journal Club										Warfarin Dosing/ Monitoring									
Kinetics – Aminoglycosides																			

Other Activities (list):																		

Disease State/Treatment Topics	1	2	3	4	5	6	7	8	9	Disease State/Treatment Topics Continued:	1	2	3	4	5	6	7	8	9
Acne										GERD/Peptic Ulcers									
Addiction/Subs Abuse										Glaucoma									
Alcohol Withdrawal										Gout									
Alzheimer's Disease										Hair Loss									
Anemias										Headaches									
Anorexia/Bulimia										Heart Failure									
Anxiety Disorders										Hemorrhagic Stroke									
Arrhythmia										Hepatitis									
Asthma										Herpes Zoster									
Benign Prostatic Hyperplasia										HIV/AIDS									
Bipolar Disorder										Hyperlipidemia									
Blood Dyscrasias										Hypertension									
Breast CA										Hypogonadism									
Cirrhosis										IBD									
Constipation										Immunizations									
Contraception										Incontinence									
COPD										Ischemic Heart Disease									
Cough/Cold										Ischemic Stroke									
CYP Inducers/Inhibitors										Leukemia									
Deep Vein Thrombosis										Lice Treatment									
Depression										Lung CA									
Diabetes - Type 1										Lymphomas									
Diabetes - Type 2										Meningitis									
Diabetes - DKA										Migraines									
Diabetes - HHNS										Motion Sickness									
Dialysis										Myocardial Infarction									
Diarrhea										Neuromuscular Blockers									
Dyslipidemia										Nutrition - Enteral									
Electrolyte Replacement										Nutrition - Parenteral									
Endocarditis										Neutropenic Fever									
Epilepsy										Obesity									
Erectile Dysfunction										Osteoporosis									

Disease State/Treatment Topics	1	2	3	4	5	6	7	8	9	Disease State/Treatment Topics Continued:	1	2	3	4	5	6	7	8	9
Fungal Infections										Otitis Externa									
Geriatrics										Otitis Media									
Pain Management-Acute										Seasonal Allergies									
Pain Management-Chronic										Seasonal Influenza									
Pancreatitis										Shock									
Parkinson's Disease										Skin Infections									
Pediatrics										Sleep Disorders									
Pneumonia - Comm Acquired										STDs									
Pneumonia - Hosp Acquired										Stress Ulcer Prophylaxis									
Post Herpetic Neuralgia										Sunburn									
Prostate CA										Surgical Prophylaxis									
Opportunistic Infections										Thyroid Disorders									
Osteoarthitis										Toxicology									
Prostatitis										Transplant									
Psoriasis										UTI									
Pulmonary Embolism										Venous Thromboembolism									
Renal Disease - Acute										Vitamins/Minerals									
Renal Disease - Chronic										Warts									
Rheumatoid Arthritis										Women's HRT									
Schizophrenia										Yeast Infections									
Other Topics (list):																			

Citation Reference Guide: Pharmacy

General Guidelines:

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

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

Drug Information Question Evaluation

Student Name: _____   Date: _____

Preceptor Name: _____   Site: _____

Criteria	Points Possible	Points earned

Define and understand the question.
  a. Classify the question that is being asked (therapeutics, pharmacology, adverse drug reaction, drug interaction, pharmacokinetics, dosing, toxicology, IV compatibility, availability, etc.)
  b. Classify the background and contact information of the requestor (i.e. nurse, physician, etc.)
	20	

Obtain the necessary background information
  a. Demographic of the requestor
  b. The Issue "Question"
  c. Time line for the answer
	20	

Search for the answer.
  a. Start with tertiary references then proceed to secondary references then to primary references.
  b. Indicate which references you found information in and the pages on which the information was found. If you did not find any information, make a notation to that effect.
  c. A copy of primary articles(s) should be submitted with your write-up.
	20	

Evaluate, organize and interpret the facts. a. Evaluate the literature to formulate an answer.	20	

Formulate an answer.
  a. The response should be clear, complete, and concise with the arguments to support your recommendations. All references have to be listed.
  b. The time the response was called or delivered and the name of the person who received the message should be noted.
	20	

Total Points	100	

Comments:

In-service Presentation Evaluation Criteria

Preceptors may modify form as needed for specific target audience

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

Topic of Presentation _____

		Point Value	Earned Points	Comments
1.	The handout/PowerPoint slides are clear and concise without typos and/or crowding of information	**5**		
2.	The presentation is organized (content order flows well and makes sense)	**5**		
3.	The learning objectives are directed toward the audience's outcomes	**5**		
4.	All information provided supports the presentation objectives	**5**		
5.	The information provided was accurate	**10**		
6.	Transitions between topics and/or speakers are carried out in a smooth fashion	**5**		
7.	The major points are summarized at the end of the presentation.	**5**		
8.	References are provided and are cited correctly (journal articles need to be used)	**5**		
9.	The student functioned independently and did not require an unreasonable amount of guidance in research or preparation	**5**		
10.	The student accepts questions and comments in a non-defensive manner	**5**		
11.	The student answers questions satisfactorily and does not bluff	**5**		
12.	The student appears confident.	**5**		
13.	The student displays enthusiasm.	**5**		
14.	The student speaks at an appropriate volume and rate	**5**		
15.	The student uses language appropriate to the audience	**5**		
16.	The student has good eye contact with the audience	**5**		
17.	The student has appropriate stance and posture. Avoids distracting mannerisms/nonverbal.	**5**		
18.	The speaker does not use too many "um, ah, well, or slang…"	**5**		
19.	The length of presentation and time spent presenting was appropriate to the topic	**5**		
	TOTAL	**100**		

Journal Club Evaluation Criteria

Student Name: _____   Date: _____

Preceptor Name: _____   Site: _____

Additional information found in the Journal Club Guidelines. (Please make copies as needed*)*

Criteria	Points Possible	Points Earned
Described the study design: Study title Type of study (i.e. randomized, blinded, controlled, meta-analysis, etc.) Study group allocations, drug doses, regimens, duration (if applicable) Follow-up tests, laboratory and otherwise (if applicable) Assessment of compliance (if applicable)	**10**	
Described the purpose of the study and the study's hypothesis: The student should discuss the question that the investigators are asking and what the study is trying to show.	**10**	
Briefly placed the study in context by giving an overview of the current state of knowledge regarding the study's hypothesis: The student should discuss the existing standard of care about the topic generating the study.	**10**	
Described the characteristics of the study population: Inclusion/exclusion criteria Date study conducted, country(ies), center(s) Age, gender, other drugs being taken, co-morbid conditions of the research subjects Disease states and conditions that preclude participation in the study	**10**	
Identified potential sources of bias (confounding): Described the sources and methods used for controlling or adjusting for bias. Explained how (s)he would overcome/control for bias in the study	**10**	
Described the study's endpoint(s) and if they are, or are not, clinically meaningful to patients.	**10**	
Described the magnitude of the differences (effect size) between treatments or interventions and whether or not they were clinically meaningful: Explained how his/her practice would change based on the study's results	**10**	
Described the statistical tests used and their interpretation.	**5**	
Discussed the dropout rate (loss to follow-up or response rate) in the study and its effect on the study results: Adverse effects Accountability of the number of patients initiating and completing the study (i.e., data in tables/figures coincide with text/identified dropouts)	**10**	
Discussed whether or not the student agrees or disagrees with the investigators conclusions and why: Whether the study was ethical or not Limitations and strengths of the study	**10**	
Delivery: Voice: volume, speed, enunciation, pronunciation Language: Accuracy of terminology used, no use of slang ("ya know", um,), etc. Makes a clear attempt to answer questions accurately. Does not bluff. Accepts questions and comments in a non-defensive manner.	**5**	
Total	**100**	

Comments:

Journal Club Evaluation Criteria
(Alternative Form)

Student Name: _____   *Date:* _____

Preceptor Name: _____   *Site:* _____

	Criteria	Points Possible	Points earned
1.	After reading the title, briefly *introduced* the design of the study (i.e., randomized, blinded, controlled, etc.)	**1**	
2.	Provided a <u>brief</u>, concise background of existing standard of care or evidence-based guidelines (if applicable) about the topic generating the study (i.e. introduced the topic before proceeding into the article "specifics.")	**4**	
3.	Described the rationale (purpose) for conducting the study	**2**	
4.	Stated study hypothesis. Able to determine the null hypothesis.	**3**	
5.	Appropriately described overall study design, including (but not limited to):		
	a) Date study conducted, country(ies), center(s)	**1**	
	b) Inclusion/exclusion criteria	**4**	
	c) Study group allocation, drug doses, regimens, duration	**3**	
	d) Follow-up, tests (laboratory and otherwise), assessment of compliance	**3**	
	e) Primary and secondary endpoints	**4**	
	f) Statistical tests used	**2**	
6.	Provided *synopsis* of *main points* of the results of the study, including:		
	a) Accountability of the number of patients initiating and completing the study (i.e., data in tables/ figures coincided with text/identified dropouts)	**3**	
	b) Potential bias in patient selection (e.g. group distribution)	**2**	
	c) Achievement of primary and secondary end-points	**6**	
	d) Side effects / adverse reactions	**3**	
	e) Interpretation and assessment of the appropriateness of statistical tests used	**6**	
	f) Keeps it brief and to the point (a true synopsis)	**4**	
7.	Stated the author's conclusions and critique of their validity based on the study's objectives and results.	**3**	
8.	Provided a <u>brief</u>, concise summary of the journal article	**4**	
Comments:			

9.	Provided <u>OWN</u> conclusions	6	
10.	**Provided critique including**:		
	a) Whether study was ethical or not	2	
	b) Limitations and strengths	6	
	c) Sources of bias and methods used to overcome. Explained how (s)he would overcome/control for bias in the study.	4	
	d) Potential influence of excluded patient population on study results	2	
	e) Whether drug doses and regimens reflect the current standard of care / guidelines and if duration of the study was adequate to achieve a therapeutic effect.	4	
	f) The clinical significance of the study. Presenter commented if and how her/his practice would change based on this study's results.	4	
11	**Delivery**:		
	a. Timing (maximum 30 minutes)	2	
	b. Voice: volume, speed, enunciation, pronunciation	2	
	c. Language: Accuracy of terminology used, no use of slang ("ya know", um,), etc.	2	
12	Makes a clear attempt to answer questions accurately. Does not bluff. Accepts questions and comments in a non-defensive manner	6	
13	Overall, the paper selected for the Journal Club was appropriate	2	
		100	

Journal Club Guidelines

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

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

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

DEFINITIONS OF TERMS USED IN THE EVALUATION CRITERIA FOR JOURNAL CLUB

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

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

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

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

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

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

Described the magnitude of the differences (effect size) between treatments or interventions and whether or not they were clinically meaningful:

If the results of a trial of a new drug for osteoporosis found that the rate of new vertebral fractures was one percent and the rate in the placebo control group was two percent the effective size would be one percent. The student must decide if this one percent difference is clinically meaningful.

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

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

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

Patient Case Evaluation Criteria

Student Name: _____   Date: _____

Preceptor Name: _____   Site: _____

Please make copies

	Criteria	Points Possible	Points earned
1.	Patient Presentation • Patient identification, CC, HPI, histories, ROS, VS, PE and lab/test results clearly presented • Detail of chronology of events	**10**	
2.	Discussion of patient-specific disease states/pathophysiology • Etiology, Epidemiology • Identification of risk factors • Signs and symptoms	**10**	
3.	Drug Therapy • Explain indications and rationale for patient's drug therapy • Relate problem list with drug therapy – evaluate the appropriateness of current regimen and identify alternative treatment regimens where required • Discuss mechanisms of action of drugs • Evaluate the dosing regimen including pharmacokinetic considerations • Identify drug induced effects if present and outline its management • Identify potential common or serious adverse drug reactions and recommend appropriate prevention strategies when indicated • Identify potential drug interactions	**20**	
4.	Monitoring • Identify appropriate parameters for monitoring of therapeutic effects (including the desirable endpoint and frequency of monitoring) • Identify appropriate parameters for assessment of adverse effects (including frequency of monitoring)	**20**	
5.	Patient Information & Counseling • Explain purpose(s) of drug therapy • Important instructions for use • Side effects and precautions • Self-monitoring parameters	**20**	
6.	Presentation Style • Organization • Voice projection, correct pronunciation • Ability to answer questions – can support with evidence from the literature • Ability to present without "reading" notes • Distracting mannerisms	**10**	
7.	Audiovisual • If handouts are used – they are organized and appropriately referenced • If overheads or slides are used – they are clear	**10**	
	Total Points	**100**	

Patient Case Evaluation Criteria
(Alternative Form)

Student Name: _____ Date: _____

Preceptor Name: _____ Site: _____

Please make copies

	Criteria	Points Possible	Points earned
1.	**Patient Presentation** • Patient identification, CC, HPI, FHx, SHx, surgical history, PMH, ROS, VS, PE and lab/test results, medication history (dates of when medications were started and discontinued), allergies, medications prior to admission • Detail of chronology of events clearly presented	10	
2.	**Discussion of Patient-Specific Disease State, or Drug Interaction, or Adverse Drug Reaction, etc.** • Etiology, Epidemiology • Pathophysiology • Diagnostic parameters • Identification of risk factors • Clinical manifestations • Non-pharmacologic treatment options • Pharmacologic treatment options (include mechanism of action, adverse effects, dosing/administration, drug-drug interactions, drug-food interactions, drug-disease interactions, place in therapy/guidelines)	10	
3.	**Drug Therapy/Problem List (Care Plan)** • Devise a problem list - Explain indications and rationale for patient's drug therapy and identify alternative treatment regimens where required - Discuss mechanism of action, adverse effects, drug interactions, and counseling issues for the current medication(s) and alternative treatment regimens - Identify drug induced adverse effects if present and outline the management - Identify common or potentially serious adverse drug reactions and recommend appropriate prevention strategies when indicated - Identify potential drug interactions and recommend appropriate therapy modifications/monitoring parameters - Support all recommendations and information from the literature	50	

4.	**Monitoring** • Identify appropriate parameters for monitoring of therapeutic effects (including the <u>desirable endpoint and frequency of monitoring</u>) • Identify appropriate parameters for assessment of adverse effects (including <u>frequency of monitoring</u>)	**10**	
5.	**Presentation Style** • Organized • Voice projection, correct pronunciation • Enthusiastic • Ability to answer questions – can support with evidence from the literature • Ability to present without "reading" notes • No distracting mannerisms • The length of presentation was appropriate to the topic • Accepts questions and comments in a non-defensive manner. • Accuracy of terminology used • No use of slang ("ya know", um), etc. • The student answers questions satisfactorily and does not bluff	**10**	
6.	**Audiovisual** • The information provided was accurate • The handout/PowerPoint slides are clear and concise without typos and/or crowding of information • The handout/PowerPoint slides are organized and appropriately referenced throughout • References are provided and cited correctly (journal articles <u>must</u> be used) • The learning objectives are directed toward the audience's outcomes	**10**	
	Total Points	**100**	

Patient Case Presentation Format

(*Check with your preceptor for specific instructions.*)

I.   **Presentation of Case**
      A.   Patient Demographic Data
            1.   Age
            2.   Sex
            3.   Race
            4.   Date of admission
            5.   Unit

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

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

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

- Monitoring parameters and frequency of monitoring, endpoints
- Patient information / counseling
- Cost considerations, miscellaneous

G. Prognosis

Patient_____ Pharmacist_____   **PHARMACIST'S CARE PLAN**
Location/Room_____ Date_____

Health Care Needed	Pharmacotherapeutic Goal	Recommendations for Therapy	Monitoring Parameter(s)	Desired Endpoint(s)	Monitoring Frequency

Naranjo Nomogram
for
Adverse Drug Reaction Assessment

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

Total Score _____

Definite: score $\geq$ 9
Probable: 5-8
Possible: 1-4
Doubtful: $\leq$ 0

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

Patient Counseling Guide

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

II.   **First Impression**
        1.   Walk out (or stand up) of the booth to greet the patient by name
        2.   Identify yourself and state the purpose of your discussion.
        3.   Use appropriate non-verbal behaviors for establishing rapport. Pay attention to patient language barrier or being hard of hearing.

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

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

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

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

IV.   **Refills**
        1. What do you take the medication for?
        2. How do you take it?
        3. Any things that bother you about these medication?
- Use lay language, adapt to the situation (patient in a hurry, having small child crying…)
- Do not talk continuously for more than 60 seconds. *"What else can I do for you?"*

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

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

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

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

Plan
- Strategy for treating/addressing the problem(s)
  - Include a SMART goal for each problem
  - Be specific! If making a recommendation to start a new medication, be sure to give drug name, dose, route, and schedule.
- The plan should include actions, monitoring and follow-up, desired end-points and alternative options, if appropriate.
  - i.e. how to monitor for adverse effects and efficacy
- Discharge planning, immunizations, and counseling should be included.
- Based on the issues defined in the Assessment portion, define a plan of action for each issue, including non-pharmacologic and pharmacologic options. Be sure that this is something that is within a pharmacist's scope of practice (i.e. use "Recommend increase dose to…", not "Increase dose to....")
  - i.e. for atenolol example above:
  Plan: Recommend holding atenolol until orthostasis resolved and reinstitute atenolol at 25 mg daily once BP is up. Monitor BP, orthostatic BP, and symptoms of orthostasis such as lightheadedness/dizziness when getting up. Prior to discharge, will educate patient on the change in dose if this is implemented. Will also educate regarding methods to manage orthostasis including getting up slowly and dangling legs over the edge of the bed before standing.

SOAP Note

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

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

SOAP Notes Guide

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

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

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

Plan
- Strategy for treating/addressing the problem(s)
  - Include a SMART goal for each problem
  - Be specific! If making a recommendation to start a new medication, be sure to give drug name, dose, route, and schedule.
- Must include 4 components
  - Specific recommendation for treatment (include dose, route, and frequency for drug therapy)
  - Rationale for your recommendation
  - Recommendation for specific monitoring (include safety and efficacy)
  - Patient education
- Discharge planning, immunizations, and counseling should be included.
- Based on the issues defined in the Assessment portion, define a plan of action for each issue, including

non-pharmacologic and pharmacologic options. Be sure that this is something that is within a pharmacist's scope of practice (i.e. use "Recommend increase dose to…", not "Increase dose to....")

- o i.e. for atenolol example above:

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

QuEST SCHOLAR:

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

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

Initial assessment:		
Nonprescription products available:		

E: *Establish that the patient is an appropriate self-care candidate (if any "yes" then refer to MD)*

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

S: *Suggest appropriate self-care strategies*

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

T: Talk with the patient		
	Absolute need to know (try to limit to 3-4):	**Should know:**
Med (action, admin, ADRs):		
Treatment expectations:		
Follow up:		

Formal Student Evaluations (Assessments)

APPE *SAMPLE* Assessment of Student

For use at Midpoint and Final

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

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

1) **Drug Distribution/Distribution Support Skills**   **Evaluation:**___

Critical Skills (If rotation has dispensing functions, the student must fulfill these sub-competencies in order to earn a C, AA, or E rating for this competency):

A. Applies state and federal regulations in the dispensing process
B. Clarifies, adds and/or corrects prescription order information when necessary
C. Correctly labels and performs the final check

Additional sub-competencies:

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

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

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

2)   **Disease State Knowledge**   **Evaluation:** __

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

A. Synthesizes basic science and clinical information to appropriately identify patient problems
B. Uses appropriate critical pathways, clinical practice guidelines, and disease management protocols in the delivery of pharmaceutical care

Additional sub-competencies:

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

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

3) **<u>Drug Therapy Evaluation and Development</u>** **Evaluation:** __

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

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

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

4) **<u>Monitoring for Endpoints</u>** **Evaluation:** __

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

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

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

5) Patient Case Presentations   Evaluation: __

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

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

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

6)   Patient Interviews
                                        Evaluation: _____

Critical Skills *(must fulfill these sub-competencies in order to earn a C, AA, or E rating for this*
competency):
A. Introduces self as student from College of Pharmacy
B. Verifies patient name and correct pronunciation, and demographic data
C. Employs vocabulary, question structure, question complexity, and invited feedback to ensure patient
understanding
D. Answers patient questions providing appropriate and correct data
Additional sub-competencies:
E. Optimizes environment for the interview
F. Clarifies the purpose and structure of the interview
G. Explains how patient will benefit from the interview
H. Implements the interview in an organized fashion

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

7) **<u>Patient Education/Counseling</u>**   **Evaluation:** __

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

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

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

8)   **<u>Drug Information</u>**   **Evaluation:** __

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

A. Generates correct answers to questions in a timely and systemic manner

Additional sub-competencies:
B. Selects the best available resource for answering a drug-related request
C. Demonstrates the ability to use other information resources (this includes poison control centers, pharmaceutical companies, and federal agencies)
D. Can define primary, secondary, and tertiary references
E. Is able to discuss the organization and operation of the Pharmacy and Therapeutics Committee (or its equivalent depending on the site). (Specific responsibilities would include formulary management and drug usage evaluation process).
F. Demonstrates the ability to interpret descriptive statistics and inferential statistical tests using assessment tools commonly reported in medical and pharmaceutical literature.
G. Critically analyzes the design, methodology, results, and conclusions of a given published study
H. Compares and contrasts the approaches to clinical practice guideline (CPG) development and the concept of evidence-based medicine (EBM)

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

9)   **<u>Formal Oral Presentations</u>**   **Evaluation: __**

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

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

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

10) **<u>Formal Written Presentations</u>**   **Evaluation: __**

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

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

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

11)   **<u>Professional Team Interaction</u>**   **Evaluation: __**

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

Additional sub-competencies:

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

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

12)   **<u>Professionalism/Motivation</u>**   **Evaluation: __**

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

A. Demonstrates knowledge and understanding of the pharmacist "Code of Ethics"
B. Demonstrates sensitivity to confidentiality issues
C. Attends and participates in all activities according to attendance policies

Additional sub-competencies:

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

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

13)   **Cultural Sensitivity**   **Evaluation: __**

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

None

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

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

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

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

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

                    0   1   2   3   4   5

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

NA   1   2   3   4   5

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

Yes   No

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

Yes   No

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

Yes   No

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

Yes   No

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

Yes   No

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

Yes   No

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

Yes   No

Questions and Answers Regarding the PharmAcademic Evaluation Tool

Where do these "competencies" come from and why is LECOM using them?
In 2001, representatives from University of Florida, Florida A and M and Nova Southeastern University attended the American Association of Colleges of Pharmacy Spring Training Institute to collaborate and develop an online assessment (SUCCESS) of student performance on advanced practice experience courses (rotations). The Directors of Experiential Education had long heard from preceptors that they wished the Colleges of Pharmacy would get together and coordinate rotation dates, assessments and other things together. That is a process easier said than done when dealing with a combination of state and private schools. With this in mind, however, the group of faculty met and reviewed all evaluation tools in place at each school. Several years prior the American Association of Colleges of Pharmacy had developed a set of outcomes that they felt every pharmacy student should achieve in order to practice pharmacy. These were called the CAPE (Center for the Advancement of Pharmaceutical Education) outcomes. The group decided to develop an assessment tool that incorporated the CAPE outcomes. The result was an assessment tool that evaluates students learning based on the acquisition of knowledge, building a skill set, and developing attitudes and values that are required of an entry level pharmacist. In 2015, however, the Administrator of SUCCESS determined that they were no longer able to support the system and collectively, the colleges turned to PharmAcademic to create a new evaluation tool.

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

How will I know what grade I am giving?
You will assign an "Excellent," "Competent" or "Deficient" rating as it pertains to the student's activities in each sub-competency. A rubric for each rating is provided to help make the correct selection. Each competency carries with it a "weight" determined by the preceptor and each rating, a "score." The grade will be generated automatically taking these factors into consideration and will be directly calculated by PharmAcademic. The important point to recognize is that you will be evaluating the students based on what they have done (their performance); their grade will follow naturally.

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

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

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

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

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

What if my rotation is not a patient care type of rotation?
The preceptor weights each competency based on how much emphasis is placed on that competency during the rotation. If a competency is not addressed, its weight should be "0." This does not negatively affect the calculation of the student's final grade. Some of the sub-competencies may be left out of the calculation by answering "Not Applicable." Some competencies are included in every practice setting, such as Professionalism/Motivation. You may contact the Director of Experiential Education to discuss how to select and weight the competencies for your rotation.

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

What grading scale will be used?
The numerical value calculated by PharmAcademic will be used to determine the student's grade. The LECOM grading scale will be used (A, B, C, and F; see Policies for scale).

Completing Evaluations (Assessments)

MID-ROTATION:

Student:

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

2. Complete Self-Evaluations (PharmAcademic) and submit electronically **<u>prior</u>** to the midpoint evaluation. Ideally, these should be submitted at least 2 days prior to meeting with the preceptor for the evaluation. These will be used for discussion with the preceptor as part of the Midpoint evaluation.

Preceptor:

1. Complete the Midpoint evaluation on PharmAcademic towards the end of the second week of the rotation and discuss the results with the student.

2. <u>If the student is at risk for failure by week 3, the preceptor should contact the Director of Experiential Education and send the Director a copy of the Midpoint Deficiency Notification.</u> If inadequate performance is identified earlier than week 3, the preceptor should contact the Director of Experiential Education as soon as possible. A plan of action will be developed between the preceptor, student and the Director of Experiential Education to improve the student's performance and chance of success. This plan of action should be signed by the preceptor and the student, then immediately sent to the Director of Experiential Education at LECOM.

END OF ROTATION:

Student:

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

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

3. Complete the Self-Evaluation in (PharmAcademic) and submit electronically **<u>prior</u>** to the Final evaluation. Ideally, this should be submitted at least 2 days prior to meeting with the preceptor for the evaluation. These will be used for discussion with the preceptor as part of the Final evaluation.

4. Complete the "APPE Student Evaluation of Preceptor/Site" (PharmAcademic) **<u>prior</u>** to the Final evaluation. Remember to provide very honest but professional feedback. Feedback will be shared with your preceptor at the end of the rotation year in aggregate format to assist them in improving the rotation for future students. No individual student evaluations will be released to the preceptor.

Preceptor:

1. Complete the Final evaluation on **PharmAcademic** towards the end of the fourth week of the rotation and discuss the results with the student.

<u>Notes:</u>
1. The final evaluation should be reviewed verbally with the student by the end of the rotation. This will assess achievement of learning objectives and measure progress since the mid-rotation evaluation. The printed form or a copy should be kept in the student's portfolio. The student should use these forms throughout the experiential learning experiences to identify achievements and areas for improvement.
   a. *It is the students' responsibility to see these evaluations are done.*

2. A *5% deduction from the final rotation grade* will be imposed for each assessment on **PharmAcademic** the student doesn't submit by the posted deadline. A suggestion is to submit the assessments when e-mail notification is received that an assessment is due.

THE PRECEPTOR SHOULD VERIFY THAT THE STUDENT HAS COMPLETED THE SITE AND PRECEPTOR EVALUATIONS PRIOR TO DISCUSSION OF THE STUDENT FINAL EVALUATION.

LECOM SCHOOL OF PHARMACY – Bradenton, FL
Advanced Pharmacy Practice Education (APPE) Rotation

Midpoint Deficiency Notification

Please contact the Director of Experiential Education immediately by phone (941-782-5677) or email to (clynch@lecom.edu) if there is a concern the student may fail the rotation. Complete and forward this notification to the Director of Experiential Education as documentation of the concern and action plan.

Student's Name:			
Rotation Type:		**Dates:**	
Rotation Site:			
Preceptor's Name:			

Description of deficiency:			

Action plan for improvement:			
Student signature:		Date:	
Preceptor signature:		Date:	

General Instructions for using Pharm*Academic*

LECOM School of Pharmacy

General Instructions for using Pharm*Academic*

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

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

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

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

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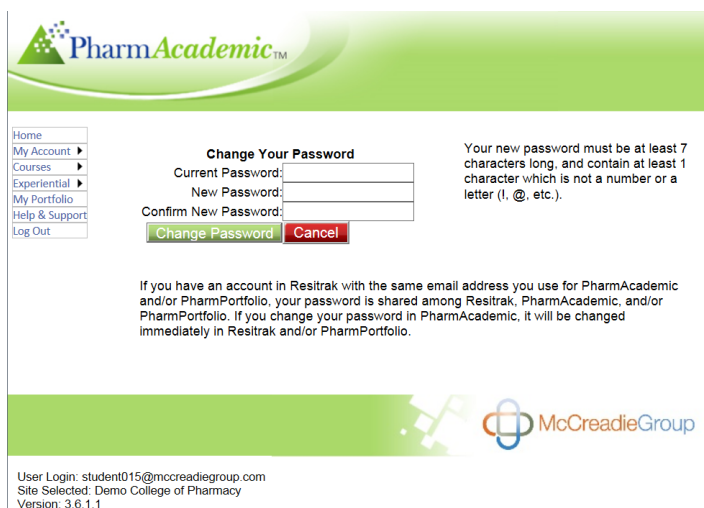
Steps for logging in to PharmAcademic:
1. Click on a link to PharmAcademic in an email message sent to you, or type http://www.pharmacademic.com into your internet browser.
2. If your email address is not pre-populated, type your email address in the PharmAcademic Email box.
3. Type in your password.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

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

PharmAcademic Instructions for Preceptors

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

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

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

View Current Schedule

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

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

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

Experiential Education

Preceptor, Fifth

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

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

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

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

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

Student Viewer

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

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

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

Entering Availability for Future Matches

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

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 Edit
ABC Pharmacy #521	October Block (10/01/2012 - 10/31/2012)	Advanced Community	Not Specified Edit
ABC Pharmacy #521	November Block (11/01/2012 - 11/30/2012)	Advanced Community	Not Specified Edit
ABC Pharmacy #521	December Block (12/01/2012 - 12/30/2012)	Advanced Community	Not Specified Edit
ABC Pharmacy #521	January Block (01/03/2013 - 01/31/2013)	Advanced Community	Not Specified Edit
ABC Pharmacy #521	February Block (02/01/2013 - 02/28/2013)	Advanced Community	Not Specified Edit
ABC Pharmacy #521	March Block (03/01/2013 - 03/31/2013)	Advanced Community	Not Specified Edit
ABC Pharmacy #521	April Block (04/01/2013 - 04/30/2013)	Advanced Community	Not Specified Edit
ABC Pharmacy #521	May Block (05/01/2013 - 05/31/2013)	Advanced Community	Not Specified Edit

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:

[   ]

[Save]   [Close]

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.

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

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

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

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

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

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

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

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

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

Viewing Completed Evaluations

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

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

Completing an Assessment: Students

When an evaluation is due to be completed in PharmAcademic, you may receive an email notification similar to the one at the right.

You can click on the included link to access the evaluation. You will be redirected to PharmAcademic and be prompted to log in before you can begin the evaluation.

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

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

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

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

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

Assessments

Click on an assessment below to go to the appropriate screen for completing the assessment.

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

User Login: student015@mccreadiegroup.com
Site Selected: Demo College of Pharmacy
Version: 1.3.4.0

MCCREADIE GROUP

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

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

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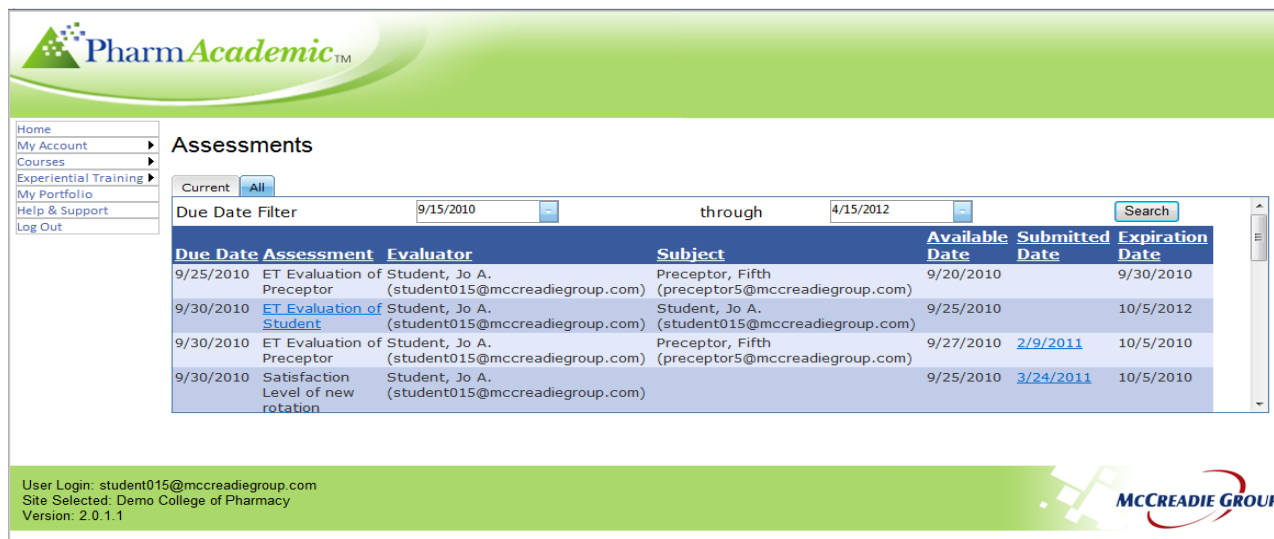
You may receive email reminders if you do not complete an evaluation by the due date. These are set up by the sender, and can be set to repeat if the evaluation remains unsubmitted.

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

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

Viewing Completed Evaluations: Students

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

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

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

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

Fulfilling Site-Specific Requirements

Students must check with rotation sites at least 4-6 weeks in advance to discover what is required by the site. Exception: Many GOVERNMENT sites (VA, IHS) must be contacted at least 8-12 weeks in advance of the rotation.

LECOM School of Pharmacy has contracted with Certiphi and FieldPrint to provide students with a convenient and economical means of obtaining background checks, drug screens or finger printing when possible (exception: PA Fingerprinting). Directions for 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.

CERTIPHI INSTRUCTIONS

LECOM - Bradenton, FL Campus

A summary of the background check and drug screen instructions is included below. Detailed instructions follow this summary.

Instructions	Packages	

1. Click the link below or paste it into your browser: http://www.applicationstation.com
 	
2. Enter the code for the type of check you are ordering in the Application Station Code field:
    Background Recheck: LECOM-RECHECKFL
    Drug Screen: LECOMSCREEN
 	
3. Click the "SIGN UP NOW" button to create an account.
 	
4. Follow the instructions on the Application Station web site.
 	
If you have questions about the screening requirement, please contact Lake Erie College of Osteopathic Medicine School of Pharmacy.
 	
If you have technical issues visiting the Application Station site, please contact Application Station Support at: 888-291-1369 x2006.
	Background Recheck:
	
	▪ SSN Validation and Verification
	▪ Florida Statewide Criminal Search (FDLE)
	▪ County Criminal Search – for all counties outside of Florida
	▪ Federal Criminal Records Search – for all U.S. Districts of residence for the past three years
	▪ National Sexual Offender Registry Search
	▪ OIG/GSA EPLS
	▪ SanctionsBase – includes state excluded parties list and OFAC
	▪ Employment Verification – 2 employers
	▪ NOTE: Does **NOT** include driving record
		Price: $53.00

	Drug Screen: 10 panel	Price: $29.50
	Amphetamines	
	Barbiturates	
	Benzodiazepines	
	Cannabinoids (Marijuana)	
	Cocaine	
	MDMA (Ecstasy)	
	Methadone	
	Opiates (4): Codeine, Morphine, Oxycodone, Hydrocodone	
	Phencyclidine	
	Propoxyphene	

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 unless otherwise directed. Some of these checks can take many weeks to complete; therefore it is necessary to contact rotation sites at least 4-6 weeks before the start of the rotation.**

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

If you encounter issues with the Application Station: Student Edition or have questions regarding the site, please contact Certiphi's Help Desk at 888-260-1370, ext 2006 or itsupport@certiphi.com. If you are still running into problems acquiring your records, you may contact the LECOM Office of Security at 941-782-5908 during daytime business hours for assistance in acquiring your reports.

What to do if you need an *updated* Background Investigation?
1. This applies if you have ordered a background investigation from Certiphi previously through PharmCAS.
2. **The cost for an updated background check is $53.00**

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

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

3. Click the "SIGN UP NOW" button to create an account.
4. Follow the instructions on the Application Station web site.

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

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

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

The search components included in an updated background investigation are listed below. All records are searched by primary name and all AKAs,, a student's primary address, and all addresses lived within the past three years.
  - ▪ SSN Validation and Verification
  - ▪ Florida Statewide Criminal Search (FDLE)
  - ▪ County Criminal Search – for all counties outside of Florida
  - ▪ Federal Criminal Records Search – for all U.S. Districts of residence
  - ▪ National Sexual Offender Registry Search
  - ▪ OIG/GSA EPLS
  - ▪ SanctionsBase – includes state excluded parties list and OFAC
  - ▪ Employment Verification – 2 employers
  - ▪ NOTE: Does **NOT** include driving record

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

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

Lake Erie College of Osteopathic Medicine School of Pharmacy has asked that you use the Application Station Student Edition to complete necessary additional screening services through Certiphi Screening, Inc.

 To do so, please follow the instructions below:

1. Click the link below or paste it into your browser: http://www.applicationstation.com
2. Enter the Code: **LECOMSCREEN** 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 before going for your drug screen collection.

2. Provide the LabCorp technician account number **258466** at the time of collection. The LabCorp technician will create an electronic COC (chain of custody) for your drug screen collection.

3. You are required to have valid photo identification with you. (Examples: driver's license or other photo identification card)

After the Collection

1. Obtain the donor copy of the chain of custody form prior to leaving the collection facility.

2. Within one hour of completion of all testing, call Certiphi Screening (a division of Vertical Screen) at 800-803-7859. Have your copy of the chain of custody form available.

3. If drug screen is performed before logging on to www.applicationstation.com it can cause a delay with receiving your drug screen results.

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

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

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

1. **Amphetamines**

2. **Barbiturates**

3. **Benzodiazepines**

4. **Cannabinoids (Marijuana)**

5. **Cocaine**

6. **MDMA (Ecstasy)**

7. **Methadone**

8. **Opiates (4): Codeine, Morphine, Oxycodone, Hydrocodone**

9. **Phencyclidine**

10. **Propoxyphene**

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

What to do if you need a Motor Vehicle Report (driving history)
- **The cost of a motor vehicle report is $3.00 plus applicable state processing fees ($13.00 total for FL).**

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

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

Lake Erie College of Osteopathic Medicine School of Pharmacy has asked that you use the Application Station - Student Edition to complete necessary screening services through Certiphi Screening, Inc.

To do so, please follow the instructions below:

1. Click the link below or paste it into your browser: http://www.applicationstation.com
2. Enter the Code: **LECOMFL-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.

FIELDPRINT INSTRUCTIONS

LECOM - Bradenton, FL Campus

What to do if you need a fingerprint for a Florida rotation site (an AHCA fingerprint)?
1. **The cost for an AHCA Fingerprint - $85.25.**

1) Visit www.FieldprintFlorida.com.

2) Click the "Schedule an Appointment" button, which links to our scheduling website.

3) Follow the wizard instructions to log into the site. Provide your Fieldprint Code of **FPLakeErieOsteo1.** At that point, you are ready to schedule your fingerprint appointment.

4) At the end of the process, print the Confirmation Page. Take the Confirmation Page with you to your fingerprint appointment, along with two forms of identification. At least one form of ID must be a valid, government issued Photo ID, such as a driver's license.

Once fingerprints have been collected, results will be electronically submitted to AHCA. AHCA will not return fingerprint report results to the student or school. However, the clinical site will access results directly from AHCA. The site will need your name, SSN, and date of birth.

What to do if you need fingerprinting for other states?:

If you are located in PA and need fingerprinting:

1 Contact at www.pa.cogentid.com
2. Select **Department of Public Welfare (DPW)**
3 Select **Register Online** from the Registration Column
4. Fill in YELLOW areas
  a. Reason Fingerprinted: choose "**Employment with a significant likelihood of regular contact with children"**
  b. **SSN** should be filled in to assure a better match
  c. Driver's License No should also be included
5. Select **Next**
6. Verify your information
  a. If correct select **Next**
  b. If not correct select **Go Back** and repeat steps 4 to 6
7. Fill in Payment information
8. Select **Pay**
9. Go to location to have fingerprints taken. Locations that can take fingerprints are available on the Cogent web site.
If you are NOT located in FL or PA and need fingerprinting:

Request specific instructions from your preceptor or appropriate person at the rotation site. Contact the Coordinator for Experiential Education on campus (941-782-5676) and provide information about the request and the process.

OTHER SCREENING INSTRUCTIONS

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

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.

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

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

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

Resources and Forms

Important Contact and Resource Information

LECOM School of Pharmacy   941-756-0690
5000 Lakewood Ranch Blvd
Bradenton, FL 34211

Office of Experiential Education   rxrotations-fl@lecom.edu

Julie Wilkinson, PharmD, MS, BCPS   **941-782-5678**
Associate Dean for Traditional Pathway   jwilkinson@lecom.edu
Professor

Christopher Lynch, PharmD, MEd   **941-782-5677**
Director of Experiential Education   clynch@lecom.edu
Associate Professor

Deborah Atkinson, CPhT   **941-782-5676**
Coordinator of Experiential Education   datkinson@lecom.edu

Resources:

    LECOM Website: http://lecom.edu/

    LECOM Learning Portal: https://portal.lecom.edu/ics/

    LECOM Web Page for Preceptors: http://lecom.edu/pharm_mentor.php
    ● Rotation Manuals

    PharmAcademic: https://www.pharmacademic.com

The Pharmacist's Letter Preceptor Training and Resource Network:
 http://pharmacistsletter.therapeuticresearch.com/ptrn/default.aspx?cs=&s=PL

Certiphi (Background Checks / Drug Screens):   http://www.applicationstation.com

FieldPrint (Fingerprinting for FL rotation sites):   http://www.fieldprintflorida.com/

Florida Board of Pharmacy: 850 – 245-4292
                                                 http://www.doh.state.fl.us/mqa/pharmacy

National Association of Boards of Pharmacy: http://www.napb.net/

LECOM BRADENTON SCHOOL OF PHARMACY EXPERIENTIAL CHECKLIST
(Maintain this form in your rotation e-portfolio)

REQUIRED DOCUMENTATION	DEADLINE
☐ Records Release Form Completed	1st Week of School
☐ Florida Pharmacy Intern License (other states if assigned for rotation)	End of the 1st semester of school Deadlines TBA

Medical

☐ PPD skin test (and Chest X-Ray if positive to LECOM)	Prior to orientation and in May of subsequent years
☐ Physical	Prior to orientation and in subsequent years (as directed)
☐ Other - Site Specific	Site Specific
☐ Immunizations completed and furnished to LECOM	Prior to orientation
☐ Influenza vaccine	Fall of P1, P3 and P4 years (P2 year optional but recommended)
Proof of adequate titers for ☐ Varicella ☐ Rubella ☐ Rubeola ☐ Hepatitis B	Matriculation Deadline

☐ Criminal Background Re-check	Prior to specific rotations (as directed)
☐ LECOM Certificate of Self-Insurance	Site to request from Director of Experiential Education (if needed)
☐ Student – Site Contact Form Complete	Call site and complete form thirty (30) days prior to the start of rotation
☐ CV sent to your rotation site (Includes – Your contact information, phone, email, work history, etc.)	Send to site thirty (30) days prior to the start of each rotation
☐ HIPAA/OSHA/TB Training Certificates	Complete programs by posted deadline; keep in portfolio
☐ CPR Card	Complete by posted deadline; keep with you while at rotation sites
☐ Review Manual with Preceptor	1st day of each rotation
☐ Rotation Assessments	Submit as instructed
☐ Report personal intern hours to State Board of Pharmacy other than Florida	As required by the State you wish to practice and/or have your intern license

NOTE: PLEASE KEEP A COPY OF ALL MEDICAL AND LEGAL DOCUMENTS IN YOUR ROTATION PORTFOLIO.
INTERN LICENSE(S) MUST BE WITH YOU AT ALL TIMES WHEN AT YOUR ROTATION SITES.

LECOM School of Pharmacy   **Student – Site Contact Form**

Student Name_____ **Class of**_____

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

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

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

L | E | C | O | M
SCHOOL OF PHARMACY
☐ **IPPE or** ☐ **APPE Rotation CHANGE Request Form** *(check one)*

Student Name _____Date_____
(Printed)

CURRENTLY SCHEDULED ROTATION:	
Name of site:	
Address:	
City:	State: Zip:
Type of Rotation:	Date of Rotation
Preceptor Name	Contact person (if other than preceptor)
Phone #	E-Mail

REQUESTED ROTATION :	
Name of site:	
Address:	
City:	State: Zip:
Type of Rotation:	Date of Rotation
Preceptor Name	Contact person (if other than preceptor)
Phone #	E-Mail
Reason for Change Request	
Rotation Date Requested	

* No guarantees can be made regarding requests to change site assignments. We will consider honoring your request only due to extreme circumstances.

* Students are not permitted to perform their rotation at the same site where internship hours are being earned (*if applicable*).

* Do **not** contact preceptors to discuss this request until it has been approved by the Director of Experiential Education.

* Please remember that you have made a professional commitment to the site when you initially requested your rotation. We expect that you will honor your commitment to the remainder of your schedule.

* Please submit this form to the Experiential Education Director for review and approval.

Student Signature _____ Date _____

Experiential Education Department to fill out this section:

1. Did Experiential Office/ Director give approval? Y or N   Date: _____
2. Name of person approving/ disapproving: _____
3. Contacted currently assigned preceptor: Y or N   Date: _____
4. Contacted desired preceptor: Y or N Date: _____

LECOM SCHOOL OF PHARMACY – BRADENTON CAMPUS
5000 Lakewood Ranch Boulevard ⬧ Bradenton, FL 34211
941.756.0690   fax 941.782.5733
Rxrotations-fl@lecom.edu

Experiential Education Absence Request/Report Form

Except for an unplanned absence, this form MUST be submitted ten (10) business days prior to your request. Students who miss more than three (3) days per rotation for any reason may fail the rotation. Any absence NOT documented on this form will result in **deduction** of your rotation grade – **10 points for planned and 5 points for unplanned absences.**

Name: _____   Date: _____

Rotation Type: ☐ IPPE   ☐ APPE   Dates of Rotation: _____

Name of Site: _____

Address: _____

Preceptor Name: _____   Email: _____

Requested Dates: _____   Number of Days: _____

Total number of days absent for this rotation (to date): _____

Reason for Request (be specific): _____

Documentation may be required (e.g. interview confirmation/schedule, conference brochure, obituaries, etc.).   Registrations, reservations, etc. should not be completed until you have received School approval for your absence.

PRECEPTOR USE ONLY
Please indicate how the time off for this request will be made up
Makeup dates and times:

Date	Start Time	End Time	Total Hours
Date	Start Time	End Time	Total Hours

OR **Proposed Extra Assignment** (completed assignment must be made available to the School):

_____

Total Hours Credit

─ ─

☐ Approved
_____   ☐ Not Approved
Preceptor Signature   Date

                                                        Approved: **Make Up:**
_____   ☐ Yes   ☐ Yes
Christopher Lynch, PharmD, MEd   Date   ☐ No   ☐ No

BOTH SIGNATURES ARE REQUIRED TO BE COMPLETE
Date of Student Notification (via email) _____