ROSEMAN UNIVERSITY
COLLEGE OF PHARMACY

# EXPERIENTIAL POLICY MANUAL
# 2024-2025

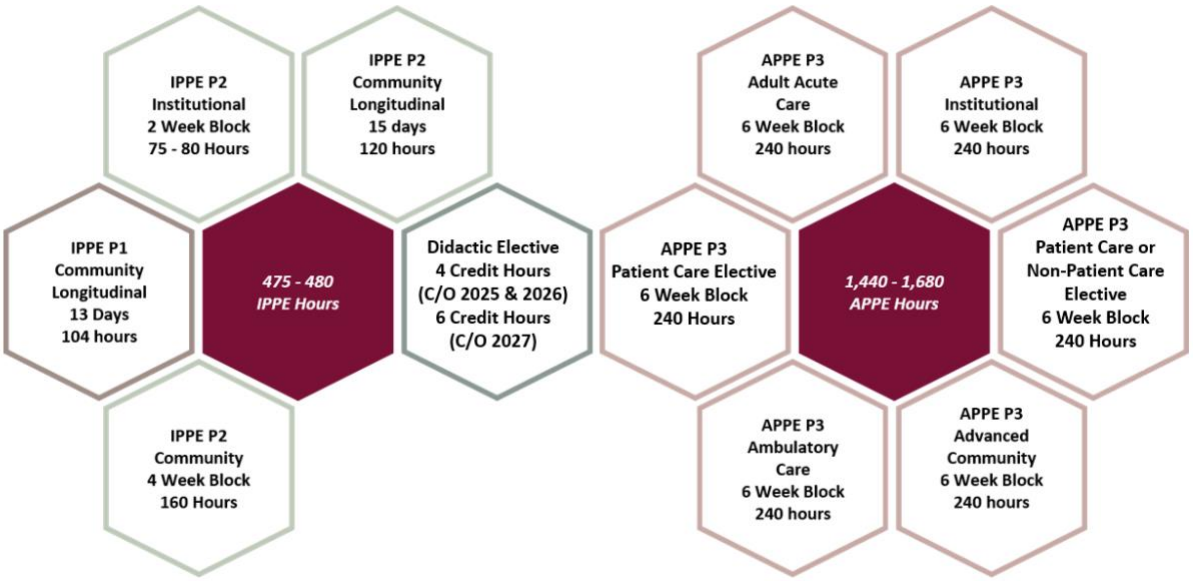
# Summary of Permanent Changes to Experiential Policy for 2024-2025

- Minor updates to titles and dates
- Minor clarifying language throughout
- Selective A APPEs are renamed Patient Care Electives
- Selective B APPEs are renamed Non-Patient Care Electives
- Aligning Didactic Electives requirements to match the Student Handbook

# Experiential Policy Manual

ROSEMAN UNIVERSITY OF HEALTH SCIENCES COLLEGE OF PHARMACY

2024-2025





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# TABLE OF CONTENTS


INTRODUCTION....1
INTRODUCTORY PHARMACY PRACTICE EXPERIENCES....1
ADVANCED PHARMACY PRACTICE EXPERIENCES....1
EXPERIENTIAL POLICIES....2
CORE....2
STUDENT REQUIREMENTS FOR PARTICIPATION IN ROTATIONS....2
ATTENDANCE POLICY....3
VIOLATIONS OF PROFESSIONAL CONDUCT....5
MISSED DEADLINES FOR STUDENT REQUIREMENTS....5
CONFIDENTIALITY (HIPAA)....5
DRESS CODE....6
STUDENT RESPONSIBILITIES....7
OUTCOMES & ASSESSMENTS....8
ROTATION RESULTING IN NO PASS OR INCOMPLETE....10
SATISFACTORY COMPLETION OF ROTATION REQUIREMENTS....10
UNSATISFACTORY PERFORMANCE, APPEALS, AND PROGRESSION....11
WITHDRAWAL & LEAVE OF ABSENCE....11
ROTATION REMEDIATION....11
STUDENT ADMINISTERED IMMUNIZATIONS....11
OSHA, NEEDLE STICKS, & POST-EXPOSURE PROPHYLAXIS....12
COMPENSATION & PAID INTERN EMPLOYMENT....12
STUDENT USE OF CASH REGISTERS....13
REPORTING OF STUDENT HOURS....13
PRECEPTORS & SITES....13
APPENDIX 1: ROTATION TYPES & OUTCOMES....16
ROTATION TYPES....16
OUTCOMES FOR COMMUNITY PHARMACY ROTATIONS....17
OUTCOMES FOR INSTITUTIONAL PHARMACY ROTATIONS....31
OUTCOMES FOR ADULT ACUTE CARE APPE ROTATION....40
OUTCOMES FOR AMBULATORY CARE APPE ROTATION....45
OUTCOMES FOR PATIENT CARE ELECTIVE APPES....49
OUTCOMES FOR NON-PATIENT CARE) ELECTIVE APPES....49
APPENDIX 2: ROTATION REMEDIATION CHARTS....50
IPPE REMEDIATION....50
APPE REMEDIATION....51


The Roseman University College of Pharmacy *Student Handbook* is hereby incorporated as a part of this manual. The *Experiential Policy Manual* is also hereby incorporated as a part of the *Student Handbook*. The *Student Handbook* and *Experiential Policy Manual* are available on the College of Pharmacy website.

# Introduction

The primary goal of the Roseman University of Health Sciences College of Pharmacy (RUCOP) experiential curriculum is to ensure that every student obtains the knowledge, skills and abilities necessary to practice competently in a variety of pharmacy settings. The early exposure and progression of pharmacy practice experiences is designed to help students make the successful transition from the didactic academic setting to the practice environment via practical application of what the student has learned.

## Introductory Pharmacy Practice Experiences

Introductory Pharmacy Practice Experiences (IPPEs) provide opportunities to learn the basic functions of the Pharmacist Patient Care Process. During IPPEs, students expand their knowledge base, practice skills, and develop professional attitudes with direct patient interactions in both community and institutional pharmacy settings. Preceptors are required to supervise all activities undertaken by students.

During their first academic year, students participate in a longitudinal community pharmacy rotation composed of up to 14 IPPE days (IPPE-P1 PHAR 470). During the summer between the first and second academic years, students complete a 4-week community pharmacy block rotation, and a 2-week institutional pharmacy block rotation (IPPE-P2 Summer PHAR 572 and PHAR 573). During the second academic year, students complete a second longitudinal community pharmacy rotation composed of up to 16 IPPE days (IPPE-P2 PHAR 570).

IPPE rotations include required assignments, and each student is required to master a core set of learning and professionalism outcomes for each rotation. Successful completion of all assignments and learning outcomes is required to pass the IPPE and proceed to the next academic level. IPPE educational outcomes are designed to allow student progression across the curriculum and prepare students for Advanced Pharmacy Practice Experiences (APPEs) in the third year.

## Advanced Pharmacy Practice Experiences

APPEs are designed to provide students with exposure to a variety of pharmacy practice settings. Students are required to complete a total of thirty-six (36) weeks of APPEs (minimum of 1,440 total intern hours), which include a total of six rotations that are each six weeks in duration. Rotations may occur in any order and include the following:

- **Advanced Community**
- **Adult Acute Care**
- **Ambulatory Care**
- **Institutional Practice**
- **Patient Care Elective**
- **Non-Patient Care Elective or a second Patient Care Elective**

Additionally, class of 2025 and 2026 students are required to complete a **Didactic Elective** block(s) for a minimum of four elective credit hours. For the class of 2027, students are required to complete a **Didactic Elective** block(s) for a minimum of six elective credit hours before the start of their P3 year. Didactic Electives are described further in the Roseman University of Health Sciences (RUHS) Catalog.

# Experiential Policies

## CORE

RUCOP utilizes CORE ELMS as its rotation management tracking software system. All preceptors are required to complete evaluations of students, verification of student intern hours, and other documentation online. All students are also required to utilize CORE for appropriate documentation and evaluation as directed.

**CORE Website Address:** https://corehighered.com/login-elms.php

## Student Requirements for Participation in Rotations

### General Requirements

To participate in experiential rotations, each student must be in compliance with the *Eligibility for Pharmacy Practice Experiences* requirements as outlined in the *Student Handbook.*

Failure to adhere to the *Eligibility for Pharmacy Practice Experience Requirements Policy* will preclude a student's participation in the experiential component of the program.

By signing the *Acknowledgement of RUCOP Experiential Policies*, the student authorizes the College to release student requirements to practice sites upon request. Students are responsible for any financial expenses associated with experiential requirements.

### Transportation & Lodging

Students agree to comply with the RUHS *Transportation Policy,* located on the RUHS policies website. Students are also responsible for the provision of their own lodging for the duration of their experiential rotations, at their own personal expense.

### Site Specific Requirements

Some practice sites may have additional requirements which a student must complete, at the student's own expense within designated timeframes. Failure to complete these requirements may result in the cancellation of applicable rotation assignment(s) and possible delay of graduation.

## Rotation Placements and Requests

Students have an opportunity to rank preferences for rotations prior to assignments being made. Rotation requests are not guaranteed. Rotation placements are at the sole discretion of the Experiential Director. Once rotation placements are finalized, student requested changes will not be granted.

Students may have an opportunity to request new sites, in accordance with deadlines and processes communicated by the Experiential Directors. **Students may not approach or contact preceptors or practice site affiliates regarding arranging rotations, increasing availability, or changing a rotation without prior approval of the Experiential Director.**

If the Experiential Director is unable to find appropriate rotation placement due to student inability to meet eligibility requirements, the student may have delayed graduation or be required to withdraw from the program.

Experiential Directors reserve the right to require all remaining out of state rotations be completed in Nevada or Utah following one or more grade(s) of No Pass for any single rotation.

# ATTENDANCE POLICY

Students are expected to be present at the practice site as scheduled by RUCOP. **The College expects students to modify all other schedules to allow full attendance during experiential rotations.**

Exceptions to the *Attendance Policy* may be granted **with prior written approval of both the preceptor AND the Experiential Director.**

## Rotation blocks

**Rotation blocks may not be started earlier or later than the scheduled calendar date, and may not be split, for any reason, unless approved by the Experiential Director. All hours and outcomes must be completed within the designated rotation block.**

### *Minimum required intern hours per rotation block*

- PHAR 470 P1 Community Pharmacy Longitudinal Rotation 104 Hours
- PHAR 572 P1 Summer Community Pharmacy 4 Week Rotation 160 Hours
- PHAR 573 P1 Summer Institutional Pharmacy 2 Week Rotation 80 Hours
- PHAR 570 P2 Community Pharmacy Longitudinal Rotation 120 Hours
- PHAR 600-698 P3 APPE Rotations (per rotation block) 240 Hours

**Failure to complete the required hours and outcomes within the rotation block, for any reason other than approved leave of absence, will result in a No Pass (NP) for the rotation.**

## Rotation days

**Decisions to modify the schedule are subject to final approval from the Experiential Director.**

Minimum required rotation intern hours must be met regardless of scheduled rotation days or approved schedule modifications.

### *Scheduled days for P1 and P2 Community Pharmacy Longitudinal rotations*

The scheduled rotation days are set by RUCOP and are the same for all students. Students are permitted to request a scheduled day change **one** time per longitudinal rotation. Requests must be submitted via an absence request in the Academic Affairs Canvas course at least two weeks in advance and approved by the assigned preceptor.

### *Scheduled days for APPEs and Summer IPPEs*

The scheduled rotation days are communicated to the student at the beginning of the rotation by the preceptor. Any changes to this schedule are required to be requested by the student through the Academic Affairs Canvas course.

## Rotation Hours

Students must complete at least 8 hours per day at their rotation site, not inclusive of breaks. Students may not complete more than 10 hours per day without written approval of the Experiential Director. Additional hours beyond those spent at the site may be required in order to complete assignments or other rotation activities.

### *Leaving a rotation site early*

Students may not end their rotation day early for any reason other than those covered under the *Excused Absence Policy.* If a student ends their rotation day early for any reason, the student must submit an absence request via the Academic Affairs Canvas course prior to leaving the site. All rotation hours must be met for successful completion of the rotation.

## Excused Absences

Reasons for consideration for excused absences are listed in the Student Handbook. A summary, as it relates to absences for experiential rotations, is provided in the table below:

| Absence Type | Deadline to Request | Notes |
|---|---|---|
| Student Illness | 8:00 AM* on the day of the absence. Submit an absence request on the Academic Affairs Canvas page AND notify preceptor via email or phone.<br>*If the experiential rotation has a start time later than 8:00 AM, the student is expected to submit the absence request no later than the established start time for that rotation day. | **Documentation**: Requires a letter or note signed by a practitioner licensed within the United States (who is not related to the student).<br>Medical documentation must be provided within one day of the absence |
| Personal or immediate family member emergency | 8:00 AM* on the day of the absence. Submit an absence request on the Academic Affairs Canvas page AND notify preceptor via email or phone.<br>*Or as soon as possible following the event for an active emergency | **Immediate family**: Parent, guardian, spouse, child, or sibling<br>**Emergency**: Includes but may not be limited to, hospitalization, or other unforeseen, debilitating events<br>**Documentation**: May be required |
| Bereavement | 8:00 AM on the day of the absence. Submit an absence request on the Academic Affairs Canvas page AND notify preceptor via email or phone.<br>May be approved if funeral is within 5 calendar days of the missed day | **Documentation**: Will be required and must be submitted prior to completing the make-up |
| Attendance at Pharmacy Professional Meetings and Pharmacy-Related Job Interviews | At least 3 business days prior to the missed day. Submit an absence request on the Academic Affairs Canvas page AND notify preceptor via email or phone. | **Documentation**: When requesting the absence, student must submit a copy of the student's proof of registration for the event |
| Religious Observance | No later than the end of orientation week for the school year. Submit an absence request on the Academic Affairs Canvas page AND notify preceptor via email or phone. | **Documentation**: May be required |
| One-time change in IPPE Rotation Day (PHAR 470 & 570) | At least two weeks in advance. Submit an absence request on the Academic Affairs Canvas page AND notify preceptor via email or phone. | See page 3 "Scheduled days for P1 and P2 Community Pharmacy Longitudinal rotations" |

## Unexcused Absences

**Any absence that is not covered under the Excused Absence Policy will result in a No Pass (NP).**

## Violations of Professional Conduct

Violations of professional conduct will be addressed as per *the Student Handbook Policies and Procedures Pertaining to Student Professionalism.*

## Missed Deadlines for Student Requirements

### Steps of Progression

#### *Initial Deadline*

- Provided in writing (i.e. CORE schedule assignment and/or email from Exp Team member) to student stating the requirement for rotation and due date.

#### *1st Missed Deadline*

- Experiential staff member informs tardy student via email that they missed the requirement deadline and is provided 1st extension which is due within 3 business days of original due date.
- Campus IPPE/APPE Director is copied on email notification to student.
- Email will explicitly state that the student missed the requirement deadline, which is a requirement for rotation participation and failure to complete requirement within 3 business days will result in a coaching opportunity letter, referral to the Office of Academic Affairs and Assessment, and/or cancelation of rotation.

#### *2nd Missed Deadline*

- Experiential staff member notifies IPPE/APPE Director.
- Student is emailed by IPPE/APPE Director that two deadlines have been missed and therefore, the student will be issued a coaching opportunity letter. Associate Dean of Academic Affairs is CC'd on email notification to student.
- Email will explicitly state that the student missed the requirements deadline, and failure to complete requirement within 1 business day will result in cancelation of rotation.
- IPPE/APPE Director follows up with the Associate Dean of Academic Affairs and Assessment to determine sanctions and if deadline is not met the rotation will be canceled.

#### *3rd Missed Deadline*

- Experiential staff member notifies IPPE/APPE Director and Associate Dean of Academic Affairs and Assessment.
- Student will be notified by IPPE/APPE Director that their rotation has been canceled. Student and IPPE/APPE Director will work together to reschedule rotation.

## Confidentiality (HIPAA)

All students are trained annually to abide by HIPAA Policy, including but not limited to specifications of the HIPAA Privacy Rule and how to handle Personal Health Information (as found at the Department of Health and Human Services website). Documentation of HIPAA training can be found in each student's CORE account.

Students are prohibited from taking pictures, video, or audio recording(s) of any patient or confidential information.

Students are prohibited from removing confidential information from HIPAA protected areas.

# Dress Code

Students must confirm the dress code policy for their site prior to attendance and comply with site specific dress code in order to participate in rotations.

## Appropriate Attire

- Clean pressed short white lab jacket (if applicable)
- College-issued identification badge and site identification (if applicable)
- Blouse, sweater, or clean pressed shirt
- Tie (site dependent)
- Business casual pants, dress pants, skirt or dress (minimum knee length)
- Socks or hosiery and closed toe dress shoes
- All students are expected to practice good personal hygiene (clean and well groomed), dress modestly, and wear professional attire while attending rotations.
- Students should be conservative with respect to hair coloring.
- Students should confirm with the preceptor the acceptability of visible piercings and tattoos.

## Inappropriate Attire

- Jeans, denim, camouflage pants, low-rise pants, yoga pants, leggings, sweats, or athletic pants
- Spandex, shorts, miniskirts (above the knee)
- Low cut or backless shirts and blouses (including halter and tank tops)
- T-shirts, sweatshirts, or open midriffs
- Open toed shoes, high heels, bare legs and feet
- Visible piercings (face, tongue, nose, and navel)
- Artificial nails (acrylic, gel nails and other compounds)
- Visible tattoos
- Cosmetics on compounding rotations
- Strong perfumes

## STUDENT RESPONSIBILITIES

Students must adhere to the following responsibilities during every rotation block:

1. Be knowledgeable of and compliant with the material contained in this manual and the *Student Handbook*. If students have any questions regarding any policies related to experiential education, the student must proactively clarify the policy with Experiential Director.
2. Abide by all state and federal laws and regulations that govern pharmacy practice and seek clarification from the preceptor when necessary.
3. Abide by timelines provided for student requirements.
4. Maintain acceptable background check to allow for attendance at the rotation site.
5. Maintain acceptable drug and alcohol screen to allow for attendance at the rotation site.
6. Students who are enrolled at the Henderson, Nevada Campus must maintain a Nevada intern license in good standing for their duration of enrollment. Students who are enrolled at the South Jordan, Utah Campus must maintain a Utah intern license in good standing for their duration of enrollment. Students must maintain additional active intern licenses in good standing for any states in which they have assigned rotations.
7. Contact their assigned preceptor a minimum of 2 weeks prior to the start of the rotation.
8. Inform RUCOP of any changes to address and telephone number via CORE within 7 days of the change taking effect.
9. Only use electronic devices for personal use during a preceptor approved break time.
10. Behave professionally at all times when on rotation. Students are expected to be respectful and courteous at all times.
11. Be proactive with their experiential education, which necessitates active participation and communication.
12. Seek help when necessary, never hesitating to admit that they do not know something.
13. Be willing to learn from one another if paired with another student for rotation experiences.
14. View advice or direction from a preceptor as a learning experience. Students should never publicly question the advice or directions of a preceptor; rather these issues should be discussed in private. Students and preceptors are encouraged to discuss differences or conflicts with the Experiential Director.
15. Take the initiative in communicating with physicians, patients, and other healthcare professionals but only under the direct supervision of their preceptor.
16. Comply with all policies and procedures of the practice site. The stricter policy (site versus Experiential Manual) will apply.
17. Respect practice site property. Inappropriate use of, or damage to, practice site property may result in disciplinary action by the site and the College, and may result in civil or criminal prosecution. Students shall assume the responsibility for the cost of equipment and supplies of practice site that are broken, damaged, or removed by students. Students must return all property to the site upon completion of the rotation. Fines assigned by the site for past due items are the responsibility of the student.
18. As soon as a potential conflict of interest related to an assigned rotation is identified (may include, but not limited to: consensual relationships; immediate family member; or, business or personal relationship with a preceptor or site) the student shall disclose it the appropriate Director.

# OUTCOMES & ASSESSMENTS

Students and preceptors are required to formally complete evaluations of student progress in their respective CORE accounts during the rotation block. Assessments are to be completed in CORE by deadlines set. Continuous and timely feedback regarding student progress is highly encouraged throughout the rotation. Concerns regarding progress should be communicated with both the student and Experiential Director as soon as noted.

## Professionalism Outcomes Assessment Rubric

| PROFESSIONALISM OUTCOMES | | | | |
|---|---|---|---|---|
| **5** | **4** | **3** | **2** | **1** |
| Exemplary | Above Average | Satisfactory | Student is progressing but does not yet meet expectations.<br><br>***If selected on FINAL assessment by PRECEPTOR**, student will receive a No Pass (NP) for the rotation.* | Student does not meet expectations.<br><br>***If selected on FINAL assessment by PRECEPTOR,** student will receive a No Pass (NP) for the rotation.* |

***A student will receive a grade of No Pass (NP) if a single score of 1 or 2 is noted on the final assessment by the preceptor.**

## Professionalism Outcomes

In preparing students to maintain the highest principles of moral, ethical and legal conduct, professionalism is taught and expected as part of the experiential curriculum.

Students are assessed on the following professional outcomes*:

1. Student is empathetic.
2. Student behaves in an ethical manner.
3. Student is punctual.
4. Student maintains confidentiality.
5. Student is respectful.
6. Student demonstrates accountability.
7. Student accepts and applies constructive criticism.
8. Student wears appropriate attire.
9. Student demonstrates confidence.
10. Student follows through with responsibilities.

*Student Professionalism Outcomes are adapted from the Behavioral Professionalism Assessment Form, Experiential Version (BPAE), developed and validated by Dana Purkerson Hammer at The University of Washington.

## General Learning Outcomes Assessment Rubric

| GENERAL LEARNING OUTCOMES | | | | |
|---|---|---|---|---|
| **5** | **4** | **3** | **2** | **1** |
| I trust the student completely as an independent practitioner (upon licensure)<br><br>AND<br><br>*This student is qualified to give meaningful feedback to other learners for this outcome.* | I trust the student completely as an independent practitioner (upon licensure) | I trust the student, with **limited correction**.<br><br>AND<br><br>*The student is self-directed and seeks guidance as necessary.* | I trust the student, with direct supervision and **frequent correction**.<br><br>AND<br><br>*The student accepts feedback for performance improvement.*<br><br>***If selected on FINAL assessment by PRECEPTOR,** student will receive a No Pass (NP) for the rotation.* | I only trust the student, with **specific direction** and direct supervision.<br><br>AND<br><br>*The student requires significant correction for performance improvement.*<br><br>***If selected on FINAL assessment by PRECEPTOR,** student will receive a No Pass (NP) for the rotation.* |

***A student will receive a grade of No Pass (NP) if a single score of 1 or 2 is noted on the final assessment by the preceptor.**

## General Learning Outcomes

1. Collect information to identify patients' medication-related problems and health-related needs.
2. Assess information to determine the effects of medication therapy, identify medication-related problems, and prioritize health-related needs.
3. Establish patient-centered goals and create patient care plans.
4. Implement patient care plans in collaboration with the patient, caregivers and other health care professionals.
5. Follow up and monitor patient care plans.
6. Empower and advocate for patients when appropriate.
7. Collaborate as a member of an inter-professional team.
8. Identify patients at risk for prevalent diseases in a population (e.g. hypertension, diabetes, depression).
9. Minimize adverse drug events and medication errors.
10. Maximize the appropriate use of medications in a population.
11. Respect cultural and social determinants of health.
12. Ensure that eligible patients are educated about and offered immunizations for vaccine-preventable diseases.
13. Educate patients and caregivers regarding disease prevention and appropriate self-care.
14. Educate patients and professional colleagues regarding the appropriate use of medications.
15. Fulfill a medication order.
16. Use evidence-based information to advance patient care.
17. Effectively communicate with patients, caregivers, and other health professionals (listening, writing and verbal skills).
18. Demonstrate the knowledge and abilities to oversee pharmacy operations, including resource management, personnel, and technology of the practice site.
19. Demonstrate the knowledge and abilities to function in accordance with pharmacy laws, regulations, and accreditation standards.

## Rotation Resulting in No Pass or Incomplete

Preceptors and Experiential Directors have the authority to dismiss a student from the practice site.

Appropriate site employees have the authority to immediately dismiss a student from the practice site without notice or hearing at their sole discretion, because of student violation of practice site's policy or procedure.

### Rotation resulting in a grade of No Pass

**The grade of No Pass (NP) is due to violation of policy, not due to the preceptor's academic assessment of student performance.**

Reasons for a grade of No Pass on after starting the pharmacy practice experience which will result in a No Pass (NP) include, but are not limited to:

- Violation of the *Attendance Policy*, including arriving to rotation late or leaving rotations early
- Failure to make up excused absences within the designated time frame
- Falsifying any document
- Plagiarism
- HIPAA violations or other breaches of patient confidentiality
- Violation of the site's policies or standards of conduct
- Student behavior that negatively impacts patient care at the site
- Endangering the personal safety or the wellbeing of self or others
- Attending an experiential rotation while impaired or under the influence
- Disruption or interference with the orderly operation of the College, University, practice site, or other institution

### Rotation resulting in a grade of Incomplete

A student who does not complete an experiential rotation for reason(s) not leading to a grade of No Pass (NP), after starting the rotation, may receive a grade of Incomplete (I).

## Satisfactory Completion of Rotation Requirements

To successfully pass a rotation, **all** of the following must be completed within the assigned rotation block:

- Completion of required number of experiential hours (as verified by preceptor in CORE).
- Achievement of minimum score of 3 for all learning outcomes on the final preceptor assessment of the student.
- Achievement of a minimum score of 3 for all professionalism outcomes on the final preceptor assessment of the student.
- Satisfactory completion of all rotation specific assignments (assigned by either the preceptor or the Experiential Director).

# Unsatisfactory Performance, Appeals, and Progression

### Unsatisfactory Performance of Rotation Requirements

A student will receive a grade of No Pass (NP) if a single score of 1 or 2 is noted on the final assessment by the preceptor. A student who does not satisfactorily complete all rotation requirements will receive a grade of No Pass (NP).

### Student Appeal of Experiential Grade

Students wishing to appeal the grade of an experiential rotation may do so by following the procedures described in *the Student Handbook.*

### Progression

Students who receive a grade of No Pass (NP) for an experiential rotation should consult the *Student Handbook.*

# Withdrawal & Leave of Absence

Refer to the *Student Handbook* for policies regarding Withdrawal (W) and Leave of Absence (LOA).

# Rotation Remediation

Students who receive a grade of No Pass (NP) or Incomplete (I) will be required to repeat the same rotation course type. **A student failing any pharmacy practice experience with the same course type twice will be required to withdraw from the program.**

Rotation remediation must be completed in Utah or Nevada. Students remediating rotations may not request new sites and final schedules will be determined by the Experiential Director.

### Longitudinal Rotation (PHAR 470 and PHAR 570) Remediation

A student who receives a No Pass (NP) for PHAR 470 or PHAR 570 will be required to remediate the longitudinal rotation over six experiential weeks (three summer IPPE blocks / one APPE block) as per the table in Appendix 1. The remediation must be composed of eight-hour days completed on Mondays, Wednesdays, and Fridays.

### Block Rotation (PHAR 572, PHAR 573, and all APPEs) Remediation

Block rotation remediation schedules will be determined by the Experiential Director and are based on rotation experience availability. This may result in a delay of graduation.

All block rotations must be remediated at the end of the academic year. Special requests to remediate during college breaks, weekends, or by completing extended rotation days will not be allowed.

### Rotation Remediation Charts

Appendix 2 includes charts that describe how a rotation grade of No Pass (NP) or Incomplete may impact subsequent rotations and graduation date. These charts are for informational purposes only and may not represent all possible combinations of situations.

# Student Administered Immunizations

Students must be APhA certified in the Pharmacy-Based Immunization Delivery Certificate Program in order to be eligible to give immunizations. Students must abide by the state laws governing immunizations in order to practice this skill. These laws may include, but are not limited to: supervision of the intern by an APhA certified Pharmacy-Based Immunization Delivery pharmacist; BLS certification; and company-based OSHA training. Students must refer to site protocol and state laws for any additional requirements regarding administration of immunizations.

Students must provide a copy of their APhA Immunization Certificate and any other required documents to their preceptor prior to immunizing.

## OSHA, Needle Sticks, & Post-Exposure Prophylaxis

If an exposure to a contaminated or possibly contaminated needle occurs, the student is required to seek medical care immediately according to the most recent Center for Disease Control guidelines**. An incident report is required to be completed in CORE for all exposure incidents within 24 hours of the exposure.** Students will utilize their primary insurance. If the primary insurance does not cover some or all of the cost, the student can coordinate with Roseman University facilities office to submit a claim to the University's accident insurance.

Students are prohibited from entering patient care areas where signage indicates an N95 (NIOSH approved particulate filtering face-piece respirators) mask is required, unless specific respiratory protection training in accordance with OSHA regulations is provided by the practice site. Documentation of respiratory protection training must be submitted to the Experiential Director prior to respirator use.

## Compensation & Paid Intern Employment

Students may not receive remuneration (payment) while receiving academic credit for intern hours. Students may not receive or request compensation from sites or preceptors for hours, activities, projects or assignments related to any experiential rotation.

### Distinction between Experiential Education and Paid Employment

In order to comply with accreditation requirements and to provide for a more diverse practice experience, Experiential Directors will make an effort to avoid academic experiences similar to those in which a student has current or previous paid experience.

Students may be hired at their place of rotation; however, students may not be compensated for RUCOP experiential hours during which students are earning academic credit. When completing RUCOP experiential hours, students must wear a RUCOP issued name badge and white coat. When completing paid intern hours, students must wear company issued name badge and are prohibited from wearing their RUCOP badge.

## Student Use of Cash Registers

If permitted by the rotation site's policy, students are allowed to operate the cash register at their rotation site, under the supervision and direction of their preceptor. The preceptor is required to fully orient the student to cash register use and policies prior to student use of the cash register. Preceptors or students who have concerns or questions about this policy should contact their local Experiential Director. Please keep in mind that the purpose of rotations is to engage students in direct patient care and students should not be used as staff or technicians at the expense of learning opportunities.

## Reporting of Student Hours

Intern hours earned during experiential rotations may be counted towards pharmacist licensure. States differ with regards to the intern hour requirements for licensure eligibility. Students should contact individual State Boards of Pharmacy for specific licensure requirements, especially when considering postgraduate employment and residency opportunities. A listing of State Boards of Pharmacy can be found on the National Associations of State Boards of Pharmacy web site: www.nabp.pharmacy.

APPE Experiential Directors report the total number of intern hours (IPPE and APPE) earned by students to their local campus Board of Pharmacy (Utah or Nevada) upon successful completion of the experiential component of the PharmD curriculum. Hours will not be reported until all assessments and rotation hours' verification forms are complete.

Students and preceptors are not permitted to self-report any academic experiential hours to any Board of Pharmacy. Documentation of experiential hours must be completed using the Hours Tracking function in CORE.

## Preceptors & Sites

If at any time, preceptors or rotation practice sites do not meet eligibility requirements or do not fulfill preceptor responsibilities, students may be reassigned, and preceptor or sites may be inactivated from use. Any questions or concerns regarding preceptor and site selection criteria and responsibilities should be directed to the Experiential Director.

Preceptors are welcome and encouraged to provide feedback regarding student progress, curriculum design, or any other matters related to the PharmD program at RUCOP directly to the Experiential Director.

Students evaluate individual preceptors and sites during each rotation block. Feedback is provided blinded, in aggregate, at the end of the academic year, or as concerns arise.

## Preceptor Selection Criteria

1. Preceptors must be licensed pharmacists in good standing with the State Board of Pharmacy where the practice site is located, and eligible to serve as a preceptor per their respective local Board of Pharmacy regulations.
2. Preceptors must abide by the laws and regulations that govern pharmacy practice.
3. Preceptors must notify the RUCOP experiential office within 24 hours of pharmacist license probation, revocation, suspension, or any other disciplinary actions by the Board of Pharmacy.
4. Preceptors must complete required documentation on the CORE rotation management system.
5. Preceptors must annually acknowledge reviewing and being knowledgeable of the material contained in the RUCOP *Experiential Policy Manual* and *Student Handbook*.
6. Preceptors must devote adequate time for interacting with the students to assure that progress is communicated and assure opportunities are provided for learning outcomes to be met.

## Practice Site Selection Criteria

1. The site maintains an active affiliation agreement or contractual agreement with RUCOP.
2. The site meets all state and federal laws related to the practice of pharmacy.
3. The site provides experiences that meet the goals, objectives, and educational outcomes of the experiential rotation.
4. The site provides a caring and compassionate environment committed to educating pharmacy students.
5. The site has an adequate patient population to accomplish the goals, objectives and educational outcomes of the specific rotation.
6. The site fosters an environment that nurtures and supports professional interactions between students, pharmacists, other healthcare professionals, patients and their caregivers.
7. The site is devoted to patient-centered care consistent with the Pharmacist Patient Care Process.
8. Sites utilized for core rotations exhibit diverse socioeconomic cultures, medical conditions, gender, and age.
9. The site provides adequate resources to ensure that students receive oversight, professional guidance, and performance feedback from preceptors.
10. The site identifies a primary preceptor for student supervision during the rotation. Additional staff at the facility can participate in educating the student as appropriate.
11. The site has available equipment, technology, informatics, and learning resources needed to support the student training and provide optimal patient care.
12. The site provides student access to patient health information (patient profiles, patient history, medication history, physical examinations, disease states, and laboratory data).
13. The site exhibits a strong commitment to health promotion, disease prevention, population-based health care, and patient safety, as reflected by the services provided.

## Preceptor Responsibilities

Preceptors are required to abide by the following responsibilities:

1. Complete necessary documentation on the CORE rotation management system
2. Complete RUCOP orientation prior to accepting students
3. Serve as a positive role model to the student
4. Identify an acceptable replacement (licensed pharmacist) to supervise student during absences
5. Foster an environment of mutual learning
6. Determine student competency by reviewing the student's performance, through discussions, observation, and feedback from others
7. Review and communicate student progress and provide feedback in a timely and appropriate manner
8. When concerns arise, contact the RUCOP Experiential Director
9. Submit assessments by the prescribed due date using CORE, documenting any areas needing improvement
10. Verify the intern hours completed by each student to the College. The hours recorded should reflect those applicable as per State Board of Pharmacy requirements
11. Orient student to the practice site, including:
    a. Contact information
    b. Dress code
    c. Hours of operation
    d. Tour of facility
    e. Staff introductions, assignments, and reporting structure
    f. Student use of electronic devices
    g. Pharmacy department policies and procedures including pharmacist responsibilities: writing in medical records, patient note format, answering questions, documenting interventions, taking verbal prescriptions, patient counseling, etc.
    h. Available clinical resources: drug information references, clinical specialists, etc.
    i. Site forms: adverse drug reaction, drug utilization, formulary requests, prescription notes, etc.
    j. Site resources: photocopier, inter-library loan, computers, internet access, telephones, etc.
    k. Rotation specific expectations
    l. Review of rotation outcomes and experiential manual policies
    m. Preceptor and student goals
    n. Scheduled meetings, conferences and other activities
    o. Preceptor and student daily responsibilities
    p. Projects and presentations
    q. Assessment procedure and timeline
    r. Any additional site policies
12. As soon as a potential conflict of interest related to an assigned rotation is identified (may include, but not limited to: consensual relationships; immediate family member; or, business or personal relationship with a preceptor or site) the preceptor shall disclose it the appropriate Director.

# Appendix 1: Rotation Types & Outcomes

## ROTATION TYPES

### Community Pharmacy Experiential Rotations

**PHAR 470 P1 IPPE Community Pharmacy Longitudinal Rotation**
**PHAR 572 P2 IPPE Community Pharmacy 4 Week Block Rotation (summer)**
**PHAR 570 P2 IPPE Community Pharmacy Longitudinal Rotation**
**PHAR 602 P3 APPE Advance Community Pharmacy 6 Week Block Rotation**

### Institutional Pharmacy Experiential Rotations

**PHAR 573 P2 IPPE Institutional Pharmacy 2 Week Block Rotation (summer)**
**PHAR 604 P3 APPE Institutional 6 Week Block Rotation**

### Adult Acute Care Pharmacy Experiential Rotation

**PHAR 601 P3 APPE Adult Acute Care 6 Week Block Rotation**

### Ambulatory Care Pharmacy Experiential Rotation

**PHAR 603 P3 APPE Ambulatory Care 6 Week Block Rotation**

### Patient Care Elective APPEs 6 Week Block Rotations

**Note: Rotation types vary, dependent upon preceptor availability**

**PHAR 605 Antimicrobial Stewardship**
**PHAR 607 Specialty Pharmacy**
**PHAR 608 Liver Disease/Hepatitis C**
**PHAR 610 Rural Hospital**
**PHAR 611 Medication Therapy Management**
**PHAR 612 Anticoagulation**
**PHAR 615 Cardiology**
**PHAR 616 Cardiovascular Care**
**PHAR 618 Community Practice**
**PHAR 620 Critical Care**
**PHAR 621 Diabetes Management**
**PHAR 624 Emergency Medicine**
**PHAR 625 Surgery**
**PHAR 626 Geriatric Psychiatry**
**PHAR 627 Geriatrics**
**PHAR 628 Hematology/Oncology**
**PHAR 629 HIV Management**
**PHAR 630 HIV/Infectious Disease**
**PHAR 631 Infusion**
**PHAR 632 Hospice & Palliative Care**
**PHAR 633 ICU**
**PHAR 634 Immunization**
**PHAR 635 Infectious Disease**
**PHAR 637 Kinetics**
**PHAR 638 Lipid Management**
**PHAR 639 Long Term Care**
**PHAR 639 LTC/Consulting**
**PHAR 642 Medical/Surgery ICU**
**PHAR 644 Mental Health**
**PHAR 645 Neonatal ICU**
**PHAR 647 Nutrition**
**PHAR 648 Pain Management**
**PHAR 649 Patient Counseling/Education**
**PHAR 650 Pediatric ICU**
**PHAR 651 Pediatric Oncology**
**PHAR 652 Pediatrics**
**PHAR 657 Psychiatry**
**PHAR 658 Pulmonary Management**
**PHAR 660 Internal Medicine**
**PHAR 661 Skilled Nursing**
**PHAR 662 Solid Organ Transplant**
**PHAR 663 Transplant**
**PHAR 664 Trauma**
**PHAR 665 Women's Health**
**PHAR 668 Transitions of Care**
**PHAR 669 Rehabilitation**
**PHAR 670 Neurology**
**PHAR 671 Heart Failure**
**PHAR 673 Home Health**
**PHAR 674 Intermediate Care Unit**
**PHAR 675 Long Term Acute Care (LTAC)**
**PHAR 676 Family Practice**
**PHAR 678 Coronary Care Unit**
**PHAR 696 Nephrology**

### Non-Patient Care Elective APPEs 6 Week Block Rotations

**Note: Rotation types vary, dependent upon preceptor availability**

**PHAR 606 Regulatory Affairs**
**PHAR 609 Pharmacoeconomic**
**PHAR 610 Administration - Rural Pharmacy**
**PHAR 613 App. of Lit. Adult**
**PHAR 614 App. of Lit. Pediatric**
**PHAR 617 Clinical Research**
**PHAR 619 Compounding**
**PHAR 622 Drug Information**
**PHAR 623 Drug Use Policy**
**PHAR 636 Investigational Drug Service**
**PHAR 640 Mail Order**
**PHAR 641 Managed Care**
**PHAR 643 Medication Safety**
**PHAR 646 Nuclear**
**PHAR 659 Pharmacy Education**
**PHAR 653 Pharmaceutical Industry**
**PHAR 654 Pharmacy Admin./Leadership**
**PHAR 655 Pharmacy Management**
**PHAR 656 Professional Organization**
**PHAR 672 Pharmacy Informatics**
**PHAR 677 Veterinary Medicine**

# OUTCOMES FOR COMMUNITY PHARMACY ROTATIONS

**PHAR 470: P1 IPPE Community Pharmacy Longitudinal**
**PHAR 572: P2 IPPE Community Pharmacy 4 Week Block (Summer)**
**PHAR 570: P2 IPPE Community Pharmacy Longitudinal**
**PHAR 602: P3 APPE Advanced Community 6 Week Block**

**1. Collect information to identify patients' medication-related problems and health-related needs.**

| 470 | 572 | 570 | 602 | Bullet points are *examples* |
|---|---|---|---|---|
| √ | √ | √ | √ | • Collect a patient history |
| | √ | √ | √ | • Use QuEST-SCHOLAR-MAC to collect patient symptoms and medical considerations, and provide appropriate self-care recommendations |
| | | √ | √ | • Collect at least two patient histories for patients with at least three comorbidities and on five or more medications |
| | | | √ | • Provide appropriate triage to patients depending on their presenting signs and symptoms<br>• Collect and analyze pertinent data from the patient, the caregiver, and the patient profile as needed to provide patient care<br>• Perform disease-specific physical assessment (if applicable) |

**2. Assess information to determine the effects of medication therapy, identify medication related problems, and prioritize health related needs.**

| 470 | 572 | 570 | 602 | Bullet points are *examples* |
|---|---|---|---|---|
| √ | √ | √ | √ | • Assess medication adherence based on information collected in the patient history.<br>• Perform drug utilization review of drug:drug interactions and drug:food interactions, using information collected in the patient history. |
| | √ | √ | √ | • Determine when a generic medication substitution is not appropriate.<br>• Discuss with preceptor the indications and goals of therapy for each medication for a patient on at least 5 medications. |
| | | √ | √ | • Analyze prescriptions for appropriate medication based on patient factors.<br>• Determine appropriateness of medication dose.<br>• Evaluate appropriateness of directions for use.<br>• Recognize disease or age-related contraindications. |
| | | | √ | • Evaluate point-of-care monitoring parameters (e.g., blood glucose, urine chemistry, peak flow analysis, physical assessment parameters) when appropriate.<br>• Participate in direct patient care for disease management of chronic illnesses. |

# OUTCOMES FOR COMMUNITY PHARMACY ROTATIONS

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**PHAR 570: P2 IPPE Community Pharmacy Longitudinal**
**PHAR 602: P3 APPE Advanced Community 6 Week Block**

**3. Establish patient-centered goals and create patient care plans.**

| 470 | 572 | 570 | 602 | Bullet points are *examples* |
|---|---|---|---|---|
| √ | √ | √ | √ | • Discuss findings of the medication adherence assessment with the pharmacist and identify items for intervention.<br>• Discuss findings of the drug utilization review with the pharmacist and items for intervention.<br>• Document findings using an abbreviated SOAP note format. |
| | √ | √ | √ | • Recommend an alternative medication when a drug/food allergy is present.<br>• Identify a patient on at least 5 medications and prepare a medication schedule describing: when the patient should take each medication; medications that should be spaced out from each other; and, other pertinent medication administration considerations. |
| | | √ | √ | • Use evidenced-based guidelines to determine appropriate patient goals.<br>• Discuss disease state control with the pharmacist and identify items for intervention.<br>• Document the findings using a complete SOAP note format. |
| | | | √ | • Identify and prioritize medical problems in the community setting.<br>• Apply pharmacologic, pharmacokinetic, and therapeutic principles when developing treatment plans.<br>• Utilize evidence-based guidelines to determine appropriateness of patient care plans.<br>• Document interventions (within patient record if permitted) in compliance with site specific policies. |

# OUTCOMES FOR COMMUNITY PHARMACY ROTATIONS

**PHAR 470: P1 IPPE Community Pharmacy Longitudinal**
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**PHAR 570: P2 IPPE Community Pharmacy Longitudinal**
**PHAR 602: P3 APPE Advanced Community 6 Week Block**

**4. Implement patient care plans in collaboration with the patient, caregivers and other health care professionals.**

| 470 | 572 | 570 | 602 | Bullet points are *examples* |
|---|---|---|---|---|
| √ | √ | √ | √ | • Discuss the plan portion of the SOAP with the interviewed patient after approval from the pharmacist. If patient is not available role-play this conversation with the pharmacist. |
| | √ | √ | √ | • Review medication schedule with the patient after approval of the pharmacist. If patient is not available role-play this conversation with the pharmacist. |
| | | √ | √ | • Discuss the plan portion of the SOAP with the interviewed patients after approval from the pharmacist. If patient is not available, role-play this conversation with the pharmacist. |
| | | | √ | • Communicate recommendations for patient care plans with patients, caregivers and other health care professionals. |

**5. Follow up and monitor patient care plans.**

| 470 | 572 | 570 | 602 | Bullet points are *examples* |
|---|---|---|---|---|
| √ | √ | √ | √ | • Follow up with the patient 1 month after implementing the care plan. If the patient is not available role play this conversation with your pharmacist. |
| | √ | √ | √ | • Identify a patient that was recently discharged from the hospital. Discuss with the pharmacist the special considerations for patients undergoing transitions of care and the role that the community pharmacist plays in coordinating continuity of care. |
| | | √ | √ | • Follow up with each patient after implementing the care plan. If the patient is not available role play this conversation with your pharmacist. |
| | | | √ | • Collect monitoring data at the appropriate time interval(s).<br>• Evaluate the selected monitoring parameters to determine the therapeutic and adverse effects related to the treatment plan.<br>• Recommend modifications or adjustments to an existing medication therapy regimen based on patient response.<br>• Present a patient case to a colleague during a handoff or transition of care. |

# OUTCOMES FOR COMMUNITY PHARMACY ROTATIONS

**PHAR 470: P1 IPPE Community Pharmacy Longitudinal**
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**PHAR 570: P2 IPPE Community Pharmacy Longitudinal**
**PHAR 602: P3 APPE Advanced Community 6 Week Block**

**6. Empower and advocate for patients when appropriate**

| 470 | 572 | 570 | 602 | Bullet points are *examples* |
|---|---|---|---|---|
| √ | √ | √ | √ | • Effectively communicate (explain) to patients and caregivers the difference between a third-party formulary and non-formulary medication.<br>• Identify patients that can benefit from medication discount programs and assist patients in accessing these services.<br>• Identify appropriate patients for therapeutic lifestyle changes (tobacco cessation, nutrition, etc.).<br>• If required, perform basic life support under the provision of the site's protocol. |
| | √ | √ | √ | • Identify appropriate therapeutic interchanges to maintain pharmacotherapy effectiveness, at a lower cost to the patient.<br>• Discuss with the preceptor when it may or may not be appropriate to pursue a prior authorization, or step therapy. |
| | | √ | √ | • Empower patients to initiate and maintain therapeutic lifestyle changes (tobacco cessation, nutrition, exercise, etc.). |
| | | | √ | • Empower patients to take responsibility for, and control of, their health. |

**7. Collaborate as a member of an inter-professional team.**

| 470 | 572 | 570 | 602 | Bullet points are *examples* |
|---|---|---|---|---|
| √ | √ | √ | √ | • Obtain a prior authorization from the prescriber on a new prescription when requested by the third-party plan.<br>• Obtain a verbal medication order from a prescriber.<br>• Communicate a patient's medication related problems to another health professional. |
| | √ | √ | √ | • Explain each healthcare team member's role to a patient or preceptor.<br>• Verify the authenticity of a written controlled substance prescription with the physician's office and document appropriately.<br>• Identify ways the pharmacist effectively communicates with other healthcare professionals to ensure proper care for the patient. |
| | | √ | √ | • Discuss a recommended change in pharmacotherapy with a prescriber. If approved, implement and document the change. Communicate the change to the patient. |
| | | | √ | • Contribute medication related expertise to the team's work.<br>• Use consensus building strategies to develop a shared plan of action. |

# OUTCOMES FOR COMMUNITY PHARMACY ROTATIONS

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**PHAR 602: P3 APPE Advanced Community 6 Week Block**

**8. Identify patients at risk for prevalent diseases in a population (e.g. hypertension, DM, depression).**

| 470 | 572 | 570 | 602 | Bullet points are *examples* |
|---|---|---|---|---|
| √ | √ | √ | √ | • Identify self-care patients that should be referred to their primary care provider based on their comorbidities. |
| | √ | √ | √ | • Discuss with preceptor effective population screening for prevalent diseases, and appropriate patient referral strategies. |
| | | √ | √ | • Discuss, and when allowed, perform screening assessment (i.e. blood pressure, glucose testing etc.) to identify patients at risk for prevalent diseases in a population. |
| | | | √ | • Perform screening assessment (i.e. blood pressure, glucose testing etc.) to identify patients at risk for prevalent diseases in a population. |

**9. Minimize adverse drug events and medication errors.**

| 470 | 572 | 570 | 602 | Bullet points are *examples* |
|---|---|---|---|---|
| √ | √ | √ | √ | • Identify how programs like REMS minimize adverse drug events and potential medication errors.<br>• Discuss a method used to report adverse drug events (e.g. MedWatch).<br>• Describe the pharmacy's policies and procedures for handling medication errors.<br>• Explain the process by which medication errors are prevented in a community pharmacy setting. |
| | √ | √ | √ | • Identify medications that require distribution of a Medication Guide.<br>• Identify how to locate the MedWatch adverse drug reaction form.<br>• Discuss the policies and laws for dispensing emergency medications (i.e. naloxone, epinephrine, inhalers, etc.) |
| | | √ | √ | • Determine whether a drug-drug interaction is significant and when intervention is necessary.<br>• Demonstrate appropriate initiative when a medication error, contraindication, or allergy is identified.<br>• Demonstrate how to report an adverse drug reaction using the MedWatch program. |
| | | | √ | • Assist in the identification of underlying system-associated causes of errors.<br>• Report adverse drug events and medication errors to stakeholders.<br>• Identify a patient at risk for opioid overdose and educate on the use of rescue medication (i.e. naloxone). |

# OUTCOMES FOR COMMUNITY PHARMACY ROTATIONS

**PHAR 470: P1 IPPE Community Pharmacy Longitudinal**
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**10. Maximize the appropriate use of medications in a population.**

| 470 | 572 | 570 | 602 | Bullet points are *examples* |
|---|---|---|---|---|
| √ | √ | √ | √ | • Identify different patient populations the pharmacy serves and the healthcare needs of one or more targeted populations (e.g. geriatric patients, diabetics, pediatric). |
| | √ | √ | √ | • Discuss processes utilized to maximize appropriate use of medications the pharmacy serves (i.e. patient care calls, Mirixa/Outcomes/Symphony, MTM, health coaching, automatic refills, etc.). |
| | | √ | √ | • Perform interventions to increase the appropriate use of medications in a population (i.e. patient care calls, Mirixa/ Outcomes/Symphony, MTM, health coaching, automatic refills, etc.).<br>• Identify indication, efficacy, safety, appropriateness, and compliance/cost/adherence for commonly dispensed medications in the community for common disease states (depression, diabetes, hypertension, hyperlipidemia, etc.). |
| | | | √ | • Apply cost-benefit, formulary, and/or epidemiology principles to medication related decisions.<br>• Screen medications for indication, efficacy, safety, cost, and adherence and make appropriate recommendations. |

**11. Respect cultural and social determinants of health.**

| 470 | 572 | 570 | 602 | Bullet points are *examples* |
|---|---|---|---|---|
| √ | √ | √ | √ | • Discuss times a preceptor has recommended a change in medication based on cultural or social means for a patient.<br>• Demonstrate an attitude that is respectful of diverse cultures. |
| | √ | √ | √ | • Discuss the demographic and cultural characteristics of the patient population at the site and how it impacts pharmacy services and practices. |
| | | √ | √ | • Identify how to counsel a patient on medication use when fasting is part of their cultural beliefs.<br>• Describe cultural beliefs or social determinants that may impact adherence to medication.<br>• Describe cultural beliefs or social determinants that may stop patients from utilizing preventative care (i.e. immunizations)<br>• Recognize the collective identity and norms of diverse cultures without overgeneralizing (i.e. recognize and avoid biases and stereotyping) |
| | | | √ | • Accurately assess a patient's degree of health literacy and ability to adhere to their regimen and modify communication strategies to meet the patient's needs.<br>• Evaluate personal, social, economic, and environmental conditions to maximize health and wellness. |

# OUTCOMES FOR COMMUNITY PHARMACY ROTATIONS

**PHAR 470: P1 IPPE Community Pharmacy Longitudinal**
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**PHAR 570: P2 IPPE Community Pharmacy Longitudinal**
**PHAR 602: P3 APPE Advanced Community 6 Week Block**

**12. Ensure that eligible patients are educated about and offered immunizations for vaccine-preventable diseases.**

| 470 | 572 | 570 | 602 | Bullet points are *examples* |
|---|---|---|---|---|
| √ | √ | √ | √ | • Identify, read, and discuss with the preceptor the protocol for administering immunizations at the site.<br>• Under the provisions of the site's protocol, and under the guidance of an APhA immunization certified pharmacist, demonstrate proficiency in administering an immunization.<br>• Discuss a method used to report vaccine adverse events (e.g. VAERS). |
| | √ | √ | √ | • Discuss strategies for identifying whether a patient is eligible for and has received CDC recommended immunization.<br>• Identify how to locate the VAERS vaccine adverse events form. |
| | | √ | √ | • Determine whether a patient is eligible for and has received CDC recommended immunizations.<br>• Administer and document CDC recommended immunizations to site protocol approved patients.<br>• Demonstrate how to report a vaccine adverse events using the VAERS program. |
| | | | √ | • Identify ways to increase vaccinations for appropriate populations.<br>• Make recommendations for at-risk patient populations who would benefit from specific immunizations (i.e. pregnant women; immunocompromised, geriatric, pediatric, etc.) |

# OUTCOMES FOR COMMUNITY PHARMACY ROTATIONS

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**PHAR 602: P3 APPE Advanced Community 6 Week Block**

**13. Educate patients and caregivers regarding disease prevention and appropriate self-care.**

| 470 | 572 | 570 | 602 | Bullet points are *examples* |
|---|---|---|---|---|
| √ | √ | √ | √ | • Demonstrate familiarity with OTC products by counseling patients and caregivers under preceptor supervision (i.e. analgesics, antipyretics, antidiarrheal and antiflatulence products, Cough/cold/allergy products, dermatologic products, eye/ear/oral care products, heartburn relief products, lice treatment, pinworm treatment, sleep aids, smoking cessation, etc.)<br>• Given the name of an OTC product used for self-care, identify the therapeutic class in which it falls.<br>• Describe how to use QuEST-SCHOLAR MAC to determine the appropriateness of self-care including when to refer the patient to their provider. |
| | √ | √ | √ | • Identify home testing devices available at your site.<br>• Discuss pros and cons of home testing devices including the patients who may benefit from using these products.<br>• Analyze patients for appropriateness of self-care including when to refer the patient to their provider. |
| | | √ | √ | • Counsel a patient on use of home testing devices (i.e. glucometer, home blood pressure machine, drug/pregnancy/cancer/etc. home screening kits)<br>• Discuss strategies the pharmacist has used for recommending lifestyle changes to patients.<br>• Discuss with the preceptor ways that the preceptor has been successful or can improve self-care counseling and education of patients. |
| | | | √ | • Educate patients and caregivers on methods for preventing and detecting chronic illness.<br>• Counsel patients and caregivers on appropriate nutritional management strategies as related to their chronic illness.<br>• Discuss with the preceptor ways that the student has been successful or can improve self-care counseling and education of patients.<br>• Create a patient education brochure for disease prevention, health promotion, or appropriate use of self-care products. |

# OUTCOMES FOR COMMUNITY PHARMACY ROTATIONS

**PHAR 470: P1 IPPE Community Pharmacy Longitudinal**
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**PHAR 570: P2 IPPE Community Pharmacy Longitudinal**
**PHAR 602: P3 APPE Advanced Community 6 Week Block**

**14. Educate patients and professional colleagues regarding the appropriate use of medications.**

| 470 | 572 | 570 | 602 | Bullet points are *examples* |
|---|---|---|---|---|
| √ | √ | √ | √ | • Discuss use of the teach-back method when counseling patients on appropriate use of medications.<br>• Role play counseling on commonly used medications with the pharmacist. |
| | √ | √ | √ | • Communicate effectively with a patient/caregiver, for the purpose of obtaining information, or conveying drug information.<br>• Counsel a patient/caregiver on their prescription in the presence of the preceptor.<br>• Demonstrate the teach-back method when counseling patients on appropriate use of medications.<br>• Educate the preceptor on a newly released medication (past 12 months). |
| | | √ | √ | • In the presence of the preceptor, counsel a patient/caregiver on the proper technique for the following routes of administration: inhaled, injected, oral, ophthalmic, otic, nasal, rectal, topical, and vaginal. |
| | | | √ | • Educate patients and caregivers on appropriate use of prescription and/or over-the-counter and herbal therapies including efficacy, toxicity, and drug interactions.<br>• Lead a discussion regarding a recently published research manuscript and its application to patient care<br>• Develop and deliver a brief educational session regarding medication therapy to health professionals or lay audience.<br>• Create a patient education brochure for appropriate use of medications or devices.<br>• Consistently demonstrate the teach-back method when counseling patients on appropriate use of medications. |

# OUTCOMES FOR COMMUNITY PHARMACY ROTATIONS

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**PHAR 570: P2 IPPE Community Pharmacy Longitudinal**
**PHAR 602: P3 APPE Advanced Community 6 Week Block**

**15. Fulfill a medication order.**

| 470 | 572 | 570 | 602 | Bullet points are *examples* |
|---|---|---|---|---|
| √ | √ | √ | √ | • Accurately read and process a written prescription including:<br>• Demonstrate basic computer entry knowledge by obtaining and entering into the computer the demographic information, medication, allergy and medical history of a new patient.<br>• Interpret commonly used abbreviations that appear on prescriptions.<br>• Accurately perform calculations needed to safely dispense medications. (i.e. days-supply, correct dosage based on patient weight, etc.)<br>• Input new and refill prescriptions when requested by the patient, caregiver, or physician.<br>• Select the appropriate medication when filling a prescription.<br>• Accurately label and dispense a prescription.<br>• Accurately prepare a medication that requires reconstitution.<br>• Add a third-party plan into the computer system. |
| | √ | √ | √ | • Accurately perform calculations needed to safely compound medications.<br>• Accurately compound an extemporaneous dosage form.<br>• Accurately document the non-sterile compounding as required by state law.<br>• Demonstrate the steps used when filling the fill-on-arrivals (partial fills) or IOUs.<br>• Discuss the steps required for appropriate order verification final check with the preceptor. |
| | | √ | √ | • Demonstrate the steps required for appropriate order verification final check with the preceptor (note: only a pharmacist may actually verify a script).<br>• Discuss with the preceptor reasons that orders require rejection at final verification, and the steps to re-route the order back for correction. |
| | | | √ | • Identify the reasons that orders require rejection at final verification, and how to re-route orders back for correction.<br>• Articulate the standards, guidelines, best practices, and established processes related to safe and effective medication use.<br>• Identify and utilize continuous quality improvement techniques in the medication use process. |

# OUTCOMES FOR COMMUNITY PHARMACY ROTATIONS

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**PHAR 602: P3 APPE Advanced Community 6 Week Block**

**16. Use evidence-based information to advance patient care.**

| 470 | 572 | 570 | 602 | Bullet points are *examples* |
|---|---|---|---|---|
| √ | √ | √ | √ | • Identify resources available at your site to answer patient and health care provider questions.<br>• Utilize appropriate and available resources to prepare answers for basic patient questions regarding OTC products (such questions can include sample questions provided by preceptors).<br>• Use drug information resources at the site to identify drug related problems (drug interactions, duplicate therapies, food interactions).<br>• Use the Orange Book to determine if a product is therapeutically equivalent for generic substitution. |
| | √ | √ | √ | • Use appropriate resources to identify an unknown medication.<br>• Answer a minimum of 10 drug information questions provided by your pharmacist using appropriate resources found within your site. |
| | | √ | √ | • Use drug information resources at the site to prepare for patient counseling sessions.<br>• Identify appropriate clinical practice guidelines used to inform decision making for managing a patient's medical conditions.<br>• Use the Purple Book to identify if a product has been determined by FDA to be biosimilar to or interchangeable with a reference biological product. |
| | | | √ | • Critically analyze evidence-based literature related to drugs and diseases to enhance clinical decision making.<br>• Identify and critically analyze risks and benefits of off-label use of medications. |

# OUTCOMES FOR COMMUNITY PHARMACY ROTATIONS

**PHAR 470: P1 IPPE Community Pharmacy Longitudinal**
**PHAR 572: P2 IPPE Community Pharmacy 4 Week Block (Summer)**
**PHAR 570: P2 IPPE Community Pharmacy Longitudinal**
**PHAR 602: P3 APPE Advanced Community 6 Week Block**

**17. Effectively communicate with patients, caregivers, and other health professionals (listening, writing and verbal skills).**

| 470 | 572 | 570 | 602 | Bullet points are *examples* |
|---|---|---|---|---|
| √ | √ | √ | √ | • Communicate articulately, i.e., clearly communicates thoughts; use appropriate terminology and vocabulary for intended audience.<br>• Obtain refill authorization for an existing prescription by calling or faxing the physician's office.<br>• Demonstrate appropriate verbal and written communication skills when contacting another pharmacy for a prescription transfer.<br>• Receive and correctly document prescription orders over the phone.<br>• Discuss the use of QuEST-SCHOLAR MAC as a patient evaluation tool for OTC patient self-care. |
| | √ | √ | √ | • Demonstrate good communication skills when calling physician offices for clarification or verification of a prescription.<br>• Explain to patients and caregivers the policies for third party non-covered medications and the process for prior authorization.<br>• Discuss the use motivational interviewing as a communication tool for behavioral change. |
| | | √ | √ | • Make a recommendation to a physician when a medication related problems is identified.<br>• Discuss the use of SBAR as a communication tool between healthcare professionals. |
| | | | √ | • Confidently and safely educate patients and caregivers on efficacy, toxicity, and drug interactions of prescription medications.<br>• Confidently and safely educate patients and caregivers on efficacy, toxicity, and drug interactions of over-the counter medications.<br>• Confidently and safely educate patients and caregivers on efficacy, toxicity, and drug interactions of nonpharmacologic therapies.<br>• Demonstrate the use of appropriate communication strategies, including QuEST-SCHOLAR MAC, Motivational Interviewing, SBAR, and SOAP notes. |

# OUTCOMES FOR COMMUNITY PHARMACY ROTATIONS

**PHAR 470: P1 IPPE Community Pharmacy Longitudinal**
**PHAR 572: P2 IPPE Community Pharmacy 4 Week Block (Summer)**
**PHAR 570: P2 IPPE Community Pharmacy Longitudinal**
**PHAR 602: P3 APPE Advanced Community 6 Week Block**

**18. Demonstrate the knowledge and abilities to oversee pharmacy operations, including resource management, personnel, and technology of the practice site.**

| 470 | 572 | 570 | 602 | Bullet points are *examples* |
|---|---|---|---|---|
| √ | √ | √ | √ | • Identify and describe the duties/responsibilities for each of the following pharmacy team members: pharmacist-in charge, staff pharmacist, pharmacy intern, pharmacy technician and pharmacy clerk.<br>• Discuss how your site utilizes technology to improve patient care.<br>• Discuss how your site utilizes technology to improve workflow within the pharmacy.<br>• Perform basic functions within the pharmacy's software system (i.e. entering a new patient into the system; processing a new prescription) without assistance. |
| | √ | √ | √ | • Demonstrate an understanding of inventory control including the procedures and processes used to reorder inventory and handling of outdated products.<br>• Review and discuss the annual performance evaluation criteria for pharmacy support staff, pharmacy technicians, and pharmacists at the site.<br>• Perform more advanced-level functions within the pharmacy's software system. (split-billing medication, worker's comp medication, etc.) |
| | | √ | √ | • Discuss how key resources are allotted and managed, including pharmacy staff.<br>• Discuss a time your pharmacist has had to have a difficult conversation with a pharmacy support member.<br>• Identify how your site utilizes technology to improve patient care.<br>• Identify how your site utilizes technology to improve workflow within the pharmacy. |
| | | | √ | • Discuss how different corporate initiatives have positively and negatively affected patient care.<br>• Review performance metrics for the pharmacy (i.e. fill times, prescription metrics, phone wait times, vaccination metrics, correct staffing).<br>• Discuss performance metrics for the pharmacist (employee satisfaction surveys, patient satisfaction surveys, error reporting).<br>• Review unique reporting and inventory management functions available in the pharmacy software system.<br>• Brainstorm a technology or workflow intervention that could improve patient care or efficiency at the site. |

# OUTCOMES FOR COMMUNITY PHARMACY ROTATIONS

**PHAR 470: P1 IPPE Community Pharmacy Longitudinal**

**PHAR 572: P2 IPPE Community Pharmacy 4 Week Block (Summer)**

**PHAR 570: P2 IPPE Community Pharmacy Longitudinal**

**PHAR 602: P3 APPE Advanced Community 6 Week Block**

**19. Demonstrate the knowledge and abilities necessary to function in accordance with pharmacy laws, regulations, and accreditation standards.**

| 470 | 572 | 570 | 602 | Bullet points are *examples* |
|---|---|---|---|---|
| √ | √ | √ | √ | • Discuss ways the pharmacist determines the legality of a prescription.<br>• Describe reports or databases that the pharmacist reviews to determine the legality and appropriateness of a controlled substance prescription.<br>• Discuss the appropriate action(s) to take when presented with an illegal prescription.<br>• Explain the record keeping requirements for prescription hard copies (noncontrolled & controlled).<br>• List the individuals who are legally authorized to access the pharmacy department.<br>• Demonstrate the legal and ethical behavior required for protecting patient confidentiality, i.e. protected health information. |
| | √ | √ | √ | • Determine the legality of prescriptions (handwritten, faxed, electronically, and verbally submitted).<br>• Discuss how the pharmacist determines whether a practitioner is legally prescribing within his/her scope of practice.<br>• Complete at least one closing shift and assist with closing duties.<br>• Discuss the steps required to prepare for a Board inspection.<br>• Explain the legal and record keeping requirements for: supplying a prescription medication to a licensed practitioner for office use; partially filling a medication; refusing to fill a medication; dispensing OTC products that are tracked at federal or state level (i.e. pseudoephedrine, codeine, etc.); and, disposal of used sharps-containers. |
| | | √ | √ | • Perform a Controlled Substance inventory.<br>• Reconcile the records of a CII perpetual inventory when there is a conflict.<br>• Identify whether a practitioner is legally prescribing within his/her scope of practice.<br>• Demonstrate the appropriate action(s) to take when presented with an illegal prescription.<br>• Explain the legal and record keeping requirements for: filling controlled substance prescriptions; ordering controlled substances (DEA 222); transferring a controlled substance to another registered practitioner (DEA 222); destroying of controlled substances (DEA 41); and, loss or theft of a controlled substance (DEA 106). |
| | | | √ | • Prepare a presentation on any law updates in your state that occurred over the past 24 months.<br>• Identify whether a practitioner is legally prescribing within his/her scope of practice.<br>• Complete mock paperwork required for a Board Inspection.<br>• List all the steps required when a medication is recalled by the manufacturer or distributor.<br>• Complete a Breach of HIPAA form for a mock HIPAA breach and discuss who the form is reported to.<br>• Perform quality control review for appropriate documentation including: at least 5 previous DEA 222 forms; at least 5 CII prescriptions; at least 5 CIII-V prescriptions; and at least 5 legend drug prescriptions<br>• If possible, attend one day of a live State Board of Pharmacy meeting. |

# OUTCOMES FOR INSTITUTIONAL PHARMACY ROTATIONS

**PHAR 573: P2 IPPE Institutional Pharmacy 2 Week Block (Summer)**
**PHAR 604: P3 APPE Institutional 6 Week Block Rotation**

Due to the short duration of PHAR 573 P2 Institutional Pharmacy 2 Week Block Rotation, the following grading rubric will be used. Students must achieve a grade of "acceptable" for all applicable outcomes.

- Acceptable for an introductory rotation
- Not acceptable for an introductory rotation

**1. Collect information to identify patients' medication-related problems and health-related needs.**

| 573 | 604 | Bullet points are *examples* |
|---|---|---|
| √ | √ | • Extract pertinent patient information from a patient chart, electronic medical record, or nursing notes.<br>• Discuss how various labs and physical assessments are indicative of medication-related problems.<br>• Discuss how various labs and physical assessments are indicative of health-related needs. |
| | √ | • Collect pertinent data from the medical chart or other sources (i.e. patient interview) and identify patient medication-related problems.<br>• Collect pertinent data from the medical chart or other sources (i.e. patient interview) and identify patient health-related needs. |

**2. Assess information to determine the effects of medication therapy, identify medication related problems, and prioritize health related needs.**

| 573 | 604 | Bullet points are *examples* |
|---|---|---|
| √ | √ | • Identify reports that are used for monitoring therapeutic drug levels and appropriate pharmacokinetic dosing (i.e. renal). |
| | √ | • Determine appropriateness of medication dosing based on therapeutic drug levels and pharmacokinetic dosing. |

**3. Establish patient-centered goals and create patient care plans.**

| 573 | 604 | Bullet points are *examples* |
|---|---|---|
| √ | √ | • Identify how the pharmacist creates and documents patient centered goals using patient chart notes or electronic medical records. |
| | √ | • Apply pharmacologic, pharmacokinetic, and therapeutic principles when evaluating medication orders.<br>• Utilize available protocols, medication policies, and clinical practice guidelines in order to recommend appropriate evidence-based and cost-effective treatments.<br>• Practice documenting (in the medical record if allowed) using patient chart notes or electronic medical records. |

# OUTCOMES FOR INSTITUTIONAL PHARMACY ROTATIONS

**PHAR 573: P2 IPPE Institutional Pharmacy 2 Week Block (Summer)**
**PHAR 604: P3 APPE Institutional 6 Week Block Rotation**

**4. Implement patient care plans in collaboration with the patient, caregivers and other health care professionals.**

| 573 | 604 | Bullet points are *examples* |
|---|---|---|
| √ | √ | • Discuss common recommendations and interventions made by pharmacists in an institutional setting and how these recommendations are implemented. |
| | √ | • Assist with common recommendations and interventions made by pharmacists in an institutional setting.<br>• Implement these changes with the patient, caregivers and other health care professionals (i.e. discharge counseling, notifying a doctor, etc.) |

**5. Follow up and monitor patient care plans.**

| 573 | 604 | Bullet points are *examples* |
|---|---|---|
| √ | √ | • Discuss the role a pharmacist in an institutional setting plays as a patient transitions between healthcare settings.<br>• Discuss the importance of antibiotic dosing intervals.<br>• Discuss the use of the MAR.<br>• Discuss how the hospital complies with CMS guidelines for timely administration of medications. |
| | √ | • Recommend modifications or adjustments to an existing medication therapy regimen based on patient response.<br>• Interpret therapeutic drug levels in relation to MAR charted dosing. |

**6. Empower and advocate for patients when appropriate**

| 573 | 604 | Bullet points are *examples* |
|---|---|---|
| √ | √ | • Engage in a discussion regarding social determinants of health with an allied health professional (i.e. social worker, patient advocate, care manager).<br>• Describe how allied health professionals collaborate with pharmacists to empower patients (i.e. accessibility, affordability, education, etc.) in the institutional setting. |
| | √ | • Identify ways that pharmacists can help empower and advocate for patients (i.e. access, affordability, education, etc.) in the institutional setting.<br>• Discuss how social determinants of health can impact therapeutic decision making.<br>• Identify ways that transitions of care (upon discharge from the institutional setting) are impacted by patient lifestyle, education, and financial status. |

# OUTCOMES FOR INSTITUTIONAL PHARMACY ROTATIONS

**PHAR 573: P2 IPPE Institutional Pharmacy 2 Week Block (Summer)**
**PHAR 604: P3 APPE Institutional 6 Week Block Rotation**

**7. Collaborate as a member of an inter-professional team.**

| 573 | 604 | Bullet points are *examples* |
|---|---|---|
| √ | √ | • Discuss each healthcare team member's role and responsibilities in an institutional setting.<br>• Describe the role of the pharmacy department in relation to other departments in the institution.<br>• Respond to codes and assist per site protocol (i.e. perform basic life support (BLS)) as instructed by preceptor. |
| | √ | • Define clear roles and responsibilities for team members to optimize outcomes for specific patient care encounters.<br>• Explain to a caregiver, patient, or professional colleague each team member's role and responsibilities in an institutional setting.<br>• Respond to codes and assist per site protocol (i.e. perform basic life support (BLS)) as instructed by preceptor. |

**8. Identify patients at risk for prevalent diseases in a population (e.g. hypertension, diabetes, depression).**

| 573 | 604 | Bullet points are *examples* |
|---|---|---|
| √ | √ | • Discuss at least one patient group at risk for prevalent diseases in a population (e.g. hypertension, diabetes, depression).<br>• Discuss how a specific population at risk for prevalent diseases may be affected by an evidence-based approach that considers the cost, care, access, satisfaction, and needs of a targeted population in the hospital. |
| | √ | • Discuss the health care status and needs of a targeted patient's population in the pharmacy.<br>• Identify appropriate intervention for groups of specific patients in the hospital (e.g. osteoporosis in older white/Asian women; post-partum depression or TDaP immunization in new moms, etc.).<br>• Investigate an evidence-based approach that considers the cost, care, access, satisfaction, and needs of a targeted population in the hospital (i.e. readmission rates, high-risk, high-cost patients, formulary management, reimbursement, HCAP scores, etc.). |

# OUTCOMES FOR INSTITUTIONAL PHARMACY ROTATIONS

**PHAR 573: P2 IPPE Institutional Pharmacy 2 Week Block (Summer)**
**PHAR 604: P3 APPE Institutional 6 Week Block Rotation**

**9. Minimize adverse drug events and medication errors.**

| 573 | 604 | Bullet points are *examples* |
|---|---|---|
| √ | √ | • Identify advantages and disadvantages of medication distribution and control systems.<br>• Describe safety measures utilized in dispensing medications at a given institution (e.g. look-alike/sound-alike drugs; bar coding; double check; high risk drugs, narrow therapeutic index drugs; pediatric preparations; etc.).<br>• Discuss the role of the pharmacist in impacting the safety and efficacy of patient care within the institution.<br>• Document adverse events using national databases (Vaccine Adverse Event Reporting System (VAERS), MedWatch). |
| | √ | • Identify how the institution utilizes adverse event prevention strategies and technologies.<br>• Identify how pharmacists at the site internally document adverse events (i.e. facility specific software).<br>• Document adverse events using national databases (Vaccine Adverse Event Reporting System (VAERS), MedWatch).<br>• Discuss principles around systems-based error attribution (e.g. root cause analysis, To Err is Human, etc.) |

**10. Maximize the appropriate use of medications in a population.**

| 573 | 604 | Bullet points are *examples* |
|---|---|---|
| √ | √ | • Identify different patient populations the institution serves, and the healthcare needs of one or more targeted populations (e.g. geriatric patients, diabetics, pediatric.). |
| | √ | • Apply cost-benefit, formulary, and/or epidemiology principles to medication related decisions.<br>• Provide appropriate education to patients, pharmacists, caregivers, and other healthcare professionals to maximize the appropriate use of medications in a population (e.g. geriatric, diabetic, pediatric, low-literacy patients, etc.).<br>• Participate in population health management by completing a medication use evaluation (MUE). |

# OUTCOMES FOR INSTITUTIONAL PHARMACY ROTATIONS

**PHAR 573: P2 IPPE Institutional Pharmacy 2 Week Block (Summer)**
**PHAR 604: P3 APPE Institutional 6 Week Block Rotation**

**11. Respect cultural and social determinants of health.**

| 573 | 604 | Bullet points are *examples* |
|---|---|---|
| √ | √ | • Discuss an evidence-based approach that considers the cultural and social determinants of health in a population.<br>• Discuss how patients' beliefs, values, and cultural norms influence patient decision making surrounding health care and identify how they impact appropriate patient use of medications. |
| | √ | • Promote evidence-based approach that considers the cultural and social determinants of health in a population.<br>• Identify ways patients' beliefs, values, and cultural norms influence patient decision making surrounding health care and identify how they impact appropriate patient use of medications. |

**12. Ensure that eligible patients are educated about and offered immunizations for vaccine-preventable diseases.**

| 573 | 604 | Bullet points are *examples* |
|---|---|---|
| √ | √ | • Discuss the process for identifying immunization-eligible patients in the inpatient setting. |
| | √ | • Determine whether a patient is eligible for and has received CDC recommended immunizations.<br>• Make recommendations and/or administer and document CDC-recommended immunizations where appropriate per site protocol. |

**13. Educate patients and caregivers regarding disease prevention and appropriate self-care.**

| 573 | 604 | Bullet points are *examples* |
|---|---|---|
| √ | √ | • Discuss the site's protocol regarding continuity or discontinuation of herbal and complementary products upon admission to the hospital.<br>• Discuss the site's protocol regarding continuity or discontinuation of OTC products upon admission to the hospital. |
| | √ | • Discuss the site's policy regarding medications at the patient bedside, and patient self-administered medications.<br>• Develop and deliver a brief (less than 1 hour) educational program regarding self-care to patients and caregivers. |

# OUTCOMES FOR INSTITUTIONAL PHARMACY ROTATIONS

**PHAR 573: P2 IPPE Institutional Pharmacy 2 Week Block (Summer)**
**PHAR 604: P3 APPE Institutional 6 Week Block Rotation**

**14. Educate patients and professional colleagues regarding the appropriate use of medications.**

| 573 | 604 | Bullet points are *examples* |
|---|---|---|
| √ | √ | • Participate in a patient case presentation or topic discussion.<br>• Attend a P & T Committee meeting.<br>• Participate in the gathering of patient medication histories, reconciliation, and discharge counseling. |
| | √ | • Provide appropriate administration instructions for medication orders.<br>• Lead a discussion regarding a recently published research manuscript and its application to patient care.<br>• Develop and deliver a brief educational program regarding medication therapy to health professionals or lay audience. |

**15. Fulfill a medication order.**

| 573 | 604 | Bullet points are *examples* |
|---|---|---|
| √ | √ | • Describe the medication order workflow in a given institution.<br>• Identify equipment utilized in the storage, distribution, and delivery of medications.<br>• Accurately compound sterile and non-sterile medications.<br>• Assist a pharmacy technician in filling medication orders and delivering stock to the floors.<br>• Discuss common reasons pharmacists work with prescribers to modify medication orders.<br>• Accurately repackage medications for unit-of-use.<br>• Appropriately label medications for dispensing and distribution. |
| | √ | • Enter patient and medication specific information into an electronic health or pharmacy record system.<br>• Identify and analyze the key elements of medication orders.<br>• Review medication orders for accuracy, indication, effectiveness, safety, adherence, and cost and make recommendations for modifications to prescribers.<br>• Review medication administration records for appropriate charting and/or documentation.<br>• Calculate dosage based upon body surface area and weight.<br>• Accurately dose a medication using pharmacokinetic calculations.<br>• Discuss the accurate technique for compounding and dispensing cytotoxic agents. |

# OUTCOMES FOR INSTITUTIONAL PHARMACY ROTATIONS

**PHAR 573: P2 IPPE Institutional Pharmacy 2 Week Block (Summer)**
**PHAR 604: P3 APPE Institutional 6 Week Block Rotation**

**16. Use evidence-based information to advance patient care.**

| 573 | 604 | Bullet points are *examples* |
|---|---|---|
| √ | √ | • List the resources and databases available at your site to answer drug information questions.<br>• Discuss ways the preceptor utilizes drug information resources on a daily basis.<br>• Utilize the available resources and databases to find correct answers to 2 or more specific drug information questions. |
| | √ | • Retrieve and critically analyze scientific literature related to drugs and disease to enhance clinical decision making.<br>• Respond to drug information requests under the supervision of the preceptor.<br>• Identify and analyze emerging theories, information, and technologies that may impact patient-centered and population-based care.<br>• Articulate reasons for making recommendations outside of evidence-based guidelines. |

**17. Effectively communicate with patients, caregivers, and other health professionals (listening, writing and verbal skills).**

| 573 | 604 | Bullet points are *examples* |
|---|---|---|
| √ | √ | • Discuss how a patient's health literacy affects medication usage.<br>• Discuss the challenges of communicating with patients, caregivers, and other health care professionals.<br>• Explain how patient information is documented and communicated at your site. |
| | √ | • Communicate effectively with patients, caregivers, and other health professionals for the purpose of obtaining information or conveying drug information.<br>• Use appropriate non-verbal language when communicating with patients, caregivers, and other health professionals.<br>• Document patient care activities clearly, concisely, and accurately using appropriate medical terminology.<br>• Use available technology and other media to assist with communication as appropriate.<br>• Develop professional documents pertinent to organizational needs (e.g., monographs, policy documents). |

# OUTCOMES FOR INSTITUTIONAL PHARMACY ROTATIONS

**PHAR 573: P2 IPPE Institutional Pharmacy 2 Week Block (Summer)**
**PHAR 604: P3 APPE Institutional 6 Week Block Rotation**

**18. Demonstrate the knowledge and abilities necessary to oversee pharmacy operations, including resource management, personnel, and technology of the practice site.**

| 573 | 604 | Bullet points are *examples* |
|---|---|---|
| √ | √ | • Appropriately restock a crash cart (emergency box, crash box).<br>• Accurately fill and access the automated dispensing systems.<br>• Discuss (and apply as applicable) formulary compliance, medication use, drug policy development, drug policy implementation or drug policy analysis.<br>• Describe institutional policies regarding the administration of drugs per protocol.<br>• Describe the process for drug procurement and inventory control.<br>• Describe the steps for controlled substance procurement and inventory management.<br>• Describe the institution's policy for handling of cytotoxic agents.<br>• Describe the process for approval of pre-printed medication orders or electronic health record (EHR) Order Sets. |
| | √ | • Describe the role of the pharmacist in impacting the safety and efficacy of each component of a typical medication use system (i.e., procurement, storage, prescribing, transcription, dispensing, administration, monitoring, and documentation).<br>• Utilize technology to optimize the medication use system.<br>• Identify and utilize human, financial, and physical resources to optimize the medication use system.<br>• Discuss benefits and challenges to implementing pharmacy policies and procedures.<br>• Discuss training and evaluation of pharmacy technicians and other support staff.<br>• Identify pharmacy service problems and/or medication safety issues.<br>• Discuss management of a pharmacy budget. |

# OUTCOMES FOR INSTITUTIONAL PHARMACY ROTATIONS

**PHAR 573: P2 IPPE Institutional Pharmacy 2 Week Block (Summer)**
**PHAR 604: P3 APPE Institutional 6 Week Block Rotation**

**19. Demonstrate the knowledge and abilities necessary to function in accordance with pharmacy laws, regulations, and accreditation standards.**

| 573 | 604 | Bullet points are *examples* |
|---|---|---|
| √ | √ | • Describe the National Patient Safety Goals (NPSG) program at a given institution.<br>• Explain the implications of the CMS Core Measures program.<br>• Describe the information contained on a material safety data sheet (MSDS).<br>• Inspect a hospital area for adherence with The Joint Commission (TJC), Det Norske Veritas (DNV), or equivalent standards.<br>• Complete a Breach of HIPAA form for a mock breach of HIPAA and discuss to whom the form is reported.<br>• Discuss site compliance measures for USP 795 (non-sterile), USP 797 (sterile), and USP 800 (hazardous drugs). |
| | √ | • Describe the purpose and role of regulatory agencies in promoting patient safety (CMS, The Joint Commission, DNV, State Board of Pharmacy, etc.).<br>• Interpret pharmacy quality and productivity indicators using continuous quality improvement techniques.<br>• Discuss the process to prepare for regulatory visits and inspections.<br>• Review the results of previous regulatory visits and inspections.<br>• Assist in the preparation for regulatory visits and inspections if appropriate. |

# OUTCOMES FOR ADULT ACUTE CARE APPE ROTATION

1. **Collect information to identify patients' medication-related problems and health-related needs.**
   **Bullet points are *examples***

   - Collect pertinent data from the medical chart or other sources (i.e. patient interview) and identify patient medication-related problems.
   - Collect pertinent data from the medical chart or other sources (i.e. patient interview) and identify patient health-related needs.
   - Evaluate an adult patient's vital signs (e.g., body temperature, pulse rate, respiration rate, and blood pressure).
   - Describe the role of the most common diagnostic tests used in adult acute care.

2. **Assess information to determine the effects of medication therapy, identify medication related problems, and prioritize health related needs.**
   **Bullet points are *examples***

   - Assess and prioritize medical conditions and medication-related problems in the acute care setting to achieve optimal care (i.e. cardiac conditions, neurological conditions).
   - Interpret an adult patient's results (e.g., body temperature, pulse rate, respiration rate, and blood pressure).
   - Interpret laboratory test results.
   - Identify drug interactions.
   - Perform a comprehensive medication review (CMR) for a patient.

3. **Establish patient-centered goals and create patient care plans.**
   **Bullet points are *examples***

   - Apply pharmacologic, pharmacokinetic, and therapeutic principles when developing treatment plans in the acute care setting.
   - Utilize available protocols, medication policies, and clinical practice guidelines in order to recommend appropriate evidence-based and cost-effective treatments for acute care patients.
   - Practice documenting (in the medical record if allowed) using patient chart notes or electronic medical records.
   - Develop a plan for monitoring patient progress based on the treatment plan.
   - Determine the appropriate time intervals to collect monitoring data.

4. **Implement patient care plans in collaboration with the patient, caregivers and other health care professionals.**
   **Bullet points are *examples***

   - Participate in direct patient care for disease management of acute illnesses as directed by the preceptor.
   - Demonstrate the ability to recommend changes in drug therapy to patients, pharmacists and other healthcare providers.
   - Implement changes to the care plan with the patient, caregivers and other health care professionals (i.e. patient care rounding, discharge counseling, notifying a doctor, etc.)

5. **Follow up and monitor patient care plans.**
   **Bullet points are *examples***

   - Recommend modifications or adjustments to an existing medication therapy regimen based on patient response
   - Collect monitoring data at the appropriate time intervals.
   - Evaluate the selected monitoring parameters to determine the therapeutic and adverse effects related to the treatment plan.

6. **Empower and advocate for patients when appropriate**

   **Bullet points are *examples***

   - Empower patients to take responsibility for, and control of, their health.
   - Identify patients who may benefit from intervention regarding the complex healthcare system and make recommendations with the preceptor for ways these patients can be assisted.
   - Ensure patients obtain the resources and care required in an efficient and cost-effective manner (e.g. triage to social and/or other healthcare services).
   - Identify ways that pharmacists can help empower and advocate for patients (i.e. access, affordability, education, etc.) in an acute care setting.
   - Discuss how social determinants of health can impact therapeutic decision making.
   - Identify ways that pharmaceutical care in the hospital setting is impacted by patient lifestyle, education, and financial status.

7. **Collaborate as a member of an inter-professional team.**

   **Bullet points are *examples***

   - Describe roles and responsibilities of acute care pharmacists in the institutional setting.
   - Communicate a patient's medication-related problems to another health professional in a respectful manner.
   - Use consensus building strategies to develop a shared plan of action.
   - Describe how collaborate practice agreements (CPAs) enable pharmacists to work with providers to provide advanced patient care.
   - Respond to codes and assist per site protocol (i.e. perform basic life support (BLS)) as instructed by preceptor.

8. **Identify patients at risk for prevalent diseases in a population (e.g. hypertension, diabetes, depression).**

   **Bullet points are *examples***

   - Provide appropriate therapeutic treatment for patient groups at risk for diseases given their co-morbidities (e.g. banana bag for alcoholics, deficiencies for homeless patients).
   - Assess the health care status and needs of a targeted patient population in the hospital
   - Identify appropriate intervention for groups of specific patients in the hospital (e.g. osteoporosis in older white/Asian women; post-partum depression or TDaP immunization in new moms, etc.).
   - Develop and provide an evidence-based approach that considers the cost, care, access, satisfaction, and needs of a targeted population in the hospital.
   - Describe systematic preventive care using risk assessment, risk reduction, screening, education, and immunizations.

9. **Minimize adverse drug events and medication errors.**

**Bullet points are *examples***

- Assist in the identification of underlying system-associated causes of errors.
- Report adverse drug events and medication errors to stakeholders.
- Provide appropriate patient education to reduce medication errors and adverse drug events.
- Collect thorough patient histories to minimize adverse drug events and medication errors.
- Identify how pharmacists at the site internally document adverse events (i.e. facility specific software).
- Document adverse events using national databases (Vaccine Adverse Event Reporting System (VAERS), MedWatch).
- Distribute Vaccine Information Sheets (VIS) when immunizing patients.
- Discuss principles around systems based error attribution (e.g. root cause analysis, To Err is Human, etc.)

10. **Maximize the appropriate use of medications in a population.**

**Bullet points are *examples***

- Appropriately identify strategies to maximize the appropriate use of medications in a population (e.g. counseling at the bedside, topic discussion with staff, medication reconciliation, etc.).
- Provide appropriate education to patients, pharmacists, caregivers, and other healthcare professionals to maximize the appropriate use of medications in a population (i.e. geriatric, diabetic, pediatric, low-literacy patients, etc.).
- Participate in population health management by completing a medication use evaluation (MUE).

11. **Respect cultural and social determinants of health.**

**Bullet points are *examples***

- Assess and recommend referral to additional professionals for patient's social benefit (e.g. translator, social worker, case manager, etc.).
- When collecting medication histories, performing medication use evaluations, and counseling patients, be respectful of cultural and social determinants of health in a population that may vary.
- Identify how pharmacy services provided at the hospital can best respect cultural and social determinants of health in the population served.

12. **Ensure that eligible patients are educated about and offered immunizations for vaccine-preventable diseases.**

**Bullet points are *examples***

- Determine whether a patient is eligible for and has received CDC-recommended immunizations.
- Make recommendations and/or administer and document CDC-recommended immunizations where appropriate per site protocol.

**13. Educate patients and caregivers regarding disease prevention and appropriate self-care.**

**Bullet points are *examples***

- Demonstrate the ability to coordinate educational efforts with other healthcare providers, when appropriate, to ensure a consistent, comprehensive, and team-based encounter.
- Discuss the site's policy regarding medications at the patient bedside, and patient self-administered medications.
- Develop and deliver a brief (less than 1 hour) educational program regarding self-care to patients and caregivers.

**14. Educate patients and professional colleagues regarding the appropriate use of medications.**

**Bullet points are *examples***

- Lead a discussion regarding a recently published research manuscript and its application to patient care.
- Develop and deliver a brief educational program regarding medication therapy to health professionals or lay audience.
- Provide appropriate education to patients, caregivers, and/or other healthcare providers.
- Assess audience comprehension.
- Participate in the gathering of patient medication histories, reconciliation, and discharge counseling.

**16. Use evidence-based information to advance patient care.**

**Bullet points are *examples***

- Retrieve and critically analyze scientific literature related to drugs and disease to enhance clinical decision making.
- Respond to drug information requests under the supervision of the preceptor.
- Identify and analyze emerging theories, information, and technologies that may impact patient-centered and population based care.
- Articulate reasons for making recommendations outside of evidence-based guidelines.

17. **Effectively communicate with patients, caregivers, and other health professionals (listening, writing and verbal skills).**

    **Bullet points are *examples***

    - Communicate effectively with patients, caregivers, and other health professionals for the purpose of obtaining information or conveying drug information.
    - Use appropriate non-verbal language when communicating with patients, caregivers, and other health professionals.
    - Document patient care activities clearly, concisely, and accurately using appropriate medical terminology.
    - Use available technology and other media to assist with communication as appropriate.
    - Develop professional documents pertinent to organizational needs (e.g., monographs, policy documents).

18. **Demonstrate the knowledge and abilities to oversee pharmacy operations, including resource management, personnel, and technology of the practice site.**

    **Bullet points are *examples***

    - Describe the role of the pharmacist in impacting the safety and efficacy of each component of a typical medication use system (i.e., procurement, storage, prescribing, transcription, dispensing, administrations, monitoring, and documentation).
    - Utilize technology to optimize the medication use system.
    - Identify and utilize human, financial, and physical resources to optimize the medication use system.
    - Discuss benefits and challenges to implementing pharmacy policies and procedures.
    - Discuss training and evaluation of residents, pharmacists, pharmacy technicians and other support staff.
    - Identify pharmacy service problems and/or medication safety issues.
    - Track pharmacy-led interventions to save costs in the hospital (e.g. IV to PO conversions, formulary interchange).

19. **Demonstrate the knowledge and abilities to function in accordance with pharmacy laws, regulations, and accreditation standards.**

    **Bullet points are *examples***

    - Describe the purpose and role of regulatory agencies in promoting patient safety (CMS, The Joint Commission, State Board of Pharmacy, etc.).
    - Interpret pharmacy quality and productivity indicators using continuous quality improvement techniques.
    - Discuss the process to prepare for regulatory visits and inspections.
    - Review the results of previous regulatory visits and inspections.
    - Assist in the preparation for regulatory visits and inspections if appropriate.

# Outcomes For Ambulatory Care APPE Rotation

1. **Collect information to identify patients' medication-related problems and health-related needs.**
   **Bullet points are *examples***

   - Collect pertinent data from the medical chart or other sources (i.e. patient interview) and identify patient medication-related problems.
   - Collect pertinent data from the medical chart or other sources (i.e. patient interview) and identify patient health-related needs.
   - Perform disease-specific physical assessment or evaluate a patient's vital signs.
   - Describe the role of the most common diagnostic tests used in ambulatory care.

2. **Assess information to determine the effects of medication therapy, identify medication-related problems, and prioritize health-related needs.**
   **Bullet points are *examples***

   - Assess collected information to prioritize patient needs depending on their presenting signs and symptoms.
   - Interpret an adult patient's results (e.g., body temperature, pulse rate, respiration rate, and blood pressure).
   - Interpret laboratory test results.
   - Identify drug interactions.
   - Perform a comprehensive medication review (CMR) for a patient.

3. **Establish patient-centered goals and create patient care plans.**
   **Bullet points are *examples***

   - Apply pharmacologic, pharmacokinetic, and therapeutic principles when developing treatment plans in the ambulatory care setting.
   - Utilize available protocols, medication policies, and clinical practice guidelines in order to recommend appropriate evidence-based and cost-effective treatments for ambulatory care patients.
   - Practice documenting (in the medical record if allowed), using patient chart notes or electronic medical records.
   - Develop a plan for monitoring patient progress based on the treatment plan.
   - Determine the appropriate time interval(s) to collect monitoring data.

4. **Implement patient care plans in collaboration with the patient, caregivers and other health care professionals.**
   **Bullet points are *examples***

   - Participate in direct patient care for disease management of chronic illnesses as directed by the preceptor.
   - Demonstrate the ability to recommend changes in drug therapy to patients, pharmacists and other healthcare providers.
   - Implement these changes with the patient, caregivers and other health care professionals (i.e. counseling, health coaching, disease state management, etc.)

5. **Follow up and monitor patient care plans.**
   **Bullet points are *examples***

   - Recommend modifications or adjustments to an existing medication therapy regimen based on patient response.
   - Collect monitoring data at the appropriate time intervals.
   - Evaluate the selected monitoring parameters to determine the therapeutic and adverse effects related to the treatment plan.

6. **Empower and advocate for patients when appropriate.**

   **Bullet points are *examples***

   - Empower patients to take responsibility for, and control of, their health.
   - Assist patients in navigating the complex healthcare system. (e.g. insurance formulary restrictions; cost of medication; ways to find insurance coverage, etc.).
   - Ensure patients obtain the resources and care required in an efficient and cost-effective manner (e.g., triage to social and/or other healthcare services).
   - Identify ways that pharmacists can help empower and advocate for patients (i.e. compliance, education, health coaching, disease state management, etc.) in an ambulatory care setting.
   - Discuss how social determinants of health can impact therapeutic decision making.
   - Identify ways that transitions of care (patients recently released from the hospital) are impacted by patient lifestyle, education, and financial status.

7. **Collaborate as a member of an inter-professional team.**

   **Bullet points are *examples***

   - Describe the roles and responsibilities of pharmacists in the ambulatory care practice setting.
   - Communicate a patient's medication-related problems to another health professional.
   - Use consensus building strategies to develop a shared plan of action.
   - Describe how collaborate practice agreements (CPAs) enable pharmacists to work with providers to provide advanced patient care.
   - Respond to codes and assist per site protocol (i.e. perform basic life support (BLS)) as instructed by preceptor.

8. **Identify patients at risk for prevalent diseases in a population (e.g. hypertension, diabetes, depression).**

   **Bullet points are *examples***

   - Perform a screening assessment to identify patients at risk for prevalent diseases in a population (e.g. hypertension, diabetes, depression).
   - Provide appropriate therapeutic treatment for patient groups at risk for diseases given their co-morbidities (e.g. banana bag for alcoholics, deficiencies for homeless patients).
   - Assess the health care status and needs of a targeted patient's population in the clinic setting.
   - Identify appropriate intervention for groups of specific patients in the clinic (e.g. osteoporosis in older white/Asian women; post-partum depression or TDaP immunization in new moms, etc.).
   - Develop and provide an evidence-based approach that considers the cost, care, access, satisfaction, and needs of a targeted population in the clinic.
   - Describe systematic preventive care using risk assessment, risk reduction, screening, education, and immunizations.

9. **Minimize adverse drug events and medication errors.**

   **Bullet points are *examples***

   - Research adverse event attribution strategies (i.e. Naranjo scale) and discuss it with the preceptor.
   - Provide appropriate patient education to reduce medication errors and adverse drug events.
   - Collect thorough patient histories to minimize adverse drug events and medication errors.
   - Document adverse events using national databases (Vaccine Adverse Event Reporting System (VAERS), MedWatch).
   - Identify how pharmacists at the site internally document adverse events (i.e. facility specific software).
   - Distribute Vaccine Information Sheets (VIS) when immunizing patients.

10. **Maximize the appropriate use of medications in a population.**

    **Bullet points are *examples***

    - Appropriately identify strategies to maximize the appropriate use of medications in a population (e.g. counseling, topic discussion, MTM, etc.).
    - Provide appropriate education to patients, pharmacists, caregivers, and other healthcare professionals to maximize the appropriate use of medications in a population (i.e. geriatric, diabetic, pediatric, low-literacy patients, etc.).
    - Participate in population health management by completing a medication use evaluation (MUE).

11. **Respect cultural and social determinants of health.**

    **Bullet points are *examples***

    - Assess a patient's health literacy and modify communication strategies to meet the patient's needs.
    - Assess the healthcare status and needs of a targeted patient population.
    - Perform a medication use evaluation respecting the cultural and social determinants of health in a population.
    - Develop and provide an evidence-based approach that considers the cultural and social determinants of health in a population.
    - Safely and appropriately incorporate patients' cultural beliefs and practices into health and wellness care plans.

12. **Ensure that eligible patients are educated about and offered immunizations for vaccine-preventable diseases.**

    **Bullet points are *examples***

    - Determine whether a patient is eligible for and has received CDC-recommended immunizations.
    - Make recommendations and/or administer and document CDC-recommended immunizations where appropriate per site protocol.

13. **Educate patients and caregivers regarding disease prevention and appropriate self-care.**

    **Bullet points are *examples***

    - Respond to drug information requests under the supervision of the preceptor.
    - Identify, make recommendations, and educate patients on how self-care products can negatively and positively affect disease states in the ambulatory care setting.
    - Develop and deliver a brief (less than 1 hour) educational program regarding self-care to patients and caregivers.

14. **Educate patients and professional colleagues regarding the appropriate use of medications.**

    **Bullet points are *examples***

    - Lead a discussion regarding a recently published research manuscript and its application to patient care.
    - Develop and deliver a brief educational program regarding medication therapy to health professionals or lay audience.
    - Provide appropriate education to patients, caregivers, and/or other healthcare providers.
    - Assess audience comprehension.
    - Participate in the gathering of patient medication histories, MTM, and counseling.

16. **Use evidence-based information to advance patient care.**

    **Bullet points are *examples***

    - Retrieve and critically analyze scientific literature related to drugs and disease to enhance clinical decision making.
    - Respond to drug information requests under the supervision of the preceptor.
    - Identify and analyze emerging theories, information, and technologies that may impact patient-centered and population based care.
    - Articulate reasons for making recommendations outside of evidence-based guidelines.

17. **Effectively communicate with patients, caregivers, and other health professionals (listening, writing and verbal skills).**

    **Bullet points are *examples***

    - Communicate effectively with patients, caregivers, and other health professionals for the purpose of obtaining information or conveying drug information.
    - Use appropriate non-verbal language when communicating with patients, caregivers, and other health professionals.
    - Document patient care activities clearly, concisely, and accurately using appropriate medical terminology.
    - Use available technology and other media to assist with communication as appropriate.
    - Develop professional documents pertinent to organizational needs (e.g., monographs, policy documents).

18. **Demonstrate the knowledge and abilities to oversee pharmacy operations, including resource management, personnel, and technology of the practice site.**

    **Bullet points are *examples***

    - Utilize technology to optimize the medication use system.
    - Discuss benefits and challenges to implementing pharmacy policies and procedures.
    - Discuss coordination of pharmacy services in the clinic setting, including personnel and resources involved.
    - Identify pharmacy service problems and/or medication safety issues.

19. **Demonstrate the knowledge and abilities to function in accordance with pharmacy laws, regulations, and accreditation standards.**

    **Bullet points are *examples***

    - Describe the purpose and role of regulatory agencies in promoting patient safety (CMS, The Joint Commission, State Board of Pharmacy, etc.).
    - Interpret pharmacy quality and productivity indicators using continuous quality improvement techniques.
    - Discuss the process to prepare for regulatory visits and inspections.
    - Review the results of previous regulatory visits and inspections.
    - Assist in the preparation for regulatory visits and inspections if appropriate.

## Outcomes For Patient Care Elective APPEs

Due to the very broad nature of patient care APPEs, Patient care rotations will utilize all General Outcomes and additional rotation-specific outcome.

## Outcomes For Non-Patient Care Elective APPEs

Due to the very broad nature of non-patient care APPEs, Non-patient care rotations will have outcomes specific for each course type.

# Appendix 2: Rotation Remediation Charts

## IPPE Remediation

| Course Receiving No Pass (NP) | Student Situation | P1 Summer Blocks A, B, & C | P1 Summer Blocks D, E, & F | Progression | Delayed graduation? |
|---|---|---|---|---|---|
| **PHAR 470 Longitudinal IPPE** | Any student receiving a No Pass (NP) regardless of summer didactic remediation | PHAR 470 over a six-week period | Didactic summer remediation or off | Complete PHAR 570 as a P2<br><br>Complete PHAR 572 & PHAR 573 during block 3.1 | *Possible* |

| Course Receiving No Pass (NP) | Student Situation | P3 APPE Block 3.1 (following academic year) | P3 APPE Block 3.2 (following academic year) | Progression | Delayed graduation? |
|---|---|---|---|---|---|
| **PHAR 572 and/or PHAR 573**<br><br>Note: This table also applies to students with delayed PHAR 572 and 573 due to PHAR 470 No Pass (NP) | Student **has** successfully completed PHAR 570 and does **not** have P2 didactic summer remediation | PHAR 572 and/or PHAR 573 | May be eligible to start APPE rotations | Continue forward in program without delay | *No*<br><br>*May not have an off block as a P3* |
| | Student **has** successfully completed PHAR 570 and **has** P2 didactic summer remediation | PHAR 572 and/or PHAR 573 | Didactic summer remediation | Block 3.3<br>May be eligible to start APPE rotations | *May be delayed* |
| | Student has **not** successfully completed PHAR 570 and does **not** have P2 didactic summer remediation | PHAR 572 and/or PHAR 573 | PHAR 570 over a 6-week period | Block 3.3<br>May be eligible to start APPE rotations | *May be delayed* |
| | Student has **not** successfully completed PHAR 570 and **has** P2 didactic summer remediation | PHAR 572 and/or PHAR 573 | Didactic summer remediation | Block 3.3<br>PHAR 570 over a 6-week period<br><br>Block 3.4<br>May be eligible to start APPE rotations | *Yes* |

| Course Receiving No Pass (NP) | Student Situation | P3 APPE Block 3.1 (following academic year) | P3 APPE Block 3.2 (following academic year) | Progression | Delayed graduation? |
|---|---|---|---|---|---|
| **PHAR 570 Longitudinal IPPE** | Student **has** successfully completed PHAR 572 and PHAR 573, and does **not** have P2 didactic summer remediation | PHAR 570 over a six-week period | May be eligible to start APPE rotations | Continue forward in program without delay | *No*<br><br>*Student may not have an off block as a P3* |
| | Student **has** successfully completed PHAR 572 and PHAR 573, and **has** P2 didactic summer remediation | PHAR 570 over a six-week period | Didactic summer remediation | Block 3.3<br>May be eligible to start APPE rotations | *May be delayed* |
| | Student has **not** successfully completed PHAR 572 and/or 573 and does **not** have P2 didactic summer remediation | PHAR 572 and/or PHAR 573 | PHAR 570 over a six-week period | Block 3.3<br>May be eligible to start APPE rotations | *May be delayed* |
| | Student has **not** successfully completed PHAR 572 and/or 573 and **has** P2 didactic summer remediation | PHAR 572 and/or PHAR 573 | Didactic summer remediation | Block 3.3<br>PHAR 570 over a six-week period<br><br>Block 3.4<br>May be eligible to start APPE rotations | *Yes* |

## APPE Remediation

Due to variability and diversity of scheduling, APPE rotation remediation will be scheduled by the Experiential Director as availability allows. Any students with non-standard progression should discuss their schedule directly with the Experiential Director.

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