RxPEP

EXPERIENTIAL PROGRAM MANUAL

THE PROFESSIONAL EXPERIENCE PROGRAM

THE UNIVERSITY OF MISSISSIPPI

SCHOOL OF PHARMACY

2013–2014
Experiential Program Manual

David D. Allen, RPh., Ph.D., FASHP, DSNA, FAPHA
Dean and Professor
Executive Director
Research Institute of Pharmaceutical Sciences
School of Pharmacy
University of Mississippi
University, Mississippi 38677

Leigh Ann Ross, Pharm.D., BCPS
Associate Dean for Clinical Affairs
Chair and Associate Professor, Pharmacy Practice
School of Pharmacy
2500 North State Street
Jackson, Mississippi 39216

Kristopher Harrell, Pharm.D., M.A.
Associate Professor
Director, Professional Experience Programs
School of Pharmacy
2500 North State Street
Jackson, Mississippi 39216
601-984-2622
kharrell@olemmiss.edu

Jann Rice
Assistant to the Director, Professional Experience Programs
Phone: 601-984-2622
Fax: 601-815-1160
jrice@umc.edu

Robert Metzger
Assistant to the Director, Professional Experience Programs
Phone: 601-984-2758
Fax: 601-815-1160
rmetzger@umc.edu
RECEPIENTS OF THE
PRECEPTOR OF THE YEAR AWARD

1977 – Everett Bowie
1978 – James Bennett
1979 – Sam Daniel
1980 – Robert Northern
1981 – Willis Henderson
1982 – Bill Harlan
1983 – Sara Carter
1984 – John Peebles
1985 – Don Walden
1986 – Mary Helen Bowen
1987 – Leon Williams
1988 – Mike Vinson
1989 – Jim Ainsworth
1990 – Rachel Robinson
1991 – Harold Kornfuhrer
1992 – C.L. Davidson
1993 – Marvin Morris
1994 – Nita Turner
1995 – Steven Cook
1996 – Mary Helen Bowen
1998 – Lonnie Hicks
1999 – Tommy Spell
2000 – Betty Morgan
2001 – Greg Wood
2002 - Patsy Keating
2003 – Harold Kornfuhrer
2004 – Michelle Van Horn
2005 – Kristie Gholson
2006 – Bill Harlan
2007 – Louie Smith

APPE
2008 – Robert Ellis
2009 – Debbie Minor
2010 – Brian Crabtree
2011 – Buddy Ogletree
2012 – Phil Ayers

IPPE
Randy Calvert
Sharon Dickey
Larry Krohn
John Bridges
Bridgett Chisolm
## PY4 Academic Calendar 2013 - 2014

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Start Dates</th>
<th>End Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>June 3, 2013</td>
<td>July 5, 2013</td>
</tr>
<tr>
<td>2</td>
<td>July 8, 2013</td>
<td>August 9, 2013</td>
</tr>
<tr>
<td>Fall Session</td>
<td>August 13, 2013</td>
<td>September 13, 2013</td>
</tr>
<tr>
<td>1</td>
<td>September 16, 2013</td>
<td>October 18, 2013</td>
</tr>
<tr>
<td>2</td>
<td>October 21, 2013</td>
<td>November 22, 2013</td>
</tr>
<tr>
<td>Spring Session</td>
<td>January 21, 2014</td>
<td>February 21, 2014</td>
</tr>
<tr>
<td>1</td>
<td>February 24, 2014</td>
<td>March 28, 2014</td>
</tr>
<tr>
<td>2</td>
<td>April 7, 2014</td>
<td>May 7, 2014 (Wednesday)</td>
</tr>
</tbody>
</table>

### Mandatory Meetings in Jackson, MS
- Monday, August 12, 2013 – Career Development Day
- PCOA Exam – TBA

### PY3 Elective Week
- March 31 – April 4, 2014

### Holiday Calendar
- Memorial Day – Monday, May 27, 2013
- Independence Day - Thursday, July 4, 2013
- Labor Day – Monday, September 2, 2013
- Martin Luther King, Jr. Day – Monday, January 20, 2014
- Good Friday – Friday, April 18, 2014

### PY4 Spring Break - March 31 – April 4, 2014

### Commencement – Class of 2014
- May 10, 2014 (Subject to change)

## PY3 IPPE Rotation Calendar
- **Fall Session**
  - Community and Ambulatory Care – PRCT 543 (4 hours per week)  
  - Or
  - Institutional and Specialty – PRCT 544 (4 hours per week)
- **Spring Session**
  - Community and Ambulatory Care – PRCT 543 (4 hours per week)  
  - Or
  - Institutional and Specialty – PRCT 544 (4 hours per week)
- **Elective**
  - PRCT 545 (1 week)

## PY2 IPPE Rotation Calendar
- **May Intersession**
  - Community – PRCT 478 (2-week)  
  - Option 1  May 13 – 24, 2013
  - Option 2  May 28 – June 7, 2013
- **Winter Intersession**
  - Institution – PRCT 477 (1-week)  
  - Option 1  January 6 – 10, 2014
  - Option 2  January 13 – 17, 2014

## PY1 Rotation Calendar
- **May Intersession**
  - Institution – PRCT 376 (1-week)  
  - Option 1  May 13 – 17, 2013
  - Option 2  May 20 – 24, 2013
- **Fall Session**
  - Community – PRCT 375 (1-week)  
  - Option 1  December 9 – 13, 2013
  - Option 2  December 16 – 20, 2013
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THE PROFESSIONAL EXPERIENCE PROGRAM:
AN OVERVIEW

Goal of Experiential Education

The fundamental goal of the practice experience is to provide the student with a planned program of applied education that will assist him or her in becoming a competent provider of pharmacy services. Under the supervision and instruction of qualified preceptors, experiential education will allow the student to apply knowledge acquired in the classroom to situations encountered in actual practice.

Design of the Experiential Program

APPE Experiential Program

Program Design. Entry-level Doctor of Pharmacy students are required to complete forty (40) weeks of experiential education. These 40 weeks are divided into eight (8) rotations, each of which is five (5) weeks in length. Of the eight rotations students must complete four (4) core required courses and four (4) elective courses.

Required Courses. The four core required APPE courses consist of Community Pharmacy Practice Experience, Institutional Pharmacy Practice Experience, Adult Medicine Practice Experience and Ambulatory Care Practice Experience. Students receive pass/fail grades for the Community Pharmacy Practice Experience and the Institutional Pharmacy Practice Experience courses. Students receive letter grades for Adult Medicine Practice Experience, Ambulatory Care Practice Experience courses and elective courses.

<table>
<thead>
<tr>
<th>APPE Course Title</th>
<th>Course Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Pharmacy Practice Experience</td>
<td>PRCT 553</td>
</tr>
<tr>
<td>Institutional Pharmacy Practice Experience</td>
<td>PRCT 554</td>
</tr>
<tr>
<td>Adult Medicine Pharmacy Practice Experience</td>
<td>PRCT 586</td>
</tr>
<tr>
<td>Ambulatory Care Pharmacy Practice Experience</td>
<td>PRCT 587</td>
</tr>
</tbody>
</table>

Elective Courses. Students may select from a variety of School-approved elective courses to fulfill the elective hour requirement. The electives must be in four different areas of training. At minimum, two of these electives must be designated as patient-care. Elective courses are all designated with the ending of 591.

Course Credit. Students earn five (5) hours of academic credit upon successful completion of each course.

IPPE Experiential Program

Program Design. Students are required to complete 320 hours of Introductory Pharmacy Practice Experience education over the PY1 through PY3 years.
**Required Courses.** There are six (6) required courses made up of three (3) in the Community Pharmacy Practice Experience setting and three (3) in the Institutional Pharmacy Practice Experience setting.

<table>
<thead>
<tr>
<th>IPPE Course Title</th>
<th>Course Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>PY3 Community and Ambulatory Care Practice Experience</td>
<td>PRCT 543</td>
</tr>
<tr>
<td>Institutional and Specialty Practice Experience</td>
<td>PRCT 544</td>
</tr>
<tr>
<td>PY2 Community II Practice Experience</td>
<td>PRCT 478</td>
</tr>
<tr>
<td>Institutional II Practice Experience</td>
<td>PRCT 477</td>
</tr>
<tr>
<td>PY1 Institutional I Practice Experience</td>
<td>PRCT 476</td>
</tr>
<tr>
<td>Community I Practice Experience</td>
<td>PRCT 475</td>
</tr>
</tbody>
</table>

**Elective Course.** During the PY3 year students complete one (1) elective rotation during the Spring semester. Students may select from a variety of school-approved elective courses to fulfill this requirement. The elective rotation is designated PRCT 545 and will be for one week during the Spring semester coinciding with the PY4 class Spring Break.

<table>
<thead>
<tr>
<th>IPPE Course Title</th>
<th>Course Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>PY3 Pharmacy Practice Elective</td>
<td>PRCT 545</td>
</tr>
</tbody>
</table>

**Course Credit.** Students earn one (1) hour of academic credit upon successful completion of each IPPE course.

**Practice Experience Requirements for APPE and IPPE**

All students must receive clearance of the following health and administrative requirements prior to participating in any experiential courses.

**NOTE: IT IS ULTIMATELY THE STUDENT’S RESPONSIBILITY FOR ENSURING THAT THEY HAVE MET ALL THESE REQUIREMENTS. STUDENTS SHOULD MAINTAIN A COPY OF EACH RECORD IN THEIR ONLINE STUDENT PORTFOLIO. STUDENTS MAY BE REQUESTED TO PRESENT PROOF OF THESE REQUIREMENTS PRIOR TO STARTING A ROTATION. IN ADDITION, STUDENTS ARE RESPONSIBLE FOR ALL EXPENSES RELATED TO THESE REQUIREMENTS.**

1. **Health Requirements**

   **A. HEPATITIS B IMMUNIZATION**

   Students are required to show proof of Hepatitis B immunization prior to admission into the School of Pharmacy. Documentation is maintained by the Office of Academic and Student Affairs in Oxford.

   **B. NEGATIVE TUBERCULIN SKIN TEST (PPD)**

   Proof of a negative tuberculin skin test (PPD) is required annually before students are permitted to complete any experiential rotations. Students having a positive PPD test cannot participate in experiential activities until they demonstrate lack of an active case of tuberculosis (by chest radiograph) or present evidence that they are undergoing treatment, if currently infected. These tests are generally arranged by the Office of Academic and Student Affairs in Oxford during the PY1 and PY2 years and in the PEP Office in Jackson during the PY3 and PY 4 years.
C. INFLUENZA VACCINATION

Proof of receipt of influenza vaccination must be submitted annually before students are permitted to complete any experiential rotations. Influenza vaccinations are usually available during the fall of each year and may be available at minimal or no cost to the student at Student/Employee Health on Oxford or Jackson campuses. Documentation of receipt of influenza vaccination, accompanied by a letter identifying oneself as a pharmacy student, must be provided to the Office of Academic and Student Affairs during the PY1 and PY2 years and to the Student /Employee Health during the PY3 and PY4 years.

STUDENT/EMPLOYEE HEALTH IN JACKSON IS LOCATED ON THE MAIN CAMPUS AT UMMC. ALL HEALTH DOCUMENTATION SHOULD BE SENT TO:

STUDENT/EMPLOYEE HEALTH
ATTN: MS. NICKI HAYS
2500 N. STATE ST.
JACKSON, MS  39216
601-984-1185 (PHONE)
601-984-1189 (FAX)
EMAIL: NHAYS@UMC.EDU
II. ADMINISTRATIVE REQUIREMENTS

A. STUDENT OR PHARMACIST REGISTRATION WITH THE MISSISSIPPI STATE BOARD OF PHARMACY (MSBP)

All students must present proof of registration with the Mississippi State Board of Pharmacy (MSBP) prior to participating in the experiential program. A photocopy of the entry-level student’s MSBP student card is acceptable documentation and must be submitted to the Office of Academic and Student Affairs. Post-B.S. students should submit a photocopy of their most recent state registration card. Students may contact the MSBP in order to obtain replacement cards.

B. PROFESSIONAL LIABILITY (MALPRACTICE) INSURANCE

Proof of possession of professional liability insurance must be presented prior to participation in any experiential activities. The coverage at a minimum should be $1,000,000 per incident/$3,000,000 aggregate. Policies must be effective for the entire experiential period. Therefore, it is strongly recommended that, when applying for a policy, the student indicate the dates for which the coverage is desired. Individual policies may be obtained from a variety of sources. Documentation may be in the form of a photocopy of the Certificate of Insurance, which may be obtained by contacting the insurer. This documentation must include the period covered and/or the expiration date.

C. BASIC LIFE SUPPORT FOR THE HEALTH CARE PROVIDER TRAINING

Basic Life Support for the Health Care Provider (BLSHCP) training is required of all students enrolled in the experiential program. This training is initially offered as part of the skills lab in Oxford during the PY1 year. Per the American Heart Association guidelines, BLS providers should receive training every two years. Therefore, in order to fulfill the BLS requirement, students must obtain BLS recertification training no earlier than the summer prior to the PY3 year. Students must have active certification throughout the entire experiential period and are responsible for independently obtaining BLS recertification. Documentation may be in the form of a photocopy of the course completion card.

C. Medical/Hospitalization Insurance

Hospitalization/medical insurance is required of all students enrolled in experiential courses. Coverage is available through a University Medical Center student plan or through a University of Mississippi student plan in Oxford. Documentation may be in the form of a photocopy of the insurance card or policy and will be maintained by the Office of Professional Experience Programs. It is the student’s responsibility to notify the Office of Academic and Student Affairs if any changes in medical/hospitalization coverage occur during the experiential years.

E. HIPAA Training

The University of Mississippi School of Pharmacy adheres to all rules and regulations as set forth by the Health Insurance Portability and Accountability Act (HIPAA). Students are introduced to HIPAA during the PY1 year and are required to complete an on-line training program and to be recertified at the beginning of the PY3 year. Students must furnish the office of the Professional Experience Programs with a printout of their successful completion of the HIPPA training course. Students may also be required to complete additional HIPAA training at their rotation sites.
F. Drug Testing

Students may be subjected to random drug testing at various rotation practice sites during any experiential rotation. The student may be expected to pay for drug testing. Should any issues result in a positive test the student may be asked to leave the practice site and face consequences in accordance to University and/or State Board policies.

G. Background Testing

Students are required to undergo fingerprinting and criminal history checks at two separate times upon pursuit of the professional pharmacy degree. The first check will be conducted as part of the process of registration with the Mississippi State Board of Pharmacy as a student extern/intern. Such registration is required for acceptance into the B.S. in Pharmaceutical Sciences degree program, or in the case of Early Entry students prior to the PY1 year. Specific procedures for this process are outlined in the Backgrounds Check Policy which may be found on the Board’s website. The student and the Board receive the results of the background checks along with the explanation letters. Students should keep a copy of all background check letters. If as a result of the investigation there are any issues determined by the Board to prevent the student from being licensed as an extern/intern, that student will not receive final admission into the professional degree program. The School will accept a copy of the student extern/intern registration card as documentation that background checks have been conducted and Board clearance has been obtained.

In general background check information is only considered valid for two years. Since at least two years has elapsed since the background check was completed as per admission requirements into the professional degree program, an additional fingerprinting and background check will be conducted upon entry to the University of Mississippi Medical Center campus immediately prior to the PY3 year. Background checks will be scheduled through the University of Mississippi Medical Center Department of Human Resources. The Human Resources Department and the student will receive the results of the background check and explanation letter. The Human Resources Department will only provide students with an ID badge once clearance has been obtained. Therefore, the ID badge serves as documentation that the student has been cleared to be a member of the UMMC community. Students must have said badge to access all UMMC teaching and patient care areas. Therefore, failure to have said badge would prohibit School of Pharmacy students from completing their PY3/PY4 curriculum. As a result, failure to obtain the badge due to issues discovered during the background investigation will result in dismissal from the professional degree program.

Furthermore, students may be requested at any time to undergo another background check by a rotation practice site, perhaps at the expense of the student. In most cases, background checks are considered good for a two-year period. The students should keep a copy of all background check letters and be able to produce them if requested by a rotation site or preceptor. If the student is not allowed to complete a rotation due to an issue from the background check, other arrangements will be attempted to allow the student to complete requirements at a different site. However, if no sites will accept the student based on the results of the background check, the student may be dismissed from the program since he or she will not be able to complete the degree requirements.

H. Other Requirements

Rotations may also require students to complete other forms or documentation of health status prior to beginning of practice experiences. Students are expected to comply with such requirements. If the student does not comply or is unable to meet the requirements of the site, he or she may be moved to another practice site at the discretion of the PEP director.
**PROGRAM POLICIES**

**Progression Requirements for the Doctor of Pharmacy Program (per Student Handbook)**

A student must have a 2.75 GPA and no grade below C in all required classes in the PY2 curriculum in order to matriculate to the PY3 curriculum. A student who receives two or more grades below C in the PY2 or PY3 or PY4 curriculum will be dismissed from the Doctor of Pharmacy program. Students dismissed from the program must repeat the entire year from which they were dismissed in order to progress in the curriculum. If the student has not yet completed the semester at the time they have earned the second F, they may continue to complete the courses remaining in that semester. However, their enrollment status for those courses will be changed to “Audit”. If the student chooses not to remain in the courses, they are to request to the Associate Dean for Academic and Student Affairs to be withdrawn from all non-completed courses. The University of Mississippi Academic Forgiveness Policy does not apply to professional students receiving grades of less than “C” in courses offered by School of Pharmacy academic departments. A student academically dismissed may only be re-admitted one time. No required course may be taken more than two times. All courses must be completed with a grade of C or better to be eligible for graduation.

**Progression and Retention Criteria for the B.S. in Pharmaceutical Sciences Degree Program (per Student Handbook)**

In order to progress in the B.S. in Pharmaceutical Sciences program, a student must meet the following conditions:

a. All required courses must be taken at The University of Mississippi in the sequence defined by the curriculum. Any exception must have prior approval by the Scholastic Standards Committee.

b. Minimum GPA (cumulative on all grades earned) of 2.0 on required courses.

c. A passing grade of D or better must be achieved in all required professional courses. However, a grade of C or better is necessary to satisfy course prerequisite requirements. A student must have a 2.65 GPA and no grade below C in all required classes in the PY1 curriculum and a B.S.P.S. degree earned from the UM School of Pharmacy to be admitted to the PharmD program.

d. A student who receives two or more grades below C in the required courses in the PY1 curriculum will be dismissed from the program. Students dismissed from the program must repeat the entire year in order to progress in the curriculum. A student so dismissed can only be readmitted one time.

e. No required course can be taken more than two times.

Re-admission is contingent on the individual having a composite admission score at least equal to that of the lowest ranking newly admitted student. The re-entering student would be admitted on a space-available basis in addition to the maximum number of new
students accepted for admission. During the period while the student is not in the program, the student can attempt to improve his/her admission score. Grades obtained by the dismissed student during the original enrollment in PY1 courses will not be used in future GPA calculations affecting entry into the Pharm.D program. The same procedures would be in effect for students dismissed or voluntarily withdrawing for academic purposes during or at the conclusion of the PY1 year.

Students who need to repeat one or more, but not all, PY1 courses will be admitted to these classes on a space-available basis. Prioritization for admission will be based on the existing cumulative required PY1 course GPA.

Incomplete (I) Grade

Students will earn an I grade in the following instances:

- Failure to submit an Student Evaluation of Preceptor (SEOP) as set forth by the PEP Office
- Submission of an Incomplete Work form by the preceptor

Per University policy an Incomplete (I) mark for a student that has not been changed to a regular grade before the Course Withdrawal Deadline (the 25th day of classes) of the next regular semester (excluding summer terms) will automatically change to an F and be computed in the GPA.

Course Repetition Policy

Students who fail any one (1) experiential course and who have not earned a failing (F) grade in any other course may repeat an experiential course per the following guidelines.

A. Repetition of Required Course
   - The student will be reassigned to another preceptor who offers the same course.
   - The rotation will be performed at a regularly scheduled rotation time.
   - The rotation will be scheduled at a time convenient to the professional experience program.
   - The student will not receive scheduling priority over those students who are progressing through the curriculum on schedule.

B. Repetition of Elective Course
   - The student may choose to repeat the elective course with another preceptor who offers that course. Alternatively, the student may chose to enroll in a different elective course.
   - The rotation will be performed at a regularly scheduled rotation time.
   - The rotation will be scheduled at a time convenient to the professional experience program.
   - The student will not receive scheduling priority over those students who are progressing through the curriculum on schedule.

ATTENDANCE

General Policies (IPPE and APPE)

The quantity and quality of student learning gained from experiential education is directly related to the time spent in the pharmacy practice/patient setting. Therefore, attendance of all experiential rotations and related activities is mandatory. Students who fail to abide by the attendance policy are subject to possible course failure. Students should discuss any anticipated absences with their preceptors at the beginning of each rotation.
EXPERIENTIAL CONTACT HOURS. Each student is REQUIRED to be present for a minimum of 40 hours per week at each rotation site except during the PY3 year when experiences are longitudinal. Due to the nature of the learning experiences, students should expect to arrive early and/or remain after scheduled hours in order to complete their educational and patient-related tasks and responsibilities. The student’s experiential schedule should be established on the first day of the rotation. The preceptor should provide a copy of the written schedule to the student. The student is expected to and should be prepared to be at the experiential site for the scheduled amount of time. “Comp time” is not granted during experiential activities.

COMMUNITY AND INSTITUTIONAL PHARMACY PRACTICE EXPERIENCE SCHEDULES. At the preceptor’s discretion, a student may perform a five-day-per-week, eight-hour-per-day rotation OR a four-day-per-week, ten-hour-per-day rotation. No other derivation will be accepted. The student and preceptor should establish contact/teaching hours which allow the student full exposure to the functions and routines of the preceptor’s practice environment.

ALL OTHER SCHEDULES. All of the remaining Practice Experiences (except PY3) will be performed ONLY as five-day-per-week rotations. The student and preceptor should establish contact/teaching hours which allow the student full exposure to the functions and routines of the preceptor’s practice environment. Due to the nature of the learning experiences, students should expect to arrive early and/or remain after scheduled hours in order to complete their educational and patient-related tasks and responsibilities. Again, “comp time” is not granted during experiential activities.

PY3 SCHEDULES. Scheduling of the PY3 students is complex given that students meet each week at varying days and times. In order to accommodate the schedule for the PY3 rotations, Tuesday afternoons have been blocked out and no other courses or groups will meet during that time. Students will be expected to report to the site for four (4) hours per week for five (5) predetermined weeks each rotation.

ROTATION DATES. All rotations must be completed during the regular rotation assignment dates as designated in the Academic Calendar provided in this manual. Variations from the scheduled dates will not be permitted. Any changes initiated by the student may result in that student’s failure of that rotation.

ILLNESS. In the event of illness the student should contact the preceptor promptly. If the preceptor cannot be reached, the student must contact the PEP Office. Failure to notify the preceptor or the PEP Office at the time of absence will result in an unexcused absence. If the absence due to illness extends beyond one (1) day, the student must obtain a written excuse from his or her physician. Absences totaling up to four (4) days per rotation due to illness requires that the student complete remedial work at the discretion and convenience of the preceptor and the PEP program. Any student who misses five (5) or more days of any rotation will be required to repeat said rotation. In the event of extended illness the student or their agent should contact the PEP Office immediately. There are no sick days built into the rotation.

TARDINESS. Students are expected to report to their experiential sites in a timely, consistent manner. In the event of tardiness the student should contact the preceptor promptly. In the event that the preceptor cannot be reached, the student must contact the PEP Office. Failure to notify the preceptor or the PEP Office will result in an unexcused absence. Two or more tardy arrivals will be considered an unexcused absence. More than four (4) tardy arrivals for APPE courses will result in course failure.

UNEXCUSED ABSENCES. Two or more unexcused absences will result in course failure. Absences not approved by the School or not due to illness are considered unexcused. Time missed from one unexcused absence will be made up at the convenience of the preceptor. Failure to complete a remedial work plan will result in a failure (F) grade for that rotation.

INCLEMENT WEATHER. In cases of inclement weather, the student is to contact the preceptor to determine if he or she is should report for the rotation. Any time missed due to inclement weather will have to be made up at the discretion of the preceptor.
**RECORD OF ABSENCE/REMEDICATION** (Appendix A) The student should submit to the preceptor a Record of Absence for ALL absences except those set aside as University holidays. The preceptor should outline any plan for remediation on the Record of Absence/Remediation. The outline should include, at a minimum, the project to be completed and the date on which it must be completed or submitted to the preceptor. The remediation plan must be reviewed and discussed with the student and signed by both the student and preceptor. The preceptor should keep any submitted Records of Absence/Remediation in the student’s file. The student should also maintain a copy of the signed form in their Student Portfolio. A copy of the form is included in Appendix A in this manual.

**APPE SPECIFIC POLICIES**

**SPRING BREAK.** Spring Break for PY4 students is March 31 – April 4, 2014.

**EXCUSED ABSENCES**

**University Holidays.** Students are excused from rotation in observance of the following University holidays. Students are not required to “make up” days, complete remedial work, or complete a “Record of Absence/Remediation” form for these holidays. Students should notify the preceptor IN WRITING (see “Record of Absence” below) at the beginning of the rotation of these holiday absences. (Refer to Academic Calendar for specific dates.)

- Independence Day Holiday
- Labor Day Holiday
- Martin Luther King Jr. Holiday
- Good Friday Holiday

**Scheduled Absences.** Students are excused from rotation to attend the following School-related functions. Students should notify the preceptor IN WRITING (see “Record of Absence” below) at the beginning of the rotation of the following scheduled absences. Students should complete and turn in to their preceptor a “Record of Absence/Remediation” form.

- **Career Workshops:** Each year the School of Pharmacy conducts Professional Development Workshops for PY4 students in anticipation for residency, job interviews, and to improve practice skills. The purpose of these workshops is to assist students in constructing their resumes, provide guidance about how to prepare for residency and job interviews. These mandatory workshops are usually held in Jackson, MS, during the month of August. Specific dates are noted on the Academic Calendar with further information provided closer to the event dates.

- **Pharmacy Career and Recruitment Fair:** Career Fair and Pharmacy Recruitment Fair are typically held in October of each year. Each year over 100 companies representing various fields, including pharmacy, attend Career Fair. This event provides students the opportunity to informally network with company representatives prior to Pharmacy Recruitment Fair. Pharmacy Recruitment Fair provides students the opportunity to conduct individual interviews for employment with numerous companies from around the country. The University of Mississippi Career Center sponsors this two-day event. The Career Center, a full-service career-planning and employment center located on the Oxford campus, offers a complete range of services and materials in the areas of career development. These services include counseling, skills training, and resume-writing. Students are not required to “make up” days nor to complete remedial work for this scheduled absence. However, ATTENDANCE IS MONITORED. Students choosing not to attend this activity are required to report to their respective experiential sites.

- **Pharmacy Curriculum Outcomes Assessment:** The School of Pharmacy offers all students the opportunity to participate in the PCOA annually. This assessment provides students and the School with feedback of individual and program performance based on four content areas. If the assessment is offered during the rotation period (i.e., daytime), the students are excused from rotations to take part of the PCOA. If the assessment is offered after the rotation period (i.e., night), the students are expected to report to rotations as usual. ATTENDANCE IS MONITORED.

- **Awards Assembly:** Near the end of the spring semester, Phi Lambda Sigma, the pharmacy leadership society, sponsors the
Pharmacy School Awards Assembly. All student organizations and classes present their various student awards at the assembly. Parents of those receiving awards, all undergraduate and graduates students, faculty, staff and friends of the school are invited to attend. PY3 and PY4 students are to be excused to attend this assembly. Students are not required to “make up” days nor to complete remedial work for this scheduled absence. However, ATTENDANCE IS MONITORED. Students choosing not to attend the program are required to report to their experiential sites.

- **Rotation Presentation:** As part of the Seminar Skills course, PY4 students are required to make a major presentation on the Jackson campus before departmental faculty and other students. Two days will be set aside for these presentations. Preceptors may excuse the students for either part or all of the seminar days. If the student is not present for the seminar presentations, he or she will be expected to report to the rotation site. Attendance will be closely monitored. If the student is only to report for part of the seminar day, on the day of the seminar, the student is expected to report to his or her rotation site as usual. The student should be excused long enough to travel to the University Medical Center (UMC) campus. The student should plan to arrive about 30 minutes before the presentation is scheduled. After the student has given his or her presentation, the student is expected to return to his or her rotation site. The only exception in which students would not be required to report to rotation before or return to rotation after presenting are those cases in which students are participating in a rotation at a site located more than four hours from the UMC campus.

- **NAPLEX/MPJE Review:** This two-day School-sponsored event is typically held the two days immediately preceding May commencement exercises.

- **Pharmacy Organization Meetings:** Pharmacy students are encouraged to attend pharmacy organization meetings, especially MPhA and MSHP state meetings and APhA and ASHP national meetings. Students may be excused from their rotations to attend these meetings. Time missed due to these meetings should be made up at the discretion of the preceptor.

- **Residency Showcase:** Students are excused from rotations to attend the Residency Showcase. If the student chooses not to attend the Residency Showcase the student will be expected to be on rotation. The Showcase is usually held in the fall semester.

- **Other School-sanctioned Events:** Notification of events not identified above will be forwarded to preceptors and students by the appropriate University office.

  - **Employment Interview.** Entry-level students are permitted one (1) day per spring rotation, i.e., rotations 6, 7, and 8, to attend employment interviews. This is the maximum excused absence for interviews per rotation. If more time is required, the preceptor should schedule extra rotation time. The student is only excused for the time needed for the interview. For example, in an on-site 30minute interview, the student should perform rotation duties for the remainder of the time. A “Record of Absence” form must be completed.

  Interviews should not be scheduled on the first day or the last day of a rotation. Students should notify the preceptor IN WRITING (see “Record of Absence” below) at the beginning of the rotation of the interview for employment.

**APPE STUDENT PERSONAL ISSUES AND EXTRACURRICULAR EMPLOYMENT** The student should make every effort to schedule personal appointments outside the scheduled experiential hours. These appointments also apply to those students who may have children or family with appointments. Additionally, students are not permitted to bring children to any rotation site during a rotation experience. Students are discouraged from working on the days of rotations, and those who do will not be excused early from rotations to report to extracurricular employment.

**Change of Rotation**

A single change in assignment essentially produces a cascade effect in which the assignments of a large number of students and preceptors are subsequently affected. Therefore, requests for changes in rotation assignment are considered only under dire or unusual circumstances. Such circumstances may include the withdrawal of a preceptor from the program during the academic period. The
experiential director reserves the right to make changes in assignments as necessary to accommodate the format of the experiential program. Any change in experiential assignment is at the sole discretion of the experiential director. All requests for change of rotation MUST be initiated with the experiential director and must be submitted in writing. Failure to do so will nullify any such request. Under no circumstances should students contact preceptors for change in rotations.

Communication with PEP Office

Students are required to maintain active email and internet accounts throughout the experiential period. The PEP Office extensively utilizes these methods to communicate with all students and preceptors. The Announcement Page is used specifically to broadcast announcements pertaining to the entire class. E-mail is used to communicate directly with particular students. Students are expected to check both the Announcement Page and their e-mails on a consistent and frequent basis. Students will be held responsible for any information posted on the Announcement Page and must update their contact information on EMS website regularly.

The PEP Office is open Monday through Friday during regular University hours. Students may leave messages via voice-mail outside these hours. The phone number is: 601-984-2622.

Academic and Professional Conduct / Site-Specific Policies and Procedures

Students are expected to adhere to the approved Code of Professional and Ethical Conduct at all times. A copy of this document may be reviewed in the Student Handbook online at: http://www.pharmacy.olemiss.edu/student/Handbook.pdf. As faculty members of the University of Mississippi School of Pharmacy, preceptors have the right to bring charges against students who violate the Code. Other policies and procedures vary among preceptor sites. Each preceptor should explain the policies and procedures of their individual practice site’s operation to the student during the orientation session. Students are expected to abide by all rules and regulations throughout the educational period. A good rule of thumb is that the student should abide by the more stringent of policies set forth by either the School or the site.

Dress Code

Students are expected to wear appropriate professional attire while in their assigned experiential sites. The following guidelines are minimum dress code requirements for all students. If a preceptor/site has established stricter dress requirements, students are expected to abide by those guidelines as set forth by the preceptor/site. The key to projecting a professional image is to be conservative in all aspects of one’s dress.

General

- At experiential sites not on the UMC campus or at the Medical Mall, students should dress in a manner consistent with that of their preceptor and professional norms of the environment in which they are working. The preceptor may set dress code guidelines that are different from those required by the University Medical Center or the Medical Mall.

- Scrubs are not appropriate attire for students during class. If scrubs are required at the student’s experiential site and the student does not believe he/she has the time or facilities to change in the time between class and rotations, students should contact the PEP office ahead of time for written permission to wear scrubs to PBL group or class.

- Clothing that is too tight should be avoided.

Upper Body

- While in class, men are required to wear a shirt with a collar, slacks, socks and appropriate shoes. Neckties are optional, but encouraged, in class and on rotations.

- In patient care areas on the UMC campus and Medical Mall, button-down shirts & neckties for men are required unless instructed or approved to wear scrubs by your preceptor.

- Scrubs are considered appropriate attire only for those rotations in which there is a high probability of exposure to body
fluids or chemical spills. Students must obtain approval from the preceptor prior to wearing scrubs on such occasions.

- Women’s blouses or tops should be conservative.
- Low cut or clinging shirts, sweaters or blouses are inappropriate.
- Tee shirts and sweatshirts are prohibited as outerwear during class and or on rotations.
- Hats are prohibited during class and on rotations. Students are not to wear sunglasses propped up on the top of their head during class or on rotations.
- While in patient care areas on the UMC campus and at the Mall, students must wear a clean, white, long-sleeved, short lab coat at all times. Long lab coats are not acceptable.
- Students are strongly encouraged to wear lab coats in class and on rotations.
- For students, an ID badge identifying a student as a pharmacy student must be worn at all times on the upper body while on the UMC campus or at the Medical Mall. Some experiential sites may provide site-specific identification badges that must also be worn by the student. Students may be asked by facility personnel to leave the facility for failure to follow this guideline. Students are responsible for returning badges per site policy.

Lower Body

- Denim jeans are prohibited.
- Shorts (casual or dress) are prohibited
- Women should not wear dresses and skirts greater than two inches above the knee.

Shoes

- In patient care areas, students are encouraged to wear comfortable shoes. These shoes should be neat and clean, and always with closed toes due to the risk of potential injury from accidental needle-sticks, dropped vials, etc. Students may be asked by facility personnel to leave the facility for failure to follow this guideline.
- In class, women may wear conservative open-toed sandals. These are not permitted in patient care areas.
- Clean sneakers when wearing scrubs are acceptable. When not wearing scrubs, tennis shoes are not appropriate footwear.
- Gentlemen are required to wear socks.

Grooming and Accessories

- If beards or mustaches are worn, they should be kept neatly trimmed. Otherwise, men should be clean shaved.
- Refrain from excessive use of fragrant hairspray, perfume and cologne.
- Fingernails should be of a modest length and should not interfere with patient care.
- Minimize excessively bright, dark or creatively-colorful nail polish.
- In patient care areas on the UMC campus and the Medical Mall, a minimum of jewelry, such as wedding rings or class rings, is acceptable.
Policies Regarding Compliance with Mississippi State Board of Pharmacy (MSBP)

SUPERVISION OF STUDENTS. In order to be in compliance with the regulations of the MSBP, the student should at no time be left alone in the pharmacy. All practical experience gained in Mississippi, which is related to the dispensing of drugs, must be under the direct and immediate supervision of a pharmacist registered in Mississippi and in good standing with the Mississippi Board of Pharmacy. The direct and immediate supervision by the pharmacist requires the physical presence of the supervising pharmacist at all times and includes the constant personal supervision and monitoring of the student by the supervising pharmacist. The supervising pharmacist shall be responsible for the activities of the student.

STUDENT REGISTRATION. The Board may refuse to issue or renew or may suspend, revoke or restrict the registration of any student/intern upon one or more of the following grounds:

A. Unprofessional conduct as defined in ARTICLE V, paragraph G, Pharmacy Practice Regulations of the Mississippi Board of Pharmacy;

B. Violation of any regulation(s) of the Board;

C. Violation of any provisions of the Mississippi Pharmacy Practice Act or the Mississippi Uniform Controlled Substances Act;

D. Violation of pharmacy or drug laws of this state or any other state or rules and regulations pertaining thereto;

E. Fraud or intentional misrepresentation by an student/intern in securing the issuance of a pharmacy student/intern registration;

F. Failure to comply with any lawful order of the Board;

G. Obtaining practical experience in a pharmacy permitted by the Board without the direct supervision and presence of a pharmacist licensed by the Board;

H. Failure to notify the Board of expulsion, suspension, dismissal or withdrawal from a school of pharmacy;

I. Violation of any university, college or school of pharmacy policies, rules or regulations thereof.

University and School Policies and Procedures

The student should refer to the School of Pharmacy Student Handbook and the University website http://www.pharmacy.olemiss.edu/student/Handbook.pdf for information not contained in this manual.

Other Comments

STUDENT/PRECEPTOR RELATIONSHIP. The relationship of the preceptors and students must remain that of teacher-student. The sexual harassment policy of the University of Mississippi is provided in Appendix J.

STUDENT/PRECEPTOR COMMUNICATION. Open communication between the preceptor and their student is very important. The student needs to know the reasons behind a policy or procedure in order for understanding to accompany the acquisition of proficiency. All discussions should be very open and frank and be of a constructive nature with provision made for student input. In the event that the student and preceptor come to an issue upon which a reasonable resolution cannot be reached, and if
requested by the student and/or preceptor, the PEP Director will intervene to moderate further discussions.

**FINANCIAL COMPENSATION.** Per the American College of Pharmaceutical Education accreditation guidelines students will not be financially compensated for their activities at the experiential sites.

**STUDENT RESPONSIBILITIES.** The student should only be required to perform those duties that are normally performed by pharmacists.

**Confidentiality Policy - APPENDIX B**

Any breach of patient or preceptor/site confidentiality will result in failure of that course and may possibly result in legal action against the student. The University of Mississippi School of Pharmacy adheres to all rules and regulations as set forth by HIPAA. Students are also required to read and sign the Statement of Confidentiality (included as Appendix B in this manual). A copy of this document is retained in the PEP office.

**PATIENT CONFIDENTIALITY.** Patients have the right to complete confidentiality regarding their medical/health status. Patients will trust the student to maintain this confidentiality. Failure to maintain patient confidentiality is a breach of the patients’ right to privacy and may result in legal action against the institution/business, physician, pharmacist, and/or pharmacy student.

Patient confidentiality includes, but is not limited to,
- Current/past medications and their indications
- Finances/insurance status
- Hospitalization record (present and past)
- Diagnosis
- Medical status
- Medical history (psychiatric, HIV/AIDS, pregnancy-abortion, abuse, illicit drug use)

Casual references regarding any patient should not be made in any area outside that of the patient care area. For example, discussions should not be held in elevators, hallways, cafeterias, public restaurants, break rooms, etc.

When discussing patients with faculty, other students, or other members of the health-care team, care should be taken not to reveal the identity of the patient. Patients should be referred to by their initials verbally and on any written document, i.e., do not refer to patients by their full names. These discussions should be done with discretion regarding surroundings, etc.

Students should not discuss a patient’s medications with the patient’s friends or family unless the patient is present and has given (verbal) permission for the discussion to take place.

Manual or mechanical duplication of medical records is strictly prohibited. Likewise, removal of medical records from the patient care area is prohibited.

**PRECEPTOR/SITE CONFIDENTIALITY.** Students are also expected to maintain preceptor/site confidentiality. Preceptor/site confidentiality includes, but is not limited to, that facility’s patient records, personnel records, pharmacy records, financial records, and policies.
Policy Regarding Student Complaints

In the context of their educational experience, students may have complaints about a variety of issues. The School of Pharmacy has an obligation to respond to complaints generated by students. This policy outlines how student complaints should be handled both by students and the School. The underlying philosophy of this policy is that all complaints concerning The University of Mississippi School of Pharmacy courses, faculty, or policies should be handled and resolved in a professional manner.

A. Accreditation Related

According to the Standards and Guidelines of our national accrediting agency, the Accreditation Council for Pharmacy Education (ACPE), the School must follow certain procedures for handling student complaints that relate to any area covered by the accreditation Standards and Guidelines. The standards and guidelines which became effective July 1, 2007 is included as an appendix (See Section 11). Complaints related to these Standards and Guidelines must be submitted in writing to the Office of the Dean. Such complaints should not be confused with other types of complaints about courses, professional conduct code violations, and so forth.

With respect to these written complaints, the Office of the Dean shall maintain a file that contains a copy of the written complaint, a written record of each step of the procedure, and the final outcome (unless prohibited by state or federal law). All files shall be made available for inspection to the Accreditation Council for Pharmacy Education (ACPE) during on-site accreditation visits or at the written request of ACPE. See Section 4, Appendix A - Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree.

The web address describing the complaint process relating to the Standards and Guidelines is http://www.acpe-accredit.org/complaints/default.asp. The email address for students to file a complaint with ACPE for unresolved issues relating to the Standards and Guidelines is csinfo@acpe-accredit.org. The mailing address for ACPE is 135 S. LaSalle Street, Suite 4100, Chicago, IL 60603.

B. Non-Accreditation Related

As outlined in the following graph, student complaints may be initiated by individual students or through the class/student body officers. Depending on the situation, student complaints are initially made to one of the following individuals:

1. Class/student body officers
2. The Professional Conduct Council (see the description of the Professional Conduct Code in the Student Handbook for a description of the policies and procedures)
3. Course instructor
4. Faculty advisor of a student organization
5. Associate Dean for Academic and Student Affairs or his/her designee, i.e. Coordinators of Student Services.

Depending on the situation, the matter may be referred to a specific School of Pharmacy Committee or an appropriate department chairperson for recommendation/action. Students are also members of several School of Pharmacy Committees and may bring an issue directly to the attention of one of these committees. All complaints referred to or brought before a committee by a student should be in writing.

KEY

A. Academic discipline issues (e.g., Professional Conduct Code violation).
B. Individual complaint about a course or performance in a course.
   1. If the complaint involves concerns regarding the content of an answer(s) on an exam, the process stops with the Department Chair.
   2. If the complaint is that a student was treated differently than his/her peers regarding the grading of an exam, paper, etc. then the University of Mississippi Grade Appeal Policy is the appropriate mechanism for appeal. See Section 1, II, A.
C. Course matter that affects entire class.
D. Non-academic discipline related issues (e.g., student harassment of another student).
E. Admission/progression-related matters [Scholastic Standards Committee - no students sit on this committee].
F. Computer requirement and instructional technology issues [Information Resources and Computing Committee – Class Secretary/Treasurers (PY1-PY4) are non-voting members of this committee].
G. Curriculum-related issues [Curriculum Committee - Class Vice Presidents (PY1-PY4) are non-voting members of this committee].
H. Student assessment and curricular evaluation issues [Assessment Committee - student members are the President and President Elect].
I. General complaints about School policy, procedures, or activities [Student/Faculty Relations Committee - Class Presidents (EE1-EE3, PY1-PY4) are voting members of this committee - or appropriate department chair].
J. Differential enforcement of School Policy [Student/Faculty Relations Committee or appropriate department chair].
K. Student organization-related matters.
L. Depending on the situation, complaints concerning ACPE Standards may be handled in the Office of the Dean without referral to a committee/department chair and may result in consultation with University administrators.
INFORMATION FOR THE STUDENT

General Expectations of All Students

- Take personal responsibility for learning and complete all assignments
- Maintain patient confidentiality
- Manage and use time resources effectively
- Demonstrate a positive attitude toward practice of pharmacy
- Use good professional judgment and demonstrate ability to cope with a variety of situations
- Communicate effectively and appropriately
- Show initiative
- Exercise punctuality and maintain expected attendance

General Expectations of All Preceptors

- Clearly define the objectives and expectations of the student at the beginning of the rotation in writing
- Orient the student to the practice site
- Display enthusiasm about the practice of pharmacy and teaching
- Provide useful and timely feedback on student progress
- Be accessible to the student or designate another individual as primary contact in the event of his or her absence
- Effectively incorporate instructional activities as part of the learning experience
- Interact with the student on a regular basis
- Provide continuous feedback on student performance, including a midpoint and final evaluation
- Serve as a mentor and role model and foster student self-directed learning

General Educational Responsibility

The student should keep in mind that experiential education is not “on the job training.” Neither is experiential education a passive process. It is, in fact, a planned program of education in which the student actively participates in all aspects of pharmacy practice. The student is expected to seek learning opportunities while on rotation. The student should use self-directed learning techniques in order to prepare themselves fully for course activities. The student should also strive to develop a philosophy and a method of continued learning that may be used throughout the student’s career as a practitioner.

Professional Responsibility

Students should demonstrate professionalism in both their dress and manner at all times. The student should realize he or she is establishing a professional reputation, even prior to their entry into practice as a licensed pharmacist.

Patient Responsibility
As part of their educational activities, students actively participate in patient care. In order to ensure that the patient receives the most appropriate drug therapy, the student is to make certain that all patient information is complete and accurate. The student is responsible for relaying recommendations and pertinent patient information to the preceptor PRIOR to making formal recommendations to the other health care professionals or patients. The preceptor is ultimately responsible for the care of the patient and the subsequent outcomes of the patient’s drug therapy.

Financial and Transportation Responsibilities

Students are responsible for all housing, meals, and transportation to and from training sites during experiential rotations. Students should arrange reliable transportation to ensure timely arrival at the training site. Students are financially responsible for all expenses incurred. These expenses include, but are not limited to travel to and from practice site, costs of student professional liability insurance, Basic Life Support for the Health Care Provider training, hepatitis B immunization, MSBP registration, medical/health insurance, Internet access, email access, stethoscope, short white lab coat, name badge, required texts.

APPE Student Curriculum Vita (CV) and Letter of Introduction

Each APPE student is required to submit a Student C.V., accompanied by a letter of introduction, to each preceptor. The C.V., which should be updated during and after each rotation and letter are to be mailed to the student’s next scheduled preceptor no later than two (2) weeks before each rotation begins.

APPE and IPPE - Telephone Contact with Next Preceptor

For both APPE and IPPE rotations it is the student’s responsibility to contact the next preceptor no later than one or two (1-2) weeks before the next rotation begins. If the student fails to reach the preceptor on the first attempt, the student should continue to try to contact the preceptor until contact is actually made. The student and preceptor should use this opportunity to discuss parking, arrival time and place, articles or texts that are to be read prior to participating in the rotation, required texts, password issues, other requirements, etc.

APPE Specific Requirement - Rotation Presentations – Appendix C

As part of the Rotation Presentation Development course, PY4 students are required to make a major twenty-minute presentation on the Jackson campus before departmental faculty. All preparation for the seminar presentation should be done outside that time scheduled for on-site activities. On the day of the seminar, students are expected to report to their rotation site as usual. Students should be excused from rotation long enough to travel to the University Medical Center (UMC) campus. Students should plan to arrive about 15 minutes before their presentation is scheduled. After giving their presentations, students are expected to return to their rotation sites. The fact that students are required to make a twenty-minute presentation does not entitle them to a “free” absence day. The only exception in which students would not be required to report to rotation before or return to rotation after presenting are those cases in which the students are participating in a rotation at a site located more than four hours from the UMC campus.

In addition to the major presentation, PY4 students are also required to perform three (3) other presentations. Students have until the middle of Rotation 8 (TBA) in which to perform these three presentations. Students and preceptors should use the following as general guidelines for these presentations.

1. The presentation should be of the sort that the preceptor does in his or her own practices. For example, if the preceptor performs in-services to nursing staff, the student should perform an in-service to nursing staff. The format of the presentation regarding content and audience should mirror "real-life" as much as possible.
2. The presentation should be presented to and attended by people outside the school/rotation. Presentation of a topic to only the preceptor and other pharmacy students on rotation will not fulfill the requirement. The number of people attending should be appropriate to the type of presentation(s) performed by the preceptor.

3. The length of the presentation should be consistent with those performed by the preceptor. As a general rule of thumb, each presentation must be at a minimum from ten to fifteen minutes in length.

4. The preceptor should develop criteria by which the student’s presentation will be assessed. These criteria should be reduced to writing and shared with the student prior to the performance of the presentation. The preceptor should provide appropriate feedback to the student based upon the criteria and the situation. Such feedback should include how the preceptor would have presented the information.

5. Upon successful completion of the presentation, the preceptor and student must sign the Rotation Presentation Sign-Off form (Appendix C). These forms will be due before the end of the student’s final rotation.

**APPE Specific Requirement – Physical Skills Assessment Requirements – Appendix D**

By the end of the experiential year Doctor of Pharmacy students should possess certain Physical Skills Assessment abilities. In Appendix D of this manual a checklist of required physical skills assessment has been provided for the student. The student is responsible for obtaining a minimal satisfactory grade for each of the skills. The student must repeat any physical examination skills for which an unsatisfactory mark is received. Completion of these skills is required in order to satisfy final practice experience and graduation requirements. The student has until the middle of his or her final rotation to complete the checklist. A final due date will be posted to the student announcements page. Failure to submit the checklist at the scheduled time will result in the posting of an Incomplete (I) grade for the final rotation. This checklist should be kept in the student portfolio and reviewed with each preceptor at the beginning of each rotation. The preceptor should assist the student in completing the checklist. A copy of the checklist should be sent by mail or fax to Jann Rice, School of Pharmacy, 2500 North State Street, Jackson, Mississippi, 39216. The fax is (601) 815-1160.

**APPE Specific Requirement – Student Portfolio Review – Appendix E**

By the end of the experiential year Doctor of Pharmacy students should have completed their student portfolios. The student is throughout the year to have three preceptors review his or her portfolio and give appropriate feedback. Completion of the student portfolio review form in Appendix E is required in order to satisfy final practice experience and graduation requirements. The student has until the middle of his or her final rotation to complete the student portfolio. A final due date will be posted to the student announcements page. Failure to submit the student portfolio review form at the scheduled time will result in the posting of an Incomplete (I) grade for the final rotation. Three different preceptors should assist the student in completing the portfolio form. A copy of the form should be sent by mail or fax to Jann Rice, School of Pharmacy, 2500 North State Street, Jackson, Mississippi, 39216. The fax is (601) 815-1160.
Assessment: The Abilities Transcript – Student Perspective

Why Assess?

The concept of assessment is often associated with course examinations, project grades, and other tools used to assign “grades” on an end-of-term report or to rank students. When thought of only in those terms, assessment may carry the connotation of “judgment.” And while those activities do comprise one way in which assessment is used in higher education today, the value of assessment is being increasingly recognized as a constructive tool, to guide improvement—both personal and institutional.

In order to provide that guidance for continued improvement, expectations must be developed. How will we know if we are on track, unless we have a path delineated and markers of progress along the path?

Each pharmacy student may have individual expectations regarding the desired outcome of his/her education. “What type of practice would I like to be in? Which skills will become my specialty? How do I wish to define my practice?” You may have answers to these questions that differ from those of your classmates; your expectations of yourself and your education are just that—your own.

While the students have these individual expectations, the School of Pharmacy has general expectations of every student in the professional program. These expectations correspond to the core of instruction that has been prescribed throughout the curriculum. Each student is expected to develop both a set of general and a set of professional abilities. Those abilities are multidimensional attributes, composed of knowledge, skills, and attitudes.

\[
\text{Ability} = \text{Knowledge} + \text{Skills} + \text{Attitude}
\]

The knowledge in the equation above refers not to knowledge in a content area, but in knowledge about the ability being developed (i.e., if communication is the ability in question, it is not the knowledge of the content of a presentation, but the knowledge of the process of communication itself.) Likewise, the skills and attitude referred to apply to the ability itself.

There are three general abilities and eleven professional abilities identified by the School. These abilities are outlined and defined in the School of Pharmacy Student Handbook. They are also included in Appendix K.

Opportunities to practice these abilities are available throughout the curriculum. However, during the Advanced Practice Experiences, students will have enhanced opportunities to practice and develop many of the professional abilities.

The Advanced Practice Experience Abilities Transcript

The Advanced Practice Experience Abilities Transcript is an instrument designed to enable both the student and preceptor to provide evidence of progress on abilities that are a part of the core rotational experiences.

In this “transcript,” or log of your ability accomplishments, both you and your preceptor will gather evidence of your progress on these abilities across the course of the rotation. Some of the evidence you provide will be related to required activities. Other evidence may be additional assigned activities by your preceptors or activities that may occur spontaneously during the rotation.

Your preceptor will share with you his or her expectations for your performance on each of these abilities. And if you have difficulty understanding those expectations, or performing according to those expectations, it is your responsibility to discuss that further with the preceptor. The evidence that you gather on this form should be geared with those expectations in mind; your goal is to meet or to exceed the minimum expectations for this rotation.

Self-assessment

You will be expected to examine your own performance on these abilities, and to note where you believe you have grown in areas pertaining to them. Your participation in this evaluation of your abilities is, in essence, a self-assessment process. And self-assessment is a valuable tool. If approached properly and with sincerity, it can be a major contributor to your development. With the pressures that so often accompany our learning environments, few of us have made the time to take a detailed look at our individual selves, identifying our strengths and resolving to improve our shortcomings as learners. Self-assessment increases your involvement in your own learning, and can even heighten awareness of how you learn.
The Purposes of Timely Assessment

A single assessment at the end of the rotation has some value, certainly; but the benefit to you as a student is limited. It is much more difficult for you to redirect efforts or improve on any shortcomings when your rotation experience is already completed. This illustrates the importance of the midterm assessment, allowing any needed changes in direction to occur. It also should illustrate the importance of your maintaining a continuous log of your daily activities, and reflecting on which of the core abilities those activities develop.

The Abilities Transcript must be completed formally at midterm and final for every rotation. At those times, you and your preceptor will meet together to discuss your progress. However, you and your preceptor are encouraged to discuss your ability development more often than those two formal meetings.

Abilities Transcript Template

For each rotation, the abilities transcript will vary based on the practice setting and course objectives. Required (core) activities are also different for each course. Your preceptor may assign you additional activities that are specific for the practice area. These activities can be provided as additional evidence. The template for the abilities transcript is included below. Specific transcripts for each course can be found in Appendix G.

<table>
<thead>
<tr>
<th>UM Professional Ability-Based Outcomes</th>
<th>Course Objectives</th>
<th>Required Activities /Additional Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>In order for the student to meet the School of Pharmacy program level requirements he or she should. . .</td>
<td>The student will be able to complete the following by the end of the course. . .</td>
<td>The following assignments and activities are used to introduce, practice, assess, and provide evidence of abilities. . .</td>
</tr>
</tbody>
</table>

Completed Transcript Entry Example by Student:

1a. Collect and organize patient data, medical records, interviews, and psychomotor evaluations

Perform an accurate and effective medication history/patient interview; Perform relevant and accurate physical assessment procedures; Develop functional patient databases by gathering and generating relevant information

☒ Medication Reconciliation

During this rotation I was able to perform medication reconciliations on 22 patients and document those successfully in the medical records. I developed more confidence in my communication skills with patients.

☒ Biomarker Monitoring

I recorded and monitored the following information on patients daily during the rotation: blood pressure, height, weight, body mass index, and waist circumference. I learned how some patients are sensitive about their weights, but that many of their chronic illnesses are a result of their obesity.

☒ Case Presentation

I presented a patient who had an interesting case of atrial fibrillation to my preceptor, other student pharmacists, nurses, and medical students. I was able to monitor multiple electrocardiogram results
| and show these in the presentation. I was really nervous during the first part of the presentation and spoke fast, so I need to work on slowing down and trying to remain calm when I speak in front of a group. |
COMPLETING THE ABILITIES TRANSCRIPT

1. Document completion of core activities in E*value. These should be assigned to you automatically at the beginning of each rotation.

2. At the appropriate time (midpoint and final), an automated email message will be sent to notify you that the abilities transcript is ready for completion. Log in and indicate that you have completed the required activities on the abilities transcript, make additional comments, and provide other evidence. Be sure and submit your transcript as completed.

3. Your preceptor will then be sent an email with your completed self-assessment. At the midpoint the preceptor will review your progress to date with you and give you appropriate feedback. At the final meeting, the preceptor will be able to make comments on the transcript and use as part of the evaluation process.

4. When level of performance (0-100%) for each ability has been discussed, your preceptor will complete your evaluation in E*value. The preceptor will assign your final grade based on your overall performance.

The table below may be used as a guide for your preceptor and you to assess your ability acquisition for the rotation:

<table>
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<tr>
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<th>Example Interpretation</th>
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<td>You exceeded by far the preceptor’s baseline expectations of student performance on this ability. You showed initiative, intellectual curiosity, and a positive attitude during your development of this ability on this rotation.</td>
</tr>
<tr>
<td>No opportunity to observe</td>
<td>The preceptor has indicated that this rotation does not offer opportunities for development of this ability.</td>
</tr>
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</table>

OTHER HELPFUL SUGGESTIONS

Printable Abilities Transcript documents are available online at the PEP website if you wish to complete by hand prior to entering into E*value. The information, however, must be submitted electronically.

Don’t wait until the last minute to consider your progress and to assemble your evidence. Keeping a daily log of your activities and a checklist of required activities while on rotation will certainly help. And remember that any time dedicated to your own development is time well-spent.

Refer to your transcript frequently throughout the rotation to keep yourself focused on the goals and objectives set by you and your preceptor.
INFORMATION FOR THE PRECEPTOR

General Expectations of All Students

- Take personal responsibility for learning and complete all assignments
- Maintain patient confidentiality
- Manage and use time resources effectively
- Demonstrate a positive attitude toward practice of pharmacy
- Use good professional judgment and demonstrate ability to cope with a variety of situations
- Communicate effectively and appropriately
- Show initiative
- Exercise punctuality and maintain expected attendance

General Expectations of All Preceptors

- Clearly define the objectives and expectations of the student at the beginning of the rotation in writing
- Orient the student to the practice site
- Display enthusiasm about the practice of pharmacy and teaching
- Provide useful and timely feedback on student progress
- Be accessible to the student or designate another individual as primary contact in the event of his or her absence
- Effectively incorporate instructional activities as part of the learning experience
- Interact with the student on a regular basis
- Provide continuous feedback on student performance, including a midpoint and final evaluation
- Serve as a mentor and role model and foster student self-directed learning

Responsibility for the Student

The preceptor is responsible for coordinating the program at the experiential site and providing the final grade for the student. The preceptors are to serve as pharmacy practice role models as well as instructors. For most cases, an individual pharmacist should accept primary responsibility for the training of the student. Others (informed assistants) should be familiar with the student and their progress in the program. The preceptor should make sure that the student formally meets all other personnel in the training site and that said personnel understand the purpose of the experiential training period. Preceptors should consider all student information as confidential, including grades. Information of this type should not be shared with other students.

Educational Responsibility

The preceptor and student should remember that experiential education is not “on the job training.” Neither is experiential education a passive process. It is, in fact, a planned program of education in which the student actively participates in all aspects of pharmacy practice. The preceptor should assist the student identify learning opportunities. The student should use self-directed learning techniques in order to prepare fully for course activities. The student should be provided with rotation expectations and a syllabus at the...
beginning of every rotation. An example syllabus is included in Chapter 10, the preceptor resources chapter. Additional syllabi templates are included on the PEP website in Microsoft Word format for preceptors to utilize and customize.

Patient Responsibility

As part of their educational activities, students actively participate in patient care. In order to ensure that the patient receives the most appropriate drug therapy, the student is to make certain that all patient information is complete and accurate. The student is responsible for relaying recommendations and pertinent patient information to the preceptor PRIOR to making formal recommendations to the other health care professionals or patients. The preceptor is ultimately responsible for the care of the patient and the subsequent outcomes of the patient’s drug therapy.

PREPARING FOR THE STUDENT

Rotation Dates
All rotations must be completed during the regular rotation assignment dates as designated in the Academic Calendar provided in this Manual. Variations from the scheduled dates will not be permitted. Any changes initiated by the student may result in that student’s failure of that rotation.

APPE Student Curriculum Vita (CV) and Letter of Introduction
Each APPE student is required to submit a Student C.V., accompanied by a letter of introduction, to each preceptor. The C.V., which should be updated during and after each rotation and letter are to be mailed to the student’s next scheduled preceptor no later than two (2) weeks before each rotation begins.

APPE and IPPE - Telephone Contact with Next Preceptor
For both APPE and IPPE rotations it is the student’s responsibility to contact the next preceptor no later than one or two (1-2) weeks before the next rotation begins. If the student fails to reach the preceptor on the first attempt, the student should continue to try to contact the preceptor until contact is actually made. The student and preceptor should use this opportunity to discuss parking, arrival time and place, articles or texts that are to be read prior to participating in the rotation, required texts, password issues, other requirements, etc.

Rotation Presentations- Appendix C
As part of the Rotation Presentation Development course, PY4 students are required to make a major twenty-minute presentation on the Jackson campus before departmental faculty. All preparation for the seminar presentation should be done outside that time required for scheduled rotation activities. On the day of the seminar, students are expected to report to their rotation site as usual. Students will be excused from rotation long enough to travel to the University Medical Center (UMC) campus. Students should plan to arrive about 15 minutes before their presentation is scheduled. After giving their presentations, students are expected to return to their rotation sites. The fact that students are required to make a twenty-minute presentation does not entitle them to a “free” absence day. The only exception in which a student would not be required to report to rotation before or return to rotation after the presentation is those cases in which the student is participating in a rotation at a site located more than four hours from the UMC campus.

In addition to the major presentation required of them, PY4 students are also required to perform three (3) other presentations. Students have the entire experiential year in which to perform these three presentations. Students and preceptors should use the following as general guidelines for the required three presentations.
1. The presentation should be of the sort that the preceptor does in his or her own practices. For example, if the preceptor performs in-services to nursing staff, the student should perform an in-service to nursing staff. The format of the presentation regarding content and audience should mirror "real-life" as much as possible.

2. The presentation should be presented to and attended by people outside the school/rotation. Presentation of a topic to only the preceptor and other pharmacy students on rotation will not fulfill the requirement. The number of people attending should be appropriate to the type of presentation(s) performed by the preceptor.

3. The length of the presentation should be consistent with those performed by the preceptor. As a general rule of thumb, each presentation must be at a minimum from ten to fifteen minutes in length.

4. The preceptor should develop criteria by which the student’s presentation will be assessed. These criteria should be reduced to writing and shared with the student prior to the performance of the presentation. The preceptor should provide appropriate feedback to the student based upon the criteria and the situation. Such feedback should include how the preceptor would have presented the information.

5. Upon successful completion of the presentation, the preceptor and student must sign the Rotation Presentation Sign-Off form (Appendix C). These forms will be due before the end of his or her final rotation.

**Student Portfolio Review – Appendix E**

Students are required to maintain electronic portfolios throughout their entire pharmacy school experience. These portfolios include important information about the student, such as curriculum vitae, personal statements, career goals, as well as evidence of their work throughout pharmacy school. Students are encouraged to upload documents at least twice per year. The students are encouraged to reflect on these portfolios and use them to enhance their growth and development as a student. In the PY3 year, the PEP director meets with each student individually to discuss his or her student portfolio. During the PY4 year, the student is required to have three preceptors review his or her portfolio and give appropriate feedback. The preceptor should ensure that the student is maintaining the portfolio and updating throughout the PY4 year. Completion of the student portfolio review form in Appendix E is required in order for the student to satisfy final practice experience and graduation requirements. The student has until the middle of his or her final rotation to complete the student portfolio. A final due date will be posted to the student announcements page. Failure to submit the student portfolio review form at the scheduled time will result in the posting of an Incomplete (I) grade for the final rotation.
Assessment: The Abilities Transcript – Preceptor Perspective

Why Assess?

The concept of assessment is often associated with course examinations, project grades, and other tools used to assign “grades” on an end-of-term report or to rank students. When thought of only in those terms, assessment may carry the connotation of “judgment.” And while those activities do comprise one way in which assessment is used in higher education today, the value of assessment is being increasingly recognized as a constructive tool, to guide improvement—both personal and institutional.

In order to provide that guidance for continued improvement, expectations must be developed. How will we know if we are on track, unless we have a path delineated and markers of progress along the path?

Each pharmacy student may have individual expectations regarding the desired outcome of his/her education. “What type of practice would I like to be in? Which skills will become my specialty? How do I wish to define my practice?”

While the students have these individual expectations, the School of Pharmacy has general expectations of every student in the professional program. These expectations correspond to the core of instruction that has been prescribed throughout the curriculum. Each student is expected to develop both a set of general and a set of professional abilities. Those abilities are multidimensional attributes, composed of knowledge, skills, and attitudes.

\[ \text{Ability} = \text{Knowledge} + \text{Skills} + \text{Attitude} \]

The knowledge in the equation above refers not to knowledge in a content area, but in knowledge about the ability being developed (i.e., if communication is the ability in question, it is not the knowledge of the content of a presentation, but the knowledge of the process of communication itself.) Likewise, the skills and attitude referred to apply to the ability itself.

There are three general abilities and eleven professional abilities identified by the School. These abilities are outlined and defined in the School of Pharmacy Student Handbook. They are also included in Appendix K.

Opportunities to practice these abilities are available throughout the curriculum. However, during the Advanced Practice Experiences, students will have enhanced opportunities to practice and develop many of the professional abilities.

The Advanced Practice Experience Abilities Transcript
The Advanced Practice Experience Abilities Transcript is an instrument designed to enable both the student and preceptor to provide evidence of progress on abilities that are a part of the core rotational experiences.

In this “transcript,” or log of student ability accomplishments, both the student and you will gather evidence of student progress on these abilities across the course of the rotation. Some of the evidence the student provides will be related to required activities. Other evidence may be additional assigned activities by you or activities that may occur spontaneously during the rotation.

You are expected to share expectations for student performance on each of these abilities at the beginning of the rotation. And if the student is unclear of those expectations, it is the student’s responsibility to discuss that with you. The evidence that the student provides in the transcript should be geared with those expectations in mind; the goal of each student should be to meet or to exceed the minimum expectations for this rotation.

Self-assessment
The student will be expected to examine his or her own performance on these abilities, as well as ways that he or she excelled or could improve. Self-assessment is a valuable tool for students, and if approached properly and with sincerity, it can be a major contributor to student development.

In this “transcript” or log of the student’s ability accomplishments, both you and the student will gather evidence of his/her progress on these abilities across the course of the rotation. Please do not rely exclusively on the student’s own self-
assessment, as she may actually omit observations of some moments during the rotation when expanded learning occurred. Although student progress may seem obvious to you, it may not always be obvious to the student. Therefore, one aspect of teaching involves merely pointing out to students where they actually have learned something.

**The Purposes of Timely Assessment**
A single assessment at the end of the rotation has some value, certainly; but the benefit to the student is limited. It is much more difficult for the student to redirect efforts or improve on any shortcomings when the rotation experience is already completed. This illustrates the importance of the midterm assessment, allowing any needed changes in direction to occur. It also should illustrate the importance of the student maintaining a continuous log of daily activities, and reflecting on which of the core abilities those activities develop.

The Abilities Transcript must be completed formally by the student at midterm and final for every rotation. At those times, you should meet with the student to discuss his or her progress. However, you are encouraged to discuss the student’s ability development more often than those two formal meetings.

**Abilities Transcript Template**

For each rotation, the abilities transcript will vary based on the practice setting and course objectives. Required (core) activities are also different for each course. You may assign the student additional activities that are specific for the practice area. These activities can be provided as additional evidence. The template for the abilities transcript is included below. Specific transcripts for each course can be found in Appendix G.

<table>
<thead>
<tr>
<th>UM Professional Ability-Based Outcomes</th>
<th>Course Objectives</th>
<th>Required Activities /Additional Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>In order for the student to meet the School of Pharmacy program level requirements he or she should...</td>
<td><strong>The student will be able to complete the following by the end of the course...</strong></td>
<td>The following assignments and activities are used to introduce, practice, assess, and provide evidence of abilities...</td>
</tr>
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Completed Transcript Entry Example by Student with comments added by preceptor:

| 1a. Collect and organize patient data, medical records, interviews, and psychomotor evaluations | Perform an accurate and effective medication history/patient interview; Perform relevant and accurate physical assessment procedures; Develop functional patient databases by gathering and generating relevant information | ☒ Medication Reconciliation  
During this rotation I was able to perform medication reconciliations on 22 patients and document those successfully in the medical records.  
☒ Biomarker Monitoring  
I recorded and monitored the following information on patients daily during the rotation: Blood Pressure, Height, Weight, Body Mass Index, and Waist Circumference.  
☒ Case Presentation  
I presented a patient who had an interesting case of atrial fibrillation to my preceptor, other student pharmacists, nurses, and medical students. I was able to monitor multiple electrocardiogram results and show these in the presentation. I was really... |
nervous during the first part of the presentation and spoke fast, so I need to work on slowing down and trying to remain calm when I speak in front of a group.

Preceptor comments:
Was able to interview patients and obtain patient medication and other data appropriately; also accessed the lab system via computer and monitored patients effectively and timely.
COMPLETING THE ABILITIES TRANSCRIPT

1. The student will document completion of core (required) activities in E*value. These should be assigned automatically at the beginning of each rotation. You should review these activities with the student continuously during the rotation.

2. At the appropriate time (midpoint and final), an automated email message will be sent to the student notifying that the abilities transcript is ready for completion. The student will log in and indicate that you have completed the required activities on the abilities transcript, make additional comments, and provide other evidence.

3. You should then be sent an email with the student’s completed self-assessment. At the midpoint you can review the student’s progress to date and give appropriate feedback. At the final meeting, you will be able to make comments on the transcript and use as part of the evaluation process.

4. When level of performance (0-100%) for each ability has been discussed, you will complete the student evaluation in E*value. You will assign the final grade based on the student’s overall performance.

The table below may be used as a guide for the student and you to assess the student’s ability acquisition for the rotation:

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<th>EXAMPLE INTERPRETATION</th>
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<td>The preceptor has indicated that this rotation does not offer opportunities for development of this ability.</td>
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OTHER HELPFUL SUGGESTIONS

You are encouraged to assign additional activities or learning experiences for students during the rotation. However, please ensure that students complete all core activities. These are essential elements of our overall curricular and programmatic assessments.

You may utilize other tools for student assessment in addition to the Abilities Transcript. The final evaluation and grade must be submitted in E*value. If for any reason you are unable to submit electronically, please contact the PEP office for assistance.

Note that there are only 6 evaluation points on each item. The numeric value and final grade submitted should correspond to overall student performance during the rotation.
EVALUATION PROCESS: OVERVIEW

Preceptor Evaluation of Student

FEEDBACK. Timely feedback to the student is vital. Feedback allows the preceptor to redirect the student’s energies, actions or behaviors if deemed inappropriate. It is strongly recommended that the preceptor discuss with the student at least once weekly the student’s progress to date.

MIDPOINT EVALUATION. A notification will be generated and automatically emailed to the preceptor to complete a brief mid-point evaluation. A formal mid-point evaluation MUST be provided to the student. The mid-point evaluation is not recorded as a course grade. However, it does indicate to the student the progress they have made thus far. The preceptor should indicate in writing those areas in which the student needs improvement. The student should be given the opportunity to respond to this information. This response should include the student’s plan for addressing the areas of concern identified by the preceptor.

FINAL EVALUATION (GRADE). A notification will be generated and automatically emailed to the preceptor to review the student transcript and make additional comments, as well as to complete the final evaluation. A final grade should be assigned to the student on the last day of the rotation. The preceptor should discuss the final evaluation with the student and provide the student with the opportunity to respond to this information. In the event a student has not completed course work before the last day of the rotation, the preceptor should complete and return an Incomplete Assignment form (see below).

INCOMPLETE ASSIGNMENT FORM. In the event a preceptor cannot submit a student grade due to incomplete student work the preceptor should complete and submit to the PEP Office an Incomplete Assignment Form (Appendix F) in lieu of the grade. The preceptor should provide a brief explanation of the circumstances for the incomplete work and a brief description (i.e., name or type of assignment) and date when late assignment is to be completed. A copy of the signed form should be provided to the student. This form will identify the expectations for course completion between the preceptor and the student.

APPE Forms for Preceptor Evaluation of Student (PEOS)

Appendix H contains a copy of the following PEOS forms as a guide for what information will be completed online for APPE rotations. In the event online access is unavailable, the forms may be completed and faxed to the PEP Office at 601-815-1160.

Form PEOS – CX: Use this form as a guide for the required Community Pharmacy Practice Experience Course PRCT 553

Form PEOS – IX: Use this form for the required Institutional Pharmacy Practice Experience Course PRCT 554

Form PEOS – AMX: Use this form for the required Adult Medicine Pharmacy Practice Experience Course PRCT 586

Form PEOS – ACX: Use this form for the required Ambulatory Care Pharmacy Practice Experience Course PRCT 587
Form PEOS – PCX: Use this form for the Patient Care Elective Pharmacy Practice Experience Courses

Form PEOS – NPCX: Use this form for the Non-patient Care Elective Pharmacy Practice Experience Courses

Note that E*value should identify your course as Patient Care or Non-patient Care. If there is any uncertainty which form to use, please contact the PEP office. Additional copies of the above forms may be obtained online through PEP website.

IPPE Forms for Preceptor Evaluation of Student (PEOS)

Appendix I contains a copy of the following PEOS forms for IPPE rotations.

- **PY 3**
  - PEOS Community and Ambulatory Care Practice Experience – PRCT 543
  - PEOS Institutional and Specialty Practice Experience – PRCT 544
  - PEOS Elective Practice Experience – PRCT 545

- **PY 2**
  - PEOS Community II Practice Experience – PRCT 478
  - PEOS Institutional II Practice Experience – PRCT 477

- **PY 1**
  - PEOS Institutional I Practice Experience – PRCT 376
  - PEOS Community I Practice Experience – PRCT 375

Additional copies of the above forms may be obtained online through the PEP website.

Student Evaluation of Preceptor (SEOP)

All SEOPs are to be submitted online through the E*value website. SEOPs should be completed on the night before the last day of the rotation. A copy of the SEOP is included in Chapter 10, preceptor resources.

INCOMPLETE (I) GRADE

Failure of a student to submit an evaluation of preceptor (SEOP) in a timely manner will result in the posting of an Incomplete (I) grade for that course. Submission of an Incomplete Work form by the preceptor will also result in the posting of an Incomplete (I) grade until such time that all course work has been completed.
ACTIVITIES FOR APPE ROTATIONS:  
COMMUNITY SETTING

The following is a list of activities and action items that should serve as a guide to the student’s experience in the community pharmacy.

The core activities for each rotation are required. Details of the activities with instructions for appropriate documentation can be found in E*value. The advanced activities are those that have been identified by the School of Pharmacy as exemplary activities in community practice. In order for a practice site to be considered “advanced” and offered to students as a patient-care elective, sites must make available a number of advanced activities for students.

Core Activities

- Asthma Management
- Community Medication Management
- Cultural Competency Activity
- Drug Information Question
- Health Literacy Activity
- Medication Intervention
- Medication Therapy Management
- New Patient Profile
- Non Rx Consult
- Novel Pharmacy Plan
- Order Management/Appropriate Storage Exercise
- Pediatric Antibiotic Dosing Exercise
- Public Health Activity
- Rx Transfer
- Rx Verification
- Telephone Rx Order
- Warfarin Management

Advanced Activities

- Compounding
- Continuous Quality Improvement or Innovations
  - Assurance Pharmaceutical Care Documentation System
  - Rx Sync
- Durable Medical Equipment
- General Medication Therapy Management
- Health Screenings
- Home IV
- Immunizations
- Marketing of Patient Care Services
  - Counter leaflets
  - Newspaper ads
  - Physician phone calls
  - Physician visits
  - Point of care recruitment
  - Radio/TV ads
- Patient Medication Assistance
- Point of Care Testing
  - Blood glucose
  - Blood pressure
  - Cholesterol
  - HbA1C
- Skilled Nursing Home Consulting
- Specialized Medication Therapy Management
- Staff Development Efforts
  - CE programs
  - Certification programs
  - In-house training
- Use of Automation
  - Baker cells/Counting machines
  - Barcode scanning
  - Interactive voice response (IVR)
  - Robot/ScriptPro
Other Suggested Action Items

Introduction

• Introduce the student to each employee or associate. Inform associates and employees of the educational role the student has while at the site. In the presence of the employee or associate, briefly explain to the student the employee’s or associate’s duties and responsibilities. Also explain to the student what he or she is expected to learn from of the staff members.

• Very thoroughly discuss with the student the policies and procedures of the practice site. The student should remember that they are to abide by the policies set for by the School and the site.

• Establish the student’s educational program and schedule. Provide a copy of this schedule to the student.

• Assist the student in locating parking facilities, a place to eat, etc.

Physical Arrangement

• The student must be familiar with the general floor plan of the pharmacy. To help accomplish this, an inspection of all departments and sections is advisable. Try to offer reasons for locating departments in particular areas.

• The student should become familiar with the items in a single department by name, appearance, size and manufacturer. The preceptor should discuss such matters as the investment involved in the department, margin and turnover. Any special taxes or licenses applicable in the department should be explained.

• The student should assist in the installation of displays and should discuss the overall value of the display with the preceptor.

• The preceptor should discuss the general floor plan of the pharmacy and traffic patterns in the pharmacy.

Maintenance of Stock

• Student should be made aware of the importance of adequate records in controlling and maintaining a well-balanced inventory. Methods of inventory control should be demonstrated. Use of the Want Book should be reviewed.

• The preceptor should explain the policy on signing receipts for merchandise along with the action to be taken regarding any discrepancy on items ordered, delivered or invoiced.

• The preceptor should explain the cost code and its significance. Mark-up policy for various departments, the code and the reason for the policy should be explained.

Patient Contact

• Allow supervised contact between student and patient early in the training program to help the student gain initial self-confidence. As the student gains experience in dealing with the patient, the amount of contact should be increased. Patient contact is a major goal of this experience.

• The preceptor should emphasize the importance of earning and deserving the confidence of the patron. He should reiterate the confidential nature of a patient’s illnesses and purchases.

• The preceptor should demonstrate the methods for handling routine procedures such as making change and handling overrings and paid-outs. Variations among cash registers that the student will be using should be explained. The schedule for special taxes should be explained as well as the classes of items to which each applies.
• Charge accounts and delivery service should be discussed with the student.

• The preceptor should introduce the concept of companion purchases and other suggestions that may benefit the patient. The student should be cautioned on the dangers of over-emphasis on such suggestions.

• The student under the guidance of the preceptor should undertake counseling patients in the selection and proper use of OTC drugs for self-medication. The student should be allowed to investigate the efficacy of certain OTC's.

• The student should become acquainted with minor symptoms for which OTC medications are useful and he should learn to recognize those disease conditions that may require professional help in diagnosing.

• The preceptor should insist that the student develop adequate confidence so that he can tactfully refuse to sell OTC products where self-medication appears undesirable medically or their injudicious use is apparent.

• Drug products intended for the very young, the aged, and to those having dietary problems should be carefully studied by the student. He should provide the patient with information needed for the safe and proper use of medications in this category and the use of safety closures in prescription drugs. He should stress the importance of safe storage of drugs around children.

• The student should become familiar with such health accessories as hypodermic syringes and needles, athletic bandages and supporters, catheters and irrigation equipment.

• The preceptor should inform the student of the names and synonyms, uses, potential dangers and variations of each type of accessory in stock, and state laws restricting the sale of any of these items. He should acquaint the student with sources of supply.

• The preceptor should caution the student to listen carefully to comments by the patient on such conditions as fever, chest pain or abdominal pain. Such comment may accompany a request for aspirin, a cough syrup or a laxative. Discreet inquiry may indicate that the services of a physician are needed. The patient should be urged to seek such service and discouraged from purchasing a home remedy.

**Purchasing**

• The student should be acquainted with the service drug wholesaler and other local drug distributors. The policy on placing orders should be explained and he should be given some experience in ordering.

• The handling of routine and emergency orders, delivery services, policy on returned items and special services should be explained.

• The advantages of certain direct accounts should be mentioned and compared with advantages of ordering from the wholesaler.

• The student should be introduced to medical service representatives and told of their role in drug distribution and information.

• Preceptor should explain the procedures and objectives of inventory management.

• The student should be shown examples of business correspondence and should gain some experience at initiating and answering several types.

• The student should become aware of the licensure that a pharmacy must have in addition to those granted by the State.
Board of Pharmacy.

State and Federal Laws

- The student is responsible for working knowledge of state and federal laws that relate to the establishment of a business and particularly the distributions of drugs, devices and cosmetics.
- The student should be made aware of any special restrictions on the sales of poisons and observe recording requirements and limitations on sale. The student should be briefed on public poison control and assistance units in the area and antidotal information generally.
- The preceptor should explain controlled substance registration and inventory procedures as well as other details concerned with handling drugs in the various schedules.
- Federal restrictions on the sale of schedule V. preparations should be reviewed with the student.
- The preceptor should review any federal, state or municipal laws or regulations affected by the practice of pharmacy, e.g. regulations on use of tax-free alcohol, poison prevention and tamper resistant packaging, and postal service regulations.

Accounting

- The student must realize and appreciate the confidential nature of the preceptor’s financial and professional records. Data and facts revealed concerning the pharmacy’s accounting system are likewise confidential.
- Information such as average rates of turnover, gross and net profits of departments, statistics on prescription medication, etc., should be discussed at the discretion of the preceptor.
- The preceptor should explain the reading and recording of data from cash registers. The student should learn mechanical details of setting the registers and reloading with tape. The procedure for itemizing the daily bank deposit should be outlined.
- The student should become familiar with payroll accounting, reports and deductions that are made for income tax, social security tax and other deductions.
- The same indoctrination for city or state sales tax reports should be arranged. Required records, forms for reporting and procedures for payment should be included in this coverage.
- The student should become familiar with the accounting system used in the pharmacy. If an accountant is used, the student should know precisely what records are the responsibility of the pharmacist.
- The pharmacy policy on discounting bills should be discussed.
- The preceptor should discuss the average rate of turnover for each department and the pharmacy as a whole. Any action dictated by average rates above or below acceptable norms should be outlined.
- The preceptor should discuss his/her methods of financial analysis, i.e., review of statement, trends, and ratios.

Prescription Department

- The preceptor should review minimum standards recommended for space and fixtures, for technical equipment and reference library.
• The student should become familiar with the system of classification for the prescription inventory: alphabetic, therapeutic, by manufacturer, or a combination of these.

• The preceptor should review the stock of biological products, the requirements to be observed in their storage and the reasons for these requirements. The same coverage should be given other prescription drugs that bear a manufacturer’s date of expiration.

• The procedure followed to insure retirement of outdated biological and other perishable prescription drugs should be explained.

• The student should understand general principles of stock rotation and be aware that stock bottles with different control numbers should never be mixed.

• The preceptor should review his procedure for obtaining new products, e.g., automatic shipment, limited size of initial order, time limitations on return, etc.

• The student should become acquainted with the drugs covered, health accessories provided and authorization forms utilized in such programs as Medicaid, Medicare, regional and national health insurance programs, labor union programs, etc. Determination of fees or mark-up applied in each situation should be discussed.

Compounding and Dispensing

• The student should be given experience in receiving prescriptions. Receipt by the student of a prescription order telephoned by a physician should depend on the law of the state, by wishes of a specific physician, the degree of proficiency of the student and the policy of the pharmacy.

• In every contact between student and physician, the student should identify himself promptly so the physician can request a pharmacist if he so wishes. Prior to completion of the program, however, it is important that the student develop confidence and proficiency in receiving telephoned prescriptions.

• The preceptor should exert an effort to assure that the student gets experience handling all types of prescription medicines. The preceptor should be precise in his instructions and suggestions and diligent in questioning the student and in correcting any errors. The preceptor is legally liable for the student’s work and he should evaluate his progress periodically to fulfill his obligations as a preceptor.

• If a medication profile system is used by the pharmacy, the student should become familiar with procedures for initiating, maintaining and utilizing patient medication records.

• The preceptor should review details of the pharmacy’s policy on prescription labeling.

• The routine procedure for checking the compounding and dispensing of prescription medication should be explained and demonstrated. A student cannot dispense an order unless the preceptor checks it for accuracy.

• The policy on fees should be outlined by the preceptor. Handling of a request from a patient for explanation of a fee must be discussed.

• The preceptor should discuss with the student routine notations to be made on the prescription order, e.g., serial number, pharmacist’s name, fee, numerical codes and other pertinent information.

• The preceptor should review the policy on renewals. Restrictions imposed by federal law should be outlined. P.R.N. renewals should be discussed and the store policy elaborated upon.
• The preceptor should outline the routine filing procedure, directing special attention to separate files maintained for controlled drugs.

• The student should acquire experience in delivering the prescription to the patient. He should, under the supervision of the preceptor, explain directions for use of the drug and answer any questions the patient may have. He should discuss any side effects with the patient having a prescription refilled.

Services to Health Professionals

• The policy of the pharmacy is providing consultative services to physicians and other health professionals. The student should gain experience in questioning of a physician when a possible overdose, incompatibility or interaction is suspected. This should be done tactfully and always with the guidance and approval of the preceptor.

• The student should become familiar with the new products section, if such is maintained. He should also become aware of the new products literature.

• The student should become familiar with all reference books, periodicals, brochures and other professional literature in the pharmacy. He should strive to attain a thorough knowledge of drug products by in-depth researching of classes of drugs. The student should be made aware of any drug information service provided by the pharmacy, e.g., bulletins, etc.

• The student should become acquainted with the “detailing” of a physician and if possible, allowed to observe such a visit. When feasible, visits by the student to the offices of local physicians are encouraged.

• It is desirable for the preceptor to arrange for the student visits to other community pharmacies, nursing homes and extended care facilities.
ACTIVITIES FOR APPE ROTATIONS:
INSTITUTIONAL SETTING

The following is a list of activities and action items that should serve as a guide to the student’s experience in the institutional pharmacy setting. The core activities for each rotation are required. Details of the activities with instructions for appropriate documentation can be found in E*value. The advanced activities are those that have been identified by the School of Pharmacy as exemplary activities in institutional practice. In order for a practice site to be considered “advanced” and offered to students as a non patient-care elective in institutional administration, sites must make available a number of advanced activities for students.

Core Activities

- Aseptic Technique/Intravenous Admixture
- Case Presentation
- Continuity of Care Exercise
- Discharge Counseling
- Drug Information Question
- Home Meds/MAR Review
- Institutional Medication Management
- Institutional Policy Exercise
- Medication Administration Exercise
- Medication Distribution /QA Process
- Order Management / Appropriate Storage Exercise
- Parenteral Nutrition Management
- Pharmaceutical Industry Exercise
- Pharmacokinetics
- Technician Training Activity
- The Joint Commission Exercise

Advanced Activities

- Participation in Specialized Areas
  - ER or Trauma Center
  - Intensive Care Units
  - Chemotherapy program
- Participation in Clinical Services
  - Patient rounds
  - Pharmacokinetics
  - Therapeutic consults
  - IV-PO meds
  - Codes
  - Formal patient programs
  - Antibiotic stewardship
  - Drug information services

Other Suggested Action Items

The following areas of involvement and the time allotted for each should be adhered to as closely as possible while the student is in training at the institutional site.

The required areas of involvement are: (Based on a five week rotation).

I. Hospital Pharmacy Administration 40 Hrs.
II. Drug Distribution and Control
a. Inpatient 40 Hrs.

b. Outpatient 20 Hrs.

III. Manufacturing - Sterile 30 Hrs.

IV. Manufacturing - Nonsterile 20 Hrs.

V. Drug Information 20 Hrs.

VI. Clinical Pharmacy Service 20 Hrs.

VII. Outside Activities 10 Hrs.

Introduction

• Introduce the student to each staff pharmacist and associate. In their presence briefly explain to the student each of their duties and responsibilities. Inform the student what he or she is to learn from each of the staff members.

• Very thoroughly discuss with the student the policies and procedures of the practice site. The student should remember that they are to abide by the policies set for by the School and the site.

• Establish the student’s educational program and schedule. A copy of this should be provided to the student.

• Assist the student in locating housing, parking facilities, a place to eat, etc.

• The student must become familiar with the general floor plan of the pharmacy. To help accomplish this, an inspection of all areas within the department is advisable.

• If a medication profile system is used by the pharmacy, the student should become familiar with procedures for initiating, maintaining and utilizing patient medication records.

• The preceptor should review details of the pharmacy’s policy on prescription labeling.

• The routine procedure for checking the compounding and dispensing of prescription medication should be explained and demonstrated. A student cannot dispense an order unless the preceptor checks it for accuracy.

• The policy on fees should be outlined by the preceptor. Handling of a request from a patient for explanation of a fee must be discussed.

• The preceptor should discuss with the student routine notations to be made on the prescription order, e.g., serial number, pharmacist’s name, fee, numerical codes and other pertinent information.

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• The preceptor should outline the routine filing procedure, directing special attention to separate files maintained for controlled drugs.

• The student should acquire experience in delivering the prescription to the patient. He/she should, under the supervision of the preceptor, explain directions for use of the drug and answer any questions the patient may have. He/she should
discuss any side effects with the patient having a prescription refilled.

Services to Health Professionals

- The policy of the pharmacy is providing consultative services to physicians and other health professionals. The student should gain experience in questioning of a physician when a possible overdose, incompatibility or interaction is suspected. This should be done tactfully and always with the guidance and approval of the preceptor.

- The student should become familiar with the new products section, if such is maintained. He/she should also become aware of the new products literature.

- The student should become familiar with all reference books, periodicals, brochures, and other professional literature in the pharmacy. He/she should strive to attain a thorough knowledge of drug products by in-depth researching of classes of drugs. The student should be made aware of any drug information service provided by the pharmacy, e.g., bulletins, etc.

- The student should become acquainted with the “detailing” of a physician and if possible, allowed to observe such a visit. When feasible, visits by the student to the offices of local physicians are encouraged.

- It is desirable for the preceptor to arrange for the student visits to other community pharmacies, nursing homes and extended care facilities.

Hospital Pharmacy Administration

The following administrative activities must be explained to the student and where possible, the student should become actively involved in these activities. At the end of this particular segment of the rotation, the preceptor should make some attempt to measure the comprehension of the principles he has tried to impart to the student during this period of time.

- The hospital and its organization and the role of the pharmacy department within the organization.

- The department of pharmacy’s organizational structure and its general administrative policies.

- The hospital formulary system, its organization and application.

- The Pharmacy and Therapeutics Committee, its organization, scope and function. If possible, the student should prepare an agenda for and attend at least one P & T Committee meeting.

- Personnel management policies, to include selection criteria, staffing pattern and supervision of both professional and non-professional personnel.

- Purchasing and inventory control procedures, including a bid system and departmental accounting procedures.

- Developing a departmental budget.

- Licensing requirements of pharmacists and pharmacies.

- Administrative concerns as they relate to drug use control in the hospital.

- Interdepartmental relationships within the hospital, including visits to as many departments as possible.

- The pharmacy procedural manual, preparation and use.
Drug Distribution Control

The following activities must be explained to the student and where possible, the student should become actively involved in these activities. At the end of this particular segment of the rotation, the preceptor should make some attempt to measure the comprehension of the principles he has tried to impart to the student during this period of time.

Inpatient Dispensing

- General dispensing procedures of the department.
- Alternative drug distribution systems, units dose centralized, decentralized, traditional medication supply system, etc.
- Discussions of why this department instituted the present distribution systems.
- Experience is to be obtained in analyzing a variety of written and verbal orders and handling problems that arise in the dispensing process.
- The student should gain exposure to floor stock distribution system both charge and non-charge items and the reasons for its use.
- The student should gain experience with the system used by the department to provide after-hour service for drugs and the possible alternatives to the system.
- The preceptor should discuss general trends of drug therapy and illness patterns within the institution (drug utilization review studies, emerging resistant strains of microorganisms as a result of antibiotic misuse).
- General policies for crediting unused drugs should be covered.
- Federal, state and local laws affecting the delivery of the pharmaceutical services should be discussed.
- Safety practices and procedures employing dispensing processes should be thoroughly reviewed.

Outpatient Dispensing

- The reason for the location of the outpatient dispensing area should be discussed.
- An explanation should be given for various types of prescriptions received in the pharmacy, such as third-party payment, employee and other special health programs.
- A thorough discussion should be had of the dispensing routine itself, to include labeling procedures, profile records, and filing of the prescription.
• Patient interaction should be accomplished by the student’s consultation under the guidance of the pharmacist on all the prescriptions processed and dispensed by the student.

• Inventory control on pharmaceutical and accounting procedures as they relate to revenue received should be reviewed.

**Manufacturing**

*Sterile*

• The student should be introduced to all the manufacturing processes that are limited to the extemporaneous preparation of injectables, ophthalmics and optics I.V. admixtures.

• A discussion of the sterile technique to be employed in the preparation of the above should be undertaken.

• The materials required in the preparation of the above should be discussed.

• Control procedures to be applied in the process should be covered.

• The use of technicians and the various training programs for technicians involved in I.V. additives and sterile manufacturing should be reviewed.

*Non-sterile Manufacturing - Bulk and Extemporaneous*

• Bulk compounding and prepackaging of pharmaceutical should be reviewed.

• Cost considerations associated with preparation of these manufactured items should be considered.

• Control procedures employed in manufacture and repackaging processes should be understood.

• Unit dose packing cost, procedures and rationale should be reviewed.

**Drug Information Services**

• The student should become aware of various systems and reference sources available for retrieving drug information from various literature sources such as the Iowa Drug Information System, DeHaens Drug Information System, etc.

• Under the supervision of the pharmacist, the student should be permitted to answer the requests for specific items of drug information for the drug therapy of an individual patient in the hospital.

• The student should be given an opportunity to offer unsolicited drug information for the drug therapy of an individual patient in the hospital.

• An opportunity should be provided for the student to answer requests for comprehensive drug information compilations or bibliographies for:

  • In-service education programs

  • Poison control

  • P & T deliberations
• The student, if possible, should produce and distribute a compilation of drug information directed toward a special audience such as a drug information bulletin for physicians, nurses or for pharmacists.

• The student should evaluate the detailing activities of drug vendors including promotional exhibits within the hospital.

Clinical Pharmacy Services

• Students should become involved in patient care areas which allow opportunity for encounter with other health related professionals and patients. This can range from physician rounding to simple chart review.

• Preceptor should encourage participation in clinical services that are available or offered by the pharmacy. This would include maintenance and review of patient profiles, medication history taking, outpatient prescription consultations, etc.

• Students should become involved in determining the feasibility of implementing or expanding the current clinical services offered by the department.

Outside Activities

• At preceptor locations where other institutional preceptors are within traveling distance, the student should spend at least one (1) day at these sites for comparison’s sake.

• The student should visit other institutional sites within the area, including hospitals, nursing homes, and extended care facilities.

• Involvement in clinics and other special health care facilities is encouraged during this rotation.
ACTIVITIES FOR OTHER APPE ROTATIONS:
ADULT MEDICINE, AMBULATORY CARE, AND ELECTIVES

The following is a list of activities and action items that should serve as a guide to the student’s experience in the ambulatory care, adult medicine, and other elective settings. The core activities for each rotation are required. Details of the activities with instructions for appropriate documentation can be found in E*value.

Adult Medicine Core Activities

- Biomarker Monitoring
- Cardiac Dysrhythmia Management
- Case Presentation
- Diabetes Management
- Drug Information Question
- Gastrointestinal Therapy Management
- Guideline Analysis
- Heart Failure Management
- Home Meds/MAR Review
- Inpatient Protocol Development
- Journal Club
- Medical Emergency Management
- Medication Intervention
- Medication Reconciliation
- Non-formulary Request
- Pharmacy Data Management Activity
- Pneumonia Management
- SOAP Note
- Team Care activity
- Thromboembolic Event Management

Patient Care Elective Core Activities

- Case Presentation
- Drug Information Question
- Medication Intervention
- New Drug Review
- SOAP Note
- Team care activity

Ambulatory Care Core Activities

- Asthma Medication Therapy Management
- Biomarker Monitoring
- Case Presentation
- Continuity of Care Activity
- Cultural Competency Activity
- Depression Medication Therapy Management
- Diabetes Medication Therapy Management
- Drug Information Question
- Empathy Activity
- Guideline Analysis
- Health Literacy Activity
- Hypertension Medication Therapy Management
- Journal Club
- Medication Intervention
- Medication Reconciliation
- Generalized Medication Therapy Management
- New Drug Review
- Patient Counseling
- Protocol Development
- Public Health Activity
- Reimbursement Strategies Activity
- SOAP Note
- Team care activity
- Warfarin Medication Therapy Management

Non-Patient Care Elective Core Activities

- Non-Patient Care Project
- Nontraditional Pharmacy Observational Report
ACTIVITIES FOR IPPE ROTATIONS

IPPE Courses and Designations

<table>
<thead>
<tr>
<th>IPPE Course Title</th>
<th>Course Designation</th>
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</thead>
<tbody>
<tr>
<td>PY3 Community and Ambulatory Care Practice Experience</td>
<td>PRCT 543</td>
</tr>
<tr>
<td>Institutional and Specialty Practice Experience</td>
<td>PRCT 544</td>
</tr>
<tr>
<td>Pharmacy Practice Elective</td>
<td>PRCT 545</td>
</tr>
<tr>
<td>PY2 Community II Practice Experience</td>
<td>PRCT 478</td>
</tr>
<tr>
<td>Institutional II Practice Experience</td>
<td>PRCT 477</td>
</tr>
<tr>
<td>PY1 Institutional I Practice Experience</td>
<td>PRCT 376</td>
</tr>
<tr>
<td>Community I Practice Experience</td>
<td>PRCT 375</td>
</tr>
</tbody>
</table>

Introductory pharmacy rotations are intended to expose students to actual practice experiences in community, institutional, and other settings. They should ideally be interfaced with other coursework and allow students to assume direct patient care responsibilities early in the curriculum. The ultimate goal is for these experiences to prepare the students for progression to the advanced pharmacy practice experiences.

Activities in the PY3 Year

Students will be assigned to 5 different rotations throughout the academic year (2 in the fall and 3 in the spring). These rotations will coincide with the four blocks of group courses (colloquially referred to as “PBL”). Students will engage in one rotation each at community and ambulatory care during one semester, and the other semester with institutional and specialty pharmacy practice sites. During the Spring semester students will also complete a one week elective rotation.

Scheduling of the PY3 students is complex given that students meet each week at varying days and times. In order to accommodate the schedule for the PY3 rotations, Tuesday afternoons have been set aside, and no other courses or groups will meet during that time. Students will be expected to report to the site for 4 hours per week (there is no doubling up and doing a whole day) for five predetermined weeks each rotation.

Ideally, all rotations should occur during Tuesday afternoons if possible, but exact times will be determined by the preceptors based on the students’ other course schedules and patient schedules. Regardless, the student will be expected to report for four hours at the assigned times during weeks predetermined by the PEP director and made available to the preceptors and students at the beginning of each semester in the course syllabi.

Activities for PY3 Rotations are listed below and on the Pharmd.org Preceptor Zone website “Forms.” They are listed by rotation type. For the elective rotation preceptors may choose 3 of any of the activities. These activities should be completed during the rotations and students evaluated accordingly. The student is to document activities online where applicable, and to also keep a copy of the activities in
their student portfolio. The only evaluation that needs to be submitted to the PEP office is the summative evaluation, which can be found in Appendix I.

**Ambulatory Care Activities**
- Drug Information Questions
- Medication Reconciliation
- Prescription Medication Assistance
- Protocol Utilization and Management
- SOAP Note Documentation

**Community Activities**
- Community Counseling Interaction
- Community Medication Management
- Drug Information Questions
- Pharmaceutical Care Project
- Prescription Verification

**Institutional Activities**
- Adverse Event Reporting
- Institutional Medication Management
- Medical Chart Review
- Parenteral Nutrition Management
- Pharmacy and Therapeutics

**Specialty Activities**
- Chart Review and Medication Management
- Drug Information Questions
- Patient Case Presentation
- Rounding Interaction
- SOAP Note Documentation

**Activities for PY1 and PY2 Students**

Students will be assigned to 2 different rotations throughout the PY1 and PY2 years. PY1 students will complete a 1 week rotation in community practice at the end of the Fall semester and a 1 week rotation in institutional practice during the May Intersession. PY2 students will complete a 1 week rotation in institutional practice during the Winter Intersession and a 2 week rotation in community practice during the May Intersession or first summer term.

Activities designed for PY1 and PY2 years are listed below and on the Pharmd.org Preceptor Zone website “Forms.” These activities should be completed during the rotations and students evaluated accordingly. The student is to document activities online where applicable, and to also keep a copy of the activities in their student portfolios.

**PRCT 375 Community Activities**
- New Patient Profile
- Telephone Rx Order
- New Rx Order Process

**PRCT 376 Institutional Activities**
- Home Meds and MAR Review
- Intro to IV Fluids
- Med Distribution Process – QA
PRCT 477 Institutional Activities
- Discharge Counseling
- Chart Review and Lab Monitoring
- Aseptic Technique – IV Admixtures

PRCT 478 Community Activities
- Compounding
- Non Rx Consult
- Non Rx Algorithm
- Project
PRECEPTOR RESOURCES

The University of Mississippi School of Pharmacy Professional Experience Programs (PEP) have been developed to meet requirements established by the Accreditation Council for Pharmacy Education (ACPE) to provide students with experiential learning opportunities throughout the curriculum. Standard No. 14 and Appendix C are most notably related to experiential education and are included below. For a complete list of the ACPE Standards and Guidelines visit: http://www.acpe-accredit.org/pdf/FinalS2007Guidelines2.0.pdf

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

Standard No. 14: Curricular Core—Pharmacy Practice Experiences
The college or school must provide a continuum of required and elective pharmacy practice experiences throughout the curriculum, from introductory to advanced, of adequate scope, intensity, and duration to support the achievement of the professional competencies.

The pharmacy practice experiences must integrate, apply, reinforce, and advance the knowledge, skills, attitudes, and values developed through the other components of the curriculum. The objectives for each pharmacy practice experience and the responsibilities of the student, preceptor, and site must be defined. Student performance, nature and extent of patient and health care professional interactions, where applicable, and the attainment of desired outcomes must be documented and assessed.

In aggregate, the pharmacy practice experiences must include direct interaction with diverse patient populations in a variety of practice settings and involve collaboration with other health care professionals. Most pharmacy practice experiences must be under the supervision of qualified pharmacist preceptors licensed in the United States.

Guideline 14.1
Preceptors should hold full, shared, adjunct, or other defined positions in the college or school and should be well versed in the outcomes expected of students and the pedagogical methods that best enhance learning. In this regard, the college or school must ensure that preceptors receive orientation, especially for first-time preceptors prior to assuming their responsibilities, ongoing training, and development. Preceptors should provide close supervision of and significant interaction with students. The student-to-preceptor ratio for the pharmacy practice experiences should be adequate to provide
individualized instruction, guidance, supervision, and assessment.

Guideline 14.2
When assigning students to preceptors and practice sites, the college or school should strive to avoid circumstances or relationships that could adversely affect the student/teacher relationship and the desired outcomes.

Guideline 14.3
Students must not receive remuneration from practice sites for any pharmacy practice experiences (introductory or advanced) for which academic credit is assigned. Other work experiences in pharmacy settings for which no academic credit is awarded (i.e., not a component of introductory or advanced pharmacy practice experiences) may be required for advancement in the curriculum. The college or school, within their policies and procedures, for experiential education may provide financial assistance for student travel and housing that is not considered remuneration for services rendered.

Guideline 14.4
Introductory pharmacy practice experiences must account for not less than 300 hours (over the first three professional years). The majority of students’ time (minimum of 150 hours) must be balanced between community pharmacy and institutional health system settings. These experiences must permit students, under appropriate supervision and as permitted by practice regulations, to assume direct patient care responsibilities. Additional practice experiences in other types of practice settings may also be used. The introductory pharmacy practice experiences should begin early in the curriculum, be interfaced with didactic course work that provides an introduction to the profession, and continue in a progressive manner leading to entry into the advanced pharmacy practice experiences. The didactic course work itself should not be counted toward the curricular requirement of introductory pharmacy practice experiences.

Guideline 14.5
Colleges and schools may choose to include structured simulation as part of their overall introductory pharmacy practice experiences to meet their introductory pharmacy practice experiences program goals and objectives. Simulation, defined as an activity or event replicating pharmacy practice, can be utilized for no greater than 20% (e.g., 60 hours of a 300 hour requirement) of total introductory pharmacy practice experience time, and cannot substitute for the hours devoted to actual experiences in community pharmacy and institutional health system settings (see Guideline 14.4). Colleges and schools are not required to include simulation experiences as a portion of introductory pharmacy practice experiences. For the purpose of satisfying introductory pharmacy practice experience expectations, simulation may include use of high fidelity manikins, medium fidelity manikins, standardized patients, standardized colleagues, role play, and computer-based simulations. Simulation as a component of introductory pharmacy practice experiences should clearly connect the pharmacy activity or delivery of a medication to a patient (whether simulated patient, standardized patient, or virtual patient). Colleges and schools are encouraged to develop interprofessional simulations and, if desired, should seek guidance from ACPE on appropriate simulation experiences to meet introductory pharmacy practice experiences program goals and objectives.

Guideline 14.6
The expected length of the advanced pharmacy practice experiences is not less than 1440 hours (i.e., 36 weeks) during the last academic year and after all pre-advanced pharmacy practice experience requirements (i.e., introductory pharmacy practice experiences and required core didactic course work) are completed. The organization of the advanced pharmacy practice experiences should provide a balanced series of required (the majority) and elective experiences that cumulatively provide sustained experiences of
adequate intensity, duration, and breadth (in terms of patients and disease states that pharmacists are likely to encounter when providing care) to enable achievement of stated competencies as demonstrated by assessment of outcome expectations. Generally, the required and elective experiences should be full-time, provide continuity of care, and be conducted under pharmacist-preceptor supervision and monitoring.

The required advanced pharmacy practice experiences\(^\text{16}\) in all program pathways must be conducted in the United States or its territories and possessions (including the District of Columbia, Guam, Puerto Rico, and U.S. Virgin Islands). Required experiences must include primary, acute, chronic, and preventive care among patients of all ages and develop pharmacist-delivered patient care competencies in the following settings:

- community pharmacy
- hospital or health-system pharmacy
- ambulatory care
- inpatient/acute care general medicine

The required advanced pharmacy practice experiences should emphasize the need for continuity of care throughout the health care delivery system, including the availability and sharing of information regarding a patient’s condition, medications, and other therapies.

Elective advanced pharmacy practice experiences in other settings (such as research, management, drug information, education, managed care, long-term care, hospice, and home health care) should complement the required experiences and provide adequate and innovative opportunities for students to mature professionally and in accordance with their individual interests. The college or school may offer elective advanced pharmacy practice experiences outside the United States and its territories and possessions, provided that they support the development of the competencies required of the graduate, and the college or school implements policies and procedures to ensure the quality of the site(s) and preceptor(s).

Guideline 14.7
A quality assurance procedure for all pharmacy practice experiences should be established and implemented to facilitate achievement of stated competencies, provide for feedback, and support standardization, consistency, and inter-rater reliability in assessment of student performance. All practice sites and preceptors should be selected in accordance with quality criteria established and reviewed periodically for quality improvement. The assessment process should incorporate the perspectives of key constituents, such as students, practitioners, prospective employers, and board of pharmacy members.

Guideline 14.8
Goals and outcomes for each pharmacy practice experience must be mapped to activities listed in Appendix C to ensure that students’ experience will cover, at a minimum, all the listed activities.

ACPE Appendix C

Additional Guidance on Pharmacy Practice Experiences

The following information is a compilation of comments received from ACPE stakeholders relative to pharmacy experiential education.
The pharmacy practice experiences should:
• ensure that every student has multiple opportunities to perform patient-centered care activities in a variety of settings
• be in-depth, structured, and carefully coordinated with other components of the curriculum
• require active participation and patient care responsibilities, in a progressive fashion, designed to develop the practice skills, judgment, professional behavior, attitudes and values, confidence, and personal responsibility needed for each student to embark on an independent and collaborative practice

The development of the desired student competencies should occur in a progressive manner and involve experiences in a variety of practice settings in which pharmacists work as partners with patients, physicians, nurses, other health care professionals, and administrators.

General objectives and learning modules, as well as site-specific learning objectives, should be established for all of the pharmacy practice experiences. The objectives for the pharmacy practice experiences should identify the competencies to be achieved, expected types of patients (if applicable), level of student responsibility, and setting needed for the objectives to be met. The college or school should specify, for those pharmacy practice experiences involving direct patient care, the major disease states/conditions that all students are expected to encounter. The college or school should also specify the extent of student interaction with patients and the settings in which the interactions will occur.

Specific criteria should be developed to enable faculty and students to assess progress midway through the experience and at its completion. Students should be provided the opportunity to demonstrate achievement of stated competencies as assessed through the use of reliable, validated criteria.

Educational experiences in the same practice area, for example, community pharmacy, should result in comparable educational objectives and competencies in students, especially in the Advanced Pharmacy Practice Experiences.

**Oversight of Pharmacy Practice Experiences**
The experiential director, or equivalent person responsible for oversight and quality assurance of the pharmacy practice experience component of the curriculum, should have sufficient practice, academic, and management expertise to have credibility with other faculty and practitioners, as well as to direct the program in a manner that facilitates the college or school’s ability to influence advancement of the practice of pharmacy. The college or school should ensure that the person has the appropriate expertise, support, and authority to evaluate, identify deficiencies if applicable, and implement change where needed. The person should serve on, or be ex-officio to, key committees where their input is most effective.

Colleges and schools should have systems, such as computerized programs, to manage the pharmacy practice experiences.

Important factors to be considered and assessed to ensure the desired outcomes are the number of students each preceptor and/or site is assigned; the nature, dynamics, and other responsibilities of the practice site; the experience and other commitments of the preceptor; the specific objectives of the experience; the potential benefit of student-to-student interaction and collaboration; and the instructional methodologies employed.

The college or school should obtain assessment of qualities and performance of preceptors from students in a manner that would not adversely affect the grading process. The methods of assessment and reporting employed should promote the development within the student of the ability to offer constructive criticism in a manner appropriate to interprofessional relationships. The assessment should include each preceptor’s:
• ability to facilitate learning
• communication skills
• quality as a professional role model
• effectiveness related to pharmacy education

The quality control procedure employed should use a variety of methods, such as use of a review committee consisting of practitioners, faculty, and students, and visits to and communications with experiential sites conducted by trained individuals.

Preceptors
The college or school should identify preceptors who will be positive role models for students and who, in general, demonstrate the following behavior, qualities, and values (as applicable to their area of practice):

• practice ethically and with compassion for patients
• accept personal responsibility for patient outcomes
• have professional training, experience, and competence commensurate with their position
• utilize clinical and scientific publications in clinical care decision making and evidence-based practice
• have a desire to educate others (patients, care givers, other health care professionals, students, pharmacy residents)
• have an aptitude to facilitate learning
• be able to document and assess student performance
• have a systematic, self-directed approach to their own continuing professional development
• collaborate with other health care professionals as a member of a team
• be committed to their organization, professional societies, and the community

In general, preceptor training should include:

• orientation to the college or school’s mission, goals, and values
• review of the college or school’s curriculum and teaching methodologies
• review of the specific objectives for the pharmacy practice experiences
• guidance regarding the assessment of students’ prior knowledge and experience relative to the rotation’s objectives so that the preceptor may tailor the rotation to maximize the educational experience and ensure appropriate student interaction with patients and their care givers and other health professionals, if applicable
• review of the college or school’s performance assessment and grading systems

Introductory Pharmacy Practice Experiences
The introductory pharmacy practice experiences may use various formats, including:

• shadowing of practitioners or students on advanced pharmacy practice experiences
• interviews with real patients
• simulation
• service learning (see below)
• real practice experiences in community, institutional, long-term care pharmacies, etc.

In this regard, colleges and schools are encouraged to identify or develop introductory pharmacy practice experiences that consistently expose students to and allow participation in activities such as, but not limited to:

• processing and dispensing new/refill medication orders
• conducting patient interviews to obtain patient information
• creating patient profiles using information obtained
• responding to drug information inquiries
• interacting with other health care professionals
• participating in educational offerings designed to benefit the health of the general public
• interpreting and evaluating patient information
• triaging and assessing the need for treatment or referral, including referral for a patient seeking pharmacist-guided self-care
• identifying patient-specific factors that affect health, pharmacotherapy, and/or disease state management
• assessing patient health literacy and compliance
• performing calculations required to compound, dispense, and administer medications
• administering medications
• evaluating appropriateness of medication dosing utilizing basic dosing principles
• providing point-of-care and patient-centered services
• conducting physical assessments
• preparing and compounding extemporaneous preparations and sterile products
• communicating with patients and other health care providers
• interacting with pharmacy technicians in the delivery of pharmacy services
• documenting interventions in patient records in a concise, organized format that allows readers to have a clear understanding of the content
• presenting patient cases in an organized format covering pertinent information
• billing third parties for pharmacy services

In accordance with its policies and procedures and using established criteria, a college or school may exempt applicable students from the requirements of certain introductory pharmacy practice experiences, provided that the college or school has assessed or otherwise validated that the student has achieved the desired outcomes of that experience through an alternative experience acceptable to the college or school.

Service Learning: Service learning experiences per se, although beneficial in developing desirable student attitudes and values, do not necessarily qualify as introductory pharmacy practice experiences unless they specifically include the activities described above. The college or school may use such experiences to complement the introductory pharmacy practice experiences. Colleges and schools using service learning activities, whether as part of the introductory pharmacy practice experiences or not, should ensure that, in general, such activities:

• meet a community need
• establish or enhance a relationship between the community and the academic institution
• help foster civic and professional responsibility and the development of a sense of caring for others
• are integrated into the required academic curriculum
• provide structured time to reflect on the service learning experience
• enhance what is taught in the didactic curriculum by extending student learning beyond the classroom and into the community
• provide opportunities for interaction with other health professional students and practitioners
• attempt to balance the service that is provided and the learning that takes place

Service learning is a structured learning experience with clearly defined objectives that combines performing service in the community with preparation, reflection, and discussion.

[Note: Appendix D provides the American Association of Colleges of Pharmacy document Pre-APPE Performance Domains and Abilities as guidance for assessment of student capabilities before entering advanced pharmacy practice experiences.]

Advanced Pharmacy Practice Experiences
Most of the time assigned for students in advanced pharmacy practice experiences should involve direct patient care. Direct patient care experiences should be of sufficient length to provide both continuity of patient care and an opportunity for the student to practice the competencies associated with that practice setting. The series of required and elective experiences should be coordinated to achieve, in composite, the experiential whole of the advanced pharmacy practice experiences. Where possible, practice experiences should be offered in academic health centers to provide students with the opportunity to encounter and participate in innovative health care delivery and treatment.
Colleges and schools are encouraged to identify or develop advanced pharmacy practice experiences that consistently allow students to perform activities that build upon those activities listed for the introductory pharmacy practice experiences. In general, and where legally permitted, activities in which students should participate during required advanced pharmacy practice experiences include, but are not limited to:

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

Additional activities in which students should be able to participate during required community and hospital/health system advanced pharmacy practice experiences may include, as appropriate to the learning environment:

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

Additional activities in which students should be able to participate during required
ambulatory care and acute/general medicine advanced pharmacy practice experiences
may include, as appropriate to the learning environment:

• developing and analyzing clinical drug guidelines
• participating in the health system’s formulary process
• participating in the design, development, marketing, and reimbursement process
  for new patient services
• participating in discussions of human resources management, medication
  resources management, and pharmacy data management systems including
  pharmacy workload and financial performance

Elective Courses

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

GENERAL INFORMATION FOR PRECEPTOR APPLICANTS

Definition of a Preceptor

In the context of experiential education a preceptor is a pharmacy practitioner who, by role-modeling an exemplary practice,
facilitates a student’s acquisition of the abilities (knowledge, skills, and attitudes) necessary for the provision of patient-centered
pharmacist care. A preceptor is a member of the faculty of the University of Mississippi School of Pharmacy.

Preceptor Application Process

The first step toward becoming a preceptor is for the applicant to send a letter of interest (or email) to the Tripartite Committee. A
Preceptor Application packet is then sent to the applicant.

The completed application must be returned to the Tripartite Committee via mail. Upon receipt of the completed application, a
representative of the School of Pharmacy schedules and performs a site visit. In order to perform the site visit prior to its fall
meeting, the Tripartite Committee must receive completed applications by September 1st of each year or by the date indicated on
the cover letter accompanying the packet.

At its annual fall meeting the Tripartite Committee reviews and discusses all applicants and current preceptors. Applicants and
current preceptors are promptly informed in writing of the decision regarding recommendation for appointment.

The Board of Trustees of the Institutions of Higher Learning must then approve the recommendation for appointment. Those
applicants who are appointed receive a packet from the School of Pharmacy that contains instructions and information necessary
for finalizing the appointment process.

Appointment and Application Cycles

Applications must be submitted prior to July 1 of a given year to be considered for appointment and possible student placement for
the next academic year.
Appointment as a preceptor is for one year, which coincides with the academic calendar of the fourth (PY4) year of the Doctor of Pharmacy program. The PY4 year usually begins in early June of each year and continues through May Commencement of the following year.

**Tripartite Committee**

The Tripartite Committee addresses many issues that affect and are affected by the profession of pharmacy in the state of Mississippi. One of these issues is the experiential education of University of Mississippi School of Pharmacy students. Members of the Tripartite Committee are committed to identifying and retaining quality experiential sites and preceptors. The joint action of committee review of preceptor applicants demonstrates the profession’s shared responsibility and accountability in the education of tomorrow’s pharmacists.

Members of the Tripartite Committee are representatives of the three branches of the pharmacy profession in the state of Mississippi. The branches represented are the regulatory component (Mississippi State Board of Pharmacy), the practice component (professional organizations) and the education component (University of Mississippi School of Pharmacy).

**Selection Criteria**

The Criteria for Preceptor Selection were developed using multiple sources. These sources included:

- The Accreditation Council for Pharmacy Education 2007 Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor Of Pharmacy Degree
- The American Pharmaceutical Association’s “Principles of Practice of Pharmaceutical Care.”

In addition, feedback from existing preceptors and members of the Tripartite Committee was incorporated into the criteria. These criteria emphasize those pharmacists and sites involved in direct-patient care activities.

**Preceptor Application Process for Nontraditional Practices**

The Tripartite Committee encourages pharmacists in indirect patient care or non-patient care settings to submit applications. Examples of such practices include managed care, pharmacy management, or other nontraditional practices. The Tripartite Committee will consider alternative preceptor and site qualifications when reviewing such applicants.

**Site Visits**

A faculty member of the UM School of Pharmacy, acting as a representative of the Tripartite Committee, will schedule and perform the site visit. The time required to perform the site visit depends upon the size and nature of the facility. Visitations to community pharmacy practice sites may require one to two hours. Visitations to institutions or specialty sites may require more time. The site visit should be scheduled at a time that allows full observation of all practice functions and that is conducive to one-on-one discussion.

**Suspension/Revocation of Appointment**

A preceptor’s appointment may be suspended or revoked if the preceptor, or a third party working in the practice environment who is in contact with the student, acts in a manner which is hostile or intimidating to the student or interferes with the student’s performance of his/her responsibilities and progress toward achievement of the objectives of the experiential education program. Actions that may lead to suspension or denial of appointment include, but are not limited to,

- Sexual harassment
- Abuse or misuse of alcohol or other mood-altering substances. Any preceptor or preceptor applicant who has been found guilty of a drug or narcotic violation, or whose license has been revoked, suspended, or placed on probation by a board of pharmacy shall not be eligible for preceptorship until completion of the probationary periods and show of good cause.
- Failure to complete and submit required documentation to the Tripartite Committee or the University of Mississippi School of Pharmacy’s Office of Professional Experience Programs.
- Failure to comply in an acceptable manner with the policies and procedures of the Professional Experience Program as adopted by the Tripartite Committee and/or the University of Mississippi School of Pharmacy.
- Failure to attend annual preceptor training programs. Preceptors who miss two (2) consecutive preceptor-training programs are automatically withdrawn from the preceptor program unless he/she provides reasonable cause and prior notification.
- Failure to demonstrate support of the curricular philosophy of the UM School of Pharmacy or the Professional Experience Program.
• Evidence of use of students laborers or employees.

Reappointment process

Preceptors are reviewed annually by the Tripartite Committee and are subject to the same requirements as preceptor applicants. Reappointment is made based on several factors including, but not limited to,
• Student Evaluations of Preceptor (SEOP)
• Routine site visit reports
• Evidence of continued compliance with the Criteria for Preceptor Selection
• Logistical issues such as geographical location and frequency of student assignment to site

Preceptors and/or sites for which major deficiencies are noted must create an action plan to address and correct said deficiencies. The preceptor is allowed one (1) year to correct the identified deficiencies.
The college or school should identify preceptors who will be positive role models for students and who, in general, demonstrate the following behavior, qualities, and values (as applicable to their area of practice):

- practice ethically and with compassion for patients
- accept personal responsibility for patient outcomes
- have professional training, experience, and competence commensurate with their position
- utilize clinical and scientific publications in clinical care decision making and evidence-based practice
- have a desire to educate others (patients, caregivers, other health care professionals, students, pharmacy residents)
- have an aptitude to facilitate learning
- be able to document and assess student performance
- have a systematic, self-directed approach to their own continuing professional development
- collaborate with other health care professionals as a member of a team
- be committed to their organization, professional societies, and the community

UNIVERSITY OF MISSISSIPPI CRITERIA FOR PRECEPTOR SELECTION

Criteria for the Experiential Education Site (EES)

<table>
<thead>
<tr>
<th>Standard</th>
<th>The EES represents contemporary ideals and displays high standards of pharmacy practice.</th>
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<tbody>
<tr>
<td>Guideline 1</td>
<td>The EES meets standards set by all governmental agencies including a state board of pharmacy, the Drug Enforcement Agency and the Food and Drug Administration.</td>
</tr>
<tr>
<td>Guideline 2</td>
<td>If part of an institution, such as a hospital, the EES shall be appropriately accredited (i.e., the Joint Commission).</td>
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<tr>
<td>Guideline 3</td>
<td>The EES must be free of any violation of state and/or federal laws.</td>
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<tr>
<td>Guideline 4</td>
<td>The staff of the EES must be free of any violation of state and/or federal laws.</td>
</tr>
<tr>
<td>Guideline 5</td>
<td>The EES must have been a licensed facility for a minimum of 12 months.</td>
</tr>
<tr>
<td>Guideline 6</td>
<td>The EES must display the highest standards of professionalism.</td>
</tr>
<tr>
<td>Guideline 6.1</td>
<td>The EES must be clean and orderly.</td>
</tr>
<tr>
<td>Guideline 6.2</td>
<td>The EES must be a smoke-free facility in order to protect the health of the site’s patients, students, and faculty and in order to comply with the smoke-free facility guidelines of the University of Mississippi.</td>
</tr>
<tr>
<td>Guideline 6.3</td>
<td>The EES must provide ongoing support for the provision of patient-centered care to its patients.</td>
</tr>
<tr>
<td>Guideline 6.3.1</td>
<td>The EES must maintain sufficient and appropriate library and/or reference sources/materials for supporting student learning. Access to online resources should also be included.</td>
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<tr>
<td>Guideline 6.3.2</td>
<td>Patient data should be readily accessible in order to provide patient-centered care.</td>
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<td>Guideline 6.3.3</td>
<td>The structure of the EES should be such that sufficient opportunity and time for interaction with patients are provided. At a minimum, patient interactions should include pharmacists’ performance of patient histories and patient education.</td>
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<tr>
<td>Guideline 6.3.4</td>
<td>The EES should have at a minimum a semiprivate area for the provision of patient counseling.</td>
</tr>
</tbody>
</table>
Guideline 6.3.5 The EES should provide an educational environment conducive to and supportive of the provision of pharmacist-centered care via collaboration and direct interaction with other health care professionals. The health care professionals may include but are not limited to physicians, nurses, dietitians, dentists, and physical therapists.

Guideline 7 The EES must be committed to teaching pharmacy students. The EES may also be involved in teaching other health care professionals.

Guideline 8 The management and/or administration of the EES must support the philosophy of a patient-focused practice.

Guideline 9 The preceptor-applicant and the management/administration of the EES must commit the use of multiple resources in the education of the pharmacy student. Such resources include all aspects of the EES, the pharmacist(s), pharmacy technicians, support staff, and time.

Guideline 10 The management and/or administration of the EES must express in writing his/her support for the preceptor-applicant’s participation in the program.

Guideline 11 The EES must maintain adequate staffing during the instructional period to allow the student a rewarding and meaningful experience.

Practitioner Criteria

Standard Preceptors serve as both exemplary professional role models and as clinical instructors for students.

Guideline 1 The preceptor applicants for required rotations must be licensed pharmacists in good standing with the state’s Board of Pharmacy. The Tripartite committee may consider applications from other professionals (i.e., physicians) for elective rotations if the associated experiences are deemed to be of high quality, innovative, and excellent opportunities for students.

Guideline 2 The preceptor-applicant must be actively engaged in practice a minimum of 3 years prior to application. Under certain circumstances this requirement may be waived. Such a waiver may be granted if the applicant has completed a pharmacy residency that is reflective of the corresponding experiential course.

Guideline 3 The preceptor-applicant must have completed 12 months of practice at the EES. A preceptor shall notify the Tripartite Committee of a change in practice site and shall re-apply for preceptorship at the new location of practice. A waiver may be granted if the applicant is transferred to a similar practice site and a proper site visit is conducted.

Guideline 4 The preceptor should be the program or department manager/director who has supervisory or coordination duties and responsibilities. The preceptor-applicant may be the designee of said manager or director, provided that such arrangement is mutually agreeable and beneficial to the manager/director, designee and School.

Guideline 5 The preceptor must have the desire, time, and support (technical, administrative and staff) to facilitate the student’s learning process and to assess the student’s performance.

Guideline 6 The preceptor must have a history of exemplary professional and personal conduct.

Guideline 7 The preceptor must maintain a positive and progressive outlook for the profession of pharmacy.

Guideline 8 The preceptor must maintain high standards for professional appearance and demeanor.

Guideline 9 The preceptor must have excellent interpersonal skills.

Guideline 10 The preceptor must exhibit a philosophy of education consistent with the educational and patient-care missions of the UM School of Pharmacy.

Guideline 11 The preceptor must provide learning experiences that stress the responsible provision of patient-centered care and the optimization of patient drug therapy outcomes.
Guideline 12  Specialty board certification and/or credentialing in disease-state management is desirable of all preceptors.

Guideline 13  Advanced practice site preceptors may be required to possess advanced training for specific practice experiences. Advanced training may be obtained via completion of an advanced degree program (Pharm.D. or MS), a residency and/or fellowship, status as a Board Certified Pharmacotherapy Specialist, disease-management credentialing program, or comparable experience.

The preceptor engages in professional growth and life-long learning by participating in professional organizations and continuing education programs.

Guideline 14.1  To provide the opportunity for the exchange of professional ideas, a minimum of 5 hours every two years must be obtained via live continuing education.

Guideline 14.2  Preceptors are highly encouraged to be active members of professional pharmacy organizations in the state of Mississippi.

Guideline 15  Preceptors are required to attend annual preceptor training programs sponsored by the University of Mississippi School of Pharmacy.

Guideline 16  Preceptor-applicants who have previously received training in instructional methods are desired.

Guideline 17  Creative scholarship is expected of full-time faculty. Part-time/volunteer faculty are encouraged to participate in creative and scholarly endeavors, but it is not required of them.

Guideline 18  The preceptor must have adopted and strive to function in compliance with the American Pharmaceutical Association’s Code of Ethics (see below).

Practice Criteria

Standard  The pharmacist actively engages in a patient-centered, outcomes-oriented pharmacy practice that is well received by health professional and patients.

Guideline 1  For direct-patient care educational experiences, the pharmacist is actively engaged in the provision of pharmacist patient-centered care.

Guideline 1.1  Pharmacist patient-centered care is the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve a patient’s quality of life. These outcomes are (1) Cure of a disease (2) Elimination or reduction of a patient’s symptomatology (3) Arresting or slowing of a disease process OR (4) Preventing a disease or symptomatology.

Guideline 1.2  The pharmacist performs the following functions in the provision of patient-centered care: (1) Identifies potential and actual drug-related problems (2) Resolves actual drug-related problems AND (3) Prevents potential drug-related problems

Guideline 2  The pharmacist develops and maintains a professional relationship with his/her patient and the patient’s physician.

Guideline 3  The pharmacist collects, organizes, records and maintains patient-specific medical information.

Guideline 4  The pharmacist evaluates patient-specific medical information and, in conjunction with the patient and the patient’s physician, develops a drug therapy plan.

Guideline 5  The pharmacist assures that the patient has sufficient supplies, information and knowledge necessary to carry out the drug therapy plan.

Guideline 6  The pharmacist reviews, monitors and modifies the therapeutic plan as necessary and appropriate, in concert with the patient and healthcare team.

Guideline 7  The preceptor is recognized by patients, other pharmacists, and other health-care professionals as a competent patient-care provider.
Guideline 8  The preceptor maintains an ethical and values-sensitive practice.
Pharmacists are health professionals who assist individuals in making the best use of medications. This Code, prepared and supported by pharmacists, is intended to state publicly the principles that form the fundamental basis of the roles and responsibilities of pharmacists. These principles, based on moral obligations and virtues, are established to guide pharmacists in relationships with patients, health professionals, and society.

A. **A pharmacist respects the covenantal relationship between the patient and pharmacist.**
   Considering the patient-pharmacist relationship as a covenant means that a pharmacist has moral obligations in response to the gift of trust received from society. In return for this gift, a pharmacist promises to help individuals achieve optimum benefit from their medications, to be committed to their welfare, and to maintain their trust.

B. **A pharmacist promotes the good of every patient in a caring, compassionate, and confidential manner.**
   A pharmacist places concern for the well being of the patient at the center of professional practice. In doing so, a pharmacist considers needs stated by the patient as well as those defined by health science. A pharmacist is dedicated to protecting the dignity of the patient. With a caring attitude and a compassionate spirit, a pharmacist focuses on serving the patient in a private and confidential manner.

C. **A pharmacist respects the autonomy and dignity of each patient.**
   A pharmacist promotes the right of self-determination and recognizes individual self-worth by encouraging patients to participate in decisions about their health. A pharmacist communicates with patients in terms that are understandable. In all cases, a pharmacist respects personal and cultural differences among patients.

D. **A pharmacist acts with honesty and integrity in professional relationships.**
   A pharmacist has a duty to tell the truth and to act with conviction of conscience. A pharmacist avoids discriminatory practices, behavior or work conditions that impair professional judgement, and actions that compromise dedication to the best interests of patients.

E. **A pharmacist maintains professional competence.**
   A pharmacist has a duty to maintain knowledge and abilities as new medications, devices, and technologies become available and as health information advances.

F. **A pharmacist respects the values and abilities of colleagues and other health professionals.**
   When appropriate, a pharmacist asks for the consultation of colleagues or other health professionals or refers the patient. A pharmacist acknowledges that colleagues and other health professionals may differ in the beliefs and values they apply to the care of the patient.

G. **A pharmacist serves individual, community, and societal needs.**
   The primary obligation of a pharmacist is to individual patients. However, the obligations of a pharmacist may at times extend beyond the individual to the community and society. In these situations, the pharmacist recognizes the responsibilities that accompany these obligations and acts accordingly.

H. **A pharmacist seeks justice in the distribution of health resources.**
   When health resources are allocated, a pharmacist is fair and equitable, balancing the needs of patients, and society.

*Adopted by the membership of the American Pharmaceutical Association October 27, 1994.*
CRITERIA FOR EXCELLENCE FOR SITES AND PRECEPTORS

The American Association of Colleges of Pharmacy Academic Practice Partnership Initiative established the essential elements necessary for a pharmacy practice site and preceptors at those sites to be considered exemplary. They are listed below:

Site-specific criteria of excellence
The site/practice must:

• Have the ability to provide experiences that meet educational outcomes for SOP advanced experiential programs
• Be patient-centered and have pharmaceutical care as the focus of the practice
• Be adequately staffed to provide quality pharmaceutical care to patients
• Have an adequate number and sufficient variety of patients
• Provide opportunities for students to learn:
  o Specific disease-therapy-management
  o Provider-patient communication skills
  o Ethical behavior related to the provision of pharmaceutical care
• Demonstrate a caring attitude towards patients
• Have the pharmacist is a part of a multidisciplinary team of healthcare providers
• Utilize technology (informatics) sufficiently to support the pharmaceutical care mission of pharmacy
• Have library and learning resources sufficient to support optimum patient care
• Have a professional image
• Ensure patient privacy and confidentiality issues are protected via structural design of pharmacy and is in compliance with all HIPAA requirements.
• Meet or exceed all state and federal laws related to the practice of pharmacy
• Receive support from the site ownership or administration for providing student pharmacist learning experiences
• Have site ownership or administration that encourages quality improvement programs

Preceptor-specific criteria of excellence
The practitioner/preceptor must:

• Be a role-model practitioner in:
  o Providing patient-centered pharmaceutical care
  o Ethical decision making
  o Patient care problem solving
  o Providing medication, diseases and health education to patients
  o Professional and patient care behavior
• Be an effective, organized, and enthusiastic teacher by:
  o Teaching by example
  o Demonstrating patient assessment skills
  o Demonstrating and discussing his/her own clinical reasoning process
  o Demonstrating ethical behavior and high personal character
  o Having a strong command of drug therapy knowledge
  o Demonstrating a caring attitude towards students and patients
  o Teaching patient-provider communication skills including empathic listening skills
• Encourage self-directed learning of the student with constructive feedback by:
  o Identifying and responding to each student’s specific learning needs
  o Challenging the learning process in each student pharmacist
  o Coaching student pharmacist behavior through effective constructive and timely feedback.
  o Making student pharmacist teaching an important focus of practice site
  o Treating students as colleagues-in-training
• Have well developed interpersonal/communication skills
• Possess leadership/management skills by:
  o Demonstrating effective managerial and leadership relationships with pharmacist colleagues and staff.
  o Demonstrating aspects of humility related to his/her own limitations
  o Monitoring quality of professional practice and teaching activities
  o Demonstrating nondiscriminatory behavior and practice
  o Being active in professional organizations (e.g., ACA, AMCP, ACCP, APhA, ASCP, ASHP, NCPA, etc)
• Embody his/her practice philosophy by:
The student completes the evaluation of preceptor and site after each introductory and advanced pharmacy practice experience. The form is intended to provide feedback to preceptors and the Tripartite committee for quality improvement processes.

**STUDENT EVALUATION OF PRECEPTOR AND SITE**

This evaluation is designed to assist the School in evaluating and constructing an experiential program that provides its students optimal learning experiences. This evaluation will be returned to the preceptor in one year. Therefore your responses will not influence your grade. Please be candid and professional in your evaluation.

Instructions: Evaluate each item utilizing the scale indicated for each section.

N/A=0; Strongly Disagree=1; Disagree=2; Neutral=3; Agree=4; Strongly Agree=5

**PRECEPTOR EVALUATION**

A. As a teacher, the preceptor

Clearly defined the objectives of the rotation at the beginning  *(Question 1 of 41 - Mandatory)*

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<thead>
<tr>
<th>N/A</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
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Specified what was expected of me at the beginning and throughout the rotation  *(Question 2 of 41 - Mandatory)*

<table>
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<th>Agree</th>
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Oriented me to the practice site  *(Question 3 of 41 - Mandatory)*

<table>
<thead>
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<th>Strongly Disagree</th>
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Provided useful and timely feedback on my progress  *(Question 4 of 41 - Mandatory)*

<table>
<thead>
<tr>
<th>N/A</th>
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<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Guided me in solving problems  *(Question 5 of 41 - Mandatory)*

<table>
<thead>
<tr>
<th>N/A</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Spent adequate time teaching me  *(Question 6 of 41 - Mandatory)*

<table>
<thead>
<tr>
<th>N/A</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Created a comfortable yet stimulating learning environment  *(Question 7 of 41 - Mandatory)*

<table>
<thead>
<tr>
<th>N/A</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Encouraged independent thinking  *(Question 8 of 41 - Mandatory)*

<table>
<thead>
<tr>
<th>N/A</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Explained and clarified information well  *(Question 9 of 41 - Mandatory)*

<table>
<thead>
<tr>
<th>N/A</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Question</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>----------</td>
<td>---------</td>
<td>-------</td>
<td>----------------</td>
</tr>
<tr>
<td>Was accessible and willing to help me on an individual basis</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Effectively incorporated instructional aids and activities as part of the learning experience</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Was well-prepared for student/preceptor discussion sessions</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

B. The preceptor in general

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tactfully and objectively discussed viewpoints other than his/her own</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Communicated well with me and others</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Was sensitive to the needs, concerns and feelings of others</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Was enthusiastic about his/her practice</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Was enthusiastic about teaching</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Seemed knowledgeable in his/her area of practice</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

C. Global Assessment of Preceptor

<table>
<thead>
<tr>
<th>Question</th>
<th>Unclear</th>
<th>Clear</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clarity</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Professionalism</td>
<td>Unclear</td>
<td>Clear</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>Unclear</td>
<td>Clear</td>
</tr>
</tbody>
</table>

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Knowledge (Question 22 of 41 - Mandatory)

<table>
<thead>
<tr>
<th>N/A</th>
<th>Unclear</th>
<th>Clear</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
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</tbody>
</table>

Attitude (Question 23 of 41 - Mandatory)

<table>
<thead>
<tr>
<th>N/A</th>
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</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Organization (Question 24 of 41 - Mandatory)

<table>
<thead>
<tr>
<th>N/A</th>
<th>Unclear</th>
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</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

What strengths do you feel the preceptor possesses? (Question 25 of 41 - Mandatory)

What points do you feel the preceptor could improve upon? (Question 26 of 41 - Mandatory)

II. PRACTICE/SITE EVALUATION

A. Learning Opportunities

N/A=0; Never=1; Rarely=2; Occasionally=3; Often=4; Always=5

Observe pharmacist/patient interaction (Question 27 of 41 - Mandatory)

<table>
<thead>
<tr>
<th>N/A</th>
<th>Never</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Conduct patient interviews (Question 28 of 41 - Mandatory)

<table>
<thead>
<tr>
<th>N/A</th>
<th>Never</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Perform basic physical assessment (Question 29 of 41 - Mandatory)

<table>
<thead>
<tr>
<th>N/A</th>
<th>Never</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Make therapeutic recommendations (Question 30 of 41 - Mandatory)

<table>
<thead>
<tr>
<th>N/A</th>
<th>Never</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Develop comprehensive patient-specific drug therapy plans (Question 31 of 41 - Mandatory)

<table>
<thead>
<tr>
<th>N/A</th>
<th>Never</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tbody>
</table>

Assess and monitor patient therapy (Question 32 of 41 - Mandatory)

<table>
<thead>
<tr>
<th>N/A</th>
<th>Never</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tbody>
</table>

Provide discharge (inpatient or outpatient) consultations (Question 33 of 41 - Mandatory)

<table>
<thead>
<tr>
<th>N/A</th>
<th>Never</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Educate patients/caregivers  (Question 34 of 41 - Mandatory)

<table>
<thead>
<tr>
<th>N/A</th>
<th>Never</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Document recommendations and services  (Question 35 of 41 - Mandatory)

<table>
<thead>
<tr>
<th>N/A</th>
<th>Never</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Evaluate pertinent scientific literature  (Question 36 of 41 - Mandatory)

<table>
<thead>
<tr>
<th>N/A</th>
<th>Never</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Interact with other health care providers  (Question 37 of 41 - Mandatory)

<table>
<thead>
<tr>
<th>N/A</th>
<th>Never</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

B. Global Assessment of Practice/Site

What do you feel are the strongest aspects of this practice/site?  (Question 38 of 41 - Mandatory)

What do you feel are the weakest aspects of this practice/site?  (Question 39 of 41 - Mandatory)

Please provide recommendations for improvement.  (Question 40 of 41 - Mandatory)

Comment generally on the site as a learning environment.  (Question 41 of 41 - Mandatory)
ROUTINE SITE VISITS BY THE PEP OFFICE

The PEP Office conducts site visits on a regular basis as part of our quality improvement process. Listed below is the site visit form used for each visit.

| University of Mississippi  
| School of Pharmacy  
| Experiential Practice Site Visit Form |

<table>
<thead>
<tr>
<th>Purpose of Visit</th>
<th>(Question 1 of 25 - Mandatory)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Initial Visit</td>
<td></td>
</tr>
<tr>
<td>☐ Follow Up Visit</td>
<td></td>
</tr>
<tr>
<td>☐ Courtesy Visit</td>
<td></td>
</tr>
<tr>
<td>☐ Intervention Request by Student</td>
<td></td>
</tr>
<tr>
<td>☐ Intervention Request by Preceptor</td>
<td></td>
</tr>
<tr>
<td>☐ Corrective Action Visit</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Visit</th>
<th>(Question 2 of 25 - Mandatory)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Affiliation Agreement</th>
<th>(Question 3 of 25 - Mandatory)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Completed</td>
<td></td>
</tr>
<tr>
<td>☐ In Process</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Legal and Professional Soundness</th>
<th>(Question 4 of 25 - Mandatory)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The site meets or exceeds all legal and professional standards required to provide patient care.</td>
<td></td>
</tr>
<tr>
<td>Does Not Meet the Requirement</td>
<td>☐</td>
</tr>
<tr>
<td>Partially Meets the Requirement</td>
<td>☐</td>
</tr>
<tr>
<td>Meets the Requirement</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Diversity</th>
<th>(Question 5 of 25 - Mandatory)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The site has a patient population that exhibits diversity in culture, medical conditions, gender, and age, where appropriate.</td>
<td></td>
</tr>
<tr>
<td>Does Not Meet the Requirement</td>
<td>☐</td>
</tr>
<tr>
<td>Partially Meets the Requirement</td>
<td>☐</td>
</tr>
<tr>
<td>Meets the Requirement</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adequate Patient Population</th>
<th>(Question 6 of 25 - Mandatory)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The site has an adequate patient population based on the learning objectives for the rotation.</td>
<td></td>
</tr>
<tr>
<td>Does Not Meet the Requirement</td>
<td>☐</td>
</tr>
<tr>
<td>Partially Meets the Requirement</td>
<td>☐</td>
</tr>
<tr>
<td>Meets the Requirement</td>
<td>☐</td>
</tr>
</tbody>
</table>
### Learning Resources (Question 7 of 25 - Mandatory)
The site has access to learning and information resources.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Does Not Meet</th>
<th>Partially Meets</th>
<th>Meets the Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Commitment to Students (Question 8 of 25 - Mandatory)
The site has a commitment to the education of pharmacy students.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Does Not Meet</th>
<th>Partially Meets</th>
<th>Meets the Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Nurturing Environment (Question 9 of 25 - Mandatory)
The site has a practice environment that nurtures and supports pharmacist and student interactions with patients.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Does Not Meet</th>
<th>Partially Meets</th>
<th>Meets the Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Safety (Question 10 of 25 - Mandatory)
The site provides a safe environment that is conducive to student learning.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Does Not Meet</th>
<th>Partially Meets</th>
<th>Meets the Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Student Contact (Question 11 of 25 - Mandatory)
The site allows for daily contact with the preceptor or a qualified designee to ensure that students receive feedback and have opportunities to ask questions.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Does Not Meet</th>
<th>Partially Meets</th>
<th>Meets the Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Management Support (Question 12 of 25 - Mandatory)
The site has management that is supportive of professional staff involvement in the education of pharmacy students.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Does Not Meet</th>
<th>Partially Meets</th>
<th>Meets the Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Technological Support

(Question 13 of 25 - Mandatory)

The site is adequately equipped with the technology needed to support student training and to reflect contemporary practice.

<table>
<thead>
<tr>
<th>Does Not Meet the Requirement</th>
<th>Partially Meets the Requirement</th>
<th>Meets the Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>✗</td>
<td>✗</td>
<td>✓</td>
</tr>
</tbody>
</table>

### Staff Support

(Question 14 of 25 - Mandatory)

The site has adequate professional staff and supportive technical and clerical staff to meet the learning objectives and to provide for optimum time for preceptor and student interaction.

<table>
<thead>
<tr>
<th>Does Not Meet the Requirement</th>
<th>Partially Meets the Requirement</th>
<th>Meets the Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>✗</td>
<td>✗</td>
<td>✓</td>
</tr>
</tbody>
</table>

### Collaborative Relationships

(Question 15 of 25 - Mandatory)

The site has collaborative professional and/or training relationships with other health care providers.

<table>
<thead>
<tr>
<th>Does Not Meet the Requirement</th>
<th>Partially Meets the Requirement</th>
<th>Meets the Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>✗</td>
<td>✗</td>
<td>✓</td>
</tr>
</tbody>
</table>

### Health Promotion

(Question 16 of 25 - Mandatory)

The site demonstrates a strong commitment to health promotion and illness prevention as reflected by the services provided and/or products sold (e.g., provision of health screening, tobacco cessation counseling, immunizations; not stocking cigarettes and other tobacco products).

<table>
<thead>
<tr>
<th>Does Not Meet the Requirement</th>
<th>Partially Meets the Requirement</th>
<th>Meets the Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>✗</td>
<td>✗</td>
<td>✓</td>
</tr>
</tbody>
</table>

### Patient Care

(Question 17 of 25 - Mandatory)

The site provides medication therapy management and patient care services for diverse populations.

<table>
<thead>
<tr>
<th>Not Applicable</th>
<th>Does Not Meet the Requirement</th>
<th>Partially Meets the Requirement</th>
<th>Meets the Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>✗</td>
<td>✗</td>
<td>✓</td>
</tr>
</tbody>
</table>

### Educational Support

(Question 18 of 25 - Mandatory)

The site provides educational workshops for patients and other health care providers.

<table>
<thead>
<tr>
<th>Not Applicable</th>
<th>Does Not Meet the Requirement</th>
<th>Partially Meets the Requirement</th>
<th>Meets the Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>✗</td>
<td>✗</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Resident Involvement</strong></td>
<td>(Question 19 of 25 - Mandatory)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>---------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The site serves as an accredited site for training of pharmacy residents.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><img src="Yes.png" alt="Yes" /> <img src="No.png" alt="No" /> <img src="InProcess.png" alt="In Process" /></td>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th><strong>Student Concerns</strong></th>
<th>(Question 20 of 25 - Mandatory)</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="StudentConcerns.png" alt="Insert Student Concerns" /></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Preceptor Concerns</strong></th>
<th>(Question 21 of 25 - Mandatory)</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="PreceptorConcerns.png" alt="Insert Preceptor Concerns" /></td>
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</table>

<table>
<thead>
<tr>
<th><strong>Outcome of Visit</strong></th>
<th>(Question 22 of 25 - Mandatory)</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="Compliant.png" alt="Compliant" /> <img src="CompliantWithMonitoring.png" alt="Compliant with Monitoring" /> <img src="Noncompliant.png" alt="Noncompliant" /></td>
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<table>
<thead>
<tr>
<th><strong>PEP Office Comments</strong></th>
<th>(Question 23 of 25 - Mandatory)</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="PEPOfficeComments.png" alt="Insert PEP Office Comments" /></td>
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<thead>
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<th>(Question 24 of 25 - Mandatory)</th>
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<td><img src="1Year.png" alt="1 year" /> <img src="3Years.png" alt="3 years" /> <img src="Other.png" alt="Other" /></td>
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</table>

<table>
<thead>
<tr>
<th><strong>Follow Up Date (continued)</strong></th>
<th>(Question 25 of 25)</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Other, specify time.</td>
<td><img src="OtherTime.png" alt="Insert Other Time" /></td>
</tr>
</tbody>
</table>
PRCT 553
COMMUNITY PHARMACY
ADVANCED PHARMACY PRACTICE EXPERIENCE

Course Description

An advanced practice experiential course designed to provide the student with practical experience in the profession of pharmacy. The course consists of interactions with both patients and healthcare workers across multiple disciplines.

Credit Hours: 5
Prerequisites: B.S. in Pharmaceutical Sciences or equivalent
Meeting times: Monday thru Friday, 8 hours per day, 40 hours per week
Other times as assigned by preceptors or instructors

Locations: Varied depending on rotation site as assigned by course coordinator.

Course Resources

Web site: All announcements related to this course will be posted to the PY4 announcements page. Students are responsible for checking this page daily.

Equipment: Lab coat

Staff Information

Kristopher Harrell, Pharm.D.
Director of Professional Experience Programs
Course Coordinator
Office: Medical Mall, Room 324
Phone: (601) 984-2622
e-mail: kharrell@umc.edu

Site Contact (preceptor of record):

[Add your contact information here]

Preceptor/faculty contact information can be found on the online rotation management website and will be made available to the student. The student will interact primarily with the preceptor of record; however, students are encouraged to contact Dr. Harrell throughout the rotation via email for specific concerns or to set up individual meetings, if needed.

Course Objectives

General

• Further prepare students for the profession of pharmacy through continuous professional development and promotion of lifelong learning by providing them with supervised practical experience.
• Build upon introductory pharmacy practice rotations and provide students with more direct patient care and related activities specifically in the community pharmacy practice setting.

Patient care

• Collect accurate and comprehensive information to be used in monitoring therapeutic outcomes.
• Identify the patient’s primary complaint(s) and reason(s) for seeking medical care.
• Identify appropriate information in patient profiles that will affect drug dose and schedule.
• Review patient profiles to determine the adequacy of patient therapeutic self-management.
• Employ clinical and physical assessment skills to determine the adequacy of patient therapeutic self-management and to evaluate therapeutic effectiveness or potential drug-related problems in the patient.
• Interview the patient/caregiver to help determine the adequacy of patient therapeutic self-management.
• Develop a plan to influence patients to effectively manage their therapy.
• Apply knowledge of the pathophysiology of a specific disease to prevent medication-related problems.
• Use appropriate methods of patient education to review indications, adverse effects, dosage, storage, and administration techniques.
• Use effective written, visual, verbal, and nonverbal communication skills when providing medication self-management counseling to patients and/or caregivers.
• Demonstrate proper administration technique for a given drug delivery system or monitoring device.
• Explain any action that should be taken in the event of a missed dose.
• Advise patients on how to avoid potential interactions with other therapies.
• Explain signs and symptoms associated with the common and/or severe adverse reactions to a therapy.
• Explain the significance and frequency of adverse drug reactions and interactions associated with a given therapy.
• Demonstrate the ability to consult with patients regarding selection and use of OTC medications.
• Encourage patients/caregivers to contact the pharmacist for further information or advice regarding therapy.

**Distributive component**

• Demonstrate knowledge of the basic physical requirements for establishing a pharmacy dispensing area.
• Know the basic legal requirements for establishing and operating a pharmacy dispensing area.
• Understand and apply the basic principles of drug storage.
• Demonstrate ability to receive prescriptions from patients and physicians over the telephone.
• Demonstrate an understanding of and utilize medication profile systems.
• Understand and apply legal requirements associated with the dispensing process.
• Demonstrate ability to accurately perform the activities comprising the prescription medication dispensing function.
• Demonstrate the ability to accurately perform dosage calculations.

**Administrative component**

• Demonstrate knowledge of the wholesale ordering process.
• Able to prepare and place an order for drugs both by computer order and telephone.
• Able to interact with wholesale and manufacturer representatives.
• Able to receive and process a wholesale order.
• Demonstrate knowledge of the principles of inventory control.
• Demonstrate knowledge of pricing policies.
• Understand principles of accounting associated with operation of a community pharmacy.
• Understand and perform procedures of billing especially third-party reimbursement.
• Demonstrate the ability to provide information solicited from other health care professionals regarding medication.
• Demonstrate the ability to provide unsolicited information to other health care professionals and to the public

**Professionalism**

• Demonstrate a positive attitude toward practice of pharmacy.
• Use good professional judgment and demonstrate ability to cope with a variety of situations.
• Communicate effectively and appropriately.
• Show initiative.
• Exercise punctuality and maintain expected attendance.

Additional *site-specific rotation objectives* may be assigned by the preceptor in this document, or as an attachment, and will be provided to the student by the first day of the rotation.
Evaluation

The student should be evaluated based on overall performance in meeting the objectives of the rotation. The evaluation should be evidenced-based and involve student self-reflection, as well as constructive preceptor feedback.

The student is expected to complete a self-evaluation of his or her performance of the desired ability-based outcomes providing details of required and other activities performed during the rotation. The Community Pharmacy Advance Practice Experience Transcript should be used for this purpose. The preceptor should use the same document to review student performance and provide additional comments or evidence.

The evaluation of the student is to be completed online using the online rotation management system. A mid-point evaluation is to be completed and reviewed with the student between the second and third weeks of the rotation.

Once the transcript is completed and evidence is documented, the final evaluation is to be entered online. The online evaluation is based on the preceptor evaluation of student (PEOS-CX) form. This form can also be found on the preceptor zone of the www.pharmd.org website under “assessment forms” and in the PEP manual located on the same website.

On the last day of the rotation the preceptor should assign a final grade. The preceptor is to discuss the final evaluation with the student on the last day of the rotation.

Grading Scale:

Z scale (Pass/Fail)
An Incomplete (I) grade is posted for those students for whom evaluations (grades) are not received or if course requirements are incomplete.

Educational Outcomes

This course fosters development in several of the general education abilities and professional education abilities that have been defined as desired outcomes of the School of Pharmacy curriculum. Throughout the rotation period, students will be provided with opportunities to practice these abilities. Please keep in mind these outcome goals as you monitor your progress in this course.

The abilities fostered in this course are stated in the following table.

<table>
<thead>
<tr>
<th>Educational Outcomes for PRCT 553</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Education Abilities</td>
</tr>
<tr>
<td>Critical Thinking, Analysis and Decision-Making</td>
</tr>
<tr>
<td>Communication Skills</td>
</tr>
<tr>
<td>Mathematical Competence</td>
</tr>
<tr>
<td>Professional Education Abilities</td>
</tr>
<tr>
<td>1a. Collect and organize patient data, medical records, interviews, and psychomotor evaluations</td>
</tr>
<tr>
<td>1b. Evaluate and interpret patient data</td>
</tr>
<tr>
<td>1c. Apply knowledge of medical terminology and abbreviations</td>
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<tr>
<td>1d.</td>
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<td>1e.</td>
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<td>1f.</td>
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<td>2a.</td>
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<td>2g.</td>
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<td>2h.</td>
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<td>2i.</td>
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<tr>
<td>4a.</td>
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<tr>
<td>4b.</td>
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<td>4c.</td>
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<td>4d.</td>
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<td>4f.</td>
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<td>5a.</td>
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<td>5b.</td>
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<td>5c.</td>
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<td>7a.</td>
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<td>7b.</td>
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<td>7c.</td>
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<td>8a.</td>
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<td>8b.</td>
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<td>9b.</td>
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<tr>
<td>10a.</td>
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<tr>
<td>11a.</td>
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</table>
Expectations

1. Students are assigned eight advanced pharmacy practice experience rotations, four required and four electives. The four required rotations are adult medicine, ambulatory care, community practice, and institutional practice. Of the remaining elective rotations, two must involve patient care, and these are assigned based on student preferences and preceptor availabilities. Students are notified of rotation assignments during the Spring semester of the third professional year. Should any changes be necessary students will be notified in writing in advance of the rotation.

2. Students will be expected to spend forty hours per week at the practice sites. These hours will be counted toward pharmacist licensure requirement in accordance with regulations of the Mississippi State Board of Pharmacy.

3. Students will be expected to send their assigned preceptors a cover letter and a copy of their curriculum vita two weeks before the beginning of the rotations. They should then follow up with their assigned preceptors via phone or email one week prior to rotation start dates. The phone numbers and email addresses for the preceptors are listed online at the rotation management website. Students may be asked to provide certain documentation to the school or practice site prior to the rotation. For more specific information about rotation administrative and health requirements, refer to the PEP Manual. The subsequent meeting times and expectations of the student should be outlined by the preceptors during the first meeting.

4. Students are expected to be punctual. If absences occur for any reason, the students must contact the preceptor. More than one unexcused absence results in course failure. Should a student miss more than 4 days of a given rotation, the student will have to repeat the rotation before receiving credit for the course. For more information about absences, refer to the PEP Manual.

5. Students will be expected to complete all required activities, as well as site-specific activities assigned by the preceptor. The following required activities for this course must be completed and documented on the online management system at least once during the rotation:
   a. Asthma Management
   b. Community Medication Management
   c. Cultural Competency Activity
   d. Drug Information Question
   e. Health Literacy Activity
   f. Medication Intervention
   g. Medication Therapy Management
   h. New Patient Profile
   i. Non Rx Consult
   j. Novel Pharmacy Plan
   k. Order Management/Appropriate Storage Exercise
   l. Pediatric Antibiotic Dosing Exercise
   m. Public Health Activity
   n. Rx Transfer
   o. Rx Verification
   p. Telephone Rx Order
   q. Warfarin Management

6. Students will be expected to complete the transcript and evaluation of his or her preceptor on the online rotation management website by the last day of the rotation.

Failure to submit any single item by the end of the rotation will result in an “incomplete” grade, which can then become an “F” per University policy. For more information students should refer to the PEP Manual for general rotation policies.

Student attire: Compliance with the dress code is expected. Various practice sites will have different requirements for dress, and students will be expected to comply with those requirements at the discretion of the preceptor. I.D. badges are required, and during practice rotations, lab coats are as well.
**Students with disabilities:** It is the responsibility of any student with a disability who requests a reasonable accommodation to contact the Office of Student Disability Services (662-915-7128). SDS will then contact the instructor through the student by means of an Instructor Notification of Classroom Accommodations form. The Instructor will then be happy to work with the student so that a reasonable accommodation for a disability can be made. This contact with SDS should be made as soon as possible after classes begin such that the appropriate preparation for the student may be planned.

If necessary, the syllabus may be modified at any point during the rotation period. Students taking the course will be notified in writing of any changes.

[You may insert a rotation calendar or specific dates and events here]

[You may insert additional assignments here]
**Important Websites**

The University of Mississippi School of Pharmacy website is: [http://www.pharmacy.olemiss.edu/](http://www.pharmacy.olemiss.edu/)

The official PEP website is [http://www.pharmd.org/Preceptors_Zone/index.htm](http://www.pharmd.org/Preceptors_Zone/index.htm)

The E*value website is [https://www.e-value.net/](https://www.e-value.net/)

**RxPEPTalk**

The School of Pharmacy sends out an e-newsletter at the beginning of every APPE rotation with important announcements and updates for preceptors and upcoming opportunities for preceptor development. A copy of each newsletter is also placed on the PEP website.

**The Pharmacist’s Letter**

**Preceptor Access to Preceptor Training & Resource Network**

The School of Pharmacy has made special arrangements to provide preceptors with Preceptor Training & Resource Network from *The Pharmacist’s Letter*.

Access to the Preceptor Training & Resource Network includes:

- Preceptor CE (home-based courses and live webinars)
- Sample student syllabi, activities, assignments and schedules
- Orientation, grading and evaluation tools
- Targeted professionalism, patient safety and practice-based teaching resources
- PL Journal Club (APPE teaching tools)
- Pharmacy 101 (IPPE teaching tools)
- End-of-rotation exams
- Preceptor discussion board

How to set up your access:

If you already have access to *The Pharmacist’s Letter* your subscription most likely includes Preceptor Training & Resource Network, which means you can access it the same way you access *The Pharmacist’s Letter*.

If you don’t have access, you will need to set up your School of Pharmacy Preceptor CE ID # as follows:

1. Locate the Pharmacist’s Letter link on the PEP website or click here directly:
2. Click I Don’t Have a CE ID # in the yellow box on the right
3. Fill out the form with your information and click Continue
4. Verify your information and click to confirm your status as a preceptor for the University of Mississippi School of Pharmacy

Your CE ID # will be automatically created and you’ll be able to use it from any internet-connected computer to access Preceptor Training & Resource Network.

If you have trouble logging in or need additional help contact:

Darcy Meade  
(209) 472-2240  
preceptor@pletter.com
**PRECEPTOR RESOURCE: ACCESS PHARMACY**

The School of Pharmacy is pleased to provide our preceptors with AccessPharmacy.

AccessPharmacy is an online curricular solution to meet the changing demands of pharmacy education today. With over 25 books mapped to the pharmacy core curriculum, AccessPharmacy gives the students the power to choose how they want to learn; they can select a core curriculum topic, browse by organ system, review a textbook online or search the site.

**Key Features and Benefits:**

- Cases and care plans: case-based learning through over 150 drug-therapy cases with Q&A and care plans that students can complete and submit to faculty;
- Self-Assessment and Review: ability to track progress using interactive Q&A with the ability to email the results and maintain a personalized record of the number of tests taken and last score;
- Fully integrated drug information, including complete chemical structure and dosing information, adverse reactions, indications and contraindications, patient education in English and Spanish and full-color photos of all formulations;
- Functional calculators, providing practical tools for students;
- Pharmacologic Animations, including step-by-step illustrations of chemical interactions, adapted from Goodman & Gilman’s to teach both chemical processes;
- Drug effectiveness content from Doctor Evidence provides in-context access to drug effectiveness statements for over 500 common diseases and the 300 most-prescribed medications. Findings are based on a thorough analysis of several hundred published clinical studies.
- Virtual cases with interactive decision-making and quizzes.
- Hot Topic editorial reviews of recent clinical trials or systematic reviews.
- OpenURL enabled links to full-text bibliographic references at PubMed

**To login to AccessPharmacy off campus preceptors should:**

- Go to the school website at [http://www.rx.olemiss.edu](http://www.rx.olemiss.edu)
- Choose the "off-campus" link
- Username: pharmacy Password: grt616 in the popup dialog box that appears (not the AccessPharmacy login screen).
- Confirm that the name of the school shows up in the corner of the AccessPharmacy screen. This is important.
- If you somehow get logged out of AccessPharmacy, it appears you have to completely exit the browser and start the connection process again (re-entering your credentials). Trying to get back in without shutting down the browser will not work.

**For faculty who may want to use the Pharmacotherapy Casebook, there is the ability for students to e-mail completed cases and care plans to their faculty, and for the faculty to gain access to the answer keys for the Casebook questions. For the faculty to access the Casebook answer keys, they’ll need to:**

- Create a MyAccessPharmacy personal account. To do this:
- Log into the Ole Miss subscription – they’ll be automatically authenticated on either the Jackson or Oxford campuses - or from home via the rx.olemiss.edu link.
- Click on ‘MyAccessPharmacy’ at the top right of the screen underneath the red McGraw-Hill logo.
- Click on Create Profile
- Create your profile and send an email requesting access. Provide the user name and e-mail address associated with your account.
- Access will be enabled by AccessPharmacy (usually within 72 hours of receiving request) and you will be notified that your request is complete. (NOTE: with newer preceptor faculty, some proof may be needed if you’re not in the directory – this is to keep the Casebook answers secure).
APPENDIX A
RECORD OF ABSENCE/REMEDICATION
(One copy provided. Additional copies may be made as needed.)
RECORD OF ABSENCE/REMEDIATION

This form is to be completed for ALL absences except University Holidays.

Refer to Chapter 2 for more information regarding absences and/or remediation.

Student Directions: To be submitted to preceptor as notification of intended absence.

Preceptor Directions: To be utilized as a record of student absence (excused or unexcused) and as a record of the remediation plan (when applicable).

Student and Preceptor: After discussing the remediation plan (if necessary), the preceptor and student should sign the form. The preceptor should keep the original form and any related information in the student’s file. The student should maintain a copy in the Student Portfolio for their records. Completed forms should be faxed to the PEP Office at 601-815-1160.

ABSENCE
Date(s) of absence: ___________________________________________________________________
Reason for absence (check one)
   __ Excused Absence (check one)
   ___ Scheduled Absences (Awards Assembly, Pharmacy Career and Recruitment Days, Rotation Presentation, NAPLEX Review, Other School-sanctioned Event _____________________________)
   ___ Employment Interview
   ___ Illness
   ___ Tardiness
   ___ Unexcused Absence

PRECEPTOR NOTIFICATION
Preceptor or PEP Office notified on (date) ______ at (time) ______ A.M./P.M.

REMEDIATION PLAN
Instructions to Preceptor: Please refer to Chapter 2 for remediation requirement. The preceptor should clearly and concisely describe the plan for remediation in the space below. The outline should include, at a minimum, the project to be completed and the date on which it must be completed or submitted to the preceptor.

Preceptor Signature: ____________________________ Date: ____________

I have read and agree with the remediation plan as described above.

Student Signature: ____________________________ Date: ____________
APPENDIX B
STATEMENT OF CONFIDENTIALITY
STATEMENT OF CONFIDENTIALITY

Patients have the right to complete confidentiality regarding their medical/health status. Patients will trust you, the pharmacy student, to maintain this confidentiality. Failure to maintain patient confidentiality is a breach of the patients’ right to privacy and may result in legal action against the institution/business, physician, pharmacist, and/or pharmacy student.

There are several guidelines to maintaining patient confidentiality.

1. Patient confidentiality includes, but is not limited to,
   - Current/past medications and their indications
   - Finances/insurance status
   - Hospitalization record (present and past)
   - Diagnosis
   - Medical status
   - Medical history (psychiatric, HIV/AIDS, pregnancy/abortion, abuse, illicit drug use)

2. Casual references regarding any patient should not be made in any area outside that of the patient care area. For example, discussions should not be held in elevators, hallways, cafeterias, public restaurants, break rooms, etc.

3. When discussing patients with faculty, other students, or other members of the health-care team, care should be taken not to reveal the identity of the patient. Patients should be referred to by their initials verbally and on any written document, i.e., do not refer to patients by their full names. These discussions should be done with discretion regarding surroundings, etc.

4. Do not discuss a patient’s medications with their friends or family unless that patient is present and has given (verbal) permission for the discussion to take place.

5. Manual or mechanical duplication of medical records is strictly prohibited. Likewise, removal of medical records from the patient care area is prohibited.

6. Any breach of patient or preceptor/site confidentiality will result in failure of that course and may possibly result in legal action against the student. The University of Mississippi School of Pharmacy adheres to all rules and regulations as set forth by the Health Insurance Portability and Accountability Act (HIPAA). These regulations can be viewed by going to the UMMC website at http://compliance.umc.edu/intranet. Slide the cursor over HIPAA Compliance Training and click HIPAA. Students are also required to read and sign the Statement of Confidentiality (included as an appendix in this manual) prior to beginning the PY4 year.

Students are also expected to maintain preceptor/site confidentiality. Preceptor/site confidentiality includes, but is not limited to, that facility’s patient records, personnel records, pharmacy records, financial records, and policies.

I understand and agree to abide by the statement of confidentiality. I understand that any breach of patient or preceptor/site confidentiality will result in failure of that course and may possibly result in legal action against me.

________________________________________________________    ______________  
(Print Name)           Date

_________________________________________________________     ______________
(Signature)           Date
APPENDIX C

ROTATION PRESENTATION SIGN-OFF FORM

© Copyrighted property of the University of Mississippi School of Pharmacy, 2012
STUDENT: ____________________________________________

Send completed form to
School of Pharmacy
2500 N. State St.
Jackson, MS 39216
Attn: Mrs. Jann Rice
Phone: (601) 984-2622
Fax: (601) 815-1160
Email: jrice@umc.edu

Presentation 1
Title: ____________________________________________________________________________________
Date Presented: ____________________________________________________________________________
Presented To: _____________________________________________________________________________
Successfully Completed: ____________________________________________________________________
Preceptor’s Signature

Presentation 2
Title: ____________________________________________________________________________________
Date Presented: ____________________________________________________________________________
Presented To: _____________________________________________________________________________
Successfully Completed: ____________________________________________________________________
Preceptor’s Signature

Presentation 3
Title: ____________________________________________________________________________________
Date Presented: ____________________________________________________________________________
Presented To: _____________________________________________________________________________
Successfully Completed: ____________________________________________________________________
Preceptor’s Signature
APPENDIX D
PHYSICAL SKILLS ASSESSMENT
PHYSICAL SKILLS ASSESSMENT CHECKLIST

Student Name: ________________________________________  Date Submitted: _________________

Below is a checklist that identifies those Physical Skills Assessment a Doctor of Pharmacy should possess at the end of the experiential program. This checklist should be kept in the student portfolio and reviewed with each preceptor at the beginning of each rotation. The preceptor should assist the student in completing the checklist. The student is responsible for obtaining a minimal satisfactory grade for each of the skills. The student must repeat any physical examination skill for which an unsatisfactory mark is received. Completion of these skills is required in order to satisfy final Practice Experience and graduation requirements. The student has until the middle of Rotation 8 to complete the checklist. Failure to submit the checklist at the scheduled time will result in the posting of an Incomplete (I) grade for Rotation 8. A copy of the checklist should be sent (mail or fax) to Jann Rice. Mail to: Mrs. Jann Rice, School of Pharmacy, 2500 North State Street, Jackson, Mississippi 39216. Fax number: 601-815-1160. If you have any questions, please call Jann Rice at 601-984-2622.

<table>
<thead>
<tr>
<th>Skill</th>
<th>Satisfactory Completion (✓)</th>
<th>Preceptor Signature</th>
<th>Physical Skills Instructor Signature (If other than Preceptor)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vital Signs</td>
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<tr>
<td>Blood Pressure</td>
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</tr>
<tr>
<td>Pulse</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Temperature (otic, oral)</td>
<td></td>
<td></td>
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<tr>
<td>Physical Examination</td>
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<tr>
<td>Ophthalmologic</td>
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<tr>
<td>Otoscopic</td>
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<tr>
<td>Nasopharyngeal</td>
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<tr>
<td>Heart Sounds</td>
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<tr>
<td>Breath Sounds</td>
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<tr>
<td>Neurologic</td>
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<tr>
<td>Bowel Sounds</td>
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<tr>
<td>Mental Status Exam</td>
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<tr>
<td>Administration Techniques</td>
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<tr>
<td>*Subcutaneous Injection</td>
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<tr>
<td>*Intramuscular Injection</td>
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<tr>
<td>Topicals</td>
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<tr>
<td>Nasal sprays</td>
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<tr>
<td>Nasal drops</td>
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<tr>
<td>Eye drops</td>
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<tr>
<td>Eye ointments</td>
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<tr>
<td>Autoinjectors (Epi-Pen)</td>
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<td>Insulin pens</td>
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<tr>
<td>Metered dose inhalers</td>
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<tr>
<td>Dry powder inhalers</td>
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<tr>
<td>Device Management</td>
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<tr>
<td>Peak Flow Meter</td>
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<td>Spacers</td>
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<tr>
<td>Self-Glucose Monitors</td>
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<tr>
<td>Monofilament Test</td>
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</tbody>
</table>

*Students completed Influenza Seminar but should also demonstrate these skills again during advanced pharmacy practice experiences.
Student Portfolio Review Form

STUDENT: ____________________________________________

Send completed form to
School of Pharmacy
2500 N. State St.
Jackson, MS 39216
Attn: Mrs. Jann Rice
Phone: (601) 984-2622
Fax: (601) 815-1160
Email: jrice@umc.edu

Student Portfolio Review # 1

Date Reviewed: _________________________ 

Preceptor’s Signature

Student Portfolio Review # 2

Date Reviewed: _________________________ 

Preceptor’s Signature

Student Portfolio Review # 3

Date Reviewed: _________________________ 

Preceptor’s Signature

The student has until the middle of Rotation 8 to complete the form. Failure to submit the form at the scheduled time will result in the posting of an Incomplete (I) grade for Rotation 8. A copy of the form should be sent (mail or fax) to Jann Rice. Mail to: Mrs. Jann Rice, School of Pharmacy, 2500 North State Street, Jackson, Mississippi 39216. Fax number: 601-815-1160.

If you have any questions, please call Jann Rice at 601-984-2622.

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APPENDIX F
INCOMPLETE ASSIGNMENT FORM
INCOMPLETE ASSIGNMENT PLAN

STUDENT: ____________________________________________________________________________

Rotation # 1 2 3 4 5 6 7 8 DATES: __________

Directions to Preceptor: In the event a preceptor cannot submit a student grade due to incomplete student work the preceptor should complete and submit to the PEP Office an Incomplete Assignment Plan in lieu of the grade. The preceptor should provide a brief explanation of the circumstances for the incomplete work and a brief description (i.e., name or type of assignment) and date when late assignment is to be completed. A copy of the signed form should be provided to the student.

Preceptor Name (print): ___________________________________________  Date: ______________

Preceptor Signature: _____________________________________________  Date: ______________

Student Signature: _____________________________________________  Date: ______________
APPENDIX G
APPE ABILITY TRANSCRIPTS
<table>
<thead>
<tr>
<th>UM Professional Outcomes</th>
<th>Course Objectives</th>
<th>Required Activities /Additional Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Collect and organize patient data, medical records, interviews, and psychomotor evaluations</td>
<td>Collect accurate and comprehensive information to be used in monitoring therapeutic outcomes; Identify the patient's primary complaint(s) and reasons for seeking medical care</td>
<td>☐ New Patient Profile</td>
</tr>
<tr>
<td>1b. Evaluate and interpret patient data</td>
<td>Identify the patient's primary complaint(s) and reasons for seeking medical care; Identify appropriate information in patient profiles that will affect drug dose and schedule</td>
<td>☐ Non Rx Consult</td>
</tr>
<tr>
<td>1c. Apply knowledge of medical terminology and abbreviations</td>
<td>Demonstrate ability to receive prescriptions from patients and physicians over the telephone</td>
<td>☐ Telephone Rx</td>
</tr>
<tr>
<td>1d. Apply knowledge of specified drugs and drug classes</td>
<td>Employ clinical and physical assessment skills to determine the adequacy of patient therapeutic self-management and evaluate therapeutic effectiveness or potential drug-related problems in the patient</td>
<td>☐ Community Medication Management</td>
</tr>
<tr>
<td>1e. Apply knowledge of specific physiologic systems</td>
<td>Apply knowledge of the pathophysiology of a specific disease to prevent medication-related problems</td>
<td>☐ Medication Therapy Management Exercise</td>
</tr>
<tr>
<td>1f. Apply knowledge of specific disease pathology and comorbid conditions</td>
<td>Apply knowledge of the pathophysiology of a specific disease to prevent medication-related problems</td>
<td>☐ Medication Therapy Management Exercise</td>
</tr>
<tr>
<td>2a. Apply understanding of indications for pharmacologic and non-pharmacologic therapy</td>
<td>Review patient profiles to determine the adequacy of patient therapeutic self-management; Use appropriate methods of patient education to review indications, adverse effects, dosage, storage, and administration techniques</td>
<td>☐ New Patient Profile</td>
</tr>
<tr>
<td>2b. Apply clinical reasoning skills in drug product selection, chemical entity, dosage formulation based on principles of pharmaceutics,</td>
<td>Employ clinical and physical assessment skills to determine the adequacy of patient therapeutic self-management and evaluate therapeutic effectiveness or</td>
<td>☐ Community Medication Management</td>
</tr>
<tr>
<td></td>
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<td>☐ Rx Verification</td>
</tr>
<tr>
<td>2c. Develop appropriate dosing regimens, which reflect application of knowledge of pharmaceutical calculations, initial dose, dose titration, and dosage adjustments</td>
<td>Demonstrate the ability to accurately perform dosage calculations</td>
<td>☐ Pediatric Antibiotic Dosing Exercise</td>
</tr>
<tr>
<td>2d. Prepare accurate patient-specific pharmaceutic agents, dosage forms and delivery systems</td>
<td>Demonstrate ability to accurately perform the activities comprising the prescription medication dispensing function</td>
<td>☐ Rx Verification</td>
</tr>
<tr>
<td>2e. Develop rational plans for monitoring therapeutic outcomes</td>
<td>Employ clinical and physical assessment skills to determine the adequacy of patient therapeutic self-management and evaluate therapeutic effectiveness or potential drug-related problems in the patient</td>
<td>☐ Patient Counseling</td>
</tr>
<tr>
<td>2f. Develop rational plans for monitoring and managing adverse events</td>
<td>Employ clinical and physical assessment skills to determine the adequacy of patient therapeutic self-management and evaluate therapeutic effectiveness or potential drug-related problems in the patient</td>
<td>☐ Patient Counseling</td>
</tr>
<tr>
<td>2g. Develop plans for anticipating, avoiding, and resolving drug interactions, drug-drug interactions, drug-food interactions, drug-disease interactions, drug-lab interactions, and drug-procedure interactions</td>
<td>Employ clinical and physical assessment skills to determine the adequacy of patient therapeutic self-management and evaluate therapeutic effectiveness or potential drug-related problems in the patient</td>
<td>☐ Patient Counseling</td>
</tr>
<tr>
<td>2h. Develop plans for patient education on drug therapy and therapeutic lifestyle changes</td>
<td>Use appropriate methods of patient education to review indications, adverse effects, dosage, storage, and administration techniques</td>
<td>☐ Patient Counseling</td>
</tr>
<tr>
<td>2i. Document recommendations and services accurately and comprehensively</td>
<td>Use effective written, visual, verbal, and nonverbal communication skills when providing medication self-management counseling to patients and/or caregivers</td>
<td>☐ Patient Counseling</td>
</tr>
<tr>
<td>4a. Appropriately manage resources to maximize economic, clinical and humanistic outcomes for patients, and effectively manage financial, personnel, time, and technology resources</td>
<td>Demonstrate knowledge of basic physical requirements for establishing a pharmacy dispensing area; Demonstrate knowledge of the wholesale ordering process; Able to prepare and place an order for drugs by computer and telephone; Able to receive and process a wholesale order; Demonstrate the principles of inventory control; Demonstrate knowledge of pricing policies; Understand principles of</td>
<td>☐ Novel Pharmacy Plan</td>
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<tr>
<td>4b.</td>
<td>Appropriately manage safe, accurate and time-sensitive medication distribution</td>
<td>Demonstrate ability to accurately perform the activities comprising the prescription medication dispensing function; Understand and apply the basic principles of drug storage</td>
</tr>
<tr>
<td>4c.</td>
<td>Apply ethics and professional principles to assure efficient utilization of resource management and effective treatment choices</td>
<td>Use good professional judgment and demonstrate ability to cope with a variety of situations</td>
</tr>
<tr>
<td>4d.</td>
<td>Assure that medication use systems minimize medication errors and optimize patient outcomes</td>
<td>Demonstrate the understanding of and utilize medication profile systems</td>
</tr>
<tr>
<td>4f.</td>
<td>Practice in accordance with state and federal regulations and statutes</td>
<td>Understand and apply legal requirements associated with the dispensing process</td>
</tr>
<tr>
<td>5a.</td>
<td>Employ communication styles and techniques appropriate to the audience.</td>
<td>Interview the patient/caregiver to help determine the adequacy of patient therapeutic knowledge; Use appropriate methods of patient education to review indications, adverse effects, dosage, storage, and administration techniques; Demonstrate a positive attitude toward the practice of pharmacy</td>
</tr>
<tr>
<td>5b.</td>
<td>Work effectively within a multidisciplinary/interdisciplinary environment</td>
<td>Demonstrate ability to receive prescriptions from patients and physicians over the telephone; Able to interact with wholesale and manufacturer representatives</td>
</tr>
<tr>
<td>5c.</td>
<td>Include patient and caregiver as integral parts of a treatment plan.</td>
<td>Develop a plan to influence patients to effectively manage their therapy; Encourage patients/caregivers to contact the pharmacist for further information regarding therapy</td>
</tr>
<tr>
<td>7a.</td>
<td>Display empathy in patient interactions</td>
<td>Use effective written, visual, verbal, and nonverbal communication skills when providing medication self-management counseling to patients and/or caregivers</td>
</tr>
<tr>
<td>7b.</td>
<td>Display sensitivity to differences in ethnicity, gender, values, or belief</td>
<td>Use effective written, visual, verbal, and nonverbal communication skills when providing medication self-management counseling to patients and/or caregivers</td>
</tr>
<tr>
<td>systems (cultural competency)</td>
<td>counseling to patients and/or caregivers</td>
<td>7c. Apply understanding of contemporary and historical social and economic factors that influence health and health care, including health literacy and health care disparities. Use effective written, visual, verbal, and nonverbal communication skills when providing medication self-management counseling to patients and/or caregivers</td>
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<tr>
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</tr>
<tr>
<td>8a. Serve as reliable and credible source of drug information</td>
<td>Demonstrate the ability to provide information solicited from other health care professionals regarding medication; Demonstrate the ability to provide unsolicited information to other health care professionals</td>
<td>☐ Drug Information Question</td>
</tr>
<tr>
<td>8b. Effectively educate patients utilizing all appropriate communication modalities (verbal, written, other).</td>
<td>Use effective written, visual, verbal, and nonverbal communication skills when providing medication self-management counseling to patients and/or caregivers; Demonstrate proper administration technique for a given drug delivery system or monitoring device; Explain any action that should be taken in the event of a missed dose; Advise patients on how to avoid potential interactions with other therapies; Explain signs and symptoms associated with the common and/or severe adverse reactions to a therapy; Explain the significance and frequency of adverse drug reactions and interactions associated with a given therapy; Demonstrate the ability to consult with patients regarding selection and use of OTC medications</td>
<td>☐ Patient Counseling</td>
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</tr>
<tr>
<td>9b. Demonstrate understanding of the influences of legislation on pharmacy practice</td>
<td>Know the basic legal requirements for establishing and operating a pharmacy dispensing area</td>
<td>☐ Novel Pharmacy Plan</td>
</tr>
<tr>
<td>10a. Engage in health-related community outreach activities.</td>
<td>Demonstrate the ability to provide unsolicited information to other health care professionals and the public</td>
<td>☐ Public Health Activity</td>
</tr>
<tr>
<td>11a. Take responsibility for gathering new knowledge.</td>
<td>Show initiative</td>
<td></td>
</tr>
</tbody>
</table>
## Institutional Pharmacy Advance Practice Experience Transcript

<table>
<thead>
<tr>
<th>Student name</th>
<th>Preceptor Name</th>
<th>Course Objectives</th>
<th>Required Activities/Additional Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UM Professional Ability-Based Outcomes</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1a. Collect and organize patient data, medical records, interviews, and psychomotor evaluations</strong></td>
<td>Demonstrate ability in a variety of patient care settings to obtain medication histories, review chart material, participate in rounding, conduct discharge interviews and perform other functions which will have an effect on the therapy employed in patient care; Demonstrate the ability to effectively understand and interpret the medical management of a hospitalized patient and communicate via a grand rounds presentation a work-up of the patient, and assessment of the drug therapy decisions</td>
<td>☐ Home Meds/MAR Review  ☐ Case Presentation  ☐ Institutional Medication Management</td>
<td></td>
</tr>
<tr>
<td><strong>1b. Evaluate and interpret patient data</strong></td>
<td>Demonstrate ability in a variety of patient care settings to obtain medication histories, review chart material, participate in rounding, conduct discharge interviews and perform other functions which will have an effect on the therapy employed in patient care; Demonstrate the ability to effectively understand and interpret the medical management of a hospitalized patient and communicate via a grand rounds presentation a work-up of the patient, and assessment of the drug therapy decisions</td>
<td>☐ Home Meds/MAR Review  ☐ Case Presentation  ☐ Institutional Medication Management</td>
<td></td>
</tr>
<tr>
<td><strong>1d. Apply knowledge of specified drugs and drug classes</strong></td>
<td>Evaluate potentially toxic drug ingestion and communicate with both patients and other health care professionals concerning signs and symptoms, general supportive care, and specific treatment; Demonstrate knowledge of the information sources on parenteral drug therapy; Demonstrate the ability to effectively understand and interpret the medical management of a hospitalized patient and communicate via a grand rounds presentation a work-up of the patient, and assessment of the drug therapy decisions</td>
<td>☐ Drug Overdose Exercise  ☐ Parenteral Nutrition Management  ☐ Case Presentation  ☐ Institutional Medication Management</td>
<td></td>
</tr>
<tr>
<td><strong>1e. Apply knowledge of specific physiologic systems</strong></td>
<td>Evaluate potentially toxic drug ingestion and communicate with both patients and other health care professionals concerning signs and symptoms, general supportive care, and specific treatment; Demonstrate knowledge of the information sources on parenteral drug therapy; Demonstrate the ability to effectively understand and interpret the medical management of a hospitalized patient and communicate via a grand rounds presentation a work-up of the patient, and assessment of the drug therapy decisions</td>
<td>☐ Drug Overdose Exercise  ☐ Parenteral Nutrition Management  ☐ Case Presentation  ☐ Institutional Medication Management</td>
<td></td>
</tr>
<tr>
<td><strong>1f. Apply knowledge of specific disease pathology and comorbid conditions</strong></td>
<td>Evaluate potentially toxic drug ingestion and communicate with both patients and other health care professionals concerning signs and symptoms, general supportive care, and specific treatment; Demonstrate knowledge of the information sources on parenteral drug therapy; Demonstrate the ability to effectively understand and interpret the medical management of a hospitalized patient and communicate via a grand rounds presentation a work-up of the patient, and assessment of the drug therapy decisions</td>
<td>☐ Drug Overdose Exercise  ☐ Parenteral Nutrition Management  ☐ Case Presentation</td>
<td></td>
</tr>
<tr>
<td>2a. Apply understanding of indications for pharmacologic and non-pharmacologic therapy</td>
<td>Demonstrate knowledge of the appropriate indications, manufacturer, administration, and monitoring parameters for parenteral nutrition, lipids, and enteral nutrition</td>
<td>Institutional Medication Management</td>
<td></td>
</tr>
<tr>
<td>2b. Apply clinical reasoning skills in drug product selection, chemical entity, dosage formulation based on principles of pharmaceutics, medicinal and natural product chemistry</td>
<td>Demonstrate knowledge of the appropriate indications, manufacturer, administration, and monitoring parameters for parenteral nutrition, lipids, and enteral nutrition; Demonstrate the ability to effectively understand and interpret the medical management of a hospitalized patient and communicate via a grand rounds presentation a work-up of the patient, and assessment of the drug therapy decisions</td>
<td>Parenteral Nutrition Management</td>
<td></td>
</tr>
<tr>
<td>2c. Develop appropriate dosing regimens, which reflect application of knowledge of pharmaceutical calculations, initial dose, dose titration, and dosage adjustments</td>
<td>Demonstrate knowledge of the appropriate indications, manufacturer, administration, and monitoring parameters for parenteral nutrition, lipids, and enteral nutrition; Demonstrate the ability to understand basic applied pharmacokinetic principles as it relates to rational drug therapy by providing consultation regarding drug management of a hospital patient</td>
<td>Parenteral Nutrition Management, Pharmacokinetics, Institutional Medication Management</td>
<td></td>
</tr>
<tr>
<td>2d. Prepare accurate patient-specific pharmacuetic agents, dosage forms and delivery systems</td>
<td>Demonstrate sterile technique in the manufacture of intravenous admixtures and extemporaneous sterile preparations; Demonstrate knowledge of the necessary policies, procedures and techniques required to repackage manufactured pharmaceuticals and to research and prepare an extemporaneous or bulk basis special formulations for use within the hospital; Demonstrate the ability to understand basic applied pharmacokinetic principles as it relates to rational drug therapy by providing consultation regarding drug management of a hospital patient</td>
<td>Aseptic Technique/Intravenous Admixture, Pharmacokinetics, Order Management / Appropriate Storage Exercise</td>
<td></td>
</tr>
<tr>
<td>2e. Develop rational plans for monitoring therapeutic outcomes</td>
<td>Demonstrate knowledge of the appropriate indications, manufacturer, administration, and monitoring parameters for parenteral nutrition, lipids, and enteral nutrition; Demonstrate the ability to understand basic applied pharmacokinetic principles as it relates to rational drug therapy by providing consultation regarding drug management of a hospital patient</td>
<td>Parenteral Nutrition Management, Pharmacokinetics, Institutional Medication Management</td>
<td></td>
</tr>
<tr>
<td>2f. Develop rational plans for monitoring and managing adverse events</td>
<td>Demonstrate the ability to understand basic applied pharmacokinetic principles as it relates to rational drug therapy by providing consultation regarding drug management of a hospital patient</td>
<td>Pharmacokinetics</td>
<td></td>
</tr>
<tr>
<td>2g. Develop plans for anticipating, avoiding, and</td>
<td>Demonstrate the ability to understand basic applied pharmacokinetic principles as it relates to rational drug therapy by providing consultation regarding drug management of a hospital patient</td>
<td>Pharmacokinetics</td>
<td></td>
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<tr>
<td>Activity</td>
<td>Description</td>
<td>Relevant Knowledge</td>
<td>Exercises</td>
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</tr>
<tr>
<td>2h. Develop plans for patient education on drug therapy and therapeutic lifestyle changes</td>
<td>Demonstrate the ability to understand basic applied pharmacokinetic principles as it relates to rational drug therapy by providing consultation regarding drug management of a hospital patient</td>
<td>Pharmacokinetics</td>
<td>☐ Pharmacokinetics</td>
</tr>
<tr>
<td>2i. Document recommendations and services accurately and comprehensibly</td>
<td>Demonstrate the ability to understand basic applied pharmacokinetic principles as it relates to rational drug therapy by providing consultation regarding drug management of a hospital patient</td>
<td>Pharmacokinetics</td>
<td>☐ Pharmacokinetics</td>
</tr>
<tr>
<td>4a. Appropriately manage resources to maximize economic, clinical and humanistic outcomes for patients, and effectively manage financial, personnel, time, and technology resources</td>
<td>Understand the principles of budgeting, purchasing and inventory control; Become familiar with required departmental reports and demonstrate the ability to prepare such reports; Understand after-hours service policy and demonstrate an ability to formulate alternatives to procedures employed; Demonstrate an understanding of proper filing of drug information materials; Understand how to organize and operate a drug information service including physical accommodations, reference sources, budgeting, responsibilities and documentation of services</td>
<td>Order Management / Appropriate Storage Exercise</td>
<td>☐ Order Management / Appropriate Storage Exercise, Institutional Policy Exercise</td>
</tr>
<tr>
<td>4b. Appropriately manage safe, accurate and time-sensitive medication distribution</td>
<td>Understand the policies and procedures and can demonstrate the ability to function in the inpatient distribution system currently employed by the department; Understand why the medication distribution system was chosen for the hospital and can demonstrate knowledge of alternate systems that could be used; Understand the relationship of outpatient pharmacy to pharmacy department and can demonstrate ability to process a variety of prescriptions in this area; Demonstrate sterile technique in the manufacture of intravenous admixtures and extemporaneous sterile preparations; Demonstrate knowledge of the necessary policies, procedures, and techniques required to repackage manufactured pharmaceuticals and to research and prepare an extemporaneous or bulk basis special formulations for use within the hospital</td>
<td>Medication Distribution /QA Process</td>
<td>☐ Medication Distribution /QA Process, Continuity of Care Exercise, Aseptic Technique/Intravenous Admixture</td>
</tr>
<tr>
<td>4c. Apply ethics and professional principles to assure efficient utilization of resource management and effective treatment choices</td>
<td>Use good professional judgment and demonstrate ability to cope with a variety of situations</td>
<td>Pharmaceutical Industry Exercise</td>
<td>☐ Pharmaceutical Industry Exercise</td>
</tr>
<tr>
<td>4d. Assure that medication use systems minimize medication errors and optimize patient outcomes</td>
<td>Understand the concepts of quality assurance and can demonstrate using outcomes to improve system processes</td>
<td>Medication Distribution /QA Process</td>
<td>☐ Medication Distribution /QA Process</td>
</tr>
<tr>
<td>4e. Develop proposals for establishing, marketing, and being compensated for</td>
<td>Become familiar with required departmental reports and demonstrate the ability to prepare such reports</td>
<td>Institutional Policy Exercise</td>
<td>☐ Institutional Policy Exercise</td>
</tr>
<tr>
<td>5a. Employ communication styles and techniques appropriate to the audience</td>
<td>Demonstrate ability to consult with patients regarding use, cautions and storage of their medications; Demonstrate verbal and written communication skills as a necessary means to receive and disseminate drug information; Demonstrate knowledge of how to organize, prepare and disseminate an in-house pharmacy newsletter (for the medical staff and/or nursing service); Demonstrate a positive attitude toward the practice of pharmacy; Communicate effectively and appropriately</td>
<td>☐ Discharge Counseling</td>
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<tr>
<td>5b. Work effectively within a multidisciplinary/interdisciplinary environment</td>
<td>Understand the role of the manufacturer’s representatives and can formulate policies regarding their activities within the institution; Understand the role of the pharmacy technician in the provision of pharmaceutical services in the hospital and can demonstrate knowledge of the components of a technician-training program; Understand the procedures relative to the administration of medications by nursing service or pharmacy services; Demonstrate ability in a variety of patient care settings to obtain medication histories, review chart material, participate in rounding, conduct discharge interviews and perform other functions which will have an effect on the therapy employed in patient care; Use good professional judgment and demonstrate ability to cope with a variety of situations; Communicate effectively and appropriately; Exercise punctuality and maintain expected attendance</td>
<td>☐ Pharmaceutical Industry Exercise ☐ Technician Training Activity ☐ Medication Administration Exercise</td>
<td></td>
</tr>
<tr>
<td>5c. Include patient and caregiver as integral parts of a treatment plan</td>
<td>Demonstrate ability to consult with patients regarding use, cautions and storage of their prescribed medications</td>
<td>☐ Discharge Counseling</td>
<td></td>
</tr>
<tr>
<td>8a. Serve as a reliable and credible source of drug information</td>
<td>Demonstrate verbal and written communication skills as a necessary means to receive and disseminate drug information</td>
<td>☐ Drug Information Question</td>
<td></td>
</tr>
<tr>
<td>8b. Effectively educate patients utilizing all appropriate communication modalities (verbal, written, other)</td>
<td>Demonstrate ability to consult with patients regarding use, cautions and storage of their prescribed medications</td>
<td>☐ Discharge Counseling</td>
<td></td>
</tr>
<tr>
<td>8d. Present effective educational programs and presentations to public and health care profession audiences</td>
<td>Demonstrate the ability to effectively understand and interpret the medical management of a hospitalized patient and communicate via a grand rounds presentation a work-up of the patient, and assessment of the drug therapy decisions</td>
<td>☐ Case Presentation</td>
<td></td>
</tr>
<tr>
<td>9a. Demonstrate knowledge of the impact of health care systems on pharmacy practice</td>
<td>Understand the basic organization of a hospital and the role of the pharmacy as a department within that hospital; Understand the Joint Commission accreditation process; Understand the relationship of outpatient pharmacy to pharmacy department and can demonstrate ability to process a variety of prescriptions in this area</td>
<td>☐ Medication Distribution/QA Process ☐ The Joint Commission Exercise ☐ Continuity of Care Exercise</td>
<td></td>
</tr>
<tr>
<td>9b. Demonstrate understanding of the influences of legislation on pharmacy practice</td>
<td>Understand the legal requirements for establishing and operating a hospital pharmacy department; Understand the Joint Commission accreditation process</td>
<td>☐ The Joint Commission Exercise</td>
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<td></td>
</tr>
<tr>
<td>11a. Take responsibility for gathering new knowledge</td>
<td>Show initiative</td>
<td></td>
<td></td>
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</tbody>
</table>
### Adult Medicine Advance Practice Experience Transcript

<table>
<thead>
<tr>
<th>UM Professional Ability-Based Outcomes</th>
<th>Course Objectives</th>
<th>Required Activities /Additional Evidence</th>
</tr>
</thead>
</table>
| 1a. Collect and organize patient data, medical records, interviews, and psychomotor evaluations | Perform an accurate and effective medication history/patient interview; Perform relevant and accurate physical assessment procedures; Develop functional patient databases by gathering and generating relevant information | ☐ Medication Reconciliation  
☐ Biomarker Monitoring  
☐ Case Presentation  |
| 1b. Evaluate and interpret patient data | Perform an accurate and effective medication history/patient review; Perform relevant and accurate physical assessment procedures; Develop functional patient databases by gathering and generating relevant information; Interpret medical management of the patient, including common laboratory and diagnostic test results. | ☐ Case Presentation  
☐ Home Meds/MAR Review  
☐ SOAP Note  |
| 1c. Apply knowledge of medical terminology and abbreviations | Develop functional patient databases by gathering and generating relevant information; Identify drug-related problems | ☐ Case Presentation  
☐ Home Meds/MAR Review  
☐ SOAP Note  |
| 1d. Apply knowledge of specified drugs and drug classes | Assess each acute and chronic medical problem; Identify drug-related problems | ☐ Case Presentation  
☐ Home Meds/MAR Review  
☐ SOAP Note  |
| 1e. Apply knowledge of specific physiologic systems | Assess each acute and chronic medical problem; Identify drug-related problems | ☐ Case Presentation  
☐ Home Meds/MAR Review  
☐ SOAP Note  |
| 1f. Apply knowledge of specific disease pathology and comorbid conditions | Assess each acute and chronic medical problem; Identify drug-related problems | ☐ Case Presentation  
☐ Home Meds/MAR Review  
☐ SOAP Note  |
| 2a. Apply understanding of indications for pharmacologic and non-pharmacologic therapy | Identify drug-related problems | ☐ Medication Intervention  
☐ Pneumonia Management  
☐ Heart Failure Management  
☐ Thromboembolic Event Management  
☐ Diabetes Management  
☐ Gastrointestinal Therapy Management  
☐ Cardiac Dysrhythmia Management  
☐ Medical Emergency Management  |
| 2b. Apply clinical reasoning skills in drug product selection, chemical entity, dosage formulation based on principles of pharmaceutics, medicinal and natural product chemistry | Identify drug-related problems | ☐ Medication Intervention  
☐ Pneumonia Management  
☐ Heart Failure Management  
☐ Thromboembolic Event Management  
☐ Diabetes Management  
☐ Gastrointestinal Therapy Management  
☐ Cardiac Dysrhythmia Management  
☐ Medical Emergency Management  |
<table>
<thead>
<tr>
<th>2c. Develop appropriate dosing regimens, which reflect application of knowledge of pharmaceutical calculations, initial dose, dose titration, and dosage adjustments</th>
<th>Identify drug-related problems; Monitor, evaluate, and respond to drug/drug, drug/food, and drug/lab interactions using pharmacokinetic and pharmacodynamic principles; Develop drug therapy plans that are patient-specific, comprehensive, logical, practical, consider current evidence-based medicine recommendations, include strategies for prevention, and include patient education; Develop and implement the pharmacotherapeutic plan promptly, efficiently, accurately, and effectively</th>
<th>☐ Medication Intervention ☐ Pneumonia Management ☐ Heart Failure Management ☐ Thromboembolic Event Management ☐ Diabetes Management ☐ Gastrointestinal Therapy Management ☐ Cardiac Dysrhythmia Management ☐ Medical Emergency Management</th>
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<td>2e. Develop rational plans for monitoring therapeutic outcomes</td>
<td>Establish desired therapeutic outcomes; Develop drug therapy plans that are patient-specific, comprehensive, logical, practical, consider current evidence-based medicine recommendations, include strategies for prevention, and include patient education; Develop and implement the pharmacotherapeutic plan promptly, efficiently, accurately, and effectively</td>
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<td>2f. Develop rational plans for monitoring and managing adverse events</td>
<td>Develop drug therapy plans that are patient-specific, comprehensive, logical, practical, consider current evidence-based medicine recommendations, include strategies for prevention, and include patient education; Develop and implement the pharmacotherapeutic plan promptly, efficiently, accurately, and effectively</td>
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<td>2g. Develop plans for anticipating, avoiding, and resolving drug interactions, drug-drug interactions, drug-food interactions, drug-disease interactions, drug-lab interactions, and drug-procedure interactions</td>
<td>Identify drug-related problems; Prioritize drug-related problem-list; Develop drug therapy plans that are patient-specific, comprehensive, logical, practical, consider current evidence-based medicine recommendations, include strategies for prevention, and include patient education; Develop and implement the pharmacotherapeutic plan promptly, efficiently, accurately, and effectively</td>
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<td>2h. Develop plans for patient education on drug therapy and therapeutic lifestyle changes</td>
<td>Consider drug and non-drug therapy alternatives; Develop drug therapy plans that are patient-specific, comprehensive, logical, practical, consider current evidence-based medicine recommendations, include strategies for prevention, and include patient education; Develop and implement the pharmacotherapeutic plan promptly, efficiently, accurately, and effectively</td>
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<td>2i. Document recommendations and services accurately and comprehensibly</td>
<td>Document accurate, logical, yet only pertinent information, including drug therapy directions (dosage, route, frequency, duration, monitoring parameters, and time of follow up) using correct terminology, spelling, and grammar</td>
<td>☐ SOAP Note</td>
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| 3a. Analyze epidemiologic and pharmacoeconomic data, medication use criteria, medication use review, and risk reduction strategies | Participate in the Medication Use Evaluation process; Pursue the role of drug therapy practitioner over that of drug therapy advisor; Identify opportunities for decision-making | □ Pharmacy Data Management Activity  
□ Non-formulary Request  
□ Inpatient Protocol Development  
□ Guideline Analysis |
|---|---|---|
| 3b. Apply knowledge of protocol utilization for the initiation and modification of drug therapy | Pursue the role of drug therapy practitioner over that of drug therapy advisor; Identify opportunities for decision-making | □ Inpatient Protocol Development  
□ Guideline Analysis |
| 3c. Develop population-based protocols for medication therapy management | Formulate decision rationale that is the result of rigorous inquiry, scientific reasoning, and evidence; Pursue the highest levels of decision-making; Follow through with decisions | □ Inpatient Protocol Development  
□ Guideline Analysis |
| 3d. Apply knowledge of protocol utilization for the initiation and modification of drug therapy | Use good professional judgment and demonstrate ability to cope with a variety of situations | |
| 4a. Develop proposals for establishing, marketing, and being compensated for medication therapy management and patient care services rendered | Seek independence in making decisions and accepting personal responsibility for the outcomes to patients resulting from one's decisions; Follow through with decisions | □ Inpatient Protocol Development  
□ Guideline Analysis |
| 5a. Employ communication styles and techniques appropriate to the audience | Effectively communicate, verbally and in writing with other health care professionals; Effectively communicate patient and/or medication self-management information to patients and health professionals; Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately | □ SOAP Note  
□ Case Presentation  
□ Journal Club  
□ Team Care activity |
| 5b. Work effectively within a multidisciplinary/interdisciplinary environment | Effectively communicate, verbally and in writing with other health care professionals; Effectively communicate patient and/or medication self-management information to patients and health professionals; Collaborate with patients, caregivers, and health professionals in a team approach to optimize drug therapy; Collaborate with pharmacy, nursing, and hospital team members to optimize medication distribution throughout the facility; Use good professional judgment and demonstrate ability to cope with a variety of situations; Communicate effectively and appropriately; Exercise punctuality and maintain expected attendance | □ Team Care activity  
□ Drug Information Question |
| 6a. Apply understanding to statistical methods | Critically analyze and evaluate biomedical literature and use evidence to optimize patient care | □ Journal Club  
□ Inpatient Protocol Development  
□ Guideline Analysis |
| 6b. Apply understanding of research design principles | Critically analyze and evaluate biomedical literature and use evidence to optimize patient care | □ Journal Club  
□ Inpatient Protocol Development  
□ Guideline Analysis |
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<td>8a. Serve as reliable and credible source of drug information</td>
<td>Provide concise, applicable, and timely responses to requests for drug information from health care professionals and patients</td>
<td>Drug Information Question</td>
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<td>8d. Present effective educational programs and presentations to public and health care profession audiences</td>
<td>Effectively communicate, verbally and in writing with other health care professionals; Prepare and present an educational program to a group of health care professionals or patients in an effective manner</td>
<td>Case Presentation</td>
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<td>9a. Demonstrate knowledge of the impact of health care systems on pharmacy practice</td>
<td>Participate in the Medication Use Evaluation process</td>
<td>Inpatient Protocol Development</td>
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<td>11a. Take responsibility for gathering new knowledge</td>
<td>Show initiative</td>
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<td>11b. Demonstrate an ability to evaluate and utilize information resources</td>
<td>Compare and contrast new information that is encountered during daily rotation activities with prior knowledge in order to assess its value and refine one’s personal understanding</td>
<td>Inpatient Protocol Development</td>
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<td>Course Objectives</td>
<td>Required Activities /Additional Evidence</td>
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<td>1a. Collect and organize patient data, medical records, interviews, and psychomotor evaluations</td>
<td>Perform an accurate and effective medication history/patient interview; Perform relevant and accurate physical assessment procedures; Develop functional patient databases by gathering and generating relevant information</td>
<td>☐ Medication Reconciliation  ☐ Biomarker Monitoring  ☐ Case Presentation</td>
</tr>
<tr>
<td>1b. Evaluate and interpret patient data</td>
<td>Perform an accurate and effective medication history/patient review; Perform relevant and accurate physical assessment procedures; Develop functional patient databases by gathering and generating relevant information</td>
<td>☐ Case Presentation  ☐ Generalized Medication Therapy Management  ☐ SOAP Note</td>
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<td>1c. Apply knowledge of medical terminology and abbreviations</td>
<td>Develop functional patient databases by gathering and generating relevant information; Identify drug-related problems</td>
<td>☐ Case Presentation  ☐ Generalized Medication Therapy Management  ☐ SOAP Note</td>
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<td>1d. Apply knowledge of specified drugs and drug classes</td>
<td>Assess each acute and chronic medical problem; Identify drug-related problems</td>
<td>☐ Case Presentation  ☐ Generalized Medication Therapy Management  ☐ SOAP Note</td>
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<td>1e. Apply knowledge of specific physiologic systems</td>
<td>Assess each acute and chronic medical problem; Identify drug-related problems</td>
<td>☐ Case Presentation  ☐ Generalized Medication Therapy Management  ☐ SOAP Note</td>
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<td>1f. Apply knowledge of specific disease pathology and comorbid conditions</td>
<td>Assess each acute and chronic medical problem; Identify drug-related problems</td>
<td>☐ Case Presentation  ☐ Generalized Medication Therapy Management  ☐ SOAP Note</td>
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<td>2a. Apply understanding of indications for pharmacologic and non-pharmacologic therapy</td>
<td>Identify drug-related problems</td>
<td>☐ Medication Intervention  ☐ Asthma Medication Therapy Management  ☐ Depression Medication Therapy Management  ☐ Diabetes Medication Therapy Management  ☐ Hypertension Medication Therapy Management  ☐ Warfarin Medication Therapy Management</td>
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<td>2b. Apply clinical reasoning skills in drug product selection, chemical entity, dosage formulation based on principles of pharmaceutics, medicinal and natural product chemistry</td>
<td>Identify drug-related problems</td>
<td>☐ Medication Intervention  ☐ Asthma Medication Therapy Management  ☐ Depression Medication Therapy Management  ☐ Diabetes Medication Therapy Management  ☐ Hypertension Medication Therapy Management  ☐ Warfarin Medication Therapy Management</td>
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<td>2c. Develop appropriate dosing regimens, which reflect application of knowledge of pharmaceutical calculations, initial dose, dose titration, and dosage adjustments</td>
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| 2e. Develop rational plans for monitoring therapeutic outcomes | Establish desired therapeutic outcomes; Develop drug therapy plans that are patient-specific, comprehensive, logical, practical, consider current evidence-based medicine recommendations, include strategies for prevention, and include patient education; Develop and implement the pharmacotherapeutic plan promptly, efficiently, accurately, and effectively; Revise drug therapy plans on an ongoing basis | □ Medication Intervention
□ Asthma Medication Therapy Management
□ Depression Medication Therapy Management
□ Diabetes Medication Therapy Management
□ Hypertension Medication Therapy Management
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| 2h. Develop plans for patient education on drug therapy and therapeutic lifestyle changes | Consider drug and non-drug therapy alternatives; Develop drug therapy plans that are patient-specific, comprehensive, logical, practical, consider current evidence-based medicine recommendations, include strategies for prevention, and include patient education; Develop and implement the pharmacotherapeutic plan promptly, efficiently, accurately, and effectively; Revise drug therapy plans on an ongoing basis | □ Medication Intervention
□ Asthma Medication Therapy Management
□ Depression Medication Therapy Management
□ Diabetes Medication Therapy Management
□ Hypertension Medication Therapy Management
□ Warfarin Medication Therapy Management |
| 2i. Document recommendations and services accurately and comprehensibly | Document accurate, logical, yet only pertinent information, including drug therapy directions (dosage, route, frequency, duration, monitoring parameters, and time of follow up) using correct terminology, spelling, and grammar | □ SOAP Note |
| 3a. Analyze epidemiologic and pharmacoeconomic data, medication use criteria, medication use review, and risk reduction strategies | Pursue the role of drug therapy practitioner over that of drug therapy advisor; Identify opportunities for decision-making | □ Protocol Development
□ Guideline Analysis
□ Reimbursement Strategies Activity
□ New Drug Review |
| 3b. Apply knowledge of protocol utilization for the initiation and modification of drug therapy | Pursue the role of drug therapy practitioner over that of drug therapy advisor; Identify opportunities for decision-making | □ Protocol Development
□ Guideline Analysis
□ Reimbursement Strategies Activity |
| 3c. Develop population-based protocols for medication therapy management | Formulate decision rationale that is the result of rigorous inquiry, scientific reasoning, and evidence; Pursue the highest levels of | □ Protocol Development
□ Guideline Analysis |
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<td><strong>4c.</strong> Apply ethics and professional principles to assure efficient utilization of resource management and effective treatment choices</td>
<td>Use good professional judgment and demonstrate ability to cope with a variety of situations</td>
<td>□ Reimbursement Strategies Activity</td>
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<td><strong>4e.</strong> Develop proposals for establishing, marketing, and being compensated for medication therapy management and patient care services rendered</td>
<td>Seek independence in making decisions and accepting personal responsibility for the outcomes to patients resulting from one's decisions; Follow through with decisions</td>
<td>□ Protocol Development □ Guideline Analysis □ Reimbursement Strategies Activity</td>
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<td><strong>5a.</strong> Employ communication styles and techniques appropriate to the audience</td>
<td>Effectively communicate, verbally and in writing with other health care professionals; Effectively communicate patient and/or medication self-management information to patients and health professionals; Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately</td>
<td>□ SOAP Note □ Patient Counseling □ Case Presentation □ Journal Club □ Team care activity</td>
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<td><strong>5b.</strong> Work effectively within a multidisciplinary/interdisciplinary environment</td>
<td>Effectively communicate, verbally and in writing with other health care professionals; Effectively communicate patient and/or medication self-management information to patients and health professionals; Use good professional judgment and demonstrate ability to cope with a variety of situations; Communicate effectively and appropriately; Exercise punctuality and maintain expected attendance</td>
<td>□ Team Care activity □ Drug Information Question</td>
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<td><strong>5c.</strong> Include patient and caregiver as integral parts of a treatment plan</td>
<td>Deliver appropriate and effective patient counseling; Monitor the patient and follow up at appropriate intervals</td>
<td>□ Patient Counseling □ Warfarin Medication Therapy Management</td>
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<td><strong>6a.</strong> Apply understanding to statistical methods</td>
<td>Critically analyze and evaluate biomedical literature and use evidence to optimize patient care</td>
<td>□ Journal Club □ Protocol Development □ Guideline Analysis</td>
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<td><strong>6b.</strong> Apply understanding of research design principles</td>
<td>Critically analyze and evaluate biomedical literature and use evidence to optimize patient care</td>
<td>□ Journal Club □ Protocol Development □ Guideline Analysis</td>
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<td><strong>6c.</strong> Evaluate research outcomes for validity</td>
<td>Critically analyze and evaluate biomedical literature and use evidence to optimize patient care</td>
<td>□ Journal Club □ Protocol Development □ Guideline Analysis</td>
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<tr>
<td><strong>7a.</strong> Display empathy in patient interactions</td>
<td>Perform an accurate and effective socio-behavioral assessment</td>
<td>□ Empathy Activity</td>
</tr>
<tr>
<td><strong>7b.</strong> Display sensitivity to differences in ethnicity, gender, values, or belief systems (cultural competency)</td>
<td>Perform an accurate and effective socio-behavioral assessment</td>
<td>□ Cultural Competency Activity</td>
</tr>
<tr>
<td><strong>7c.</strong> Apply understanding of contemporary and historical social and economic factors</td>
<td>Perform an accurate and effective socio-behavioral assessment</td>
<td>□ Health Literacy Activity</td>
</tr>
<tr>
<td>Task Description</td>
<td>Example of Action</td>
<td>Assessment</td>
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<td>---------------------------------------------------------------------------------</td>
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<td>Serve as a reliable and credible source of drug information</td>
<td>Provide concise, applicable, and timely responses to requests for drug information from health care professionals and patients</td>
<td>Drug Info Q</td>
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<tr>
<td>Effectively educate patients utilizing all appropriate communication modalities</td>
<td>Effectively communicate patient and/or medication self-management information to patients and health professionals; Deliver appropriate and effective patient counseling</td>
<td>Patient Counseling</td>
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<tr>
<td>Present effective educational programs and presentations to public and health care</td>
<td>Effectively communicate, verbally and in writing with other health care professionals; Prepare and present an educational program to a group of health care professionals or patients in an effective manner</td>
<td>Case/Patient Counseling/Other Educ</td>
</tr>
<tr>
<td>Demonstrate knowledge of the impact of health care systems on pharmacy practice</td>
<td>Monitor the patient and follow up at appropriate intervals; Ensure continuity of patient care to and from the acute and ambulatory care patient care settings</td>
<td>Continuity of Care Activity/Other Educ</td>
</tr>
<tr>
<td>Engage in health-related community outreach activities</td>
<td>Formulate and deliver programs for health care consumers that center on disease prevention and wellness promotion</td>
<td>Public Health Activity/Other Educ</td>
</tr>
<tr>
<td>Identify public health problems</td>
<td>Formulate and deliver programs for health care consumers that center on disease prevention and wellness promotion</td>
<td>Public Health Activity/Other Educ</td>
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<tr>
<td>Suggest solutions for public health problems</td>
<td>Formulate and deliver programs for health care consumers that center on disease prevention and wellness promotion</td>
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<td>Take responsibility for gathering new knowledge</td>
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<td>Protocol/Guideline</td>
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<td>Demonstrate an ability to evaluate and utilize information resources</td>
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<td>1b. Evaluate and interpret patient data</td>
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<td>☐ Case Presentation; ☐ SOAP Note</td>
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<td>1c. Apply knowledge of medical terminology and abbreviations</td>
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## Non-Patient Care Advance Practice Experience Transcript

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<th>UM Professional Ability-Based Outcomes</th>
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<td>4c. Apply ethics and professional principles to assure efficient utilization of resource management and effective treatment choices</td>
<td>Use good professional judgment and demonstrate ability to cope with a variety of situations</td>
<td>☐ Non-Patient Care Project</td>
</tr>
<tr>
<td>☐ Non-Patient Care Project</td>
<td>☐ Nontraditional Pharmacy Observational Report</td>
<td></td>
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<tr>
<td>5a. Employ communication styles and techniques appropriate to the audience</td>
<td>Effectively communicate, verbally and in writing with other health care professionals; Construct a comprehensive project, which is related to the site’s mission, goals, and objectives and present to health care professionals or the public; Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately</td>
<td>☐ Non-Patient Care Project</td>
</tr>
<tr>
<td>☐ Non-Patient Care Project</td>
<td>☐ Nontraditional Pharmacy Observational Report</td>
<td></td>
</tr>
<tr>
<td>8d. Present effective educational programs and presentations to public and health care profession audiences</td>
<td>Effectively communicate, verbally and in writing with other health care professionals; Construct a comprehensive project, which is related to the site’s mission, goals, and objectives and present to health care professionals or the public; Prepare and present an educational program to a group of health care professionals or patients in an effective manner</td>
<td>☐ Non-Patient Care Project</td>
</tr>
<tr>
<td>☐ Non-Patient Care Project</td>
<td>☐ Nontraditional Pharmacy Observational Report</td>
<td></td>
</tr>
<tr>
<td>11a. Take responsibility for gathering new knowledge</td>
<td>Show initiative</td>
<td></td>
</tr>
</tbody>
</table>
PRECEPTOR EVALUATION OF COMMUNITY PHARMACY PRACTICE STUDENT
(Form PEOS-CX)

This form may be used a guide to complete the online evaluation.

Instructions: Evaluate the student on each item. Using the scale below, note the score achieved by the student in each performance category. If a student receives any score less than 3 on any item, it must be addressed in the comments section.

- **0** = Not assessed
- **1** = Poorest Anticipated Performance
- **2** = Less than Expected Performance
- **3** = Minimum Expected Performance
- **4** = Better than Expected Performance
- **5** = Best Anticipated Performance

<table>
<thead>
<tr>
<th>Ability Based Outcome and Corresponding Objectives</th>
<th>Evaluation Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Collect and organize patient data, medical records, interviews, and psychomotor evaluations</td>
<td></td>
</tr>
<tr>
<td>Collect accurate and comprehensive information to be used in monitoring therapeutic outcomes</td>
<td></td>
</tr>
<tr>
<td>Identify the patient’s primary complaint(s) and reasons for seeking medical care</td>
<td></td>
</tr>
<tr>
<td>1b. Evaluate and interpret patient data</td>
<td></td>
</tr>
<tr>
<td>Identify the patient’s primary complaint(s) and reasons for seeking medical care</td>
<td></td>
</tr>
<tr>
<td>Identify appropriate information in patient profiles that will affect drug dose and schedule</td>
<td></td>
</tr>
<tr>
<td>1c. Apply knowledge of medical terminology and abbreviations</td>
<td></td>
</tr>
<tr>
<td>Demonstrate ability to receive prescriptions from patients and physicians over the telephone</td>
<td></td>
</tr>
<tr>
<td>1d. Apply knowledge of specified drugs and drug classes</td>
<td></td>
</tr>
<tr>
<td>Employ clinical and physical assessment skills to determine the adequacy of patient therapeutic self management and evaluate therapeutic effectiveness or potential drug-related problems in the patient</td>
<td></td>
</tr>
<tr>
<td>1e. Apply knowledge of specific physiologic systems</td>
<td></td>
</tr>
<tr>
<td>Apply knowledge of the pathophysiology of a specific disease to prevent medication-related problems</td>
<td></td>
</tr>
<tr>
<td>2a. Apply understanding of indications for pharmacologic and non-pharmacologic therapy</td>
<td></td>
</tr>
<tr>
<td>Review patient profiles to determine the adequacy of patient therapeutic self-management; Use appropriate methods of patient education to review indications, adverse effects, dosage, storage, and administration techniques</td>
<td></td>
</tr>
<tr>
<td>2b. Apply clinical reasoning skills in drug product selection, chemical entity, dosage formulation based on principles of pharmaceutics, medicinal and natural product chemistry</td>
<td></td>
</tr>
<tr>
<td>Employ clinical and physical assessment skills to determine the adequacy of patient therapeutic self-management and evaluate therapeutic effectiveness or potential drug-related problems in the patient</td>
<td></td>
</tr>
<tr>
<td>2c. Develop appropriate dosing regimens, which reflect application of knowledge of pharmaceutical calculations, initial dose, dose titration, and dosage adjustments</td>
<td></td>
</tr>
<tr>
<td>Demonstrate the ability to accurately perform dosage calculations</td>
<td></td>
</tr>
<tr>
<td>2d. Prepare accurate patient-specific pharmacologic agents, dosage forms and delivery systems</td>
<td></td>
</tr>
<tr>
<td>Demonstrate ability to accurately perform the activities comprising the prescription medication dispensing function</td>
<td></td>
</tr>
<tr>
<td>2e. Develop rational plans for monitoring therapeutic outcomes</td>
<td></td>
</tr>
<tr>
<td>Employ clinical and physical assessment skills to determine the adequacy of patient therapeutic self-management and evaluate therapeutic effectiveness or potential drug-related problems in the patient</td>
<td></td>
</tr>
<tr>
<td>2f. Develop rational plans for monitoring and managing adverse events</td>
<td></td>
</tr>
<tr>
<td>Employ clinical and physical assessment skills to determine the adequacy of patient therapeutic self-management and evaluate therapeutic effectiveness or potential drug-related problems in the patient</td>
<td></td>
</tr>
<tr>
<td>2g. Develop plans for anticipating, avoiding, and resolving drug interactions, drug-drug interactions, drug-food interactions, drug-disease interactions, drug-lab interactions, and drug-procedure interactions</td>
<td></td>
</tr>
<tr>
<td>Employ clinical and physical assessment skills to determine the adequacy of patient therapeutic self-management and evaluate therapeutic effectiveness or potential drug-related problems in the patient</td>
<td></td>
</tr>
<tr>
<td>2h. Develop plans for patient education on drug therapy and therapeutic lifestyle changes</td>
<td></td>
</tr>
<tr>
<td>Use appropriate methods of patient education to review indications, adverse effects, dosage, storage, and administration techniques</td>
<td></td>
</tr>
<tr>
<td>Objective</td>
<td>Description</td>
</tr>
<tr>
<td>-----------</td>
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</tr>
<tr>
<td>2i.</td>
<td>Document recommendations and services accurately and comprehensibly Use effective written, visual, verbal, and nonverbal communication skills when providing medication self-management counseling to patients and/or caregivers</td>
</tr>
<tr>
<td>4a.</td>
<td>Appropriately manage resources to maximize economic, clinical and humanistic outcomes for patients, and effectively manage financial, personnel, time, and technology resources Demonstrate knowledge of basic physical requirements for establishing a pharmacy dispensing area; Demonstrate knowledge of the wholesale ordering process; Able to receive and process a wholesale order; Demonstrate the principles of inventory control; Demonstrate knowledge of pricing policies; Understand principles of accounting associated with operation of a community pharmacy; Understand and perform procedures of billing especially third-party reimbursement</td>
</tr>
<tr>
<td>4b.</td>
<td>Appropriately manage safe, accurate and time-sensitive medication distribution Demonstrate ability to accurately perform the activities comprising the prescription medication dispensing function; Understand and apply the basic principles of drug storage</td>
</tr>
<tr>
<td>4c.</td>
<td>Apply ethics and professional principles to assure efficient utilization of resource management and effective treatment choices Use good professional judgment and demonstrate ability to cope with a variety of situations</td>
</tr>
<tr>
<td>4d.</td>
<td>Assurance that medication use systems minimize medication errors and optimize patient outcomes Demonstrate the understanding of and utilize medication profile systems</td>
</tr>
<tr>
<td>4f.</td>
<td>Practice in accordance with state and federal regulations and statutes Understand and apply legal requirements associated with the dispensing process</td>
</tr>
<tr>
<td>5a.</td>
<td>Employ communication styles and techniques appropriate to the audience. Interview the patient/caregiver to help determine the adequacy of patient therapeutic knowledge; Use appropriate methods of patient education to review indications, adverse effects, dosage, storage, and administration techniques; Demonstrate a positive attitude toward the practice of pharmacy</td>
</tr>
<tr>
<td>5b.</td>
<td>Work effectively within a multidisciplinary/interdisciplinary environment Demonstrate ability to receive prescriptions from patients and physicians over the telephone; Able to interact with wholesale and manufacturer representatives</td>
</tr>
<tr>
<td>5c.</td>
<td>Include patient and caregiver as integral parts of a treatment plan. Develop a plan to influence patients to effectively manage their therapy; Encourage patients/caregivers to contact the pharmacist for further information regarding therapy</td>
</tr>
<tr>
<td>7a.</td>
<td>Display empathy in patient interactions Use effective written, visual, verbal, and nonverbal communication skills when providing medication self-management counseling to patients and/or caregivers</td>
</tr>
<tr>
<td>7b.</td>
<td>Display sensitivity to differences in ethnicity, gender, values, or belief systems (cultural competency) Use effective written, visual, verbal, and nonverbal communication skills when providing medication self-management counseling to patients and/or caregivers</td>
</tr>
<tr>
<td>7c.</td>
<td>Apply understanding of contemporary and historical social and economic factors that influence health and health care, including health literacy and health care disparities. Use effective written, visual, verbal, and nonverbal communication skills when providing medication self-management counseling to patients and/or caregivers</td>
</tr>
<tr>
<td>8a.</td>
<td>Serve as reliable and credible source of drug information Demonstrate the ability to provide information solicited from other health care professionals regarding medication; Demonstrate the ability to provide unsolicited information to other health care professionals</td>
</tr>
<tr>
<td>8b.</td>
<td>Effectively educate patients utilizing all appropriate communication modalities (verbal, written, other). Use effective written, visual, verbal, and nonverbal communication skills when providing medication self-management counseling to patients and/or caregivers; Demonstrate proper administration technique for a given drug delivery system or monitoring device; Explain any action that should be taken in the event of a missed dose; Advise patients on how to avoid potential interactions with other therapies; Explain signs and symptoms associated with the common and/or severe adverse reactions to a therapy; Explain the significance and frequency of adverse drug reactions and interactions associated with a given therapy; Demonstrate the ability to consult with patients regarding selection and use of OTC medications</td>
</tr>
<tr>
<td>9b.</td>
<td>Demonstrate understanding of the influences of legislation on pharmacy practice Know the basic legal requirements for establishing and operating a pharmacy dispensing area</td>
</tr>
<tr>
<td>10a.</td>
<td>Engage in health-related community outreach activities. Demonstrate the ability to provide unsolicited information to other health care professionals and the public</td>
</tr>
<tr>
<td>11a.</td>
<td>Take responsibility for gathering new knowledge. Show initiative</td>
</tr>
</tbody>
</table>

**General Professionalism Objectives**
| Demonstrate a positive attitude toward practice of pharmacy. |
| Use good professional judgment and demonstrate ability to cope with a variety of situations. |
| Communicate effectively and appropriately. |
| Show initiative. |
| Exercise punctuality and maintain expected attendance. |

### Comments

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**FINAL EVALUATION:** ☐ PASS ☐ FAIL

*By signing below, both parties agree that the student has completed the minimum number of rotation hours set forth by course requirements.*

<table>
<thead>
<tr>
<th>Student Signature</th>
<th>Date</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Preceptor Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

**End of Evaluation**
PRECEPTOR EVALUATION OF **INSTITUTIONAL** PHARMACY PRACTICE STUDENT  
(Form PEOS-IX)

This form may be used as a guide to complete the online evaluation.

**Instructions:** Evaluate the student on each item. Using the scale below, note the score achieved by the student in each performance category. If a student receives any score less than 3 on any item, it must be addressed in the comments section.

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not assessed</td>
</tr>
<tr>
<td>1</td>
<td>Poorest Anticipated Performance</td>
</tr>
<tr>
<td>2</td>
<td>Less than Expected Performance</td>
</tr>
<tr>
<td>3</td>
<td>Minimum Expected Performance</td>
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<tr>
<td>4</td>
<td>Better than Expected Performance</td>
</tr>
<tr>
<td>5</td>
<td>Best Anticipated Performance</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th><strong>Ability Based Outcome and Corresponding Course Objectives</strong></th>
<th><strong>Evaluation Score</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Collect and organize patient data, medical records, interviews, and psychomotor evaluations</td>
<td>Demonstrate ability in a variety of patient care settings to obtain medication histories, review chart material, participate in rounding, conduct discharge interviews and perform other functions which will have an effect on the therapy employed in patient care; Demonstrate the ability to effectively understand and interpret the medical management of a hospitalized patient and communicate via a grand rounds presentation a work-up of the patient, and assessment of the drug therapy decisions</td>
</tr>
<tr>
<td>1b. Evaluate and interpret patient data</td>
<td>Demonstrate ability in a variety of patient care settings to obtain medication histories, review chart material, participate in rounding, conduct discharge interviews and perform other functions which will have an effect on the therapy employed in patient care; Demonstrate the ability to effectively understand and interpret the medical management of a hospitalized patient and communicate via a grand rounds presentation a work-up of the patient, and assessment of the drug therapy decisions</td>
</tr>
<tr>
<td>1d. Apply knowledge of specified drugs and drug classes</td>
<td>Evaluate potentially toxic drug ingestion and communicate with both patients and other health care professionals concerning signs and symptoms, general supportive care, and specific treatment; Demonstrate knowledge of the information sources on parenteral drug therapy; Demonstrate the ability to effectively understand and interpret the medical management of a hospitalized patient and communicate via a grand rounds presentation a work-up of the patient, and assessment of the drug therapy decisions</td>
</tr>
<tr>
<td>1e. Apply knowledge of specific physiologic systems</td>
<td>Evaluate potentially toxic drug ingestion and communicate with both patients and other health care professionals concerning signs and symptoms, general supportive care, and specific treatment; Demonstrate knowledge of the information sources on parenteral drug therapy; Demonstrate the ability to effectively understand and interpret the medical management of a hospitalized patient and communicate via a grand rounds presentation a work-up of the patient, and assessment of the drug therapy decisions</td>
</tr>
<tr>
<td>1f. Apply knowledge of specific disease pathology and comorbid conditions</td>
<td>Evaluate potentially toxic drug ingestion and communicate with both patients and other health care professionals concerning signs and symptoms, general supportive care, and specific treatment; Demonstrate knowledge of the information sources on parenteral drug therapy; Demonstrate the ability to effectively understand and interpret the medical management of a hospitalized patient and communicate via a grand rounds presentation a work-up of the patient, and assessment of the drug therapy decisions</td>
</tr>
<tr>
<td>2a. Apply understanding of indications for pharmacologic and non-pharmacologic therapy</td>
<td>Demonstrate knowledge of the appropriate indications, manufacturer, administration, and monitoring parameters for parenteral nutrition, lipids, and enteral nutrition</td>
</tr>
<tr>
<td>2b. Apply clinical reasoning skills in drug product selection, chemical entity, dosage formulation based on principles of pharmaceutics, medicinal and natural product chemistry</td>
<td>Demonstrate knowledge of the appropriate indications, manufacturer, administration, and monitoring parameters for parenteral nutrition, lipids, and enteral nutrition; Demonstrate the ability to effectively understand and interpret the medical management of a hospitalized patient and communicate via a grand rounds presentation a work-up of the patient, and assessment of the drug therapy decisions</td>
</tr>
</tbody>
</table>
| 2c. | Develop appropriate dosing regimens, which reflect application of knowledge of pharmaceutical calculations, initial dose, dose titration, and dosage adjustments
|  | Demonstrate knowledge of the appropriate indications, manufacturer, administration, and monitoring parameters for parenteral nutrition, lipids, and enteral nutrition; Demonstrate the ability to understand basic applied pharmacokinetic principles as it relates to rational drug therapy by providing consultation regarding drug management of a hospital patient |
|  |  |
| 2d. | Prepare accurate patient-specific pharmacoeconomic agents, dosage forms and delivery systems
|  | Demonstrate sterile technique in the manufacture of intravenous admixtures and extemporaneous sterile preparations; Demonstrate knowledge of the necessary policies, procedures and techniques required to repackaging manufactured pharmaceuticals and to research and prepare an extemporaneous or bulk basis special formulations for use within the hospital; Demonstrate the ability to understand basic applied pharmacokinetic principles as it relates to rational drug therapy by providing consultation regarding drug management of a hospital patient |
|  |  |
| 2e. | Develop rational plans for monitoring therapeutic outcomes
|  | Demonstrate knowledge of the appropriate indications, manufacturer, administration, and monitoring parameters for parenteral nutrition, lipids, and enteral nutrition; Demonstrate the ability to understand basic applied pharmacokinetic principles as it relates to rational drug therapy by providing consultation regarding drug management of a hospital patient |
|  |  |
| 2f. | Develop rational plans for monitoring and managing adverse events
|  | Demonstrate the ability to understand basic applied pharmacokinetic principles as it relates to rational drug therapy by providing consultation regarding drug management of a hospital patient |
|  |  |
| 2g. | Develop plans for anticipating, avoiding, and resolving drug interactions, drug-drug interactions, drug-food interactions, drug-disease interactions, drug-lab interactions, and drug-procedure interactions
|  | Demonstrate the ability to understand basic applied pharmacokinetic principles as it relates to rational drug therapy by providing consultation regarding drug management of a hospital patient |
|  |  |
| 2h. | Develop plans for patient education on drug therapy and therapeutic lifestyle changes
|  | Demonstrate the ability to understand basic applied pharmacokinetic principles as it relates to rational drug therapy by providing consultation regarding drug management of a hospital patient |
|  |  |
| 2i. | Document recommendations and services accurately and comprehensibly
|  | Demonstrate the ability to understand basic applied pharmacokinetic principles as it relates to rational drug therapy by providing consultation regarding drug management of a hospital patient |
|  |  |
| 4a. | Appropriately manage resources to maximize economic, clinical and humanistic outcomes for patients, and effectively manage financial, personnel, time, and technology resources
|  | Understand the principles of budgeting, purchasing and inventory control; Become familiar with required departmental reports and demonstrate the ability to prepare such reports; Understand after-hours service policy and demonstrate an ability to formulate alternatives to procedures employed; Demonstrate an understanding of proper filing of drug information materials; Understand how to organize and operate a drug information service including physical accommodations, reference sources, budgeting, responsibilities and documentation of services |
|  |  |
| 4b. | Appropriately manage safe, accurate and time-sensitive medication distribution
|  | Understand the policies and procedures and can demonstrate the ability to function in the inpatient distribution system currently employed by the department; Understand why the medication distribution system was chosen for the hospital and can demonstrate knowledge of alternate systems that could be used; Understand the relationship of outpatient pharmacy to the hospital and can demonstrate ability to process a variety of prescriptions in this area; Demonstrate sterile technique in the manufacture of intravenous admixtures and extemporaneous sterile preparations; Demonstrate knowledge of the necessary policies, procedures, and techniques required to repackaging manufactured pharmaceuticals and to research and prepare an extemporaneous or bulk basis special formulations for use within the hospital |
|  |  |
| 4c. | Apply ethics and professional principles to assure efficient utilization of resource management and effective treatment choices
|  | Use good professional judgment and demonstrate ability to cope with a variety of situations |
|  |  |
| 4d. | Assure that medication use systems minimize medication errors and optimize patient outcomes
|  | Understand the concepts of quality assurance and can demonstrate using outcomes to improve system processes |
|  |  |
| 4e. | Develop proposals for establishing, marketing, and being compensated for medication therapy management and patient care services rendered
|  | Become familiar with required departmental reports and demonstrate the ability to prepare such reports |
|  |  |
| 5a. | Employ communication styles and techniques appropriate to the audience
|  | Demonstrate ability to consult with patients regarding use, cautions and storage of their medications; Demonstrate verbal and written communication skills as a necessary means to receive and disseminate drug information; Demonstrate knowledge of how to organize, prepare and disseminate an in-house pharmacy newsletter (for the medical staff and/or nursing service); Demonstrate a positive attitude toward the practice of pharmacy; Communicate effectively and appropriately |
|  |  |
| 5b. | Work effectively within a multidisciplinary/interdisciplinary environment
|  | Understand the role of the manufacturer's representatives and can formulate policies regarding their activities within the practice of pharmacy |

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Institution; Understand the role of the pharmacy technician in the provision of pharmaceutical services in the hospital and can demonstrate knowledge of the components of a technician-training program; Understand the procedures relative to the administration of medications by nursing service or pharmacy services; Demonstrate ability in a variety of patient care settings to obtain medication histories, review chart material, participate in rounding, conduct discharge interviews and perform other functions which will have an effect on the therapy employed in patient care; Use good professional judgment and demonstrate ability to cope with a variety of situations; Communicate effectively and appropriately; Exercise punctuality and maintain expected attendance.

5c. Include patient and caregiver as integral parts of a treatment plan
   Demonstrate ability to consult with patients regarding use, cautions and storage of their prescribed medications

8a. Serve as reliable and credible source of drug information
   Demonstrate verbal and written communication skills as a necessary means to receive and disseminate drug information

8b. Effectively educate patients utilizing all appropriate communication modalities (verbal, written, other)
   Demonstrate ability to consult with patients regarding use, cautions and storage of their prescribed medications

8d. Present effective educational programs and presentations to public and health care profession audiences
   Demonstrate the ability to effectively understand and interpret the medical management of a hospitalized patient and communicate via a grand rounds presentation a work-up of the patient, and assessment of the drug therapy decisions

9a. Demonstrate knowledge of the impact of health care systems on pharmacy practice
   Understand the basic organization of a hospital and the role of the pharmacy as a department within that hospital; Understand the Joint Commission accreditation process; Understand the relationship of outpatient pharmacy to pharmacy department and can demonstrate ability to process a variety of prescriptions in this area

9b. Demonstrate understanding of the influences of legislation on pharmacy practice
   Understand the legal requirements for establishing and operating a hospital pharmacy department; Understand the Joint Commission accreditation process

11a. Take responsibility for gathering new knowledge
   Show initiative

General Professionalism Objectives
Demonstrate a positive attitude toward practice of pharmacy.
Use good professional judgment and demonstrate ability to cope with a variety of situations.
Communicate effectively and appropriately.
Show initiative.
Exercise punctuality and maintain expected attendance.

Comments

FINAL EVALUATION: ☐ PASS ☐ FAIL

By signing below, both parties agree that the student has completed the minimum number of rotation hours set forth by course requirements.

___________________________________________________  __________________
Student Signature      Date

___________________________________________________  __________________
Preceptor Signature      Date

End of Evaluation
PRECEPTOR EVALUATION OF ADULT MEDICINE PHARMACY PRACTICE STUDENT

(Form PEOS-AMX)

This form may be used a guide to complete the online evaluation.

Instructions: Evaluate the student on each item. Using the scale below, note the score achieved by the student in each performance category. If a student receives any score less than 3 on any item, it must be addressed in the comments section.

0 = Not assessed
1 = Poorest Anticipated Performance (<60%)
2 = Less than Expected Performance (60-69%)
3 = Minimum Expected Performance (70-79%)
4 = Better than Expected Performance (80-89%)
5 = Best Anticipated Performance (90-100%)

<table>
<thead>
<tr>
<th>Ability Based Outcome and Corresponding Objectives</th>
<th>Evaluation Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Collect and organize patient data, medical records, interviews, and psychomotor evaluations</td>
<td>Perform an accurate and effective medication history/patient interview; Perform relevant and accurate physical assessment procedures; Develop functional patient databases by gathering and generating relevant information</td>
</tr>
<tr>
<td>1b. Evaluate and interpret patient data</td>
<td>Perform an accurate and effective medication history/patient review; Perform relevant and accurate physical assessment procedures; Develop functional patient databases by gathering and generating relevant information</td>
</tr>
<tr>
<td>1c. Apply knowledge of medical terminology and abbreviations</td>
<td>Develop functional patient databases by gathering and generating relevant information; Identify drug-related problems</td>
</tr>
<tr>
<td>1d. Apply knowledge of specified drugs and drug classes</td>
<td>Assess each acute and chronic medical problem; Identify drug-related problems</td>
</tr>
<tr>
<td>1e. Apply knowledge of specific physiologic systems</td>
<td>Assess each acute and chronic medical problem; Identify drug-related problems</td>
</tr>
<tr>
<td>1f. Apply knowledge of specific disease pathology and comorbid conditions</td>
<td>Assess each acute and chronic medical problem; Identify drug-related problems</td>
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<tr>
<td>2a. Apply understanding of indications for pharmacologic and non-pharmacologic therapy</td>
<td>Identify drug-related problems</td>
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<td>2b. Apply clinical reasoning skills in drug product selection, chemical entity, dosage formulation based on principles of pharmaceutics, medicinal and natural product chemistry</td>
<td>Identify drug-related problems</td>
</tr>
<tr>
<td>2c. Develop appropriate dosing regimens, which reflect application of knowledge of pharmaceutical calculations, initial dose, dose titration, and dosage adjustments</td>
<td>Identify drug-related problems; Develop drug therapy plans that are patient-specific, comprehensive, logical, practical, consider current evidence-based medicine recommendations, include strategies for prevention, and include patient education; Develop and implement the pharmacotherapeutic plan promptly, efficiently, accurately, and effectively</td>
</tr>
<tr>
<td>2e. Develop rational plans for monitoring therapeutic outcomes</td>
<td>Establish desired therapeutic outcomes; Develop drug therapy plans that are patient-specific, comprehensive, logical, practical, consider current evidence-based medicine recommendations, include strategies for prevention, and include patient education; Develop and implement the pharmacotherapeutic plan promptly, efficiently, accurately, and effectively</td>
</tr>
<tr>
<td>2f. Develop rational plans for monitoring and managing adverse events</td>
<td>Develop drug therapy plans that are patient-specific, comprehensive, logical, practical, consider current evidence-based medicine recommendations, include strategies for prevention, and include patient education; Develop and implement the pharmacotherapeutic plan promptly, efficiently, accurately, and effectively</td>
</tr>
<tr>
<td>2g. Develop plans for anticipating, avoiding, and resolving drug interactions, drug-drug interactions, drug-food interactions, drug-disease interactions, drug-lab interactions, and drug-procedure interactions</td>
<td>Identify drug-related problems; Prioritize drug-related problem-list; Develop drug therapy plans that are patient-specific, comprehensive, logical, practical, consider current evidence-based medicine recommendations, include strategies for prevention, and include patient education; Develop and implement the pharmacotherapeutic plan promptly, efficiently, accurately, and effectively</td>
</tr>
</tbody>
</table>
| 2h. | Develop plans for patient education on drug therapy and therapeutic lifestyle changes  
Consider drug and non-drug therapy alternatives; Develop drug therapy plans that are patient-specific, comprehensive, logical, practical, consider current evidence-based medicine recommendations, include strategies for prevention, and include patient education; Develop and implement the pharmacotherapeutic plan promptly, efficiently, accurately, and effectively; |
| 2i. | Document recommendations and services accurately and comprehensibly  
Document accurate, logical, yet only pertinent information, including drug therapy directions (dosage, route, frequency, duration, monitoring parameters, and time of follow up) using correct terminology, spelling, and grammar |
| 3a. | Analyze epidemiologic and pharmacoeconomic data, medication use criteria, medication use review, and risk reduction strategies  
Pursue the role of drug therapy practitioner over that of drug therapy advisor; Identify opportunities for decision-making |
| 3b. | Apply knowledge of protocol utilization for the initiation and modification of drug therapy  
Pursue the role of drug therapy practitioner over that of drug therapy advisor; Identify opportunities for decision-making |
| 3c. | Develop population-based protocols for medication therapy management  
Formulate decision rationale that is the result of rigorous inquiry, scientific reasoning, and evidence; Pursue the highest levels of decision-making; Follow through with decisions |
| 4c. | Apply ethics and professional principles to assure efficient utilization of resource management and effective treatment choices  
Use good professional judgment and demonstrate ability to cope with a variety of situations |
| 4e. | Develop proposals for establishing, marketing, and being compensated for medication therapy management and patient care services rendered  
Seek independence in making decisions and accepting personal responsibility for the outcomes to patients resulting from one's decisions; Follow through with decisions |
| 5a. | Employ communication styles and techniques appropriate to the audience  
Effectively communicate, verbally and in writing with other health care professionals; Effectively communicate patient and/or medication self-management information to patients and health professionals; Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately |
| 5b. | Work effectively within a multidisciplinary/interdisciplinary environment  
Effectively communicate, verbally and in writing with other health care professionals; Effectively communicate patient and/or medication self-management information to patients and health professionals; Use good professional judgment and demonstrate ability to cope with a variety of situations; Communicate effectively and appropriately; Exercise punctuality and maintain expected attendance |
| 6a. | Apply understanding to statistical methods  
Critically analyze and evaluate biomedical literature and use evidence to optimize patient care |
| 6b. | Apply understanding of research design principles  
Critically analyze and evaluate biomedical literature and use evidence to optimize patient care |
| 6c. | Evaluate research outcomes for validity  
Critically analyze and evaluate biomedical literature and use evidence to optimize patient care |
| 8a. | Serve as reliable and credible source of drug information  
Provide concise, applicable, and timely responses to requests for drug information from health care professionals and patients |
| 8d. | Present effective educational programs and presentations to public and health care profession audiences  
Effectively communicate, verbally and in writing with other health care professionals; Prepare and present an educational program to a group of health care professionals or patients in an effective manner |
| 9a. | Demonstrate knowledge of the impact of health care systems on pharmacy practice  
Participate in the Medication Use Evaluation process |
| 11a. | Take responsibility for gathering new knowledge  
Show initiative |

**General Professionalism Objectives**

Demonstrate a positive attitude toward practice of pharmacy.

Use good professional judgment and demonstrate ability to cope with a variety of situations.
Communicate effectively and appropriately.

Show initiative.

Exercise punctuality and maintain expected attendance.

Comments

FINAL EVALUATION:

Numeric Score ______  ☐ A  ☐ B  ☐ C  ☐ F

By signing below, both parties agree that the student has completed the minimum number of rotation hours set forth by course requirements.

___________________________________________________  __________________
Student Signature      Date

___________________________________________________  __________________
Preceptor Signature      Date

End of Evaluation
# Preceptor Evaluation of Ambulatory Care Pharmacy Practice Student

## (Form PEOS-ACX)

This form may be used as a guide to complete the online evaluation.

Instructions: Evaluate the student on each item. Using the scale below, note the score achieved by the student in each performance category. If a student receives any score less than 3 on any item, it must be addressed in the comments section.

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not assessed</td>
</tr>
<tr>
<td>1</td>
<td>Poorest Anticipated Performance (&lt;60%)</td>
</tr>
<tr>
<td>2</td>
<td>Less than Expected Performance (60-69%)</td>
</tr>
<tr>
<td>3</td>
<td>Minimum Expected Performance (70-79%)</td>
</tr>
<tr>
<td>4</td>
<td>Better than Expected Performance (80-89%)</td>
</tr>
<tr>
<td>5</td>
<td>Best Anticipated Performance (90-100%)</td>
</tr>
</tbody>
</table>

## Ability Based Outcome and Corresponding Objectives

### 1a. Collect and organize patient data, medical records, interviews, and psychomotor evaluations
- Perform an accurate and effective medication history/patient interview; Perform relevant and accurate physical assessment procedures; Develop functional patient databases by gathering and generating relevant information

### 1b. Evaluate and interpret patient data
- Perform an accurate and effective medication history/patient review; Perform relevant and accurate physical assessment procedures; Develop functional patient databases by gathering and generating relevant information

### 1c. Apply knowledge of medical terminology and abbreviations
- Develop functional patient databases by gathering and generating relevant information; Identify drug-related problems

### 1d. Apply knowledge of specified drugs and drug classes
- Assess each acute and chronic medical problem; Identify drug-related problems

### 1e. Apply knowledge of specific physiologic systems
- Assess each acute and chronic medical problem; Identify drug-related problems

### 1f. Apply knowledge of specific disease pathology and comorbid conditions
- Assess each acute and chronic medical problem; Identify drug-related problems

### 2a. Apply understanding of indications for pharmacologic and non-pharmacologic therapy
- Identify drug-related problems

### 2b. Apply clinical reasoning skills in drug product selection, chemical entity, dosage formulation based on principles of pharmaceutics, medicinal and natural product chemistry
- Identify drug-related problems

### 2c. Develop appropriate dosing regimens, which reflect application of knowledge of pharmaceutical calculations, initial dose, dose titration, and dosage adjustments
- Identify drug-related problems; Develop drug therapy plans that are patient-specific, comprehensive, logical, practical, consider current evidence-based medicine recommendations, include strategies for prevention, and include patient education; Develop and implement the pharmacotherapeutic plan promptly, efficiently, accurately, and effectively

### 2d. Develop rational plans for monitoring therapeutic outcomes
- Establish desired therapeutic outcomes; Develop drug therapy plans that are patient-specific, comprehensive, logical, practical, consider current evidence-based medicine recommendations, include strategies for prevention, and include patient education; Develop and implement the pharmacotherapeutic plan promptly, efficiently, accurately, and effectively; Revise drug therapy plans on an ongoing basis

### 2e. Develop rational plans for monitoring and managing adverse events
- Develop drug therapy plans that are patient-specific, comprehensive, logical, practical, consider current evidence-based medicine recommendations, include strategies for prevention, and include patient education; Develop and implement the pharmacotherapeutic plan promptly, efficiently, accurately, and effectively; Revise drug therapy plans on an ongoing basis

### 2g. Develop plans for anticipating, avoiding, and resolving drug interactions, drug-drug interactions, drug-food interactions, drug-disease interactions, drug-lab interactions, and drug-procedure interactions
- Identify drug-related problems; Prioritize drug-related problem-list; Develop drug therapy plans that are patient-specific, comprehensive, logical, practical, consider current evidence-based medicine recommendations, include strategies for...
<table>
<thead>
<tr>
<th>2h. Develop plans for patient education on drug therapy and therapeutic lifestyle changes</th>
<th>Consider drug and non-drug therapy alternatives; Develop drug therapy plans that are patient-specific, comprehensive, logical, practical, consider current evidence-based medicine recommendations, include strategies for prevention, and include patient education; Develop and implement the pharmacotherapeutic plan promptly, efficiently, accurately, and effectively; Revise drug therapy plans on an ongoing basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>2i. Document recommendations and services accurately and comprehensibly</td>
<td>Develop plans for patient education on drug therapy and therapeutic lifestyle changes Document accurate, logical, yet only pertinent information, including drug therapy directions (dosage, route, frequency, duration, monitoring parameters, and time of follow up) using correct terminology, spelling, and grammar</td>
</tr>
<tr>
<td>3a. Analyze epidemiologic and pharmacoeconomic data, medication use criteria, medication use review, and risk reduction strategies</td>
<td>Pursue the role of drug therapy practitioner over that of drug therapy advisor; Identify opportunities for decision-making</td>
</tr>
<tr>
<td>3b. Apply knowledge of protocol utilization for the initiation and modification of drug therapy</td>
<td>Pursue the role of drug therapy practitioner over that of drug therapy advisor; Identify opportunities for decision-making</td>
</tr>
<tr>
<td>3c. Develop population-based protocols for medication therapy management</td>
<td>Formulate decision rationale that is the result of rigorous inquiry, scientific reasoning, and evidence; Pursue the highest levels of decision-making; Follow through with decisions</td>
</tr>
<tr>
<td>4a. Document recommendations and services accurately and comprehensibly</td>
<td>Use good professional judgment and demonstrate ability to cope with a variety of situations</td>
</tr>
<tr>
<td>4b. Apply ethics and professional principles to assure efficient utilization of resource management and effective treatment choices</td>
<td>Use good professional judgment and demonstrate ability to cope with a variety of situations</td>
</tr>
<tr>
<td>4c. Develop proposals for establishing, marketing, and being compensated for medication therapy management and patient care services rendered</td>
<td>Seek independence in making decisions and accepting personal responsibility for the outcomes to patients resulting from one's decisions; Follow through with decisions</td>
</tr>
<tr>
<td>5a. Employ communication styles and techniques appropriate to the audience</td>
<td>Effectively communicate, verbally and in writing with other health care professionals; Effectively communicate patient and/or medication self-management information to patients and health professionals; Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately</td>
</tr>
<tr>
<td>5b. Work effectively within a multidisciplinary/interdisciplinary environment</td>
<td>Effectively communicate, verbally and in writing with other health care professionals; Effectively communicate patient and/or medication self-management information to patients and health professionals; Use good professional judgment and demonstrate ability to cope with a variety of situations; Communicate effectively and appropriately; Exercise punctuality and maintain expected attendance</td>
</tr>
<tr>
<td>5c. Include patient and caregiver as integral parts of a treatment plan</td>
<td>Deliver appropriate and effective patient counseling; Monitor the patient and follow up at appropriate intervals</td>
</tr>
<tr>
<td>6a. Apply understanding to statistical methods</td>
<td>Critically analyze and evaluate biomedical literature and use evidence to optimize patient care</td>
</tr>
<tr>
<td>6b. Apply understanding of research design principles</td>
<td>Critically analyze and evaluate biomedical literature and use evidence to optimize patient care</td>
</tr>
<tr>
<td>6c. Evaluate research outcomes for validity</td>
<td>Critically analyze and evaluate biomedical literature and use evidence to optimize patient care</td>
</tr>
<tr>
<td>7a. Display empathy in patient interactions</td>
<td>Perform an accurate and effective socio-behavioral assessment</td>
</tr>
<tr>
<td>7b. Display sensitivity to differences in ethnicity, gender, values, or belief systems (cultural competency)</td>
<td>Perform an accurate and effective socio-behavioral assessment</td>
</tr>
<tr>
<td>7c. Apply understanding of contemporary and historical social and economic factors that influence health and health care, including health literacy and health care disparities</td>
<td>Perform an accurate and effective socio-behavioral assessment</td>
</tr>
<tr>
<td>8a. Serve as reliable and credible source of drug information</td>
<td>Provide concise, applicable, and timely responses to requests for drug information from health care professionals and patients</td>
</tr>
<tr>
<td>8b. Effectively educate patients utilizing all appropriate communication modalities (verbal, written, other)</td>
<td>Effectively communicate patient and/or medication self-management information to patients and health professionals; Deliver appropriate and effective patient counseling</td>
</tr>
<tr>
<td>Objective</td>
<td>Description</td>
</tr>
<tr>
<td>-----------</td>
<td>-------------</td>
</tr>
<tr>
<td>8d.</td>
<td>Present effective educational programs and presentations to public and health care profession audiences. Effectively communicate, verbally and in writing with other health care professionals; Prepare and present an educational program to a group of health care professionals or patients in an effective manner.</td>
</tr>
<tr>
<td>9a.</td>
<td>Demonstrate knowledge of the impact of health care systems on pharmacy practice. Monitor the patient and follow up at appropriate intervals; Ensure continuity of patient care to and from the acute and ambulatory care patient care settings.</td>
</tr>
<tr>
<td>10a.</td>
<td>Engage in health-related community outreach activities. Formulate and deliver programs for health care consumers that center on disease prevention and wellness promotion.</td>
</tr>
<tr>
<td>10b.</td>
<td>Identify public health problems. Formulate and deliver programs for health care consumers that center on disease prevention and wellness promotion.</td>
</tr>
<tr>
<td>10c.</td>
<td>Suggest solutions for public health problems. Formulate and deliver programs for health care consumers that center on disease prevention and wellness promotion.</td>
</tr>
<tr>
<td>11a.</td>
<td>Take responsibility for gathering new knowledge. Show initiative.</td>
</tr>
<tr>
<td>11b.</td>
<td>Demonstrate an ability to evaluate and utilize information resources. Compare and contrast new information that is encountered during daily rotation activities with prior knowledge in order to assess its value and refine one’s personal understanding.</td>
</tr>
<tr>
<td>11c.</td>
<td>Suggest solutions for public health problems. Formulate and deliver programs for health care consumers that center on disease prevention and wellness promotion.</td>
</tr>
</tbody>
</table>

**General Professionalism Objectives**

- Demonstrate a positive attitude toward practice of pharmacy.
- Use good professional judgment and demonstrate ability to cope with a variety of situations.
- Communicate effectively and appropriately.
- Show initiative.
- Exercise punctuality and maintain expected attendance.

### Comments

**FINAL EVALUATION:**

Numeric Score ______  □ A □ B □ C □ F

*By signing below, both parties agree that the student has completed the minimum number of rotation hours set forth by course requirements.*

____________________________  __________________
Student Signature       Date

____________________________  __________________
Preceptor Signature      Date

End of Evaluation
Preceptor Evaluation of Patient Care Pharmacy Practice Student
(Form PEOS-PCX)

This form may be used a guide to complete the online evaluation.

Instructions: Evaluate the student on each item. Using the scale below, note the score achieved by the student in each performance category. If a student receives any score less than 3 on any item, it must be addressed in the comments section.

<table>
<thead>
<tr>
<th>Score</th>
<th>Ability Based Outcome and Corresponding Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not assessed</td>
</tr>
<tr>
<td>1</td>
<td>Poorest Anticipated Performance (&lt;60%)</td>
</tr>
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<td>Less than Expected Performance (60-69%)</td>
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<td>Minimum Expected Performance (70-79%)</td>
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</tr>
<tr>
<td>5</td>
<td>Best Anticipated Performance (90-100%)</td>
</tr>
</tbody>
</table>

1a. Collect and organize patient data, medical records, interviews, and psychomotor evaluations

1b. Evaluate and interpret patient data

1c. Apply knowledge of medical terminology and abbreviations

1d. Apply knowledge of specified drugs and drug classes

1e. Apply knowledge of specific physiologic systems

1f. Apply knowledge of specific disease pathology and comorbid conditions

2a. Apply understanding of indications for pharmacologic and non-pharmacologic therapy

2b. Apply clinical reasoning skills in drug product selection, chemical entity, dosage formulation based on principles of pharmaceutics, medicinal and natural product chemistry

2c. Develop appropriate dosing regimens, which reflect application of knowledge of pharmaceutical calculations, initial dose, dose titration, and dosage adjustments

2d. Develop rational plans for monitoring therapeutic outcomes

2e. Develop rational plans for monitoring and managing adverse events

2f. Develop plans for anticipating, avoiding, and resolving drug interactions, drug-drug interactions, drug-food interactions, drug-disease interactions, drug-lab interactions, and drug-procedure interactions

2g. Develop plans for patient education on drug therapy and therapeutic lifestyle changes

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logical, practical, consider current evidence-based medicine recommendations, include strategies for prevention, and include patient education; Develop and implement the pharmacotherapeutic plan promptly, efficiently, accurately, and effectively; Revise drug therapy plans on an ongoing basis

2i. Document recommendations and services accurately and comprehensibly
   Document accurate, logical, yet only pertinent information, including drug therapy directions (dosage, route, frequency, duration, monitoring parameters, and time of follow up) using correct terminology, spelling, and grammar

4c. Apply ethics and professional principles to assure efficient utilization of resource management and effective treatment choices
   Use good professional judgment and demonstrate ability to cope with a variety of situations

5a. Employ communication styles and techniques appropriate to the audience
   Effectively communicate, verbally and in writing with other health care professionals; Effectively communicate patient and/or medication self-management information to patients and health professionals; Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately

5b. Work effectively within a multidisciplinary/interdisciplinary environment
   Effectively communicate, verbally and in writing with other health care professionals; Effectively communicate patient and/or medication self-management information to patients and health professionals; Use good professional judgment and demonstrate ability to cope with a variety of situations; Communicate effectively and appropriately; Exercise punctuality and maintain expected attendance

5c. Include patient and caregiver as integral parts of a treatment plan
   Deliver appropriate and effective patient counseling; Monitor the patient and follow up at appropriate intervals

8a. Serve as reliable and credible source of drug information
   Provide concise, applicable, and timely responses to requests for drug information from health care professionals and patients

8d. Present effective educational programs and presentations to public and health care profession audiences
   Effectively communicate, verbally and in writing with other health care professionals; Prepare and present an educational program to a group of health care professionals or patients in an effective manner

11a. Take responsibility for gathering new knowledge
   Show initiative

**General Professionalism Objectives**

Demonstrate a positive attitude toward practice of pharmacy.

Use good professional judgment and demonstrate ability to cope with a variety of situations.

Communicate effectively and appropriately.

Show initiative.

Exercise punctuality and maintain expected attendance.

Comments
FINAL EVALUATION:

Numeric Score ______  □ A □ B □ C □ F

By signing below, both parties agree that the student has completed the minimum number of rotation hours set forth by course requirements.

___________________________________________________  __________________
Student Signature      Date

___________________________________________________  __________________
Preceptor Signature      Date

End of Evaluation
PRECEPTOR EVALUATION OF NON-PATIENT CARE PHARMACY PRACTICE STUDENT
(Form PEOS-NPCX)

This form may be used a guide to complete the online evaluation.

Instructions: Evaluate the student on each item. Using the scale below, note the score achieved by the student in each performance category. If a student receives any score less than 3 on any item, it must be addressed in the comments section.

0 = Not assessed
1 = Poorest Anticipated Performance (<60%)
2 = Less than Expected Performance (60-69%)
3 = Minimum Expected Performance (70-79%)
4 = Better than Expected Performance (80-89%)
5 = Best Anticipated Performance (90-100%)

<table>
<thead>
<tr>
<th>Ability Based Outcome and Corresponding Objectives</th>
<th>Evaluation Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>4c. Apply ethics and professional principles to assure efficient utilization of resource management and effective treatment choices</td>
<td>Use good professional judgment and demonstrate ability to cope with a variety of situations</td>
</tr>
<tr>
<td>5a. Employ communication styles and techniques appropriate to the audience</td>
<td>Effectively communicate, verbally and in writing with other health care professionals; Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately</td>
</tr>
<tr>
<td>8d. Present effective educational programs and presentations to public and health care profession audiences</td>
<td>Effectively communicate, verbally and in writing with other health care professionals; Prepare and present an educational program to a group of health care professionals or patients in an effective manner</td>
</tr>
<tr>
<td>11a. Take responsibility for gathering new knowledge</td>
<td>Show initiative</td>
</tr>
</tbody>
</table>

General Professionalism Objectives

Demonstrate a positive attitude toward practice of pharmacy.

Use good professional judgment and demonstrate ability to cope with a variety of situations.

Communicate effectively and appropriately.

Show initiative.

Exercise punctuality and maintain expected attendance.
By signing below, both parties agree that the student has completed the minimum number of rotation hours set forth by course requirements.

___________________________________________________  __________________
Student Signature      Date

___________________________________________________  __________________
Preceptor Signature     Date

End of Evaluation
### Instructions:
Taking into consideration all completed activities, use the scale below to indicate (by ✓) the performance of the student. Any “needs improvement” or “unsatisfactory” scores require written comments.

<table>
<thead>
<tr>
<th>Professional Education Abilities</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.b Apply clinical reasoning skills in drug product selection, chemical entity, and dosage formulation based on principles of pharmaceutics, medicinal and natural products chemistry</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.c Develop appropriate dosage regimens which reflect application of knowledge of pharmaceutical calculations, systems of measurement, initial dose, dose titration, and dose adjustment</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.e Develop rational plans for monitoring therapeutic outcomes</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.f Develop rational plans for monitoring and managing adverse events</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.g Develop plans for anticipating, avoiding, and resolving drug interactions, drug-drug interactions, drug-food interactions, drug-disease interactions, drug-lab interactions, and drug-procedure interactions</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.i Document recommendations and services accurately and comprehensibly</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.a Analyze epidemiologic and pharmacoeconomic data, medication use criteria, medication use review, and risk reduction strategies</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.b Apply knowledge of protocol utilization for the initiation and modification of drug therapy</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.c Develop population-based protocols for medication therapy management</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.d Assure that medication use systems minimize medication errors and optimize patient outcomes</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.b Work effectively within a multidisciplinary/interdisciplinary environment</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.c Include patient and caregiver as integral parts of a treatment plan</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.a Display empathy in patient interactions</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.b Display sensitivity to differences in ethnicity, gender, values, or belief systems</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.c Apply understanding of contemporary and historical social and economic factors that influence health and health care, including health literacy and health care disparities</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.e Participate in the development of drug use and health policy</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Personal Qualities of the Student

<table>
<thead>
<tr>
<th></th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student displays a positive attitude toward the practice of pharmacy.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The student exhibits good judgment and ability to cope with a variety of situations.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The student shows initiative.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The student demonstrates good punctuality and attendance.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### FINAL EVALUATION:

- **PASS**
- **FAIL**

### Preceptor Comments (attach additional pages if necessary):


### Student Response to Evaluation (attach additional pages if necessary):


---

By signing below, both parties agree that the student has completed the minimum number of rotation hours set forth by course requirements.

___________________________________________________  __________________
Student Signature      Date

___________________________________________________  __________________
Preceptor Signature      Date

**End of Evaluation**

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Student Name: __________________________  Preceptor Name: __________________________

Rotation Type: **COMMUNITY (PY3)**

Select Final Grade:  PASS  FAIL

Instructions: Taking into consideration all completed activities, use the scale below to indicate (by ✓) the performance of the student. Any “needs improvement” or “unsatisfactory” scores require written comments.

<table>
<thead>
<tr>
<th>PROFESSIONAL EDUCATION ABILITIES</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.b Evaluate and interpret patient data</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.c Apply knowledge of medical terminology and abbreviations</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.d Apply knowledge of specific drugs and drug classes</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.e Apply knowledge of specific physiologic systems</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.f Apply knowledge of specific disease pathology and comorbid conditions</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.e Develop rational plans for monitoring therapeutic outcomes</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.f Develop rational plans for monitoring and managing adverse events</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.g Develop plans for anticipating, avoiding, and resolving drug interactions, drug-drug interactions, drug-food interactions, drug-disease interactions, drug-lab interactions, and drug-procedure interactions</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.a Analyze epidemiologic and pharmacoeconomic data, medication use criteria, medication use review, and risk reduction strategies</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.d Assure that medication use systems minimize medication errors and optimize patient outcomes</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.a Employ communication styles and techniques appropriate to the audience</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.c Include patient and caregiver as integral parts of a treatment plan</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.a Serve as a reliable and credible source of drug information</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.b Effectively educate patients using all appropriate communication modalities</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.a Engage in health-related community outreach activities</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.f Help design pharmacy benefits</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Personal Qualities of the Student</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student displays a positive attitude toward the practice of pharmacy.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The student exhibits good judgment and ability to cope with a variety of situations.</td>
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<td></td>
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<tr>
<td>The student shows initiative.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>The student demonstrates good punctuality and attendance.</td>
<td></td>
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</tr>
</tbody>
</table>

**FINAL EVALUATION:**

PASS       FAIL

Preceptor Comments (attach additional pages if necessary):


Student Response to Evaluation (attach additional pages if necessary):


*By signing below, both parties agree that the student has completed the minimum number of rotation hours set forth by course requirements.*

___________________________________________________  __________________
Student Signature      Date
UNIVERSITY OF MISSISSIPPI SCHOOL OF PHARMACY

INTRODUCTORY PHARMACY PRACTICE EXPERIENCES

Student Name: ___________________________ Preceptor Name: ___________________________

Rotation Type: ELECTIVE (PY3) Select Final Grade: PASS FAIL

Instructions: Taking into consideration all completed activities, use the scale below to indicate (by ✓) the performance of the student. Any “needs improvement” or “unsatisfactory” scores require written comments.

<table>
<thead>
<tr>
<th>PROFESSIONAL EDUCATION ABILITIES</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.b Evaluate and interpret patient data</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.c Apply knowledge of medical terminology and abbreviations</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.d Apply knowledge of specific drugs and drug classes</td>
<td>✓</td>
<td></td>
<td></td>
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<tr>
<td>1.e Apply knowledge of specific physiologic systems</td>
<td>✓</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>1.f Apply knowledge of specific disease pathology and co-morbid conditions</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.b Apply clinical reasoning skills in drug product selection, chemical entity, and dosage formulation based on principles of pharmaceutics, medicinal and natural products chemistry</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.c Develop appropriate dosage regimens which reflect application of knowledge of pharmaceutical calculations, systems of measurement, initial dose, dose titration, and dose adjustment</td>
<td>✓</td>
<td></td>
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<tr>
<td>2.e Develop rational plans for monitoring therapeutic outcomes</td>
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<td>✓</td>
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<td>2.g Develop plans for anticipating, avoiding, and resolving drug interactions, drug-drug interactions, drug-food interactions, drug-disease interactions, drug-lab interactions, and drug-procedure interactions</td>
<td>✓</td>
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<td></td>
</tr>
<tr>
<td>2.i Document recommendations and services accurately and comprehensibly</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.a Analyze epidemiologic and pharmacoeconomic data, medication use criteria, medication use review, and risk reduction strategies</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.b Apply knowledge of protocol utilization for the initiation and modification of drug therapy</td>
<td>✓</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3.c Develop population-based protocols for medication therapy management</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.d Assure that medication use systems minimize medication errors and optimize patient outcomes</td>
<td>✓</td>
<td></td>
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<tr>
<td>5.a Employ communication styles and techniques appropriate to the audience</td>
<td>✓</td>
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<tr>
<td>5.b Work effectively within a multidisciplinary/interdisciplinary environment</td>
<td>✓</td>
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<tr>
<td>5.c Include patient and caregiver as integral parts of a treatment plan</td>
<td>✓</td>
<td></td>
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<tr>
<td>7.a Display empathy in patient interactions</td>
<td>✓</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7.b Display sensitivity to differences in ethnicity, gender, values, or belief systems</td>
<td>✓</td>
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<tr>
<td>7.c Apply understanding of contemporary and historical social and economic factors that influence health and health care, including health literacy and health care disparities</td>
<td>✓</td>
<td></td>
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</tr>
<tr>
<td>8.a Serve as a reliable and credible source of drug information</td>
<td>✓</td>
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<tr>
<td>8.b Effectively educate patients using all appropriate communication modalities</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>10.a Engage in health-related community outreach activities</td>
<td>✓</td>
<td></td>
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<tr>
<td>10.e Participate in the development of drug use and health policy</td>
<td>✓</td>
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</table>
Final Evaluation:

PASS    FAIL

Preceptor Comments (attach additional pages if necessary):

Student Response to Evaluation (attach additional pages if necessary):

By signing below, both parties agree that the student has completed the minimum number of rotation hours set forth by course requirements.

___________________________________________________  __________________
Student Signature      Date

___________________________________________________  __________________
Preceptor Signature      Date
Instructions: Taking into consideration all completed activities, use the scale below to indicate (by ✓) the performance of the student. Any “needs improvement” or “unsatisfactory” scores require written comments.

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<td>Personal Qualities of the Student</td>
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<td>Unsatisfactory</td>
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**FINAL EVALUATION:**

PASS       FAIL

**Preceptor Comments (attach additional pages if necessary):**

**Student Response to Evaluation (attach additional pages if necessary):**

*By signing below, both parties agree that the student has completed the minimum number of rotation hours set forth by course requirements.*

___________________________________________________  __________________
Student Signature      Date

___________________________________________________  __________________
Preceptor Signature      Date
**UNIVERSITY OF MISSISSIPPI SCHOOL OF PHARMACY**

**INTRODUCTORY PHARMACY PRACTICE EXPERIENCES**

Student Name: ___________________________  Preceptor Name: ___________________________

Rotation Type: **SPECIALTY (PY3)**  Select Final Grade: **PASS**  **FAIL**

Instructions: Taking into consideration all completed activities, use the scale below to indicate (by ✓) the performance of the student. Any “needs improvement” or “unsatisfactory” scores require written comments.

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</table>
Personal Qualities of the Student | Satisfactory | Needs Improvement | Unsatisfactory
---|---|---|---
The student displays a positive attitude toward the practice of pharmacy.
The student exhibits good judgment and ability to cope with a variety of situations.
The student shows initiative.
The student demonstrates good punctuality and attendance.

FINAL EVALUATION:

PASS  FAIL

Preceptor Comments (attach additional pages if necessary):

Student Response to Evaluation (attach additional pages if necessary):

By signing below, both parties agree that the student has completed the minimum number of rotation hours set forth by course requirements.

___________________________________________________  __________________
Student Signature      Date

___________________________________________________  __________________
Preceptor Signature      Date
Instructions: Taking into consideration all activities performed, use the scale below to rate the overall performance of the student.

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<th>Needs Improvement</th>
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<td>1d. Apply knowledge of specified drugs and drug classes</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2a. Apply understanding of indications for pharmacologic and non-pharmacologic therapy</td>
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<tr>
<td>2d. Prepare accurate patient-specific pharmaceutic agents, dosage forms and delivery systems</td>
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<tr>
<td>4d. Assure that medication use systems minimize medication errors and optimize patient outcomes</td>
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<td>4f. Practice in accordance with state and federal regulations and</td>
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<tr>
<td>5a. Employ communication styles and techniques appropriate to the audience.</td>
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</tr>
<tr>
<td>7a. Display empathy in patient interactions</td>
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<tr>
<td>11b. Demonstrate an ability to evaluate and utilize information</td>
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**Personal Qualities of the Student**

- The student displays a positive attitude toward the practice of pharmacy.
- The student exhibits good judgment and ability to cope with a variety of situations.
- The student shows initiative.
- The student demonstrates good punctuality and attendance.

**FINAL EVALUATION:**

PASS _______       FAIL _______
Preceptor Comments (attach additional pages if necessary):


Student Response to Evaluation (attach additional pages if necessary):


FINAL EVALUATION:

PASS _______  FAIL _______

By signing below, both parties agree that the student has completed the minimum number of rotation hours set forth by course requirements.

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Student Signature      Date

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<td>1e. Apply knowledge of specific disease pathology and comorbid conditions</td>
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<td>2c. Develop appropriate dosing regimens, which reflect application of knowledge of pharmaceutical calculations, systems of measurement, initial dose, dose titration, and</td>
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<tr>
<td>6. Retrieve, analyze, and interpret the professional, lay, and scientific literature to provide drug information to patients, their families, other involved health care providers and the public to optimize patient care</td>
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<tr>
<td>8b. Effectively educate patients using all appropriate communication modalities (verbal, written, other)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>8d. Present effective educational programs and presentations to public and health care profession audiences</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>10a. Engage in health-related community outreach activities</td>
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<tr>
<td>Personal Qualities of the Student</td>
<td>Satisfactory</td>
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<td>Unsatisfactory</td>
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<tr>
<td>--------------------------------------------------------------------------------------------------</td>
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</table>

**Preceptor Comments (attach additional pages if necessary):**


**Student Response to Evaluation (attach additional pages if necessary):**


**FINAL EVALUATION:**

PASS _______ FAIL _______

*By signing below, both parties agree that the student has completed the minimum number of rotation hours set forth by course requirements.*

___________________________________________________  __________________
Student Signature      Date

___________________________________________________  __________________
Preceptor Signature      Date
Instructions: Taking into consideration all activities performed, use the scale below to rate the overall performance of the student.

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<td>1c. Apply knowledge of medical terminology and abbreviations</td>
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</tr>
<tr>
<td>4b. Appropriately manage safe, accurate and time-sensitive medication distribution</td>
<td></td>
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</tr>
<tr>
<td>4f. Practice in accordance with state and federal regulations and statutes</td>
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<tr>
<td>5a. Employ communication styles and techniques appropriate to the audience.</td>
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<td>5b. Work effectively within a multidisciplinary/interdisciplinary environment</td>
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**Personal Qualities of the Student**

- The student displays a positive attitude toward the practice of pharmacy.
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**FINAL EVALUATION:**

PASS _______  FAIL _______
Student Name: _________________________________________    Preceptor: _________________________________________________

Preceptor Comments (attach additional pages if necessary):


Student Response to Evaluation (attach additional pages if necessary)


FINAL EVALUATION:

PASS _______  FAIL _______

By signing below, both parties agree that the student has completed the minimum number of rotation hours set forth by course requirements.

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Student Signature      Date

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Preceptor Signature      Date
Student Name: _________________________________________    Preceptor: _________________________________________________

Rotation Type: **INSTITUTIONAL (PRCT 376) (PY1)**

Rotation Week #:  ☑ 1  ☐ 2

Instructions: Taking into consideration all activities performed, use the scale below to rate the overall performance of the student.

<table>
<thead>
<tr>
<th>PROFESSIONAL EDUCATION ABILITIES</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Collect and organize patient data, medical records, interviews, and psychomotor evaluations</td>
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<tr>
<td>1b. Evaluate and interpret patient data</td>
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<tr>
<td>1c. Apply knowledge of medical terminology and abbreviations</td>
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<tr>
<td>1d. Apply knowledge of specified drugs and drug classes</td>
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<tr>
<td>2a. Apply understanding of indications for pharmacologic and non-pharmacologic therapy</td>
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<tr>
<td>4b. Appropriately manage safe, accurate and time-sensitive medication distribution</td>
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<tr>
<td>4d. Assure that medication use systems minimize medication errors and optimize patient outcomes</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5a. Employ communication styles and techniques appropriate to the audience.</td>
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<td></td>
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<tr>
<td>7a. Display empathy in patient interactions</td>
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</tr>
</tbody>
</table>

**Personal Qualities of the Student**

The student displays a positive attitude toward the practice of pharmacy.

The student exhibits good judgment and ability to cope with a variety of situations.

The student shows initiative.

The student demonstrates good punctuality and attendance.

**FINAL EVALUATION:**

PASS _______  FAIL _______
Student Name: ________________________________  Preceptor: ________________________________

Preceptor Comments (attach additional pages if necessary):


Student Response to Evaluation (attach additional pages if necessary)


FINAL EVALUATION:

PASS _______  FAIL _______

By signing below, both parties agree that the student has completed the minimum number of rotation hours set forth by course requirements.

___________________________________________________  __________________
Student Signature      Date

___________________________________________________  __________________
Preceptor Signature      Date
APPENDIX J
SEXUAL HARASSMENT POLICY
Sexual Harassment

Summary/Purpose: The purpose of this policy is to provide guidelines and complaint procedures for sexual harassment complaints.

The University of Mississippi is committed to fostering an environment that prevents sexual harassment of students and employees. The University also has a commitment to professionalism, fostered by an atmosphere of mutual trust and respect. These commitments are threatened when persons in positions of authority abuse the trust placed in them.

The educational mission of the University of Mississippi is promoted by professionalism in faculty-student, supervisor-subordinate, and athletics staff-student athletic relationships. This includes relationships between a faculty member and a student when the faculty member has a professional responsibility for the student. Therefore, consensual sexual relationships between the instructional staff and students, between supervisors and their subordinates, as well as those between athletics staff and student athletes, are considered unwise and are strongly discouraged. The respect and trust accorded a person by a subordinate or student, as well as the real or perceived power exercised by the instructor, supervisor, or athletics staff member may greatly diminish the student or subordinate's actual freedom of choice. Relationships between faculty and students, supervisors, and subordinates, and athletics staff and student athletes, even though ostensibly consensual, hold the potential to be exploitive and involve inherent conflicts of interest. In the event that a sexual harassment complaint is made in such a situation, it may be exceedingly difficult to prove mutual consent.

For purposes of protecting employees from the impact of sexual harassment in the work environment, The University of Mississippi follows the Equal Employment Opportunity Commission's guideline definition of sexual harassment as its guideline for defining sexual harassment. This guideline defines sexual harassment as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, (2) submission to or rejection of such conduct by an individual is used as a basis for employment decisions affecting such individual, or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work environment. These definitions apply to students as well as to employees who may have a complaint of sexual harassment.

For purposes of protecting students from the impact of sexual harassment, The University of Mississippi adheres to the guidelines set forth by Title IX of the education Amendments of 1972. The University of Mississippi prohibits acts of harassment of a sexual nature that is so objectively offensive, pervasive, or severe that it effectively denies the victim access to the University's resources and opportunities, unreasonably interferes with the victim's work or living environment, or deprives the victim of some other protected right.

If any employee or student believes that he or she has been subjected to sexual harassment, he or she should immediately report this to the Office of Equal Opportunity and Regulatory Compliance, Post Office Box 1848, 217 Martindale Student Services Center, call 662-915-7735 or email eeo@olemiss.edu. Such incidents may be reported to your immediate supervisor or, if a student, to a faculty member; however, it is mandatory that allegations of sexual harassment be reported to the Office of Equal Opportunity and Regulatory Compliance.

The Executive Director of Equal Opportunity and Regulatory Compliance will handle the matter with as much confidentiality as possible. An immediate investigation will be conducted in an attempt to determine all of the facts concerning the alleged harassment. The University will not tolerate retaliation against any employee or student who reports a claim of sexual harassment or against any employee or student who participates in the investigation of a complaint. If it is determined that sexual harassment has occurred, corrective action will be taken. Depending upon the circumstances, this corrective action may include a reprimand, demotion, discharge or other appropriate action. A person bringing a frivolous allegation of sexual harassment may be subject to disciplinary action, which could include termination.

Please refer to the University’s Sexual Harassment Guide for Students and Employees for additional information. This document is available from the Office of Equal Opportunity and Regulatory Compliance. (This guide may be viewed by following this link: http://www.olemiss.edu/depts/affirmative_action/brochures.html)
Abilities Fostered by the Curriculum at The University of Mississippi School of Pharmacy

The curriculum culminating in the awarding of the Doctor of Pharmacy degree at The University of Mississippi School of Pharmacy is ability-based. Successful completion of the program will ensure the development of both general and professional educational abilities (listed below). Progression through the four-year curriculum provides for the formulation and continuous strengthening of these abilities. These have been modified from the School’s outcomes delineated in 1998, in order to reflect new emphases present in the 2004 CAPE Outcomes Statement for Pharmacy Education and the 2007 ACPE Guidelines.

UM General Abilities
The following three general educational abilities are emphasized by the Southern Association of Colleges and Schools (SACS); and demonstration of programmatic contribution to these general abilities is desired by The University of Mississippi for all appropriate undergraduate majors.

1. Critical Thinking, Analysis and Decision-Making
The student can find, understand, analyze, evaluate, and synthesize information and make informed, rational, and responsible decisions.

2. Communication Skills
The student can communicate with various audiences by written, verbal, and electronic media for a variety of purposes.

3. Mathematical Competence
The student is proficient in the expression of quantitative relationships and can perform the needed mathematical operations to infer their consequences.

Professional Abilities of the School of Pharmacy

1. Assess patient drug therapy
   a. Collect and organize patient data, medical records, interviews, and psychomotor evaluations
   b. Evaluate and interpret patient data
   c. Apply knowledge of medical terminology and abbreviations
   d. Apply knowledge of specified drugs and drug classes
   e. Apply knowledge of specific physiologic systems
   f. Apply knowledge of specific disease pathology and comorbid conditions

2. Provide contemporary evidence-based patient-specific drug therapy
   a. Apply understanding of indications for pharmacologic and non-pharmacologic therapy
   b. Apply clinical reasoning skills in drug product selection, chemical entity, and dosage formulation based on principles of pharmaceutics, medicinal and natural product chemistry
   c. Develop appropriate dosing regimens, which reflect application of knowledge of pharmaceutical calculations, systems of measurement, initial dose, dose titration, and dosage adjustments
   d. Prepare accurate patient-specific pharmaceutic agents, dosage forms and delivery systems
   e. Develop rational plans for monitoring therapeutic outcomes
   f. Develop rational plans for monitoring and managing adverse events
   g. Develop plans for anticipating, avoiding, and resolving drug interactions, drug-drug interaction, drug-food interaction, drug-disease interaction, drug-lab interaction, and drug-procedure interaction
   h. Develop plans for patient education on drug therapy and therapeutic lifestyle changes
   i. Document recommendations and services accurately and comprehensively
3. Provide contemporary evidence-based population-focused care
   a. Analyze epidemiologic and pharmacoeconomic data, medication use criteria, medication use review, and risk reduction strategies
   b. Apply knowledge of protocol utilization for the initiation and modification of drug therapy
   c. Develop population-based protocols for medication therapy management

4. Manage patient-centered practice with contemporary methods
   a. Appropriately manage resources to maximize economic, clinical and humanistic outcomes for patients, and effectively manage financial, personnel, time, and technology resources
   b. Appropriately manage safe, accurate and time-sensitive medication distribution
   c. Apply ethics and professional principles to assure efficient utilization of resource management and effective treatment choices
   d. Assure that medication use systems minimize medication errors and optimize patient outcomes
   e. Develop proposals for establishing, marketing, and being compensated for medication therapy management and patient care services rendered
   f. Practice in accordance with state and federal regulations and statutes

5. Collaborate with patients, caregivers, and health professionals to engender a team approach to patient care
   a. Employ communication styles and techniques appropriate to the audience
   b. Work effectively within a multidisciplinary/interdisciplinary environment
   c. Include patient and caregiver as integral parts of a treatment plan

6. Retrieve, analyze, and interpret the professional, lay, and scientific literature to provide drug information to patients, their families, other involved health care providers and the public to optimize patient care.
   a. Apply understanding to statistical methods
   b. Apply understanding of research design principles
   c. Evaluate research outcomes for validity
   d. Demonstrate expertise in informatics

7. Demonstrate understanding of health problems specific to diverse populations
   a. Display empathy in patient interactions
   b. Display sensitivity to differences in ethnicity, gender, values, or belief systems (cultural competency)
   c. Apply understanding of contemporary and historical social and economic factors that influence health and health care, including health literacy and health care disparities

8. Provide comprehensible, effective education to patients, health care professionals, and the public
   a. Serve as reliable and credible source of drug information
   b. Effectively educate patients using all appropriate communication modalities (verbal, written, other)
   c. Apply knowledge of roles of advocacy and support organizations (e.g., AA, Epilepsy Foundation) to practice
   d. Present effective educational programs and presentations to public and health care profession audiences

9. Analyze internal and external factors that influence pharmacy and other health care systems
   a. Demonstrate knowledge of the impact of health care systems on pharmacy practice
   b. Demonstrate understanding of the influences of legislation on pharmacy practice
   c. Demonstrate understanding of the roles of professional organizations
10. Promote the availability of effective health improvement, wellness, disease prevention, and health policy, applying population-specific data, quality improvement strategies, informatics, and research processes.
   a. Engage in health-related community outreach activities
   b. Identify public health problems
   c. Suggest solutions for public health problems
   d. Review current health policies and recommend modifications
   e. Participate in the development of drug use and health policy
   f. Help design pharmacy benefits

11. Develop self-learning skills to foster lifelong learning
   a. Take responsibility for gathering new knowledge
   b. Demonstrate an ability to evaluate and utilize information resources
   c. Exhibit self-assessment behaviors