

UNIVERSITY OF MISSISSIPPI SCHOOL OF PHARMACY
ADVANCED PHARMACY PRACTICE EXPERIENCES

Student: _____ Date: ___/___/___ Rotation Type: **AMBULATORY CARE** Rotation #

Preceptor: _____ Preceptor Signature: _____

APPE Ambulatory Care PRCT 587 Protocol Development

Directions: Ask your preceptor if a protocol or collaborative practice agreement is utilized at the rotation practice site. If it is not, then locate an example online or from another source. Answer the following questions:

What is required for a pharmacist to practice under protocol in the state of Mississippi? What other states allow pharmacists to practice under protocol? (Question 1 of 6 - Mandatory)

What is the difference between a pharmacist-directed protocol and a collaborative practice agreement? (Question 2 of 6 - Mandatory)

What information does a protocol contain? What information does a collaborative practice agreement contain? (Question 3 of 6 - Mandatory)

What is a clinical pharmacy practitioner? Where did this term originate? (Question 4 of 6 - Mandatory)

Looking at the identified protocol or agreement identify one area that you feel could be changed or improved upon. Why do you think this change is needed? (Question 5 of 6 - Mandatory)

How often is the protocol or collaborative practice agreement updated? (Question 6 of 6 - Mandatory)

Review your answers in this evaluation. If you are satisfied with the evaluation, click the SUBMIT button below. Once submitted, evaluations are no longer available for you to make further changes.