EXPERIENTIAL PROGRAM MANUAL

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## RECIPIENTS OF THE PRECEPTOR OF THE YEAR AWARD

<table>
<thead>
<tr>
<th>Year</th>
<th>APPE</th>
<th>IPPE</th>
</tr>
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<tbody>
<tr>
<td>1978</td>
<td>James Bennett</td>
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<td>Sam Daniel</td>
<td>2012 – Phil Ayers</td>
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<tr>
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<td>2016 – Laurie Fleming</td>
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<td>Bill Harlan</td>
<td>2018 – Danny Riche</td>
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<td>2020 – Phil Ayers</td>
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<td>1984</td>
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<td>2023 – Bridgett Chisolm</td>
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<td>Leon Williams</td>
<td>2027 – Tripp Dixon</td>
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<td>1988</td>
<td>Mike Vinson</td>
<td>2029 – Josh Fleming</td>
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<td>2031 – Sharon Dickey</td>
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<td>Marvin Morris</td>
<td>2039 – Bridge Chisolm</td>
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<td>2002</td>
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<td>2007</td>
<td>Louie Smith</td>
<td>2065 – Buddy Ogletree</td>
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</table>
**Academic Calendar 2021-2022**

### Holiday Calendar

- **Memorial Day (2021)**: Monday, May 31, 2021
- **Independence Day**: Monday, May 31, 2021 (Observed)
- **Labor Day**: Monday, September 6, 2021
- **Thanksgiving Holiday**: November 22 – 26, 2021
- **New Year’s Day**: Saturday, January 1, 2022
- **Martin Luther King Jr. Day**: Monday, January 17, 2022
- **Good Friday**: Friday, April 15, 2022
- **Memorial Day (2022)**: Monday, May 30, 2022
- **IPPE Spring Break**: March 14 – 18, 2022

### Commencement – Class of 2022

Saturday, May 14, 2022 (Subject to change)

### P4 APPE Rotation Calendar

<table>
<thead>
<tr>
<th>Term</th>
<th>Rotation</th>
<th>Start Dates</th>
<th>End Dates</th>
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<tbody>
<tr>
<td>May Intersession</td>
<td>1</td>
<td>May 3, 2021</td>
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<td>First Summer</td>
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<td>June 1, 2021</td>
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<tr>
<td>Second Summer</td>
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<tr>
<td>First Fall</td>
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<td></td>
<td>5</td>
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<td>September 30, 2021</td>
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<tr>
<td>Second Fall</td>
<td>6</td>
<td>October 1, 2021</td>
<td>October 29, 2021</td>
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<tr>
<td></td>
<td>7</td>
<td>November 1, 2021</td>
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<tr>
<td>First Spring</td>
<td>8</td>
<td>January 3, 2022</td>
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<tr>
<td></td>
<td>9</td>
<td>February 1, 2022</td>
<td>February 28, 2022</td>
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<td>March 31, 2022</td>
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<td></td>
<td>11</td>
<td>April 1, 2022</td>
<td>April 29, 2022</td>
</tr>
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</table>

### APPE Mandatory Meetings

- Career Development Days: TBD
- Seminar Day – Oxford & Jackson: TBD

### P3 IPPE Rotation Calendar

- **Fall Semester**
  - Option 1: Community and Ambulatory Care – PHCY 650 (4 hours per week)
    - August 9 – December 3, 2021
  - Option 2: Institutional and Specialty – PHCY 651 (4 hours per week)
    - October 18 – 22, 2021
- **Second Fall**
  - IPPE Selective – PHCY 605 (1 Week)
- **Spring Semester**
  - Option 1: Community and Ambulatory Care – PHCY 650 (4 hours per week)
    - January 10 – April 30, 2022
  - Option 2: Institutional and Specialty – PHCY 651 (4 hours per week)

### P2 IPPE Rotation Calendar

- **Spring Semester**
  - Integrated Institutional – PHCY 550 (4 hours per week)
    - Option 1: August 23 – October 29, 2021
    - Option 2: November 1 – February 11, 2022
    - Option 3: February 14 – April 22, 2022
- **May Intersession/First Summer**
  - Community Immersion II – PHCY 510 (2-week)
    - Option 1: May 16 – 27, 2022
    - Option 2: May 31 – June 10, 2022

### P1 IPPE Rotation Calendar

- **Second Fall Term**
  - Community Immersion I – PHCY 470 (1-week)
    - Option 1: December 6 – 10, 2021
    - Option 2: December 13 – 17, 2021
- **May Intersession**
  - Institutional Immersion – PHCY 471 (1-week)
    - Option 1: May 16 – 20, 2022
    - Option 2: May 23-27, 2022
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INTRODUCTION

What is Experiential Education?

- Learning by DOING
- Allows the learner to be ENGAGED
- Allows the learner play an ACTIVE role in the learning process
- In medical education, it means involving the learner in direct PATIENT CARE
- REQUIRED for graduation and licensure
- Comprises more than 30% of the entire SCHOOL OF PHARMACY CURRICULUM

What Experiential Education is NOT?

- On-the-job training
- Busy work
- Free labor

Doctor of Pharmacy students will participate in pharmacy practice experiences during P1 through P4 years. Upon completion of the final year of pharmacy school, students will have completed 1920 hours of experiential education. During years 1 through 3, students will participate in Introductory Pharmacy Practice Experiences (IPPE), and in year 4, students will participate in Advanced Pharmacy Practice Experiences (APPE). The purpose of IPPEs is to expose students to pharmacy practice models and patient care in preparation for the APPEs. The fundamental goal of APPEs is to provide students with a planned program of applied knowledge, skills, attitudes, and abilities that will assist them in becoming a competent pharmacist. The APPEs must also have a patient care emphasis, as well as take place in diverse settings with maximum opportunity for interprofessional interactions.

Kolb’s Experiential Learning Theory

Through experiential education the learner uses observations to build an idea, generalization or theory from which new implications for actions are realized:

SECTION 1: IPPE EXPERIENTIAL PROGRAM

Entry-level Doctor of Pharmacy Students are required to complete a total of 320 hours of Introductory Pharmacy Practice Experience education throughout P1, P2, and P3 years. 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. During the P3 year, students complete one (1) selective rotation. Students may select from a variety of school-approved elective courses to fulfill this requirement. The elective rotation will be for one week. Students earn one (1) hour of academic credit upon successful completion of each IPPE course, except PHCY 510, after which students will earn two (2) hours of academic credit.

I. DESIGN OF IPPE PROGRAM

P1 Required Courses:

<table>
<thead>
<tr>
<th>IPPE Course Title</th>
<th>Course Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Immersion I</td>
<td>PHCY 470</td>
</tr>
<tr>
<td>Institutional Immersion</td>
<td>PHCY 471</td>
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P2 Required Courses:

<table>
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<tr>
<th>IPPE Course Title</th>
<th>Course Designation</th>
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<tbody>
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<td>Integrated Institutional</td>
<td>PHCY 550</td>
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<tr>
<td>Community Immersion II</td>
<td>PHCY 510</td>
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P3 Required Courses:

<table>
<thead>
<tr>
<th>IPPE Course Title</th>
<th>Course Designation</th>
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<tbody>
<tr>
<td>Community and Ambulatory Care</td>
<td>PHCY 650</td>
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<tr>
<td>Institutional and Specialty Practice</td>
<td>PHCY 651</td>
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P3 Selective Course:

<table>
<thead>
<tr>
<th>IPPE Course Title</th>
<th>Course Designation</th>
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<tr>
<td>Pharmacy Practice Elective</td>
<td>PHCY 605</td>
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II. STUDENT EXPECTATIONS

A. General Expectation 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
B. General Expectation 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

C. 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.

D. 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.

E. 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.

F. 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, parking at practice site, costs of student professional liability insurance, Basic Life Support for the Health Care Provider training, all required immunizations, MSBP registration, medical/health insurance, Internet access, email access, stethoscope, short white lab coat, name badge, required texts.
G. Student Curriculum Vitae (CV) and Letter of Introduction

Each IPPE 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 sent to the student’s next scheduled preceptor no later than two (2) weeks before each rotation begins.

H. Contact with Preceptor Prior to Experience

For IPPE rotations it is the student’s responsibility to contact their preceptor no later than one or two (1-2) weeks before the 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.

I. 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 section H.

J. 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.

III. 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 P2 Integrated Institutional rotation and during the P3 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.

A. P1 and P2 Community and Institutional schedules

At the preceptor’s discretion for the P1 Community Immersion, P1 Institutional Immersion, and P2 Community Immersion, a student may perform a five-day-per-week, eight-hour-per-day rotation OR a four- or 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.

For the P2 Integrated Institutional rotation, students will be expected to report to the site for four (4) hours per week for ten (10) predetermined weeks. P2 students will be assigned to rotation groups, and each group will report to the rotation site on the weeks (and day) assigned for their specific group.

B. P3 Schedules

Scheduling of the P3 students is complex given that students meet each week at varying days and times. In order to accommodate the schedule for the P3 rotations, Tuesday afternoons and Thursday mornings 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.
IV. GRADING

P1 through P3 students receive pass/fail grades for all Community Pharmacy Practice Experience and the Institutional Pharmacy Practice Experience courses. P3 students participating in their Selective Week rotation will also receive pass/fail grades for that course.

V. ACTIVITIES FOR IPPE ROTATIONS

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.

A. Activities for P1 and P2 Years

Students will be assigned to 4 different rotations throughout the P1 and P2 years. P1 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. P2 students will complete an integrated 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 P1 and P2 years are listed below and on the PEP Website. 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.

Summative evaluations will be submitted by the students’ respective preceptor to the PEP office through E*Value, after the completion of the rotation experience. An example of the evaluation form can be found in Appendix I.

PHCY 470 Community Activities

- New Patient Profile
- Telephone Rx Order
- New Rx Order Process

PHCY 471 Institutional Activities

- Home Meds and MAR Review
- Intro to IV Fluids
- Med Distribution Process – QA Practice Model/PAI Report

PHCY 550 Integrated Institutional Activities

- Discharge Counseling
- Chart Review and Lab Monitoring
- Aseptic Technique – IV Admixtures
- PPCP/Medication history and reconciliation
- High risk medication and disease state counseling
- Medication order review, verification, delivery, and safety
PHCY 510 Community Activities

- Compounding
- Non-Prescription Algorithm
- Million Hearts Project
- Point-of-Care Testing

B. Activities in P3 Year

Students will be assigned to 5 different rotations throughout the academic year (3 in the fall and 2 in the spring). 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 Fall Semester students will also complete a one week elective rotation.

Scheduling of the P3 students is complex given that students meet each week at varying days and times. In order to accommodate the schedule for the P3 rotations, Tuesday afternoons and Thursday mornings 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 P3 Rotations are listed below and on the PEP Website. They are listed by rotation type. For the selective rotation, students complete an observational report and a SOAP Note. These activities should be completed during the rotations and students evaluated accordingly. The student is to document activities online where applicable.

Summative evaluations will be submitted by the students’ respective preceptor to the PEP office through E*value, after the completion of the rotation experience. An example of the evaluation form can be found in Appendix I.

Ambulatory Care Activities

- Drug Information Questions
- Medication Reconciliation
- Medication Assistance Program
- Protocol Utilization and Management
- PPCP/SOAP Note Documentation

Community Activities

- Patient Counseling/Health Literacy Assessment
- Medication Management
- Cultural Competency
- Patient Care Project
- Prescription Verification
Institutional Activities

- Adverse Event Reporting
- Medication Management and Aseptic Techniques/IV Admixture
- Medical Chart Review
- Parenteral Nutrition Management
- Pharmacy and Therapeutics

Specialty Activities

- Chart Review and Medication Management
- Drug Information Questions
- Patient Case Presentation
- Interdisciplinary Team Interaction
- PPCP/SOAP Note Documentation
SECTION 2: APPE EXPERIENTIAL PROGRAM

Entry-level Doctor of Pharmacy students are required to complete ten (10) months of experiential education. These ten months are divided into ten (10) rotations, each of which will last a calendar month in length. Students will choose ten (10) rotation months from eleven (11) rotation month timeframes allowing for the student to select one (1) month as their off month. Of the ten rotations students must complete five (5) core required courses and five (5) elective courses.

I. DESIGN OF APPE PROGRAM

A. Required Courses

Doctor of Pharmacy students are required to complete five (5) core required courses. These required APPE courses consist of Community Pharmacy Practice Experience, Institutional Pharmacy Practice Experience, Adult Medicine Practice Experience, Ambulatory Care Practice Experience, and a Selective Ambulatory Care or Adult Medicine or Community Practice Experience. Required Ambulatory Care and Adult Medicine Pharmacy Practice Experiences will not be offered within the month of November, due to the reduced number of days of that rotation timeframe. Below is a list of the required courses with their respective course designations.

<table>
<thead>
<tr>
<th>APPE Required Course Title</th>
<th>Course Designation</th>
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<tbody>
<tr>
<td>Community Pharmacy Practice Experience</td>
<td>PHCY 653</td>
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<tr>
<td>Institutional Pharmacy Practice Experience</td>
<td>PHCY 654</td>
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<tr>
<td>Adult Medicine Pharmacy Practice Experience</td>
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<tr>
<td>Ambulatory Care Pharmacy Practice Experience</td>
<td>PHCY 687</td>
</tr>
<tr>
<td>Selective Ambulatory Care, Adult Medicine, or Community Pharmacy Practice Experience</td>
<td>AMBC 591, MEDC 591, or COMM 591</td>
</tr>
</tbody>
</table>

B. Elective Courses

Doctor of Pharmacy students are also required to complete five (5) elective courses. They may select from a variety of School-approved electives to fulfill the elective hour requirement. The electives must be in five different areas of training. Students may participate in only two (2) non-patient care (NPC) electives. Students are required to have a minimum of three (3) patient-care (PC) elective courses during their APPE year. While completing elective courses, student may participate in all five (5) electives as patient-care experiences if the student chooses. Elective courses are all designated with the ending of 591. If a student chooses a selective ambulatory care rotation as their fifth required course, they will be allowed to do an elective adult medicine rotation as one of their PC electives, and vice versa.

<table>
<thead>
<tr>
<th>APPE Non-Patient Care Elective Course Title</th>
<th>Course Designation</th>
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<tbody>
<tr>
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<td>BIOT 591</td>
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<td>NPC Research</td>
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<td>PC Home Infusion</td>
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<td>PC Pediatrics</td>
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<td>PC Medication Therapy Management</td>
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<td>TOCP 591</td>
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<td>PC Transplant</td>
<td>TRAN 591</td>
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<tr>
<td>PC Women’s Health</td>
<td>WOMH 591</td>
</tr>
</tbody>
</table>

II. APPE SITE SELECTION PROCESS

A. General Information

Students will have access to a list of courses through E*Value with instructors and sites. Please be aware that changes in course and instructor availability occur at all times throughout the year and continue right up to the minute of assignments. There is no way to guarantee that a course or instructor who is on the list now will be there at the time of your assignments next spring.

- Students will select their rotations online beginning early in Block III using the E*Value website.
- Students will have one opportunity to submit preferences. If you are not matched to a site, the PEP office will place you at a site, which may be out of area. Therefore, it is in your best interest to expand your preferences as large as possible to help ensure placement. (See below: Site Selection Guidelines, item 3).
- Assignments will be finalized in March 2021. Specific dates will be announced later.
- All rotations will be scheduled and performed at regularly scheduled rotation dates as outlined by the Academic Calendar.
- All preceptor, faculty and P4 student contact information can be accessed through the E*Value website.
B. 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 are considered only under dire or unusual circumstances. Such circumstances would include the withdrawal of a preceptor from the program during the academic period. Any changes in Advanced Pharmacy Practice Experience assignment are at the sole discretion of the Advanced Pharmacy Practice Experience director. All requests for change of rotation MUST be initiated with the Advanced Pharmacy Practice Experience director and must be submitted in writing. Failure to do so will nullify any such request. Students must NOT approach preceptors for rotations. Such action will be considered unprofessional conduct and a violation of the Code of Professional Conduct.

C. Site Selection Guidelines

1. Falsification of any information is violation of the Code of Professional Conduct and will subject that student to review by the Council.
   a. Falsification of any information in the student C.V.
   b. Falsification of a dependent child’s primary residence or school enrollment, or
   c. Falsification of information regarding medical hardship.

   Students found guilty by the Council will be placed last in assignment priority.

2. Required courses and elective rotations will be completed only at those practice sites with which there is an existing affiliation agreement with the School of Pharmacy. The list of sites and preceptors with whom the School is affiliated can be found on the E*Value website. (This list will be finalized in early January, 20201)

   * ALL rotation scheduling (contacting site/preceptor, scheduling, etc.) MUST be initiated and managed through the Office of Professional Experience Programs. All scheduling carried on outside the oversight of the PEP Office will be immediately nullified. In addition, external programs typically will make such arrangements only via the Advanced Pharmacy Practice Experience director.

3. A commutable distance is considered to be a sixty-mile radius from any existing preceptor site. For example, a student may wish to consider residing on the Oxford campus, thus making Memphis, Oxford, Tupelo and Grenada potential educational training sites.

4. Students must complete the Community Pharmacy Practice Experience (PHCY 653) prior to enrolling in the Community Pharmacy Practice ELECTIVE (COMM 591).

5. Student must complete the required Ambulatory Care Pharmacy Practice Experience (PHCY 687) prior to enrolling in the Elective Ambulatory Care Pharmacy Practice Experience (AMBC 591).

6. Student must complete the required Adult Medicine Pharmacy Practice Experience (PHCY 686) prior to enrolling in the Elective Adult Medicine Pharmacy Practice Experience (AMBC 591).

7. Students may participate in ONLY TWO non-direct patient care electives.

8. Students will not be allowed to repeat instructors without special approval from the PEP director.

9. The electives must be in five (5) different areas of training. For example, students may not repeat electives in Cardiology.
10. In order to broaden the student’s practice exposure, students are strongly encouraged to perform rotations in several different facilities.

11. Required Ambulatory Care and Adult Medicine Pharmacy Practice Experiences will not be offered within the month of November, due to the reduced number of days of that rotation timeframe.

D. Assignment Priority

Priority in assignments is limited to geographic location. It does not guarantee preceptors of choice. Students will be given priority in the assignment process in the following order:

1. Students with school-aged children presently residing in their household. Documentation from the school will be required and must be presented at least one week prior to deadline for assignments.

2. Students with medical conditions requiring frequent physician monitoring. Documentation from the physician will be required and must be presented at least one week prior to assignments.

3. All other students.

E. Disqualified Practice Sites

In order to broaden the practice exposure of the student, to promote the proper student/preceptor relationship, and to ensure programmatic integrity, the following guidelines must be considered by the student during the Advanced Pharmacy Practice Experience selection process. It is the responsibility of the student and the preceptor to avoid violation of this policy. Failure to do so may result in forfeiture of academic credit for a practice experience.

1. Entry-level students will not be permitted to complete Community Pharmacy Practice Experiences at sites at which

   a. They have been previously employed.
   b. They are employed concurrently.
   c. They are related, by blood or marriage, to the owner, manager/director, or preceptor.

2. Entry-level students will be permitted to complete ELECTIVES at institutions in which they are or have been employed in pharmacy-related activities, provided that they are not related, by blood or marriage, to the owner, manager/director, or preceptor.

F. Selective Tiered Optimization

1. Development of Selective Tiered Optimization

Based on strategic planning and faculty discussion, an ad-hoc committee was convened by the Chair of the Pharmacy Practice Department to determine the feasibility of tiered optimization. The goal of tiered optimization is to better align student interests with practice area, which is especially important given the limited availabilities of certain experiences. Through the work of the Selective Tiered Optimization Committee (STOC), the application process is now structured through the use of web-based Qualtrics and has been expanded to include selective tiered optimization for APPE electives.
2. **How to Apply for Selective Tiered Optimization**

P3 students are given the opportunity to submit an application via Qualtrics by the beginning of December if they were interested in pursuing one of the elective experiences. Students are required to provide a response to each of the following in 250 words or less:

1. Why are you interested in this particular experience?
2. What do you hope to learn from this particular experience?
3. Provide a statement of career goals and describe how this experience will help you achieve those goals.

The responses are collected and reviewed by the committee and then sent on to preceptors of the respective courses for scoring. Student entries will be scored (scale of 0 to 10) in a Qualtrics survey. Each student entry is assigned a unique student identifier (e.g., Student A1) that will correspond in the course survey.

3. **Courses Offered**

The following courses were offered during the 2021-2022 school year (these are subject to change for future rotations) through the Selective Tiered Optimization Process:

- CRIT 591: Critical Care
- EMER 591: Emergency Medicine
- INDY 591: Pharmaceutical Industry
- INFD 591: Infectious Disease
- LEAD 591: Leadership and Advocacy
- MANC 591: Managed Care Pharmacy
- NEON 591: Neonatology
- NUTR 591: Nutrition Support
- PEDS 591: Pediatrics
- SBOP 591: State Board of Pharmacy

4. **Global Experiences**

Students have the opportunity to participate in global experiences for their APPE rotations within the Selective Tiered Optimization Process. Students interested in more information about global experiences can contact the PEP director or the PEP Office. Please note that global experience opportunities will vary from year to year.

G. **Out of Area Rotations**

1. **APPEs Sponsored by National Organizations**

Students will be given a list of different national opportunities during their APPE rotation selection process. Each opportunity requires additional applications in order to be selected by the national organization. Students who wish to apply for APPEs sponsored by national organizations will only be allowed to apply to a maximum of two national rotation experiences during their APPE year. Students interested in such rotation, should notify the Director of Professional Experience Programs using Qualtrics by October 15, 2021. In the past, opportunities have been available through the following national organization (these are subject to change):

- American Association of Colleges of Pharmacy (AACP)
- American Society of Health-System Pharmacists (ASHP)
2. Unique Rotation Requests

Students wishing to pursue unique rotation opportunities, i.e., a rotation TYPE not listed in the website must follow the procedure below. Students will only be allowed to apply for ONE unique rotation opportunity.

i. In order to allow time to address administrative and curricular issues, students interested in such a rotation should notify the Director of Professional Experience Programs using Qualtrics survey by October 2021 (a specific deadline will be given closer to that time). This letter of intent should include the following items:

   a. The student’s objectives for completing such a rotation.

   b. A paragraph or two describing/explaining the student’s expectations regarding goals and objectives for the rotation.

   c. A statement explaining how participating in such a rotation will assist the student in achieving his or her desired career path.

   d. Block during which student requests assignment.

   e. The PEP Office will contact the appropriate person at the site to discuss curricular issues (goals and objectives), timeframe, etc. and feasibility.

ii. After reviewing the student’s request and the program’s information (goals, objectives, and program design), a faculty committee will make a recommendation to the Chair, Department of Pharmacy Practice, regarding the special request.

iii. The Department Chair will make the final decision regarding the special request. Students will be notified by December 2021.

iv. If approved for the unique rotation, and the student is also accepted for a National rotation experience(s), the student will only be allowed to participate in one national experience.

H. Communication with PEP Office

Students are required to maintain active email and Internet accounts throughout the APPE period. The PEP Office extensively utilizes these methods to communicate with both P4 students and preceptors. E-mail is used to communicate with students. Students are expected to check their school (go.olemiss.edu and umc.edu) e-mail on a consistent and frequent basis. In addition to receiving information from the PEP Office, students will receive information from the Oxford campus personnel and preceptors. Students will be held responsible for any information sent by email. Students are responsible for updating their contact information, including phone numbers, on the E*Value website.
III. STUDENT EXPECTATIONS

A. General Expectation 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

B. General Expectation 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

C. 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.

D. 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.

E. 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.
F. 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, parking at practice site, costs of student professional liability insurance, Basic Life Support for the Health Care Provider training, all required immunizations, MSBP registration, medical/health insurance, Internet access, email access, stethoscope, short white lab coat, name badge, required texts.

G. Student Curriculum Vitae (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 via email. The C.V., which should be updated during and after each rotation and letter are to be sent to the student’s next scheduled preceptor no later than two (2) weeks before each rotation begins. If, after one (1) week, the student has not received a response, they should call the site.

H. Contact with Preceptor Prior to Experience

For APPE 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.

I. Student Intake Form

Prior to start of each rotation, students will be required to submit the student intake form to their preceptor online through the E*Value website. Students will be required to complete this form prior to the start of each rotation. A copy of the intake form is included in Appendix R.

J. 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 Appendix H.

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.

K. Specific Requirements

1. Seminar Day

As part of the Seminar Skills course, P4 students are required to make a major presentation on either the Jackson or Oxford campus before departmental faculty and other students. One day is set aside for these presentations. 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 attend the entire day. Attendance will be closely monitored. Students
participating in an APPE experience more than 120 miles from your assigned campus will need to contact the Seminar Skills Course Manager for specific arrangements.

2. Rotation Presentation Sign-Off

In addition to the major presentation, P4 students are also required to perform three (3) other presentations. Students have until the middle of Rotation 11 in which to perform these three presentations. Students and preceptors should use the following as general guidelines for these presentations.

a. 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.

b. 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.

c. 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.

d. 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.

e. 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.

3. Physical Skills Assessment Requirement

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 Robert Metzger, School of Pharmacy, 2500 North State Street, Jackson, Mississippi, 39216. The fax is (601) 815-1160.
4. **Student Portfolio Review**

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 Rotation 11 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 11. 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 Robert Metzger, School of Pharmacy, 2500 North State Street, Jackson, Mississippi, 39216. The fax is (601) 815-1160.

L. **Assessment: The Abilities Transcript – Student Perspective**

1. **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.
2. 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.

3. 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.

4. 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.

5. 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.
UM Professional Ability-Based Outcomes
In order for the student to meet the School of Pharmacy program level requirements he or she should...

Course Objectives
The student will be able to complete the following by the end of the course...

Required Activities /Additional Evidence
The following assignments and activities are used to introduce, practice, assess, and provide evidence of abilities.

Completed Transcript Entry Example by Student with comments added by preceptor:

| 1a. Demonstrate depth and breadth of foundational knowledge in biomedical, pharmaceutical, social/behavioral/administrative, and clinical science. | Prepare and present on educational program to a group of healthcare professionals or patients in an effective manner. | ☒ 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. |

6. Completing the Abilities Transcript
b. Document completion of core activities in E*value. These should be assigned to you automatically at the beginning of each rotation.

c. 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.

d. 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.

e. 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 the student and you to assess the student’s ability acquisition for the rotation: **Level of Performance Assigned**

<table>
<thead>
<tr>
<th>Level of Performance Assigned</th>
<th>(2) Example Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poorest anticipated &lt;65%</td>
<td>Not only were the preceptor’s expectations of student performance on this ability unmet, but student performance was also overshadowed by a negative attitude and/or an unwillingness to learn.</td>
</tr>
<tr>
<td>Less than expected 65-69%</td>
<td>Did not meet the preceptor’s expectations of student performance on this ability.</td>
</tr>
<tr>
<td>Minimum expected 70-79%</td>
<td>Did meet the preceptor’s expectations of student performance for this ability, but only at the minimal level. The effort was just enough to get by.</td>
</tr>
<tr>
<td>Better than expected 80-89%</td>
<td>The preceptor’s baseline expectations of student performance on this ability were exceeded. You invested effort that enhanced your learning of this ability on this rotation.</td>
</tr>
<tr>
<td>Best anticipated 90-100%</td>
<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>

7. 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.
IV: 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 P2 Integrated Institutional rotation and during the P3 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.

A. Community and Institutional 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.

B. All other schedules

All of the remaining Practice Experiences 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.

V: GRADING

P4 students receive pass/fail grades for the all Community Pharmacy Practice Experience and the Institutional Pharmacy Practice Experience courses. P4 students participating in Adult Medicine Practice Experience, Ambulatory Care Practice Experience courses, and elective courses will receive letter grades for those courses.

VI. ACTIVITIES FOR APPE ROTATIONS

A. 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.
1. Core Activities

- Community Medication Management
- Cultural Competency Activity
- Health Literacy Activity
- Medication Therapy Management
- New Patient Profile
- Non Rx Consult & When to Refer
- Novel Pharmacy Plan & Delivery Systems
- Order Management and Appropriate Storage Exercise
- Pediatric Antibiotic Dosing Exercise
- Public Health Activity
- Rx Transfer
- Rx Verification
- Telephone Rx Order

B. 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.

1. Core Activities

- Aseptic Technique & Intravenous Admixture
- Case Presentation
- Drug Overdose Exercise
- Home Meds & MAR Review
- Institutional Policy & Informatics Exercise
- Medication Administration & Medication Safety Exercise
- Medication Distribution & QA Process
- Order Management and Appropriate Storage Exercise
- PAI Activity
- Parenteral Nutrition Management
- Pharmaceutical Industry Exercise
- Pharmacokinetics
- Pharmacy Data Management Activity
- Technician Training Activity
- The Joint Commission Exercise
C. Adult Medicine, Ambulatory Care, and Elective Settings

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.

1. Adult Medicine Core Activities

- Biomarker Monitoring
- Case Presentation
- Drug Information Question
- Continuity of Care Exercise
- Discharge Counseling
- Guideline Analysis
- Inpatient Protocol Development
- Journal Club
- Medical Emergency Management
- Medication Intervention
- Medication Reconciliation
- Non-formulary Request
- PPCP/SOAP Note Documentation
- Team Care Activity

2. Ambulatory Care Core Activities

- Case Presentation
- Continuity of Care Activity
- Cultural Competency
- Drug Information Question
- Empathy Activity
- Medication Intervention & Pharmacogenomics
- Medication Reconciliation
- New Drug Review
- Patient Counseling
- PPCP/SOAP Note Documentation
- Public Health Activity
- Reimbursement Strategies Activity
- Team Care Activity
3. **Patient Care Elective Core Activities**

- Case Presentation
- Drug Information Question
- Medication Intervention
- New Drug Review
- PPCP/SOAP Note Documentation
- Team Care Activity

4. **Non-direct Patient Care Elective Core Activities**

- Non-direct Patient Care Project
- Nontraditional Pharmacy Observational Report
SECTION 3: POLICIES AND GUIDELINES

I. HEALTH AND ADMINISTRATIVE REQUIREMENTS

A. Certification/Licensure Requirements

1. Basic Life Support for the Health Care Provider Training

Basic Life Support for the Health Care Provider (BLSHCP) training is required for all students. A BLSHCP course trains students how to: perform adult, child and infant cardiopulmonary resuscitation (CPR); manage foreign body airway obstruction in the adult, child and infant; defibrillate utilizing an Automated External Defibrillator. This certification will be needed for all of your rotation experiences, expires every 2 years, and must be renewed.

Student are required to complete basic life support (BLS) certification before beginning P1 classes, then again prior to P3 classes. Students will need to complete a BLS-instructor led training program through an approved American Heart Association (or other school-approved program) vendor found here: https://cpr.heart.org/AHAECC/CPRAndECC/Training/HealthcareProfessional/BasicLifeSupportBLS/UCM_473189_Basic-Life-Support-BLS.jsp. Course fees and scheduling to attend a “live” course can be found via the link.

As an additional training option, the School of Pharmacy Department of Pharmacy Practice may offer an alternative option to complete training, which will consist of a 4.5 hour full-classroom course. Specific information on this offering will be provided each year.

Students will need to upload your completed BLS Certification (AHA electronic certification card that will be emailed to you) into the E-Value system no later than October 1, 2021, as part of your admission requirements. Access to this system and information for upload will be provided at a later date.

If you do not complete BLS Certification through an approved outside AHA vendor (or other school-approved program) or through the training offerings described above through the department of pharmacy practice, you will not be permitted to begin or continue your rotations which will delay your progression through the program.

2. Extern or Pharmacist Registration with the Mississippi State Board of Pharmacy (MSPB)

All P1 students must present proof of extern/intern registration with the MSBP prior to receiving final admission into the professional program. Such registration must be maintained throughout the four-year program. A photocopy of the entry-level student’s MSBP extern card is acceptable documentation. Fingerprinting and criminal background investigation separate from that provided/required by UMMC upon entry to the P3 year may be required by the Board to maintain this registration during the completion of the Pharm. D. program.

3. Liability/Malpractice Insurance

Each professional student (at the student’s expense) will be required to offer proof (for example, photocopy of the certificate of insurance with dates of coverage included) of personal/professional liability coverage (a minimum of $1 million per individual claim, $3 million per incident) extending through the completion of the four year professional program.
B. Immunization Requirements

1. Annual Physical Examination

Students enrolled in the professional degree program must provide proof that they have undergone a routine physical examination (at the students’ expense) prior to completion of the fall semester of the P1 year and prior to the beginning of the P3 year.

2. Hepatitis B Immunization

Students are required to show proof of Hepatitis B immunization prior to admission into the School of Pharmacy. Students (at the students’ expense) will be required to demonstrate proof of completion of the three-shot series of hepatitis B vaccinations prior to completion of the P1 year. If a student has not been immunized previously against hepatitis B, he or she should complete the series of three injections, which are to be administered over a six-month period during the P1 year. More than 90 percent of students so immunized will demonstrate a positive antibody titer within one month after completion of the injection schedule. Students may want to ascertain their immune status prior to beginning this series of injections.

3. Influenza Vaccination

Proof of receipt of influenza vaccination must be submitted annually before students are permitted to complete any experiential rotations and in compliance with the UMMC Healthcare Professional Student Immunization Requirements Policy. 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. Students who are located on the Jackson campus must submit documentation to the UMMC Student Employee Health Center.

4. MMR (Measles, Mumps and Rubella)

Documentation of 2 doses of live vaccine for persons born in 1957 or later. The doses must have been administered at least 28 days apart and at or after 12 months of age. Laboratory evidence of immunity to measles, mumps and rubella OR laboratory confirmation of disease OR birth before 1957 is acceptable.

5. Negative Tuberculin Skin Test (PPD)

Proof of a negative 2-step tuberculin skin test is required before students are permitted to complete any experiential rotations in P1 year. After P1 year, 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 immunoassay) or present evidence that they are undergoing active treatment.

6. Tetanus/Diphtheria/Pertussis (TDAP) Vaccine

Students must provide proof of up-to-date TDAP. The last dose must have been given within 10 years. If only tetanus/diphtheria vaccine (Td) was administered, a single booster dose of Tdap is required. Tdap can be administered regardless of the interval since the last dose of Td. International students must provide documentation of 3 previous doses of Tetanus/diphtheria. One of which must include the Tdap vaccine.
7. Varicella Titer

Students at their own expense must demonstrate either proof of two Varicella (chicken pox) vaccinations separated by one month or proof of positive titer prior to the end of the fall P1 semester.

C. Drug Testing

Per School policy students may be subjected to random or for cause drug testing at any point during the academic year, including while on experiential rotations. Should any issues result in a positive test the student may be asked to leave the practice site and face consequences in accordance to School of Pharmacy, University, and/or State Board policies. (Refer to the Student Handbook for the detailed policy.)

D. Needle Stick Policy

All needle stick accidents, mucosal splashes, or contamination or open wounds with blood/body fluids should be reported immediately to preceptor and the Director of Professional Experience Programs. The student should then seek immediate care at UMMC’s Employee Health for any necessary lab work and evaluation. If exposure occurs after UMMC’s Employee Health hours, report to Emergency Department for follow-up.

For non-UMMC sites, the student report the incident immediately to preceptor and the Director of Experiential Learning. The student should then seek immediate care with employee health at the site or, if directed, with the nearest urgent care center/emergency department, health care facility or personal physician of choice for any necessary lab work and evaluation. Some experiential sites will have the student pharmacist receive care through the facility’s employee health center and other sites (retail pharmacies, other stand-alone sites) will require follow-up with the physician of the student’s choice or urgent care center/emergency department. The preceptor should provide guidance to the student regarding the procedure to follow regarding post-exposure medical care. The Director of Professional Experience Programs should be notified as soon as possible regarding the incident.

E. Background Check

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 P1 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 P3 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 P3/P4 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.

F. All other Requirements

1. Programmatic Assessment

Student participation in programmatic assessment activities is required prior to commencement for verification of diploma application to occur. These activities may be University, School and accreditation agency mandated. It is expected that students will take these activities seriously and to perform to the best of their ability. Otherwise, the results of these assessments would be invalid and unreliable and may lead to inappropriate programmatic changes.

2. Compliance/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 P1 year and are required to complete an on-line training program during the P1 year and as required by UMMC throughout the P3 and P4 years. All students on the UMMC campus must complete UMMC Compliance Training at the beginning of the P3 year and on the timeline provided by UMMC. Students must submit proof of UMMC Compliance Training completion as requested to the Office of Clinical Affairs. Students may also be required to complete additional HIPAA training at their rotation sites.

3. 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.

II. ACADEMIC POLICIES

A. Progression and Retention Criteria for the B.S. in Pharmaceutical Sciences Degree Program and Doctor of Pharmacy Program (per Student Handbook)

In order to progress in the B.S. in Pharmaceutical Sciences and Doctor of Pharmacy program, students must meet the following conditions:
All required professional 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.

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

Students receiving a grade of less than “C” in a course are provided the opportunity to remediate that course. Remediation may not be available for Interprofessional Education, Introductory Pharmacy Practice Experiences, or Advanced Pharmacy Practice Experiences.

A student who receives two or more grades below C in required courses in any academic year will be dismissed from the program, even if a grade of “C” or higher has been achieved in remediation. Students so dismissed from the program will be provided the opportunity to repeat the entire year in order to progress in the curriculum. A student so dismissed can only be readmitted one time. The re-entering student would be admitted on a space-available basis in addition to the maximum number of new students accepted for admission.

No required course can be taken more than two times.

Students have the right to file a written petition with the Dean of the School of Pharmacy seeking waiver of any of the School of Pharmacy’s academic policies. The petition should be submitted in a timely manner to the Associate Dean of Academic Affairs who will proceed in the following manner:

- The Associate Dean will present the petition to the Scholastic Standards Committee.
- The Scholastic Standards committee will make a recommendation to the Dean.
- The Dean will review the recommendation by the Scholastic Standards Committee and render a final decision.

Petitions should be structured in a formal writing style and provide sufficient information to support the reason for the waiver of the respective academic policy. The student should suggest reasonable outcomes and the School will make every effort to handle the petitions in a timely manner.

B. 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.

C. 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.

1. 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.

2. Repetition of Elective Course
• The student may choose to repeat the elective course with another preceptor who offers that course. Alternatively, the student may choose 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.

III. FINANCIAL RESPONSIBILITY

All financial obligations to the University, UMMC, and the School of Pharmacy Student Body, including obligations to on-campus chapters of professional student organizations in which the student has accepted membership, must be satisfied in order to receive a diploma. Students enrolled in the Doctor of Pharmacy program (P3 and P4 years) are required to pay each semester a UMMC student activity fee, which is billed through the Oxford campus. This fee is included in the tuition for P3 and P4 students regardless of the location of the advanced practice experiences. This fee entitles students to full student services and participation in student life activities at UMMC during the P3 and P4 years.

Students are financially responsible for all rotation expenses incurred. These expenses include, but are not limited to travel to and from practice site, parking at practice site, housing, meals, costs of student professional liability insurance, Basic Life Support for the Health Care Provider training, all immunization requirements (Hep B, Varicella, TDAP, Flu, etc.), MSBP registration, medical/health insurance, Internet access, email access, stethoscope, short white lab coat, name badge, required texts.

IV. ATTENDANCE POLICIES

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.

A. 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.

B. 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. For APPEs, 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 unless dire circumstances are approved by the PEP director. For IPPEs, should a student miss more than 3 days of a given rotation for any reason, the student will have to repeat the rotation before receiving credit for the course. 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.

C. 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. Four (4) or more tardy arrivals for APPE courses will result in course failure.

D. Unexcused Absences/Personal Issues/Extracurricular Employment

For APPEs, two or more unexcused absences will result in course failure. For IPPEs, one unexcused absence will result in course failure. Absences not approved by the School or not due to illness are considered unexcused. Time missed from unexcused absences 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. Please contact the Director of Professional Experience Programs immediately when any unexcused absence occurs.

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. 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.

D. 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.

E. APPE Personal Days

Students will receive an incentive of personal days during Advanced Pharmacy Practice Experiences (APPEs) based on P3 year PCOA scores:

- 2 days for those who score > 85th percentile of national scores (Scores 86th-100th percentile)
- 1 day for those who score > 50th percentile of national scores (Scores 51st-85th percentile)

The student should submit to the preceptor and PEP Office an APPE Personal Day Request form prior to the start of the rotation for the intended date of absence. Students will not be allowed to take their personal day on the first or last day of a rotation. Students must receive approval from preceptor and submit notification to the PEP office in order to use a personal day. This request must be signed by both preceptor and student. The preceptor should keep any submitted APPE Personal Day Request forms 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 S in this manual.

F. Excused 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.)

Martin Luther King Jr. Holiday
Good Friday Holiday
Memorial Day Holiday
Independence Day Holiday
Labor Day Holiday
Thanksgiving Holiday

G. Excused 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.

1. Career Workshops

Each year the School of Pharmacy conducts Professional Development Workshops for P4 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 months of August and January. Specific dates are noted on the Academic Calendar with further information provided closer to the event dates.

2. 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.

3. Pharmacy Curriculum Outcomes Assessment

P1-P3 Students will participate in PCOA throughout their time in Pharmacy School. P3 students will be required to successfully complete the PCOA in order to progress in the program. 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.
4. 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. P3 and P4 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.

5. Seminar Day

As part of the Seminar Skills course, P4 students are required to make a major presentation on either the Jackson or Oxford campus before departmental faculty and other students. One day is set aside for these presentations. 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 attend the entire day. Attendance will be closely monitored. Students participating in an APPE experience more than 120 miles from your assigned campus will need to contact the Seminar Skills Course Manager for specific arrangements.

6. NAPLEX/MPJE Review

This two-day School-sponsored event is typically held the two days immediately preceding May commencement exercises.

7. 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.

8. 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.

9. Phi Lambda Sigma Annual Leadership Retreat

The Phi Lambda Sigma pharmacy leadership society hosts its annual Leadership Retreat around the month of September for student leaders. Student may be excused from their rotations to attend this meeting. Time missed due to this meeting should be made up at the discretion of the preceptor.

10. Other School-sanctioned Events (Alumni Day, Special Events)

Notification of events not identified above will be forwarded to preceptors and students by the appropriate University office.

11. Employment or Residency Interviews
Students are permitted one (1) day per spring rotation, i.e., rotations 7, 8, 9, 10 and 11, to attend employment or residency interviews. This is the maximum excused absence for interviews per rotation. If more time is required, the preceptor should require the student to make up any time missed. The student is only excused for the time needed for the interview. For example, in an on-site 30 minute 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.

12. Record of Absence/Remediation

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.

V. 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.

A. General

At experiential sites not on the UMMC campus, 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 School or UMMC.

C. UMMC-specific

Attire and grooming reflect personal taste and are influenced by the cultural environment in which the individual lives and works. The personal taste of a professional should reflect concern for patients and colleagues.

Individuals in their own professional and private settings may decide for themselves what appearance facilitates the accomplishment of their goals. Within the University of Mississippi Medical Center, this is best accomplished by a reasonable degree of conformity in the matter of attire and grooming.

All students are expected to adhere to the following School of Dentistry Dress/Appearance Code. The code is augmented for the clinical environment with policies addressing personal protective equipment and scrub attire found in the Clinical Operating Manual under clinical attire. Students are required to wear scrubs
selected by the administrative committee in the color selected by each class. The following guidelines should be followed:

**Scrubs**—Scrubs are acceptable wear in a hospital setting. Scrubs should be clean; top and bottom should be of matching color. Scrubs should not display any extra logos or embellishments. Plain, neutral t-shirts may be worn underneath, but they must be tucked into pants. Clean and neat tennis shoes may be worn with scrubs.

If professional dress is required by students, the following guidelines should be followed:

**Professional Dress Guidelines**

**Shirts**—Men should wear button down shirts. Women’s shirts should not be low cut or excessively clinging; these tops must have sleeves.

**Pants, Skirts, Dresses**—These items should not be denim, and neither capris nor shorts are appropriate. Dresses and skirts must be of sufficient length to reach an ID card placed vertically at the knee. Men are required to wear belts with their pants.

**Shoes**—Shoes should be clean, neat and always with closed toes. Heels should be of modest height. Sandals, flip-flops and house shoes are not appropriate.

**ID Badge**—Students should wear their ID badges at all times. The badge should be worn with the name and photo clearly visible on the front, upper torso affixed to a collar, pocket, lapel or displayed on a short neckstrap.

**Hair**—Hair should always be clean and well-groomed and styled so that the face is visible. Extreme hair color or style distracts from a professional appearance and is not acceptable.

**Facial Hair**—Students who wear mustaches, beards, or sideburns should keep them trimmed appropriately and well-groomed. Those who shave their facial hair should make every effort to maintain a clean shaven look.

**Accessories**—Minimize excessively bright, dark or creatively-colorful nail polish. As a health precaution, no false nails are allowed and natural fingernails should not extend more than ¼” past the fingertip. Makeup should not be distracting. Hats and sunglasses should not be worn indoors. Tattoos should be covered. Visible piercings should be limited to the ears only, and earrings should not exceed 1 ½” in size. Refrain from excessive use of fragrant hairspray, perfume or cologne

**VI. 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. As faculty members of the University of Mississippi School of Pharmacy, preceptors have the right to bring charges against students who violate the Code. This can be done by immediately notifying the Director of Professional Experience Programs. 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.
VII. POLICIES REGARDING COMPLIANCE WITH MISSISSIPPI STATE BOARD OF PHARMACY (MSBP)

A. 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.

B. Student Registration

The Board may refuse to issue or renew or may suspend, revoke or restrict the registration of any extern/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 a extern/intern in securing the issuance of a pharmacy extern/intern registration or failing to report to the Board any adverse action taken by another licensing jurisdiction, government agency, law enforcement agency, or court that would constitute grounds for action;

F. Addiction to or dependence on alcohol, controlled substances or other habit forming legend drugs or the unauthorized use, possession, or theft of controlled substances or other habit forming legend drugs;

G. Physical or mental incapacity that prevents the intern/extern from practicing pharmacy with reasonable skill and safety to the public.

H. Divulging or revealing patient confidential or protected health information to any person other than as authorized by Board regulations.

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

J. Obtaining practical experience in a pharmacy permitted by the Board without the direct supervision and presence of a pharmacist licensed by the Board;
K. Failure to notify the Board of expulsion, suspension, dismissal or withdrawal from a school of pharmacy;
L. Violation of any university, college or school of pharmacy policies, rules or regulations thereof.

M. Failure to report directly to the Board, losses or suspected losses of controlled substances or prescription drugs.

N. Theft from a permitted facility.
O. Theft or embezzlement of prescription drugs, controlled substances or medical devices from a permitted facility.

P. Jeopardizing, compromising, interfering or failing to cooperate with any lawful investigation conducted by the Board or any state or federal regulatory or law enforcement agency.

Q. Destruction, removal or tampering with any prescription drug, controlled substance, or medical device placed under seal, embargoed, or quarantined by the Board or any representative of the Board.

R. Knowing or suspecting that a Pharmacist or Pharmacy Intern is incapable of engaging in the Practice of Pharmacy or that a Pharmacy Technician is incapable of assisting in the Practice of Pharmacy, with reasonable skill, competence, and safety to the public, is diverting or abusing controlled substances or prescription drugs and failing to report any relevant information to the Board of Pharmacy.

S. Failing to pay costs assessed in a disciplinary hearing.

T. The unlawful disclosure of information from the Prescription Monitoring Program.

U. Using information obtained from the Prescription Monitoring Program for unlawful or unethical purposes.

VIII. OTHER POLICIES

A. 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.

B. 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. Google Groups 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 Google Groups and their e-mails on a consistent and frequent basis. Students will be held responsible for any information posted on their Google Group and must update their contact information on E*Value 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.

C. **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.

D. **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.

E. **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.

F. **Student Responsibilities**

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

G. **Financial Compensation**

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

H. **Confidentiality Policy**

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.

1. **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.

2. 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.

I. Policy Regarding Student Complaints (per Student Handbook)

Current students at the University of Mississippi School of Pharmacy may seek resolution to academic or misconduct complaints through the school’s published administrative channels, entering at the appropriate level and proceeding in the documented order. Students may seek resolution of non-academic or non-misconduct complaints through the appropriate office designated to address the particular concern.

Issues involving such matters as sexual harassment, discrimination, disability, employment or mistreatment fall under the institutional policies that are handled by specific offices, such as the University of Mississippi Office of Human Resources, Title IX coordinator or the Equal Employment Opportunity Office. In the event that a student believes a non-academic or non-misconduct complaint has not been resolved satisfactorily, they may file a written grievance with the Assistant Dean of Student Services on the Oxford campus.

Current students at UMSOP may file a written grievance with the Assistant Dean of Student Services through the Office of Student Services - Oxford. Students may also submit concerns, leave complaints, make comments, offer suggestions, or request assistance through the Office of Student Services - Oxford. UMSOP and its dedicated professionals are engaged in fostering an environment that promotes academic success and student development. Students are encouraged to provide candid feedback.

Students may choose to contact the Office of Student Services - Oxford using this form or in writing to the
address:
University of Mississippi School of Pharmacy Office of Student Services
203 Faser Hall
P.O. Box 1848
University, MS 38677-1848
Phone (662) 915-6957
Fax (662) 915-5704

Form submissions will be sent to an email account that is checked each business day. If a return email address is provided, the Office of Student Services - Oxford will respond within two business days. If the name and email address fields are blank, the submission will be anonymous, and the Office of Student Services - Oxford will not respond. However, all submissions will be reviewed and addressed.

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 became effective July 1, 2016. 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.

The complaint process relating to the ACPE Standards and Guidelines and the Complaint Form are available online.

B. Non-Accreditation Related

The UMSOP website offers students the opportunity to submit complaints to the Office of Student Affairs. UMSOP Policy regarding student complaints is included in Section 5 of the Student Handbook. As outlined in the following graph, student complaints may be initiated by individual students or through the class and/or student body officers. Depending on the situation, student complaints are initially made to one of the following individuals:
1. Class and/or 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 (i.e., Teaching Lead and/or Academic Coordinator)
4. Faculty advisor of a student organization
5. Associate Dean for Academic Affairs
6. Assistant Deans for Student Services (Oxford and Jackson)
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 (P1-P4) are non-voting members of this committee]
G. Curriculum-related issues [Curriculum Committee - Class Vice Presidents (P1-P4) 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, P1-P4) 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.

J. Social Media Policy

Students should refer to the Student Social Media Policy within the School of Pharmacy Student Handbook regarding their use of social media.

K. University and School Policies and Procedures

The student should refer to the School of Pharmacy Student Handbook and the University website http://pharmacy.olemiss.edu/studentaffairs/ for information not contained in this manual.
SECTION 4: PRECEPTOR RESOURCES

H. PRECEPTOR INFORMATION

A. Expectations of all preceptors

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

B. 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.

C. 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 Appendix N. Additional syllabi templates are included on the PEP website in Microsoft Word format for preceptors to utilize and customize.

D. 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.
E. 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.

F. APPE & IPPE Student CV and Intro Letter

Each APPE and IPPE 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.

G. APPE & IPPE – Contact with Preceptor Prior to Experience

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.

H. APPE Student Intake Form

Prior to the start of each rotation, students will be required to submit the student intake form to their preceptor online through the E*value website. Students will be required to complete this form prior to the start of each rotation. A copy of the intake form is included in Appendix R.

I. APPE Personal Days

Students will receive an incentive of personal days during Advanced Pharmacy Practice Experiences (APPEs) based on P3 year PCOA scores:

- 2 days for those who score > 85th percentile of national scores (Scores 86th-100th percentile)
- 1 day for those who score > 50th percentile of national scores (Scores 51st-85th percentile)

The student should submit to the preceptor and PEP Office an APPE Personal Day Request form prior to the start of the rotation for the intended date of absence. Students will not be allowed to take their personal day on the first or last day of a rotation. Students must receive approval from preceptor and submit notification to the PEP office in order to use a personal day. This request must be signed by both preceptor and student. The preceptor should keep any submitted APPE Personal Day Request forms 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 S in this manual.

J. Seminar Day

As part of the Seminar Skills course, P4 students are required to make a major presentation on either the Jackson or Oxford campus before departmental faculty and other students. One day is set aside for these presentations. 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 attend the entire day. Attendance will be closely monitored. Students participating in an APPE experience more than 120 miles from your assigned campus will need to contact the Seminar Skills Course Manager for specific arrangements.
K. Rotation Presentation Sign-Off

In addition to the major presentation, P4 students are also required to perform three (3) other presentations. Students have until the middle of Rotation 11 in which to perform these three presentations. Students and preceptors should use the following as general guidelines for these presentations.

a. 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.

b. 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.

c. 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.

d. 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.

e. 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.

L. Student Portfolio Review

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 P3 year, the PEP director meets with each student individually to discuss his or her student portfolio. During the P4 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 P4 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.
M. Assessment: The Abilities Transcript

1. 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.

2. 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.
3. 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.

4. 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.

5. 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. Specific transcripts for each course can be found in Appendix G.

6. Completing the Abilities Transcript

a. 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.

b. 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.

c. 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.

d. 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: **Level of Performance Assigned**

<table>
<thead>
<tr>
<th>Level of Performance Assigned</th>
<th>(2) Example Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poorest anticipated &lt;65%</td>
<td>Not only were the preceptor’s expectations of student performance on this ability unmet, but student performance was also overshadowed by a negative attitude.</td>
</tr>
<tr>
<td>Less than expected 65-69%</td>
<td>Did not meet the preceptor’s expectations of student performance on this ability.</td>
</tr>
<tr>
<td>Minimum expected 70-79%</td>
<td>Did meet the preceptor’s expectations of student performance for this ability, but only at the minimal level. The effort was just enough to get by.</td>
</tr>
<tr>
<td>Better than expected 80-89%</td>
<td>The preceptor’s baseline expectations of student performance on this ability were exceeded. You invested effort that enhanced your learning of this ability on this rotation.</td>
</tr>
<tr>
<td>Best anticipated 90-100%</td>
<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>
</tbody>
</table>

7. **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.
II. ACPE STANDARDS AND GUIDELINES – STANDARD NO. 13 AND
STANDARD NO. 20

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. 13 and
Standard No. 20 are most notably related to experiential education and are included below. For a complete
list of the ACPE Standards and Guidelines visit:  https://www.acpe-accredit.org/pdf/Standards2016FINAL.pdf

A. Standard 13: Advanced Pharmacy Practice Experience (APPE) Curriculum

A continuum of required and elective APPEs is of the scope, intensity, and duration required to support the
achievement of the Educational Outcomes articulated in Standards 1–4 and within Appendix 2 to prepare practice-
ready graduates. APPEs integrate, apply, reinforce, and advance the knowledge, skills, attitudes, abilities, and
behaviors developed in the Pre-APPE curriculum and in co-curricular activities.

Key Elements:

13.1. Patient care emphasis – Collectively, APPEs emphasize continuity of care and incorporate acute, chronic, and
wellness-promoting patient-care services in outpatient (community/ambulatory care) and inpatient
(hospital/health system) settings.

13.2. Diverse populations – In the aggregate, APPEs expose students to diverse patient populations as related to
age, gender, race/ethnicity, socioeconomic factors (e.g., rural/urban, poverty/affluence), and disease states.

13.3. Interprofessional experiences – In the aggregate, students gain in-depth experience in delivering direct
patient care as part of an interprofessional team.

13.4. APPE duration – The curriculum includes no less than 36 weeks (1440 hours) of APPE. All students are
exposed to a minimum of 160 hours in each required APPE area. The majority of APPE is focused on direct patient
care.

13.5. Timing – APPEs follow successful completion of all IPPE and required didactic curricular content. Required
capstone courses or activities that provide opportunity for additional professional growth and insight are allowed
during or after completion of APPEs. These activities do not compromise the quality of the APPEs, nor count
toward the required 1440 hours of APPE.

13.6. Required APPE – Required APPEs occur in four practice settings: (1) community pharmacy; (2) ambulatory
patient care; (3) hospital/health system pharmacy; and (4) inpatient general medicine patient care.

13.7. Elective APPE – Elective APPEs are structured to give students the opportunity to: (1) mature professionally,
(2) secure the breadth and depth of experiences needed to achieve the Educational Outcomes articulated in
Standards 1–4, and (3) explore various sectors of practice.

13.8. Geographic restrictions – Required APPEs are completed in the United States or its territories or possessions.
All quality assurance expectations for U.S.-based experiential education courses apply to elective APPEs offered
outside of the U.S.
B. Standards 20: Preceptors

The college or school has a sufficient number of preceptors (practice faculty or external practitioners) to effectively deliver and evaluate students in the experiential component of the curriculum. Preceptors have professional credentials and expertise commensurate with their responsibilities to the professional program.

Key Elements:
20.1. Preceptor criteria – The college or school makes available and applies quality criteria for preceptor recruitment, orientation, performance, and evaluation. The majority of preceptors for any given student are U.S. licensed pharmacists.

20.2. Student-to-preceptor ratio – Student to precepting pharmacist ratios allow for the individualized mentoring and targeted professional development of learners.

20.3. Preceptor education and development – Preceptors are oriented to the program’s mission, the specific learning expectations for the experience outlined in the syllabus, and effective performance evaluation techniques before accepting students. The college or school fosters the professional development of its preceptors commensurate with their educational responsibilities to the program.

20.4. Preceptor engagement – The college or school solicits the active involvement of preceptors in the continuous quality improvement of the educational program, especially the experiential component.

20.5. Experiential education administration – The experiential education component of the curriculum is led by a pharmacy professional with knowledge and experience in experiential learning. The experiential education program is supported by an appropriate number of qualified faculty and staff.

III. GENERAL INFORMATION FOR PRECEPTOR APPLICANTS

A. 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.

B. 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.

C. 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 (P4) year of the Doctor of Pharmacy program. The P4 year usually begins in early June of each year and continues through the end of April the following year.

D. 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).

E. Selection Criteria

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

- The Accreditation Council for Pharmacy Education 2016 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.

F. 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.

G. 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 programs may require several hours.
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. A copy of the site visit evaluation form can be found in Appendix M.

H. 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 student as laborers or employees.

I. 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.
IV. UNIVERSITY OF MISSISSIPPI CRITERIA FOR PRECEPTOR SELECTION

A. Criteria for Experiential Education Site (EES)

*Standard* The EES represents contemporary ideals and displays high standards of pharmacy practice.

*Guideline 1* 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.

*Guideline 2* If part of an institution, such as a hospital, the EES shall be appropriately accredited (i.e., the Joint Commission).

*Guideline 3* The EES must be free of any violation of state and/or federal laws.

*Guideline 4* The staff of the EES must be free of any violation of state and/or federal laws.

*Guideline 5* The EES must have been a licensed facility for a minimum of 12 months.

*Guideline 6* The EES must display the highest standards of professionalism.

*Guideline 6.1* The EES must be clean and orderly.

*Guideline 6.2* 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.

*Guideline 6.3* The EES must provide ongoing support for the provision of patient-centered care to its patients.

*Guideline 6.3.1* 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.

*Guideline 6.3.2* Patient data should be readily accessible in order to provide patient-centered care.

*Guideline 6.3.3* 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.

*Guideline 6.3.4* The EES should have at a minimum a semiprivate area for the provision of patient counseling.

*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.

B. 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.

**Guideline 14** 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 School of Pharmacy at least once every four year.

**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.

### C. 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.

### V. 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. 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. The criteria of excellence is listed below.

#### A. 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:
  - Specific disease-therapy-management
  - Provider-patient communication skills
  - 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

B. 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:
  - Demonstrating personal motivation and inspiring pharmacists to develop pharmaceutical care practice
  - Having a mission or vision statement of pharmacy
  - Patterning his/her practice after standard guidelines or other model practices
  - Beginning services and progression time table to present state of practice
  - Insisting that ownership or administration supports pharmaceutical care services

VI. EVALUATION OF STUDENTS

A. 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.

B. 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.

C. 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).

D. 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.

E. APPE and IPPE Forms for Preceptor Evaluation of Student (PEOS)

Appendix H contains a copy of the Community, Institutional, Adult Medicine, Ambulatory Care, Patient Care Elective, and Non-patient Care Elective PEOS forms as a guide for what information will be completed online for APPE rotations. Appendix I contains a copy of the Community, Institutional, Ambulatory Care, Specialty, and Elective
IPPE rotations for PY1-P3. Additional copies of the above forms may be obtained online through the PEP website. In the event online access is unavailable, the forms may be completed and faxed to the PEP Office at 601-815-1160.

F. **Student Evaluation of Preceptor (SEOP)**

All Preceptors will have evaluations completed by the student they precept on the night before the last day of the rotation. A copy of the SEOP is included in section H.

G. **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.

**VII. IMPORTANT WEBSITES**

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


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

**VIII. 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.

**IX. THE PHARMACIST’S LETTER**

**Preceptor Access to Pharmacist’s Letter and Pharmacist’s Letter Journal Club**

The Pharmacist’s Letter provides our preceptors with the *Pharmacist’s Letter* and the *Pharmacist’s Letter Journal Club*.

In order to access these resources, please use the following link to activate your account:

X. AMERICAN PHARMACISTS ASSOCIATION PHARMACY LIBRARY

The UMSOP family (including all preceptors) now have access to APhA’s PharmacyLibrary collection, offering APhA’s leading pharmacy practice resources online, including Active Learning Exercises, the newest edition of the *Handbook of Nonprescription Drugs*, *The APhA Complete Review for Pharmacy* (NAPLEX® Review) and *Medication Errors*. In addition, PharmacyLibrary contains more than 300 interactive case studies; links to the Journal of the American Pharmacists Association abstracts; and an interactive NAPLEX® Review functionality that allows one to brush up on practice exams, chart progress over time, and identify areas for further study. The NAPLEX® review is also valuable as an assessment tool of pharmacy student knowledge.

For off-campus login, please visit [http://rx.olemiss.edu/pharmacylibrary](http://rx.olemiss.edu/pharmacylibrary) and enter the required username and password. Please contact the PEP office at 601-984-2622 for the login and password. The use of the site intended for only University of Mississippi students, faculty, and preceptors, so we ask that you do not share the login information.
XI. 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
- Choose the "off-campus" link
- For user name and password, please contact the PEP office at 601-984-2622. You will enter it 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
RECORD OF ABSENCE/REMEDICATION

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

Refer to PEP Manual Attendance Policies 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 (601-815-1160) or emailed (rmetzger@umc.edu) to the PEP Office.

**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 PEP Manual Attendance Policies 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: __________
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 (present and past)

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 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. Students are also required to read and sign the Statement of Confidentiality annually in the Fall during PY1-PY3 years and prior to beginning the PY4 year (included as an appendix in the PEP Manual).

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.

ACKNOWLEDGEMENT

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.

I acknowledge my receipt of the Experiential Program Manual. I understand and agree to adhere to the expectations set forth therein.

________________________________________________________  ________________
(Print Name)                                                Date

________________________________________________________  ________________
(Signature)                                                  Date
APPENDIX C:
ROTATION PRESENTATION SIGN-OFF FORM
ROTATION PRESENTATION SIGN-OFF SHEET

STUDENT: ______________________________________

Send completed form to
School of Pharmacy
2500 N. State St.
Jackson, MS 39216
Attn: Mr. Robert Metzger
Phone: (601) 984-2758
Fax: (601) 815-1160
Email: rmetzger@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
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 11 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 11. A copy of the checklist should be sent (mail, scan or fax) to Robert Metzger.

Mail to: Mr. Robert Metzger, School of Pharmacy, 2500 North State Street, Jackson, Mississippi 29216. Fax number: 601-815-1160. If you have any questions, please call Robert Metzger at 601-984-2758.

<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>
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</thead>
<tbody>
<tr>
<td><strong>Vital Signs</strong></td>
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<tr>
<td>Blood Pressure</td>
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<tr>
<td>Pulse</td>
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<tr>
<td>Temperature (otic, oral)</td>
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<tr>
<td><strong>Physical Examination</strong></td>
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<tr>
<td>Ophthalmologic</td>
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<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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<td>Neurologic</td>
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<td>Bowel Sounds</td>
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<tr>
<td>Mental Status Exam</td>
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<tr>
<td><strong>Administration Techniques</strong></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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<tr>
<td>Insulin pens</td>
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<tr>
<td>Metered dose inhalers</td>
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<td>Dry powder inhalers</td>
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<tr>
<td><strong>Device Management</strong></td>
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<tr>
<td>Peak Flow Meter</td>
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<tr>
<td>Spacers</td>
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<td>Self-Glucose Monitors</td>
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<td>Monofilament Test</td>
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</table>

*Students completed Influenza Seminar but should also demonstrate these skills again during advanced pharmacy practice experiences.
APPENDIX E:
STUDENT PORTFOLIO REVIEW FORM
Student Portfolio Review Form

STUDENT: __________________________________________

Send completed form to
School of Pharmacy
2500 N. State St.
Jackson, MS 39216
Attn: Mr. Robert Metzger
Phone: (601) 984-2758
Fax: (601) 815-1160
Email: rmetzger@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 11 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 11. A copy of the form should be sent (mail or fax) to Robert Metzger. Mail to: Mr. Robert Metzger, School of Pharmacy, 2500 North State Street, Jackson, Mississippi 39216. Fax number: 601-815-1160.

If you have any questions, please call Robert Metzger at 601-984-2758.
APPENDIX F:
INCOMPLETE ASSIGNMENT FORM
INCOMPLETE ASSIGNMENT PLAN

STUDENT: ____________________________________________________________

Rotation #: 01  02  03  04  05  06  07  08  09  10  11  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 Ability-Based Outcomes</th>
<th>Course Objectives</th>
<th>Required Activities /Additional Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1B. Articulate how knowledge in foundational sciences is integral to clinical reasoning, evaluation of future advances in medicine, supporting health and wellness initiatives, and delivery of contemporary pharmacy services</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>1C. Integrate knowledge in foundational sciences to explain how specific drugs or drug classes work and evaluate their potential value in individuals and populations</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>1D. Apply knowledge in foundational sciences to solve therapeutics problems and advance patient-centered care</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. Communicate assertively, persuasively, confidently, and clearly</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  ☐ Non Rx Consult/When to Refer</td>
</tr>
<tr>
<td>2B. Ensure accuracy, efficiency and relevancy of communication for intended audience</td>
<td>Demonstrate ability to receive prescriptions from patients and physicians over the telephone</td>
<td>☐ Telephone Rx  ☐ Rx Transfer</td>
</tr>
<tr>
<td>2C. Demonstrate empathy when interacting with others</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  ☐ Non Rx Consult/When to Refer</td>
</tr>
<tr>
<td>2D. Use active listening and appropriate feedback methods to evaluate audience understanding</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>
<td>☐ Patient Counseling  ☐ Non Rx Consult/When to Refer</td>
</tr>
<tr>
<td>2E. Employ effective interpersonal skills to establish rapport and build trusting relationships</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>
<td>☐ Patient Counseling  ☐ Non Rx Consult/When to Refer</td>
</tr>
<tr>
<td>2F. Use available technology and other media to assist with communication as appropriate</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;</td>
<td>☐ Patient Counseling</td>
</tr>
<tr>
<td>2G. Assess a patient’s health literacy and modify communication strategies to meet the patient’s needs</td>
<td>Demonstrate the ability to consult with patients regarding selection and use of OTC medications</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>2H. Demonstrate cultural competence and an attitude that is respectful of different cultures</td>
<td>Use effective written, visual, verbal, and nonverbal communication skills when providing medication self-management counseling to patients and/or caregivers</td>
<td>☐ Cultural Competency Activity</td>
</tr>
<tr>
<td>2I. Ensure pharmacist-delivered education content and strategies are appropriate for the intended audience</td>
<td>Interview the patient/caregiver to help determine the adequacy of patient therapeutic self-management; 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>
<td>☐ Patient Counseling</td>
</tr>
<tr>
<td>3A. Collect subjective and objective patient information from a variety of sources</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>3B. Interpret patient-specific data and other evidence</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/When to Refer</td>
</tr>
<tr>
<td>3C. Prioritize patient needs and care goals</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>3D. Formulate, monitor, and adjust evidence based care plans</td>
<td>Demonstrate the ability to accurately perform dosage calculations</td>
<td>☐ Pediatric Antibiotic Dosing Exercise</td>
</tr>
<tr>
<td>3E. Document pharmacy services and patient care related activities</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>3F. Ensure safe dispensing of medications</td>
<td>Demonstrate ability to accurately perform the activities comprising the prescription medication dispensing function</td>
<td>☐ Rx Verification</td>
</tr>
<tr>
<td>3G. Advocate for patients to ensure efficiency, efficacy, and cost-effectiveness of requires resources and care</td>
<td>Review patient profiles to determine the cost-effectiveness of medication regimen</td>
<td>☐ Medication Therapy Management Exercise</td>
</tr>
<tr>
<td>4A. Demonstrate metacognition to maintain motivation, attention, and interest during learning, work, and profession-related activities</td>
<td>Show initiative</td>
<td></td>
</tr>
<tr>
<td>4C. Exhibit constructive coping skills to manage stress, address personal limitations, and display positive self-esteem and confidence</td>
<td>Use good professional judgment and demonstrate ability to cope with a variety of situations</td>
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</tr>
<tr>
<td>4D. Demonstrate knowledge of various levels of leadership and incorporate understanding of goal achievement</td>
<td>Demonstrate knowledge of basic physical and personnel requirements for establishing a pharmacy dispensing area</td>
<td>☐ Novel Pharmacy Plan/Dispensing Systems</td>
</tr>
<tr>
<td></td>
<td>Description</td>
<td>Demonstrate knowledge of basic physical and personnel requirements for establishing a pharmacy dispensing area</td>
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</tr>
<tr>
<td>4F</td>
<td>Promote innovative approaches to challenges and barriers to advance the profession</td>
<td>Demonstrate knowledge of basic physical and personnel requirements for establishing a pharmacy dispensing area</td>
</tr>
<tr>
<td>4G</td>
<td>Recognize personal strengths and weaknesses in application of entrepreneurial skills related to practice issues</td>
<td>Demonstrate knowledge of basic physical and personnel requirements for establishing a pharmacy dispensing area</td>
</tr>
<tr>
<td>4J</td>
<td>Adopt a lifestyle of professionalism that demonstrates a commitment to the improvement of the profession of pharmacy</td>
<td>Demonstrate a positive attitude toward practice of pharmacy; Exercise punctuality and maintain expected attendance</td>
</tr>
<tr>
<td>6A</td>
<td>Design and implement viable health and wellness solutions through identification of primary problems</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>6B</td>
<td>Develop goals and action plans for individuals and communities to optimize and improve health and wellness</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>6C</td>
<td>Participate with interprofessional healthcare team members in the management of, and health promotion for, all patients</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>6D</td>
<td>Reflect on the solution implemented and its effects to improve future performance</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>7B</td>
<td>Describe the role of the pharmacist in impacting the safety and efficacy of each component of a typical medication use system</td>
<td>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</td>
</tr>
<tr>
<td>7C</td>
<td>Identify and utilize human, financial, and physical technology resources to optimize the medication use system</td>
<td>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>7E</td>
<td>Apply standards, guidelines, best practices, continuous quality improvement, and establish processes related to safe and effective medication use</td>
<td>Demonstrate ability to accurately perform the activities comprising the prescription medication dispensing function; Understand and apply the basic principles of drug storage; Understand and apply legal requirements associated with the dispensing process</td>
</tr>
<tr>
<td>8C</td>
<td>Participate in population health management through promotion of health and wellness, disease prevention, and emergency preparedness</td>
<td>Demonstrate the ability to provide unsolicited information to other health care professionals and the public</td>
</tr>
<tr>
<td>UM Professional Ability-Based Outcomes</td>
<td>Course Objectives</td>
<td>Required Activities /Additional Evidence</td>
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<tr>
<td>1A. Demonstrate depth and breadth of foundational knowledge in biomedical, pharmaceutical, social/behavioral/administrative, and clinical science</td>
<td>Demonstrate the ability to effectively understand and interpret the medical management of a hospitalized patient and communicate via a case presentation</td>
<td>□ Case Presentation</td>
</tr>
<tr>
<td>1B. Articulate how knowledge in foundational sciences is integral to clinical reasoning, evaluation of future advances in medicine, supporting health and wellness initiatives, and delivery of contemporary pharmacy services</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 case presentation</td>
<td>□ Drug Overdose Exercise □ Parenteral Nutrition Management □ Case Presentation</td>
</tr>
<tr>
<td>1C. Integrate knowledge in foundational sciences to explain how specific drugs or drug classes work and evaluate their potential value in individuals and populations</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 case presentation</td>
<td>□ Drug Overdose Exercise □ Parenteral Nutrition Management □ Case Presentation</td>
</tr>
<tr>
<td>1D. Apply knowledge in foundational sciences to solve therapeutics problems and advance patient-centered care</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 case presentation</td>
<td>□ Drug Overdose Exercise □ Parenteral Nutrition Management □ Case Presentation</td>
</tr>
<tr>
<td>2I. Ensure pharmacist-delivered education content and strategies are appropriate for the intended audience</td>
<td>Demonstrate ability to consult with patients regarding use, cautions and storage of their medications; Demonstrate a positive attitude toward the practice of pharmacy; Communicate effectively and appropriately; Demonstrate the ability to effectively understand and interpret the medical management of a hospitalized patient and communicate via a case presentation</td>
<td>□ Case Presentation</td>
</tr>
<tr>
<td>3A. Collect subjective and objective patient information from a variety of sources</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 case presentation a work-up of the patient, and assessment of the drug</td>
<td>□ Home Meds/MAR Review □ Case Presentation</td>
</tr>
<tr>
<td>3B. Interpret patient-specific data and other evidence</td>
<td><strong>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 case presentation; Complete full work-up of the patient and provide assessment of the drug therapy decisions</strong></td>
<td>□ Home Meds/MAR Review  □ Case Presentation</td>
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</tr>
<tr>
<td>3C. Prioritize patient needs and care goals</td>
<td><strong>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</strong></td>
<td>□ Home Meds/MAR Review</td>
</tr>
<tr>
<td>3D. Formulate, monitor, and adjust evidence based care plans</td>
<td><strong>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</strong></td>
<td>□ Parenteral Nutrition Management □ Pharmacokinetics</td>
</tr>
<tr>
<td>3E. Document pharmacy services and patient care related activities</td>
<td><strong>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; 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</strong></td>
<td>□ Pharmacokinetics</td>
</tr>
<tr>
<td>3F. Ensure safe dispensing of medications</td>
<td><strong>Demonstrate sterile technique in the manufacture of intravenous admixtures and extemporaneous sterile preparations; Demonstrate knowledge of the necessary policies, procedures and techniques required to repackaged 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</strong></td>
<td>□ Aseptic Technique/Intravenous Admixture □ Pharmacokinetics □ Order Management / Appropriate Storage Exercise</td>
</tr>
<tr>
<td>4A. Demonstrate metacognition to maintain motivation, attention, and interest during learning, work, and profession-related activities</td>
<td><strong>Show initiative</strong></td>
<td></td>
</tr>
<tr>
<td>4C. Exhibit constructive coping skills to manage stress,</td>
<td><strong>Use good professional judgment and demonstrate ability to cope with a variety of</strong></td>
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<td><strong>address personal limitations, and display positive self-esteem and confidence</strong></td>
<td><strong>situations</strong></td>
<td><strong>4D. Demonstrate knowledge of various levels of leadership and incorporate understanding of goal achievement</strong></td>
</tr>
<tr>
<td><strong>4F. Promote innovative approaches to challenges and barriers to advance the profession</strong></td>
<td><strong>Understand legal requirements for establishing and operating a hospital pharmacy</strong></td>
<td><strong>☐ Institutional Policy/Informatics Exercise</strong></td>
</tr>
<tr>
<td><strong>4G. Recognize personal strengths and weaknesses in application of entrepreneurial skills related to practice issues</strong></td>
<td><strong>Understand legal requirements for establishing and operating a hospital pharmacy</strong></td>
<td><strong>☐ Institutional Policy/Informatics Exercise</strong></td>
</tr>
<tr>
<td><strong>4J. Adopt a lifestyle of professionalism that demonstrates a commitment to the improvement of the profession of pharmacy</strong></td>
<td><strong>Demonstrate a positive attitude toward practice of pharmacy; Exercise punctuality and maintain expected attendance</strong></td>
<td><strong>☐ Pharmaceutical Industry Exercise</strong></td>
</tr>
<tr>
<td><strong>6C. Participate with interprofessional healthcare team members in the management of, and health promotion for, all patients</strong></td>
<td><strong>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</strong></td>
<td><strong>☐ Pharmaceutical Industry Exercise</strong></td>
</tr>
<tr>
<td><strong>7A. Compare and contrast the components of typical medication use systems in different pharmacy practice settings</strong></td>
<td><strong>Understand the concepts of quality assurance and can demonstrate using outcomes to improve system processes</strong></td>
<td><strong>☐ Medication Distribution /QA Process</strong></td>
</tr>
<tr>
<td><strong>7B. Describe the role of the pharmacist in impacting the safety and efficacy of each component of a typical medication use system</strong></td>
<td><strong>Understand the basic organization of a hospital and the role of the pharmacy as a department within that hospital; Understand the principles of a formulary system and the Pharmacy and Therapeutics Committee and can demonstrate his ability to apply these principles by preparing agenda or individual drug monograph for committee; 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</strong></td>
<td><strong>☐ Order Management / Appropriate Storage Exercise</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7C. Identify and utilize human, financial, and physical technology resources to optimize the medication use system</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</td>
<td>☐ Order Management / Appropriate Storage Exercise ☐ Institutional Policy/Informatics Exercise</td>
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</tr>
<tr>
<td>7E. Apply standards, guidelines, best practices, continuous quality improvement, and establish processes related to safe and effective medication use</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; 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; Become familiar with required departmental reports and demonstrate using outcomes to improve system processes; Understand The Joint Commission Accreditation Process</td>
<td>☐ Medication Distribution /QA Process ☐ Aseptic Technique/Intravenous Admixture ☐ The Joint Commission Exercise</td>
</tr>
<tr>
<td>UM Professional Ability-Based Outcomes</td>
<td>Course Objectives</td>
<td>Required Activities /Additional Evidence</td>
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<tr>
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</tr>
<tr>
<td>1A. Demonstrate depth and breadth of foundational knowledge in biomedical, pharmaceutical, social/behavioral/administrative, and clinical science</td>
<td>Prepare and present an educational program to a group of health care professionals or patients in an effective manner</td>
<td>☐ Case Presentation</td>
</tr>
</tbody>
</table>
| 1B. Articulate how knowledge in foundational sciences is integral to clinical reasoning, evaluation of future advances in medicine, supporting health and wellness initiatives, and delivery of contemporary pharmacy services | Articulate and support drug therapy recommendations; assess each acute and chronic medical problem; Identify drug-related problems | ☐ Case Presentation  
☐ PPCP/SOAP Note Documentation |
| 1C. Integrate knowledge in foundational sciences to explain how specific drugs or drug classes work and evaluate their potential value in individuals and populations | Assess each acute and chronic medical problem; Identify drug-related problems | ☐ Case Presentation  
☐ PPCP/SOAP Note Documentation |
| 1D. Apply knowledge in foundational sciences to solve therapeutics problems and advance patient-centered care | Assess each acute and chronic medical problem; Identify drug-related problems | ☐ Case Presentation  
☐ PPCP/SOAP Note Documentation |
| 1E. Analyze scientific literature related to drugs and diseases to enhance clinical decision making | Perceive, assess, and evaluate drug information needs; apply a systematic approach to solve drug information questions; provide concise, applicable, and timely responses to requests for drug information from health care professionals and patients; critically analyze and evaluate biomedical literature and use evidence to optimize patient care. | ☐ Journal Club  
☐ Inpatient Protocol Development  
☐ Guideline Analysis  
☐ Drug Information Question/Literature Review |
| 1F. Evaluate emerging theories, information, and technologies that may impact patient-centered and population based care | 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 | ☐ Inpatient Protocol Development  
☐ Guideline Analysis |
| 2A. Communicate assertively, persuasively, confidently, and clearly | 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; Prepare and present an educational program to a group of health care professionals or patients in an effective manner | ☐ PPCP/SOAP Note Documentation  
☐ Discharge Counseling  
☐ Case Presentation  
☐ Journal Club  
☐ Team Care activity |
| 2B. Ensure accuracy, efficiency and relevancy of communication for intended audience | Develop functional patient databases by gathering and generating relevant information; Identify drug-related problems | ☐ Discharge Counseling  
☐ Case Presentation  
☐ PPCP/SOAP Note Documentation |
<p>| 2C. Demonstrate empathy when interacting with others | Use effective written, visual, verbal, and nonverbal communication skills when | ☐ Discharge Counseling |</p>
<table>
<thead>
<tr>
<th>2D. Use active listening and appropriate feedback methods to evaluate audience understanding</th>
<th>Providing medication self-management counseling to patients and/or caregivers</th>
<th>Discharge Counseling</th>
</tr>
</thead>
<tbody>
<tr>
<td>2E. Employ effective interpersonal skills to establish rapport and building trusting relationships</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; Prepare and present an educational program to a group of health care professionals or patients in an effective manner</td>
<td>Discharge Counseling, Case Presentation, Journal Club, Team Care activity</td>
</tr>
<tr>
<td>2I. Ensure pharmacist-delivered education content and strategies are appropriate for the intended 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>PPCP/SOAP Note Documentation, Case Presentation, Journal Club, Team Care activity</td>
</tr>
<tr>
<td>3A. Collect subjective and objective patient information from a variety of sources</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>3B. Interpret patient-specific data and other evidence</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; Interpret medical management of the patient, including common laboratory and diagnostic test results</td>
<td>Case Presentation, PPCP/SOAP Note Documentation</td>
</tr>
<tr>
<td>3C. Prioritize patient needs and care goals</td>
<td>Identify drug-related problems</td>
<td>Medication Intervention, Medical Emergency Management</td>
</tr>
<tr>
<td>3D. Formulate, monitor, and adjust evidence based care plans</td>
<td>Establish desired therapeutic outcomes; 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; Establish a plan for therapeutic drug monitoring that includes accurate documentation of population and patient-specific parameters, dosing history/administration times, monitoring parameters, and daily SOAP notes/plans</td>
<td>Medication Intervention, Medical Emergency Management</td>
</tr>
<tr>
<td>3E. Document pharmacy services and patient care related activities</td>
<td>Document accurate, logical, yet only pertinent information, including drug therapy directions (dosage, route, frequency, duration,</td>
<td>PPCP/SOAP Note Documentation</td>
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<tr>
<td>4A.</td>
<td>Demonstrate metacognition to maintain motivation, attention, and interest during learning, work, and profession-related activities</td>
<td>Show initiative</td>
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<td>4C.</td>
<td>Exhibit constructive coping skills to manage stress, address personal limitations, and display positive self-esteem and confidence</td>
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<td>4E.</td>
<td>Develop relationships that allow for effective communication that helps build team consensus and empowers team members</td>
<td>Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately</td>
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<tr>
<td>5A.</td>
<td>Establish a climate of shared values and mutual respect necessary to meet patient care needs</td>
<td>Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately</td>
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<td>5B.</td>
<td>Define clear roles and responsibilities for team members to optimize outcomes for specific patient care encounters</td>
<td>Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately</td>
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<td>5C.</td>
<td>Communicate in a manner that values team-based decision making and shows respect for contributions from other areas of expertise</td>
<td>Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately</td>
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<td>5D.</td>
<td>Foster accountability and leverage expertise to form a highly functioning team and promote shared patient-centered problem solving</td>
<td>Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately</td>
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<td>6C.</td>
<td>Participate with interprofessional healthcare team members in the management of, and health promotion for, all patients</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; 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</td>
</tr>
<tr>
<td>7A.</td>
<td>Compare and contrast the components of typical medication use systems in different pharmacy practice settings</td>
<td>Participate in the Medication Use Evaluation process; Identify opportunities for decision-making</td>
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</table>
| |  |  | □ Non-formulary Request  
| |  |  | □ Inpatient Protocol Development  
| |  |  | □ Guideline Analysis  
| 7B. | Describe the role of the pharmacist in impacting the safety and efficacy of each component of a typical medication use system | Participate in the Medication Use Evaluation process; Identify opportunities for decision-making |  
| |  |  |  
| |  |  | □ Inpatient Protocol Development  
| |  |  | □ Guideline Analysis  
| 7D. | Manage healthcare needs of patients during transitions of care | Understand the relationship of outpatient pharmacy to pharmacy department and can demonstrate ability to process a variety of prescriptions in this area |  
| |  |  |  
| |  |  | □ Continuity of Care Exercise  
| 7E. | Apply standards, guidelines, best practices, continuous quality improvement, and establish processes related to safe and effective medication use | 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  

and demonstrate ability to cope with a variety of situations; Communicate effectively and appropriately
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<th>UM Professional Ability-Based Outcomes</th>
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<td>Prepare and present an educational program to a group of health care professionals or patients in an effective manner</td>
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<td>1B. Articulate how knowledge in foundational sciences is integral to clinical reasoning, evaluation of future advances in medicine, supporting health and wellness initiatives, and delivery of contemporary pharmacy services</td>
<td>Assess each acute and chronic medical problem; Identify drug-related problems</td>
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<td>1C. Integrate knowledge in foundational sciences to explain how specific drugs or drug classes work and evaluate their potential value in individuals and populations</td>
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<td>☐ PPCP/SOAP Note Documentation</td>
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<td>1D. Apply knowledge in foundational sciences to solve therapeutics problems and advance patient-centered care</td>
<td>Assess each acute and chronic medical problem; Identify drug-related problems</td>
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<td>1E. Analyze scientific literature related to drugs and diseases to enhance clinical decision making</td>
<td>Perceive, assess, and evaluate drug information needs; apply a systematic approach to solve drug information questions; provide concise, applicable, and timely responses to requests for drug information from health care professionals and patients; Critically analyze and evaluate biomedical literature and use evidence to optimize patient care.</td>
<td>☐ Drug Information Question/Literature Review</td>
</tr>
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<td>1F. Evaluate emerging theories, information, and technologies that may impact patient-centered and population based care</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>☐ PPCP/SOAP Note Documentation</td>
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<td>☐ Case Presentation</td>
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<td>☐ Team care activity</td>
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<td>2A. Communicate assertively, persuasively, confidently, and clearly</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; Prepare and present an educational program to a group of health care professionals or patients in an effective manner</td>
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<td>☐ Team care activity</td>
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<tr>
<td>2B. Ensure accuracy, efficiency and relevancy of communication for intended audience</td>
<td>Develop functional patient databases by gathering and generating relevant information; Identify drug-related problems</td>
<td>☐ Case Presentation</td>
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<td>☐ PPCP/SOAP Note Documentation</td>
</tr>
<tr>
<td>2C. Demonstrate empathy when interacting with others</td>
<td>Perform an accurate and effective socio-behavioral assessment</td>
<td>☐ Empathy Activity</td>
</tr>
<tr>
<td>2D. Use active listening and appropriate feedback methods to evaluate audience understanding</td>
<td>Deliver appropriate and effective patient counseling; Monitor the patient and follow up at appropriate intervals</td>
<td>☐ Patient Counseling</td>
</tr>
<tr>
<td>2E. Employ effective interpersonal skills to establish rapport and build trusting relationships</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; Prepare and present an educational program to a group of health care professionals or patients in an effective manner</td>
<td>☐ PPCP/SOAP Note Documentation</td>
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<tr>
<td>2F. Utilize available technology and other media to assist with communication as appropriate</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>
</tr>
<tr>
<td>2H. Demonstrate cultural competency and an attitude that is respectful of different cultures</td>
<td>Perform an accurate and effective socio-behavioral assessment</td>
<td>☐ Cultural Competency Activity</td>
</tr>
<tr>
<td>2I. Ensure pharmacist-delivered education content and strategies are appropriate for the intended 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; Prepare and present an educational program to a group of health care professionals or patients in an effective manner</td>
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<td>3A. Collect subjective and objective patient information from a variety of sources</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</td>
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<tr>
<td>3B. Interpret patient-specific data and other evidence</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</td>
</tr>
<tr>
<td>3C. Prioritize patient needs and care goals</td>
<td>Identify drug-related problems</td>
<td>☐ Medication Intervention/Pharmacogenomics</td>
</tr>
<tr>
<td>3D. Formulate, monitor, and adjust evidence based care plans</td>
<td>Establish desired therapeutic outcomes; 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</td>
<td>☐ Medication Intervention/Pharmacogenomics</td>
</tr>
<tr>
<td>3E. Document pharmacy services and patient care related activities</td>
<td>Drug therapy plans on an ongoing basis; establish a plan for therapeutic drug monitoring that includes accurate documentation of population and patient-specific parameters, dosing history/administration times, monitoring parameters, and daily SOAP notes/plans</td>
<td>PPCP/SOP Note Documentation</td>
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<td>4A. Demonstrate metacognition to maintain motivation, attention, and interest during learning, work, and profession-related activities</td>
<td>Show initiative</td>
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<td>4C. Exhibit constructive coping skills to manage stress, address personal limitations, and display positive self-esteem and confidence</td>
<td>Use good professional judgment and demonstrate ability to cope with a variety of situations</td>
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<tr>
<td>4E. Develop relationships that allow for effective communication that helps build team consensus and empowers team members</td>
<td>Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately</td>
<td>Team Care activity</td>
</tr>
<tr>
<td>4H. Demonstrate altruism that incorporates integrity, trustworthiness, and respect in interactions with others</td>
<td>Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately</td>
<td>Team Care activity</td>
</tr>
<tr>
<td>4I. Emphasize patient centered care that is compassionate and consistent with a commitment to established standards of excellence</td>
<td>Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately</td>
<td>Team Care activity</td>
</tr>
<tr>
<td>4J. Adopt a lifestyle of professionalism that demonstrates a commitment to the improvement of the profession of pharmacy</td>
<td>Demonstrate a positive attitude toward practice of pharmacy; Exercise punctuality and maintain expected attendance</td>
<td></td>
</tr>
<tr>
<td>5A. Establish a climate of shared values and mutual respect necessary to meet patient care needs</td>
<td>Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately</td>
<td>Team Care activity</td>
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<tr>
<td>5B. Define clear roles and responsibilities for team members to optimize outcomes for specific patient care encounters</td>
<td>Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately</td>
<td>Team Care activity</td>
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<td>5C. Communicate in a manner that values team-based decision making and shows respect for contributions from other areas of expertise</td>
<td>Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately</td>
<td>Team Care activity</td>
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<td>5D. Foster accountability and leverage expertise to form a highly functioning team and</td>
<td>Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately</td>
<td>Team Care activity</td>
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<td>6C. Participate with interprofessional healthcare team members in the management of, and health promotion for, all patients</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</td>
<td>☐ Team Care activity  ☐ Drug Information Question/Literature Review</td>
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<tr>
<td>7A. Compare and contrast the components of typical medication use systems in different pharmacy practice settings</td>
<td>Identify opportunities for decision-making</td>
<td>☐ Reimbursement Strategies Activity  ☐ New Drug Review</td>
</tr>
<tr>
<td>7B. Describe the role of the pharmacist in impacting the safety and efficacy of each component of a typical medication use system</td>
<td>Identify opportunities for decision-making; 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>☐ Reimbursement Strategies Activity  ☐ Continuity of Care Activity</td>
</tr>
<tr>
<td>7D. Manage healthcare needs of patients during transitions of care</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</td>
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<td>7E. Apply standards, guidelines, best practices, continuous quality improvement, and establish processes related to safe and effective medication use</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>
<td>☐ Reimbursement Strategies Activity</td>
</tr>
<tr>
<td>8A. Assess the healthcare status and needs of a targeted patient population</td>
<td>Formulate and deliver programs for health care consumers that center on disease prevention and wellness promotion</td>
<td>☐ Public Health Activity</td>
</tr>
<tr>
<td>8B. Develop and provide an evidence-based approach that considers cost, care, access, and satisfaction needs of a targeted patient population</td>
<td>Formulate and deliver programs for health care consumers that center on disease prevention and wellness promotion</td>
<td>☐ Public Health Activity</td>
</tr>
<tr>
<td>8C. Participate in population health management through promotion of health and wellness, disease prevention, and emergency preparedness</td>
<td>Formulate and deliver programs for health care consumers that center on disease prevention and wellness promotion</td>
<td>☐ Public Health Activity</td>
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</table>
## Patient Care Advance Practice Experience Transcript

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<td>Prepare and present an educational program to a group of health care professionals or patients in an effective manner</td>
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<td>1B. Articulate how knowledge in foundational sciences is integral to clinical reasoning, evaluation of future advances in medicine, supporting health and wellness initiatives, and delivery of contemporary pharmacy services</td>
<td>Articulate and support drug therapy recommendations; Assess each acute and chronic medical problem; Identify drug-related problems</td>
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<td>1C. Integrate knowledge in foundational sciences to explain how specific drugs or drug classes work and evaluate their potential value in individuals and populations</td>
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<td>1E. Analyze scientific literature related to drugs and diseases to enhance clinical decision making</td>
<td>Perceive, assess, and evaluate drug information needs; apply a systematic approach to solve drug information questions; provide concise, applicable, and timely responses to requests for drug information from health care professionals and patients; critically analyze and evaluate biomedical literature and use evidence to optimize patient care.</td>
<td>☐ Drug Information Question</td>
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<td>1F. Evaluate emerging theories, information, and technologies that may impact patient-centered and</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>
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<td>Population Based Care</td>
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<td>Prepare and present an educational program to a group of health care professionals or patients in an effective manner; Deliver appropriate and effective patient counseling</td>
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<td><strong>2E. Employ effective interpersonal skills to establish rapport and building trusting relationships</strong></td>
<td></td>
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<tr>
<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; Prepare and present an educational program to a group of health care professionals or patients in an effective manner</td>
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<tr>
<td>□ PPCP/SOAP Note Documentation Case Presentation</td>
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<td>□ New Drug Review</td>
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<tr>
<td>□ Team Care Activity</td>
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<tr>
<td><strong>2I. Ensure pharmacist-delivered education content and strategies are appropriate for the intended audience</strong></td>
<td></td>
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<tr>
<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; Prepare and present an educational program to a group of health care professionals or patients in an effective manner</td>
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<tr>
<td>□ Team Care Activity</td>
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<tr>
<td><strong>3A. Collect subjective and objective patient information from a variety of sources</strong></td>
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<tr>
<td>Develop functional patient databases by gathering and generating relevant information</td>
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<tr>
<td>□ Case Presentation</td>
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<tr>
<td><strong>3B. Interpret patient-specific data and other evidence</strong></td>
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<tr>
<td>Develop functional patient databases by gathering and generating relevant information</td>
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<tr>
<td>□ Case Presentation</td>
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<tr>
<td>□ PPCP/SOAP Note Documentation</td>
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<tr>
<td><strong>3C. Prioritize patient needs and care goals</strong></td>
<td></td>
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<tr>
<td>Identify drug-related problems</td>
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<tr>
<td>□ Medication Intervention</td>
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<tr>
<td><strong>3D. Formulate, monitor, and adjust evidence based care</strong></td>
<td></td>
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<tr>
<td>Establish desired therapeutic outcomes; Consider drug and non-drug therapy alternatives; Develop drug therapy plans</td>
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<tr>
<td>□ Medication Intervention</td>
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<td>□ PPCP/SOAP Note Documentation</td>
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<tr>
<td>plans</td>
<td>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; Monitor the patient and follow up at appropriate intervals; Revise drug therapy plans on an ongoing basis; Establish a plan for therapeutic drug monitoring that includes accurate documentation of population and patient-specific parameters, dosing history/administration times, monitoring parameters, and daily SOAP notes/plans</td>
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<tr>
<td>3E. Document pharmacy services and patient care related activities</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>PPCP/ SOAP Note Documentation</td>
</tr>
<tr>
<td>4A. Demonstrate metacognition to maintain motivation, attention, and interest during learning, work, and profession-related activities</td>
<td>Show initiative</td>
<td></td>
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<tr>
<td>4C. Exhibit constructive coping skills to manage stress, address personal limitations, and display positive self-esteem and confidence</td>
<td>Use good professional judgment and demonstrate ability to cope with a variety of situations</td>
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</tr>
<tr>
<td>4E. Develop relationships that allow for effective communication that helps build team consensus and empowers team members</td>
<td>Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately</td>
<td>Team Care activity</td>
</tr>
<tr>
<td>4H. Demonstrate altruism that incorporates integrity, trustworthiness, and respect in interactions with others</td>
<td>Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately</td>
<td>Team Care activity</td>
</tr>
<tr>
<td>4I. Emphasize patient centered care that is compassionate and consistent with a commitment to established standards of excellence</td>
<td>Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately</td>
<td>Team Care activity</td>
</tr>
<tr>
<td>4J. Adopt a lifestyle of professionalism that demonstrates a commitment to the</td>
<td>Demonstrate a positive attitude toward practice of pharmacy; Exercise punctuality and maintain expected attendance</td>
<td></td>
</tr>
<tr>
<td>Improvement of the profession of pharmacy</td>
<td>Establish a climate of shared values and mutual respect necessary to meet patient care needs</td>
<td>Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately</td>
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<tr>
<td>5A.</td>
<td>Define clear roles and responsibilities for team members to optimize outcomes for specific patient care encounters</td>
<td>Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately</td>
</tr>
<tr>
<td>5B.</td>
<td>Communicate in a manner that values team-based decision making and shows respect for contributions from other areas of expertise</td>
<td>Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately</td>
</tr>
<tr>
<td>5C.</td>
<td>Foster accountability and leverage expertise to form a highly functioning team and promote shared patient-centered problem solving</td>
<td>Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately</td>
</tr>
<tr>
<td>5D.</td>
<td>Participate with interprofessional healthcare team members in the management of, and health promotion for, all patients</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</td>
</tr>
<tr>
<td>UM Professional Ability-Based Outcomes</td>
<td>Course Objectives</td>
<td>Required Activities /Additional Evidence</td>
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<tr>
<td>2I. Ensure pharmacist-delivered</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</td>
<td>☐ Non-Patient Care Project</td>
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<td>education content and strategies are appropriate for the intended audience</td>
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<tr>
<td>4A. Demonstrate metacognition</td>
<td>Show initiative</td>
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<td>to maintain motivation, attention,</td>
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<td>and interest during learning, work,</td>
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<td>and profession-related activities</td>
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<td>4B. Describe plans for personal and</td>
<td>Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriate; 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; Interpret and synthesize information from multiple sources into a concise written or verbal presentation</td>
<td>☐ Nontraditional Pharmacy Observational Report</td>
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<td>professional development that</td>
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<td>incorporate individual growth, help-</td>
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<td>seeking behavior, integrity, and</td>
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<td>response to correction from errors</td>
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<tr>
<td>4C. Exhibit constructive coping skills</td>
<td>Use good professional judgment and demonstrate ability to cope with a variety of situations</td>
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<td>to manage stress, address personal</td>
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<td>limitations, and display positive</td>
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<tr>
<td>self-esteem and confidence</td>
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<tr>
<td>4J. Adopt a lifestyle of professionalism that demonstrates a commitment to the improvement of the profession of pharmacy</td>
<td>Demonstrate a positive attitude toward practice of pharmacy; Exercise punctuality and maintain expected attendance</td>
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</tbody>
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APPENDIX H:
APPE EVALUATION FORMS
PRECEPTOR EVALUATION OF COMMUNITY PHARMACY PRACTICE STUDENT  
(Form PEOS-CX)

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

<table>
<thead>
<tr>
<th>Ability Based Outcome and Corresponding Objectives</th>
<th>Evaluation Score</th>
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</thead>
</table>
| 1B. Articulate how knowledge in foundational sciences is integral to clinical reasoning, evaluation of future advances in medicine, supporting health and wellness initiatives, and delivery of contemporary pharmacy services  
*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* |                       |
| 1C. Integrate knowledge in foundational sciences to explain how specific drugs or drug classes work and evaluate their potential value in individuals and populations  
*Apply knowledge of the pathophysiology of a specific disease to prevent medication-related problems* |                       |
| 1D. Apply knowledge in foundational sciences to solve therapeutics problems and advance patient-centered care  
*Apply knowledge of the pathophysiology of a specific disease to prevent medication-related problems* |                       |
| 2A. Communicate assertively, persuasively, confidently, and clearly  
*Use effective written, visual, verbal, and nonverbal communication skills when providing medication self-management counseling to patients and/or caregivers* |                       |
| 2B. Ensure accuracy, efficiency and relevancy of communication for intended audience  
*Demonstrate ability to receive prescriptions from patients and physicians over the telephone* |                       |
| 2C. Demonstrate empathy when interacting with others  
*Use effective written, visual, verbal, and nonverbal communication skills when providing medication self-management counseling to patients and/or caregivers* |                       |
| 2D. Use active listening and appropriate feedback methods to evaluate audience understanding  
*Develop a plan to influence patients to effectively manage their therapy; Encourage patients/caregivers to contact the pharmacist for further information regarding therapy* |                       |
| 2E. Employ effective interpersonal skills to establish rapport and build trusting relationships  
*Develop a plan to influence patients to effectively manage their therapy; Encourage patients/caregivers to contact the pharmacist for further information regarding therapy* |                       |
| 2F. Use available technology and other media to assist with communication as appropriate  
*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* |                       |
| 2G. Assess a patient’s health literacy and modify communication strategies to meet the patient’s needs  
*Use effective written, visual, verbal, and nonverbal communication skills when providing medication self-management counseling to patients and/or caregivers* |                       |
| 2H. Demonstrate cultural competence and an attitude that is respectful of different cultures  
*Use effective written, visual, verbal, and nonverbal communication skills when providing medication self-management counseling to patients and/or caregivers* |                       |
| 2I. Ensure pharmacist-delivered education content and strategies are appropriate for the intended audience  
*Interview the patient/caregiver to help determine the adequacy of patient therapeutic self-management; 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

3A. Collect subjective and objective patient information from a variety of sources
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

3B. Interpret patient-specific data and other evidence
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

3C. Prioritize patient needs and care goals
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

3D. Formulate, monitor, and adjust evidence based care plans
Demonstrate the ability to accurately perform dosage calculations

3E. Document pharmacy services and patient care related activities
Use effective written, visual, verbal, and nonverbal communication skills when providing medication self-management counseling to patients and/or caregivers

3F. Ensure safe dispensing of medications
Demonstrate ability to accurately perform the activities comprising the prescription medication dispensing function

3G. Advocate for patients to ensure efficiency, efficacy, and cost-effectiveness of requires resources and care
Review patient profiles to determine the cost-effectiveness of medication regimen

4A. Demonstrate metacognition to maintain motivation, attention, and interest during learning, work, and profession-related activities
Show initiative

4C. Exhibit constructive coping skills to manage stress, address personal limitations, and display positive self-esteem and confidence
Use good professional judgment and demonstrate ability to cope with a variety of situations

4D. Demonstrate knowledge of various levels of leadership and incorporate understanding of goal achievement
Demonstrate knowledge of basic physical and personnel requirements for establishing a pharmacy dispensing area

4F. Promote innovative approaches to challenges and barriers to advance the profession
Demonstrate knowledge of basic physical and personnel requirements for establishing a pharmacy dispensing area

4G. Recognize personal strengths and weaknesses in application of entrepreneurial skills related to practice issues
Demonstrate knowledge of basic physical and personnel requirements for establishing a pharmacy dispensing area

4J. Adopt a lifestyle of professionalism that demonstrates a commitment to the improvement of the profession of pharmacy
Demonstrate a positive attitude toward practice of pharmacy; Exercise punctuality and maintain expected attendance

6A. Design and implement viable health and wellness solutions through identification of primary problems
Develop a plan to influence patients to effectively manage their therapy; Encourage patients/caregivers to contact the pharmacist for further information regarding therapy

6B. Develop goals and action plans for individuals and communities to optimize and improve health and wellness
Develop a plan to influence patients to effectively manage their therapy; Encourage patients/caregivers to contact the pharmacist for further information regarding therapy

6C. Participate with interprofessional healthcare team members in the management of, and health promotion for, all patients
Demonstrate ability to receive prescriptions from patients and physicians over the telephone; Able to interact with wholesale and manufacturer representatives

6D. Reflect on the solution implemented and its effects to improve future performance
Develop a plan to influence patients to effectively manage their therapy; Encourage patients/caregivers to contact the pharmacist for further information regarding therapy

7B. Describe the role of the pharmacist in impacting the safety and efficacy of each component of a typical medication use system
Demonstrate knowledge of basic physical and personnel 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

7C. Identify and utilize human, financial, and physical technology resources to optimize the medication use system
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
### Core Entistable Professional Activities

<table>
<thead>
<tr>
<th>I trust student to observe activity only, even with direct supervision (Novice)</th>
<th>I trust student to perform activity with direct, proactive supervision (Novice)</th>
<th>I trust student to perform activity with reactive supervision (on request and quickly available) (Intermediate)</th>
<th>I trust student to perform activity with indirect supervision (at a distance and/or post hoc) (Competent)</th>
<th>I trust student to supervise more junior colleagues as they perform activity (Competent)</th>
</tr>
</thead>
</table>

Collect information to identify a patient’s medication-related problems and health-related needs. Analyze information to determine the effects of medication-related problems, and prioritize health-related needs. Establish patient-centered goals and create a care plan for a patient in collaboration with the patient, caregiver(s), and other health professionals that is evidence-based and cost-effective. Follow-up and monitor a care plan. Collaborate as a team member of an interprofessional team. Identify patients at risk for prevalent diseases in a
population. Minimize adverse events and medication errors. Maximize the appropriate use of medications in a population. Ensure that patients have been immunized against vaccine-preventable diseases. Educate patients and professional colleagues regarding the appropriate use of medications. Use evidence-based information to advance patient care. Oversee the pharmacy operations for an assigned work shift. Fulfill a medication order.
FINAL EVALUATION: ☐ PASS ☐ FAIL
PRECEPTOR EVALUATION OF INSTITUTIONAL PHARMACY PRACTICE STUDENT
(Form PEOS-IX)

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

<table>
<thead>
<tr>
<th>Ability Based Outcome and Corresponding Course Objectives</th>
<th>Evaluation Score</th>
</tr>
</thead>
</table>
| 1A. Demonstrate depth and breadth of foundational knowledge in biomedical, pharmaceutical, social/behavioral/administrative, and clinical science  
Demonstrate the ability to effectively understand and interpret the medical management of a hospitalized patient and communicate via a case presentation |                     |
| 1B. Articulate how knowledge in foundational sciences is integral to clinical reasoning, evaluation of future advances in medicine, supporting health and wellness initiatives, and delivery of contemporary pharmacy services  
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 case presentation |                     |
| 1C. Integrate knowledge in foundational sciences to explain how specific drugs or drug classes work and evaluate their potential value in individuals and populations  
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 case presentation |                     |
| 1D. Apply knowledge in foundational sciences to solve therapeutics problems and advance patient-centered care  
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 case presentation |                     |
| 2. Ensure pharmacist-delivered education content and strategies are appropriate for the intended audience  
Demonstrate ability to consult with patients regarding use, cautions and storage of their medications; Demonstrate a positive attitude toward the practice of pharmacy; Communicate effectively and appropriately; Demonstrate the ability to effectively understand and interpret the medical management of a hospitalized patient and communicate via a case presentation |                     |
| 3A. Collect subjective and objective patient information from a variety of sources  
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 case presentation a work-up of the patient, and assessment of the drug therapy decisions |                     |
| 3B. Interpret patient-specific data and other evidence  
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 case presentation; Complete full work-up of the patient and provide assessment of the drug therapy decisions |                     |
| 3C. Prioritize patient needs and care goals  
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 |                     |
| 3D. Formulate, monitor, and adjust evidence based care plans  
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 |                     |
<table>
<thead>
<tr>
<th>3E.</th>
<th>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; 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</th>
</tr>
</thead>
<tbody>
<tr>
<td>3F.</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 repackaged 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>
</tr>
</tbody>
</table>
| 4A. | Demonstrate metacognition to maintain motivation, attention, and interest during learning, work, and profession-related activities  
Show initiative |
| 4C. | Exhibit constructive coping skills to manage stress, address personal limitations, and display positive self-esteem and confidence  
Use good professional judgment and demonstrate ability to cope with a variety of situations |
| 4D. | Demonstrate knowledge of various levels of leadership and incorporate understanding of goal achievement  
Understand legal requirements for establishing and operating a hospital pharmacy |
| 4F. | Promote innovative approaches to challenges and barriers to advance the profession  
Understand legal requirements for establishing and operating a hospital pharmacy |
| 4G. | Recognize personal strengths and weaknesses in application of entrepreneurial skills related to practice issues  
Understand legal requirements for establishing and operating a hospital pharmacy |
| 4J. | Adopt a lifestyle of professionalism that demonstrates a commitment to the improvement of the profession of pharmacy  
Demonstrate a positive attitude toward practice of pharmacy; Exercise punctuality and maintain expected attendance |
| 6C. | Participate with interprofessional healthcare team members in the management of, and health promotion for, all patients  
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 |
| 7A. | Compare and contrast the components of typical medication use systems in different pharmacy practice settings  
Understand the concepts of quality assurance and can demonstrate using outcomes to improve system processes |
| 7B. | Describe the role of the pharmacist in impacting the safety and efficacy of each component of a typical medication use system  
Understand the basic organization of a hospital and the role of the pharmacy as a department within that hospital; Understand the principles of a formulary system and the Pharmacy and Therapeutics Committee and can demonstrate his ability to apply these principles by preparing agenda or individual drug monograph for committee; 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 |
| 7C. | Identify and utilize human, financial, and physical technology resources to optimize the medication use system  
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 |
| 7E. | Apply standards, guidelines, best practices, continuous quality improvement, and establish processes related to safe and effective medication use  
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; Demonstrate sterile technique in the manufacture of intravenous admixtures and extemporaneous sterile preparations; Demonstrate knowledge of the necessary policies, procedures, and techniques required to repackaged manufactured pharmaceuticals and to research and prepare an extemporaneous or bulk basis special formulations for use within the hospital; Become familiar with required departmental reports and demonstrate using outcomes to improve system processes; Understand The Joint Commission Accreditation |

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### General Professionalism Objectives

<table>
<thead>
<tr>
<th>Objective</th>
<th>Rating</th>
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<tbody>
<tr>
<td>Demonstrate a positive attitude toward practice of pharmacy.</td>
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<tr>
<td>Use good professional judgment and demonstrate ability to cope with a variety of situations.</td>
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<tr>
<td>Communicate effectively and appropriately.</td>
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<tr>
<td>Show initiative.</td>
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<tr>
<td>Exercise punctuality and maintain expected attendance.</td>
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</table>

#### Core Entutable Professional Activities

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>Rating</th>
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<tbody>
<tr>
<td>Collect information to identify a patient’s medication-related problems and health-related needs.</td>
<td>Novice</td>
</tr>
<tr>
<td>Minimize adverse events and medication errors.</td>
<td>Novice</td>
</tr>
<tr>
<td>Maximize the appropriate use of medications in a population.</td>
<td>Intermediate</td>
</tr>
<tr>
<td>Educate patients and professional colleagues regarding the appropriate use of medications.</td>
<td>Competent</td>
</tr>
<tr>
<td>Use evidence-based information to advance patient care.</td>
<td>Competent</td>
</tr>
<tr>
<td>Oversee the pharmacy operations for an assigned work shift.</td>
<td>Competent</td>
</tr>
<tr>
<td>Fulfill a medication order.</td>
<td>Competent</td>
</tr>
</tbody>
</table>

#### Comments

**FINAL EVALUATION:** ☐ PASS ☐ FAIL
**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%)  
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| **1A.** Demonstrate depth and breadth of foundational knowledge in biomedical, pharmaceutical, social/behavioral/administrative, and clinical science  
*Prepare and present an educational program to a group of health care professionals or patients in an effective manner* |                   |
| **1B.** Articulate how knowledge in foundational sciences is integral to clinical reasoning, evaluation of future advances in medicine, supporting health and wellness initiatives, and delivery of contemporary pharmacy services  
*Articulate and support drug therapy recommendations; assess each acute and chronic medical problem; Identify drug-related problems* |                   |
| **1C.** Integrate knowledge in foundational sciences to explain how specific drugs or drug classes work and evaluate their potential value in individuals and populations  
*Assess each acute and chronic medical problem; Identify drug-related problems* |                   |
| **1D.** Apply knowledge in foundational sciences to solve therapeutics problems and advance patient-centered care  
*Assess each acute and chronic medical problem; Identify drug-related problems* |                   |
| **1E.** Analyze scientific literature related to drugs and diseases to enhance clinical decision making  
*Perceive, assess, and evaluate drug information needs; apply a systematic approach to solve drug information questions; provide concise, applicable, and timely responses to requests for drug information from health care professionals and patients; critically analyze and evaluate biomedical literature and use evidence to optimize patient care.* |                   |
| **1F.** Evaluate emerging theories, information, and technologies that may impact patient-centered and population based care  
*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* |                   |
| **2A.** Communicate assertively, persuasively, confidently, and clearly  
*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; Prepare and present an educational program to a group of health care professionals or patients in an effective manner* |                   |
| **2B.** Ensure accuracy, efficiency and relevancy of communication for intended audience  
*Develop functional patient databases by gathering and generating relevant information; Identify drug-related problems* |                   |
| **2C.** Demonstrate empathy when interacting with others  
*Use effective written, visual, verbal, and nonverbal communication skills when providing medication self-management counseling to patients and/or caregivers* |                   |
| **2D.** Use active listening and appropriate feedback methods to evaluate audience understanding  
*Demonstrate ability to consult with patients regarding use, cautions and storage of their prescribed medications* |                   |
| **2E.** Employ effective interpersonal skills to establish rapport and building trusting relationships  
*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; Prepare and present an educational program to a group of health care professionals or patients in an effective manner* |                   |
| 21. Ensure pharmacist-delivered education content and strategies are appropriate for the intended 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 |

| 3A. Collect subjective and objective patient information from a variety of sources |

- 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 |

| 3B. Interpret patient-specific data and other evidence |

- 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 |

| 3C. Prioritize patient needs and care goals |

- Identify drug-related problems |

| 3D. Formulate, monitor, and adjust evidence-based care plans |

- Establish desired therapeutic outcomes; 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; Establish a plan for therapeutic drug monitoring that includes accurate documentation of population and patient-specific parameters, dosing history/administration times, monitoring parameters, and daily SOAP notes/plans |

| 3E. Document pharmacy services and patient care-related activities |

- 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 |

| 4A. Demonstrate metacognition to maintain motivation, attention, and interest during learning, work, and profession-related activities |

- Show initiative |

| 4B. Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately |

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

| 4E. Develop relationships that allow for effective communication that helps build team consensus and empowers team members |

- Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately |

| 4H. Demonstrate altruism that incorporates integrity, trustworthiness, and respect in interactions with others |

- Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately |

| 4J. Adopt a lifestyle of professionalism that demonstrates a commitment to the improvement of the profession of pharmacy |

- Demonstrate a positive attitude toward practice of pharmacy; Exercise punctuality and maintain expected attendance |

| 5A. Establish a climate of shared values and mutual respect necessary to meet patient care needs |

- Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately |

| 5B. Define clear roles and responsibilities for team members to optimize outcomes for specific patient care encounters |

- Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately |

| 5C. Communicate in a manner that values team-based decision making and shows respect for contributions from other areas of expertise |

- Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately |

| 5D. Foster accountability and leverage expertise to form a highly functioning team and promote shared patient-centered problem solving |

- Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately |

| 6C. Participate with interprofessional healthcare team members in the management of, and health promotion for, all patients |

- 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 |
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<th>Core Enturable Professional Activities</th>
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Collect information to identify a patient’s medication-related problems and health-related needs. Analyze information to determine the effects of medication-related problems, and prioritize health-related needs. Establish patient-centered goals and create a care plan for a patient in collaboration with the patient, caregiver(s), and other health professionals that is evidence-based and cost-effective. Implement a care plan in collaboration with the patient, caregivers, and other health professionals. Follow-up and monitor a care plan. Collaborate as a team member of an interprofessional team.
Minimize adverse events and medication errors. Maximize the appropriate use of medications in a population. Educate patients and professional colleagues regarding the appropriate use of medications. Use evidence-based information to advance patient care. Oversee the pharmacy operations for an assigned work shift.

Comments

FINAL EVALUATION:

Numeric Score ______ □ A □ B □ C □ F
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.

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**Ability Based Outcome and Corresponding Objectives**

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<td>1B. Articulate how knowledge in foundational sciences is integral to clinical reasoning, evaluation of future advances in medicine, supporting health and wellness initiatives, and delivery of contemporary pharmacy services&lt;br&gt;<em>Assess each acute and chronic medical problem; Identify drug-related problems</em></td>
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<td>1D. Apply knowledge in foundational sciences to solve therapeutic problems and advance patient-centered care&lt;br&gt;<em>Assess each acute and chronic medical problem; Identify drug-related problems</em></td>
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<td>1E. Analyze scientific literature related to drugs and diseases to enhance clinical decision making&lt;br&gt;<em>Perceive, assess, and evaluate drug information needs; apply a systematic approach to solve drug information questions; provide concise, applicable, and timely responses to requests for drug information from health care professionals and patients; Critically analyze and evaluate biomedical literature and use evidence to optimize patient care</em></td>
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<td>1F. Evaluate emerging theories, information, and technologies that may impact patient-centered and population based case&lt;br&gt;<em>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</em></td>
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<td>2A. Communicate assertively, persuasively, confidently, and clearly&lt;br&gt;<em>Effectively communicate, verbally and in writing with other health care professionals; Effectively communicate patient and/or medication self-management information to patients and health care professionals; Demonstrate a positive attitude practice of pharmacy; Communicate effective and appropriately; Prepare and present an educational program to a group of health care professionals or patients in an effective manner</em></td>
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<td>2B. Ensure accuracy, efficiency, and relevancy of communication for intended audience&lt;br&gt;<em>Develop functional patient databases by gathering and generating relevant information; Identify drug-related problems</em></td>
<td></td>
</tr>
<tr>
<td>2C. Demonstrate empathy when interacting with others&lt;br&gt;<em>Perform an accurate and effective socio-behavioral assessment</em></td>
<td></td>
</tr>
<tr>
<td>2D. Use active listening and appropriate feedback methods to evaluate audience understanding&lt;br&gt;<em>Deliver appropriate and effective patient counseling; Monitor the patient and follow up at appropriate intervals</em></td>
<td></td>
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<td>2E. Employ effective interpersonal skills to establish rapport and build trusting relationships&lt;br&gt;<em>Effectively communicate, verbally and in writing with other health care professionals; Effectively communicate patient and/or medication self-management information to patients and health care professionals; Demonstrate a positive attitude practice of pharmacy; Communicate effective and appropriately; Prepare and present an educational program to a group of health care professionals or patients in an effective manner</em></td>
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2F. Utilize available technology and other media to assist with communication as appropriate
   Effectively communicate patient and/or medication self-management information to patients and health care professionals;
   Deliver appropriate and effective patient counseling

2H. Demonstrate cultural competency and an attitude that is respectful of different cultures
   Perform an accurate and effective socio-behavioral assessment

2I. Ensure pharmacist-delivered education content and strategies are appropriate for the intended 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 care professionals; Demonstrate a positive attitude practice
   of pharmacy; Communicate effective and appropriately; Prepare and present an educational program to a group of health
   care professionals or patients in an effective manner

3A. Collect subjective and objective patient information from a variety of sources
   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

3B. Interpret patient-specific data and other evidence
   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

3C. Prioritize patient needs and care goals
   Identify drug-related problems

3D. Formulate, monitor, and adjust evidence based care plans
   Establish desired therapeutic outcomes; 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; establish a plan for therapeutic drug
   monitoring that includes accurate documentation of population and patient-specific parameters, dosing history/administration
times, monitoring parameters, and daily SOAP notes/plans

3E. Document pharmacy services and patient care related activities
   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

4A. Demonstrate metacognition to maintain motivation, attention, and interest during learning, work, and profession-related
   activities
   Show initiative

4C. Exhibit constructive coping skills to manage stress, address personal limitations, and display positive self-esteem and
   confidence
   Use good professional judgment and demonstrate ability to cope with a variety of situations

4E. Develop relationships that allow for effective communication that helps build team consensus and empowers team members
   Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately

4H. Demonstrate altruism that incorporates integrity, trustworthiness, and respect in interactions with others
   Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately

4I. Emphasize patient centered care that is compassionate and consistent with a commitment to established
   standards of excellence
   Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately

4J. Adopt a lifestyle of professionalism that demonstrates a commitment to the improvement of the profession of
   pharmacy
   Demonstrate a positive attitude toward practice of pharmacy; Exercise punctuality and maintain expected attendance

5A. Establish a climate of shared values and mutual respect necessary to meet patient care needs
   Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately

5B. Define clear roles and responsibilities for team members to optimize outcomes for specific patient care encounters
   Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately

5C. Communicate in a manner that values team-based decision making and shows respect for contributions from other areas of
   expertise
   Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately

5D. Foster accountability and leverage expertise to form a highly functioning team and promote shared patient-centered problem
   solving
Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately

6C. Participate with interprofessional healthcare team members in the management of, and health promotion for, all patients
   - 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

7A. Compare and contrast the components of typical medication use systems in different pharmacy practice settings
   - Identify opportunities for decision-making

7B. Describe the role of the pharmacist in impacting the safety and efficacy of each component of a typical medication use system
   - Identify opportunities for decision-making; 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

7D. Manage healthcare needs of patients during transitions of care
   - 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

7E. Apply standards, guidelines, best practices, continuous quality improvement, and establish processes related to safe and effective medication use
   - 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

8A. Assess the healthcare status and needs of a targeted patient population
   - Formulate and deliver programs for health care consumers that center on disease prevention and wellness promotion

8B. Develop and provide an evidence-based approach that considers cost, care, access, and satisfaction needs of a targeted patient population
   - Formulate and deliver programs for health care consumers that center on disease prevention and wellness promotion

8C. Participate in population health management through promotion of health and wellness, disease prevention, and emergency preparedness
   - Formulate and deliver programs for health care consumers that center on disease prevention and wellness promotion

**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.

**Core Entusiable Professional Activities**

| I trust student to observe activity only, even with direct supervision (Novice) | I trust student to perform activity with direct, proactive supervision (Novice) | I trust student to perform activity with reactive supervision (on request and quickly available) (Intermediate) | I trust student to perform activity with indirect supervision (at a distance and/or post hoc) (Competent) | I trust student to supervise more junior colleagues as they perform activity (Competent) |

Collect information to identify a patient’s medication-related problems and health-related needs.
Analyze information to determine the effects of medication-related problems, and prioritize health-related needs.
Establish patient-centered goals and create a care plan for a patient in collaboration with the patient, caregiver(s), and other health professionals that is evidence-based and cost-effective. Implement a care plan in collaboration with the patient, caregivers, and other health professionals. Follow-up and monitor a care plan. Collaborate as a team member of an interprofessional team. Identify patients at risk for prevalent diseases in a population. Minimize adverse events and medication errors. Maximize the appropriate use of medications in a population. Educate patients and professional colleagues regarding the appropriate use of medications. Use evidence-based information to advance patient care.

Comments

FINAL EVALUATION:

Numeric Score  ______  ☐ A  ☐ B  ☐ C  ☐ F
This form may be used a guide to complete the online evaluation.

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Perceive, assess, and evaluate drug information needs; apply a systematic approach to solve drug information questions; provide concise, applicable, and timely responses to requests for drug information from health care professionals and patients; critically analyze and evaluate biomedical literature and use evidence to optimize patient care |                  |
| 1F. Evaluate emerging theories, information, and technologies that may impact patient-centered and population based care  
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 |                  |
| 2A. Communicate assertively, persuasively, confidently, and clearly  
Prepare and present an educational program to a group of health care professionals or patients in an effective manner; Deliver appropriate and effective patient counseling |                  |
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Develop functional patient databases by gathering and generating relevant information; Identify drug-related problems |                  |
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5B. Define clear roles and responsibilities for team members to optimize outcomes for specific patient care encounters

**Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately**

5C. Communicate in a manner that values team-based decision making and shows respect for contributions from other areas of expertise

**Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately**

5D. Foster accountability and leverage expertise to form a highly functioning team and promote shared patient-centered problem solving

**Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately**

6C. Participate with interprofessional healthcare team members in the management of, and health promotion for, all patients

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<th>Activity</th>
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</thead>
<tbody>
<tr>
<td>I trust student to observe activity only, even with direct supervision (Novice)</td>
<td>Collect information to identify a patient’s medication-related problems and health-related needs.</td>
</tr>
<tr>
<td>I trust student to perform activity with direct, proactive supervision (Novice)</td>
<td>Analyze information to determine the effects of medication-related problems, and prioritize health-related needs.</td>
</tr>
<tr>
<td>I trust student to perform activity with reactive supervision (on request and quickly available) (Intermediate)</td>
<td>Establish patient-centered goals and create a care plan for a patient in collaboration with the patient, caregiver(s), and other health professionals that is evidence-based and cost-effective.</td>
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<td>I trust student to perform activity with indirect supervision (at a distance and/or post hoc) (Competent)</td>
<td>Collaborate as a team member of an</td>
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interprofessional team.
Educate patients and professional colleagues regarding the appropriate use of medications. Use evidence-based information to advance patient care.

Comments

FINAL EVALUATION:
Numeric Score_______ ☐ A ☐ B ☐ C ☐ F
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>2I. Ensure pharmacist-delivered education content and strategies are appropriate for the intended 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.</td>
</tr>
<tr>
<td>4A. Demonstrate metacognition to maintain motivation, attention, and interest during learning, work, and profession-related activities</td>
<td>Show initiative.</td>
</tr>
<tr>
<td>4B. Describe plans for personal and professional development that incorporate individual growth, help-seeking behavior, integrity, and response to correction from errors</td>
<td>Demonstrate a positive attitude toward practice of pharmacy; Communicate effectively and appropriately; 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; Interpret and synthesize information from multiple sources into a concise written or verbal presentation.</td>
</tr>
<tr>
<td>4C. Exhibit constructive coping skills to manage stress, address personal limitations, and display positive self-esteem and confidence</td>
<td>Use good professional judgment and demonstrate ability to cope with a variety of situations.</td>
</tr>
<tr>
<td>4J. Adopt a lifestyle of professionalism that demonstrates a commitment to the improvement of the profession of pharmacy</td>
<td>Demonstrate a positive attitude toward practice of pharmacy; Exercise punctuality and maintain expected attendance.</td>
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</table>

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<th>General Professionalism Objectives</th>
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<td>Use good professional judgment and demonstrate ability to cope with a variety of situations.</td>
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<td>Communicate effectively and appropriately.</td>
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<td>Show initiative.</td>
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Oversee the pharmacy operations for an assigned work shift.

**Comments**

**FINAL EVALUATION:**

| Numeric Score | □ A | □ B | □ C | □ F |
APPENDIX I:
IPPE EVALUATION FORMS
Instructions: Taking into consideration all activities performed, use the scale below to rate the overall performance of the student.

1. Did the student complete the Drug Information Questions activity?
2. Did the student complete the Medication Reconciliation activity?
3. Did the student complete the Medication Assistance Program activity?
4. Did the student complete the Protocol Utilization and Management activity?
5. Did the student complete the PPCP/SOAP Note Documentation activity?

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<td><strong>Mathematics:</strong> Utilize pharmaceutical and pharmacokinetics mathematics to perform accurate medication calculations. Value the importance of total accuracy in performing and applying these calculations.</td>
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<td><strong>Ethical, Professional, and Legal Behavior:</strong> In all healthcare activities, demonstrate knowledge of and sensitivity towards the unique characteristics of each patient. Comply with all federal, state, and local laws related to pharmacy practice. Demonstrate ethical and professional behaviors in all practice activities.</td>
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General Communication Abilities: Demonstrate effective communication in interactions with patients, their families and caregivers, and other healthcare providers. Communication should be consistent with education level, cultural issues, and be empathetic. Elicit feedback validating understanding of communication. These skills are essential in carrying out the Pharmacists’ Patient Care Process.

Patient Education: Provide effective health and medication information to patients and/or caregivers and confirm patient and/or caregiver understanding of the information being provided.

Drug Information Analysis and Literature Research: Assess information needs of patients and health providers and apply knowledge of study design and literature analysis and retrieval to provide accurate, evidence-based drug information.

Health and Wellness: Know and apply principles of health and wellness when providing individual and population-based health and wellness information. Integrate unique characteristics of individuals and populations in design of health and wellness information.

Insurance/Prescription Drug Coverage: Utilizing knowledge of a wide array of private and public health insurance options, assist patients and caregivers to obtain their medications and related para-pharmaceuticals in an affordable manner that meets their healthcare needs.

Personal Qualities of the Student

The student demonstrates good punctuality and attendance.

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<tr>
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<th>I trust student to observe activity only, even with direct supervision (Novice)</th>
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<td>Use Evidence-based information to advance patient care.</td>
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<td>Maximize the appropriate use of medications in a population.</td>
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Establish patient-centered goals and create a care plan for a patient in collaboration with the patient, caregiver(s), and other health professionals that is evidence-based and cost-effective.

Collaborate as a team member of an interprofessional team.

Implement a care plan in collaboration with the patient, caregivers, and other healthcare professionals.

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

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

**FINAL EVALUATION:**

A passing score will be determined by the student’s performance and professional behavior as well as the preceptor’s and course director’s evaluation of the required assignments.

The student must demonstrate attainment of knowledge and skills relevant to the defined learning outcomes by achieving at least “satisfactory or needs improvement” on 70% on the applicable outcomes/learning objectives.

PASS ___________  FAIL ___________

Completed forms may be faxed to the PEP Office: 601-815-1160
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

Completed forms may be faxed to the PEP Office: 601-815-1160
Student Name: ____________________________  Preceptor Name: ____________________________

Rotation Type: Community (PHCY 650C)

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

1. Did the student complete the Patient Counseling/Health Literacy Assessment activity?
2. Did the student complete the Medication Management activity?
3. Did the student complete the Cultural Competency activity?
4. Did the student complete the Patient Care Project activity?
5. Did the student complete the Prescription Verification activity?

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**Drug Information Analysis and Literature Research:** Assess information needs of patients and health providers and apply knowledge of study design and literature analysis and retrieval to provide accurate, evidence-based drug information.

**Health and Wellness:** Know and apply principles of health and wellness when providing individual and population-based health and wellness information. Integrate unique characteristics of individuals and populations in design of health and wellness information.

**Insurance/Prescription Drug Coverage:** Utilizing knowledge of a wide array of private and public health insurance options, assist patients and caregivers to obtain their medications and related para-pharmaceuticals in an affordable manner that meets their healthcare needs.

**Personal Qualities of the Student**

The student demonstrates good punctuality and attendance.

---

**Core Entrustable Professional Activities**

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<td>Educate patients and professional colleagues regarding the appropriate use of medications.</td>
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<td>Ensure that patients have been immunized against vaccine-preventable diseases.</td>
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<td>Identify patients at risk for prevalent diseases in a population.</td>
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Fulfill a medication order.

Maximize the appropriate use of medications in a population.

Preceptor Comments (attach additional pages if necessary):

Student Response to Evaluation (attach additional pages if necessary)

**FINAL EVALUATION:**

A passing score will be determined by the student’s performance and professional behavior as well as the preceptor’s and course director’s evaluation of the required assignments. The student must demonstrate attainment of knowledge and skills relevant to the defined learning outcomes by achieving at least “satisfactory or needs improvement” on 70% on the applicable outcomes/learning objectives.

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.

1. Did the student complete the *Observational Report* activity?
2. Did the student complete the *Personal SOAP Note* activity?

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<td>Create a written plan for continuous professional development.</td>
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Drug Information Analysis and Literature Research: Assess information needs of patients and health providers and apply knowledge of study design and literature analysis and retrieval to provide accurate, evidence-based drug information.

Health and Wellness: Know and apply principles of health and wellness when providing individual and population-based health and wellness information. Integrate unique characteristics of individuals and populations in design of health and wellness information.

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Personal Qualities of the Student

The student demonstrates good punctuality and attendance.
Preceptor Comments (attach additional pages if necessary):

Student Response to Evaluation (attach additional pages if necessary)

**FINAL EVALUATION:**

A passing score will be determined by the student’s performance and professional behavior as well as the preceptor’s and course director’s evaluation of the required assignments. The student must demonstrate attainment of knowledge and skills relevant to the defined learning outcomes by achieving at least “satisfactory or needs improvement” on 70% on the applicable outcomes/learning objective.

**FINALEVALUATION:**

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
**Rotation Type:** Institutional (PHCY 651I)

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

1. Did the student complete the *Adverse Event Reporting* activity?
2. Did the student complete the *Medication Management* activity?
3. Did the student complete the *Medical Chart Review and Aseptic Technique/IV Admixture* activity?
4. Did the student complete the *Parenteral Nutrition Management* activity?
5. Did the student complete the *Pharmacy and Therapeutics* activity?

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Insurance/Prescription Drug Coverage: Utilizing knowledge of a wide array of private and public health insurance options, assist patients and caregivers to obtain their medications and related para-pharmaceuticals in an affordable manner that meets their healthcare needs.

**Personal Qualities of the Student**

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<td>Minimize adverse events and medication errors.</td>
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<td>Establish patient-centered goals and create a care plan for a patient in collaboration with the patient, caregiver(s), and other healthcare professionals that is evidence-based and cost-effective.</td>
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**Student Response to Evaluation (attach additional pages if necessary)**


**FINAL EVALUATION:**

A passing score will be determined by the student's performance and professional behavior as well as the preceptor's and course director's evaluation of the required assignments.

The student must demonstrate attainment of knowledge and skills relevant to the defined learning outcomes by achieving at least "satisfactory or needs improvement" on 70% on the applicable outcomes/learning objectives.

PASS ________ FAIL ________

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

_________________________________ Date

Student Signature

_________________________________ Date

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

1. Did the student complete the Chart Review and Medication Management activity?
2. Did the student complete the Drug Information Questions activity?
3. Did the student complete the Patient Case Presentation activity?
4. Did the student complete the Interdisciplinary Team Interaction activity?
5. Did the student complete the PPCP/SOAP Note Documentation activity?

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Personal Qualities of the Student

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Preceptor Comments (attach additional pages if necessary):

Student Response to Evaluation (attach additional pages if necessary)

**FINAL EVALUATION:**

A passing score will be determined by the student’s performance and professional behavior as well as the preceptor’s and course director’s evaluation of the required assignments. The student must demonstrate attainment of knowledge and skills relevant to the defined learning outcomes by achieving at least “satisfactory or needs improvement” on 70% on the applicable outcomes/learning objectives.

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
Student Name: ____________________________ Preceptor: ____________________________
Rotation Type: **INSTITUTIONAL (PHCY 550)** Rotation Weeks #: ☐ 1 ☐ 2

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

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**Personal Qualities of the Student**

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<td>Follow-up and monitor a care plan.</td>
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Maximize the appropriate use of medications in a population.

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  

__________________________________________________________________________  ____________
Preceptor Signature  

Completed forms may be faxed to the PEP Office: 601-815-1160
Student Name:  
Preceptor:  
Rotation Type: **COMMUNITY (PHCY 510)**  
Rotation Weeks #: 1 2

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

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<td>Identify patients at risk for prevalent diseases in a population.</td>
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Preceptor Comments (attach additional pages if necessary):
Student Response to Evaluation (attach additional pages if necessary):

______________________________________________________________
Student Signature          Date
______________________________________________________________
Preceptor Signature        Date

FINAL EVALUATION:
PASS _______ FAIL _______

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**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

___________________________  __________
Preceptor Signature         Date

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<td>Oversee the pharmacy operations for an assigned work shift.</td>
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<td>Maximize the appropriate use of medications in a population.</td>
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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

Completed forms may be faxed to the PEP Office: 601-815-1160
APPENDIX J:
SEXUAL HARASSMENT POLICY
The University of Mississippi

**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 members 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 exploitative 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)

See http://www.olemiss.edu/policies for full details
APPENDIX K:
STUDENT ABILITIES
Revised Abilities (Programmatic Outcomes) for UM School of Pharmacy
Approved by Curriculum Committee May 2007

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 2013 CAPE Outcomes Statement for Pharmacy Education and the 2016 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 Educational Abilities of the School of Pharmacy

1. Demonstrate medication expertise by developing, integrating, and applying knowledge from foundational and clinical sciences
   a. Demonstrate depth and breadth of foundational knowledge in biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences
   b. Articulate how knowledge in foundational sciences is integral to clinical reasoning, evaluation of future advances in medicine, supporting health and wellness initiatives, and delivery of contemporary pharmacy services
   c. Integrate knowledge from foundational sciences to explain how specific drugs or drug classes work and evaluate their potential value in individuals and populations
   d. Apply knowledge in foundational sciences to solve therapeutic problems and advance patient-centered care
   e. Analyze scientific literature related to drugs and disease to enhance clinical decision making
   f. Evaluate emerging theories, information, and technologies that may impact patient-centered and population based care

2. Communicate effectively with individuals from varying educational, socioeconomic, and cultural backgrounds including patients, other health care professionals, and the public
   a. Communicate assertively, persuasively, confidently, and clearly
   b. Ensure accuracy, efficiency and relevancy of communication for intended audience
   c. Demonstrate empathy when interacting with others
   d. Use active listening and appropriate feedback methods to evaluate audience understanding
   e. Employ effective interpersonal skills to establish rapport and build trusting relationships
   f. Utilize available technology and other media to assist with communication as appropriate
   g. Assess a patient’s health literacy and modify communication strategies to meet the patient’s needs
   h. Demonstrate cultural competence and an attitude that is respectful of different cultures
   i. Ensure pharmacist-delivered education content and strategies are appropriate for the intended audience
3. Provide patient care by ensuring safe dispensing of medications, performing accurate individualized calculations, appropriately making pharmacotherapy decisions, and properly documenting patient encounters
   a. Collect subjective and objective patient information from a variety of sources
   b. Interpret patient-specific data and other evidence
   c. Prioritize patient needs and care goals
   d. Formulate, monitor and adjust evidence based care plans
   e. Document pharmacy services and patient care related activities
   f. Ensure safe dispensing of medications
   g. Advocate for patients to ensure efficiency, efficacy, and cost-effectiveness of required resources and care

4. Develop reflective practices and take personal responsibility for professional development
   a. Demonstrate metacognition to maintain motivation, attention, and interest during learning, work and profession-related activities
   b. Describe plans for personal and professional development that incorporate individual growth, help-seeking behavior, integrity and response to correction from errors
   c. Exhibit constructive coping skills to manage stress, address personal limitations, and display positive self-esteem and confidence
   d. Demonstrate knowledge of various levels of leadership and incorporate understanding of goal achievement based on the dynamic of a team
   e. Develop relationships that allow for effective communication that helps build team consensus and empowers team members
   f. Promote innovative approaches to challenges and barriers to advance the profession
   g. Recognize personal strengths and weaknesses in application of entrepreneurial skills related to practice issues
   h. Demonstrate altruism that incorporates integrity, trustworthiness, and respect in interactions with others
   i. Emphasize patient centered care that is compassionate and consistent with a commitment to established standards of excellence
   j. Adopt a lifestyle of professionalism that demonstrates commitment to the improvement of the profession of pharmacy

5. Engender an engaging, respectful team approach to health care
   a. Establish a climate of shared values and mutual respect necessary to meet patient care needs
   b. Define clear roles and responsibilities for team members to optimize outcomes for specific patient care encounters
   c. Communicate in a manner that values team-based decision making and shows respect for contributions from other areas of expertise
   d. Foster accountability and leverage expertise to form a highly functioning team and promote shared patient-centered problem solving

6. Design preventive, interventional, and educational strategies to promote health and wellness, and to manage acute and chronic disease as a health care provider
   a. Design and implement viable health and wellness solutions through identification of primary problems
   b. Develop goals and action plans for individuals and communities to optimize and improve health and wellness
   c. Participate with interprofessional healthcare team members in the management of, and health promotion for, all patients
   d. Reflect on the solution implemented and its effects to improve future performance

7. Effectively use pharmacy practice technology to enhance the safety and efficacy of medication use systems
   a. Compare and contrast the components of typical medication use systems in different pharmacy practice settings
   b. Describe the role of the pharmacist in impacting the safety and efficacy of each component of a typical medication use system
   c. Identify and utilize human, financial, and physical technology resources to optimize the medication use system
   d. Manage healthcare needs of patients during transitions of care
   e. Apply standards, guidelines, best practices, continuous quality improvement, and establish processes related to
safe and effective medication use

8. Develop and participate in population-based strategies to address risk reduction, health disparities, and safe and effective medication use
   a. Assess the healthcare status and needs of a targeted patient population
   b. Develop and provide an evidence-based approach that considers the cost, care, access, and satisfaction needs of a targeted patient population
   c. Participate in population health management through promotion of health and wellness, disease prevention, and emergency preparedness
APPENDIX L:
AACP Core Entrustable Professional Activities for New Pharmacy Graduates
Patient Care Domain:
- Collect information to identify a patient’s medication-related problem and health-related needs.
- Analyze information to determine the effects of medication therapy, identify medication-related problems, and prioritize health-related needs.
- Establish patient-centered goal and create a care plan for a patient in collaboration with the patient, caregiver(s), and other health professionals that is evidence-based and cost-effective.
- Implement a care plan in collaboration with the patient, caregivers, and other health professionals.
- Follow-up and monitor a care plan.

Interprofessional Team Member Domain:
- Collaborate as a member of an interprofessional team.

Population Health Promoter Domain:
- Identify patients at risk for prevalent diseases in a population.
- Minimize adverse drug events and medication errors.
- Maximize the appropriate use of medications in a population.
- Ensure that patients have been immunized against vaccine-preventable diseases.

Information Master Domain:
- Educate patients and professional colleagues regarding the appropriate use of medications.
- Use evidence-based information to advance patient care.

Practice Manager Domain:
- Oversee the pharmacy operations for an assigned work shift.
- Fulfill a medication order

Self-Developer Domain:
- Create a written plan for continuous professional development.
APPENDIX M:
ACPE Pre-APPE Core Domains
ACPE Pre-APPE Core Domains

Patient Safety

*Ability Statement:* Demonstrate a commitment to and a valuing of patient safety by assuring accurate preparation, labeling, dispensing, and distribution of prescriptions and medication orders. (Key Element 2.2)

Basic Patient Assessment

*Ability Statement:* Collect, record, and assess subjective and objective patient data to define health and medication-related problems. Patient information is collected in a manner demonstrating knowledge of patient educational level, the unique cultural and socioeconomic situations of patients, and compliance with requirements for patient privacy. (Key Elements 2.1, 2.3)

Medication Information

*Ability Statement:* Demonstrate knowledge—and accept responsibility for that knowledge—of commonly used medications, formulations, and drug products. (Key Elements 1.2, 12.1)

Identification, Assessment, and Resolution of Drug-Related Problems

*Ability Statement:* Correlate drug-related variables and patient-related variables to identify and assess drug-related problems. Evaluate how the unique characteristics of patients and patient populations impact on manifestations of drug-related problems. (Key Elements 2.1, 2.3, 2.4)

Mathematics

*Ability Statement:* Utilize pharmaceutical and pharmacokinetics mathematics to perform accurate medication calculations. Value the importance of total accuracy in performing and applying these calculations. (Key Elements 1.1, 2.2)

Ethical, Professional, and Legal Behavior

*Ability Statement:* In all healthcare activities, demonstrate knowledge of and sensitivity towards the unique characteristics of each patient. Comply with all federal, state, and local laws related to pharmacy practice. Demonstrate ethical and professional behaviors in all practice activities. (Key Elements 1.1, 2.2, 4.4)

General Communication Abilities

*Ability Statement:* Demonstrate effective communication in interactions with patients, their families and caregivers, and other healthcare providers. Communication should be consistent with education level, cultural issues, and be empathetic. Elicit feedback validating understanding of communication. These skills are essential in carrying out the Pharmacists’ Patient Care Process. (Key Elements 3.6, 4.1)

Patient Education

*Ability Statement:* Provide effective health and medication information to patients and/or caregivers and confirm patient and/or caregiver understanding of the information being provided. (Key Elements 3.2, 3.5, 3.6, 4.4)

Drug Information Analysis and Literature Research
**Ability Statement:** Assess information needs of patients and health providers and apply knowledge of study design and literature analysis and retrieval to provide accurate, evidence-based drug information. (Key Element 2.1)

**Health and Wellness**

**Ability Statement:** Know and apply principles of health and wellness when providing individual and population-based health and wellness information. Integrate unique characteristics of individuals and populations in design of health and wellness information. (Key Elements 2.3, 2.4)

**Insurance/Prescription Drug Coverage**

**Ability Statement:** Utilizing knowledge of a wide array of private and public health insurance options, assist patients and caregivers to obtain their medications and related para-pharmaceuticals in an affordable manner that meets their healthcare needs. (Key Element 2.2)
APPENDIX N:
SITE VISIT FORM
### Purpose of Visit

(Question 1 of 26 - Mandatory)

- Initial Visit
- Follow Up Visit
- Courtesy Visit
- Intervention Request by Student
- Intervention Request by Preceptor
- Corrective Action Visit

### Date of Visit

(Question 2 of 26 - Mandatory)

- [ ]

### Type of Visit

(Question 3 of 26 – Mandatory)

- [ ] In-person
- [ ] Virtual

### Affiliation Agreement

(Question 4 of 26 - Mandatory)

- [ ] Completed
- [ ] In Process

### Legal and Professional Soundness

(Question 5 of 26 - Mandatory)

The site meets or exceeds all legal and professional standards required to provide patient care.

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### Patient Diversity

(Question 6 of 26 - Mandatory)

The site has a patient population that exhibits diversity in culture, medical conditions, gender, and age, where appropriate.

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### Adequate Patient Population

(Question 7 of 26 - Mandatory)

The site has an adequate patient population based on the learning objectives for the rotation.

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**Learning Resources** *(Question 8 of 26 - Mandatory)*

The site has access to learning and information resources.

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**Commitment to Students** *(Question 9 of 26 - Mandatory)*

The site has a commitment to the education of pharmacy students.

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**Nurturing Environment** *(Question 10 of 26 - Mandatory)*

The site has a practice environment that nurtures and supports pharmacist and student interactions with patients.

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**Safety** *(Question 11 of 26 - Mandatory)*

The site provides a safe environment that is conducive to student learning.

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**Student Contact** *(Question 12 of 26 - 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.

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**Management Support** *(Question 13 of 26 - Mandatory)*

The site has management that is supportive of professional staff involvement in the education of pharmacy students.

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**Technological Support** *(Question 14 of 26 - Mandatory)*

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

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**Staff Support**  *(Question 15 of 26 - 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.

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**Collaborative Relationships**  *(Question 16 of 26 - Mandatory)*

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

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**Health Promotion**  *(Question 17 of 26 - 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).

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**Patient Care**  *(Question 18 of 26 - Mandatory)*

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

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**Educational Support**  *(Question 19 of 26 - Mandatory)*

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

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**Resident Involvement**  *(Question 20 of 26 - Mandatory)*

The site serves as an accredited site for training of pharmacy residents.

- [ ] Yes
- [ ] No
- [ ] In Process
Student Concerns  

Preceptor Concerns  

Outcome of Visit  

PEP Office Comments  

Follow Up Date  

Follow Up Date (continued)
If Other, specify time.
APPENDIX O:
SYLLABUS EXAMPLE
Course Syllabi Templates
The following is an example of a course syllabus template for community pharmacy. Additional templates in Microsoft Word format are available online at the PEP website for preceptors to utilize and customize.

PHCY 653
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 within the community setting. The course consists of interactions with both patients and healthcare workers across multiple disciplines.

Credit Hours: 4
Prerequisites: B.S. in Pharmaceutical Sciences or equivalent, and successful completion of the third professional year curriculum and associated pre-APPE competencies
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 preceptors or instructors.

Course Resources
Web site: All announcements related to this course will be posted to the P4 Announcements page or via E-value. Students are responsible for checking this page and email daily.
Equipment: Lab coat, other as assigned by preceptor or site.

Staff Information
Laurie W. Fleming, Pharm. D, BC-ADM, BCACP
Director of Professional Experience Programs and Experiential Affairs
Clinical Associate Professor of Pharmacy Practice
Course Director
Office: UMMC, PH119
Phone: (601) 984-2622
e-mail: lwfleming@umc.edu

Site Contact (preceptor of record):
Preceptor/faculty contact information can be found on E-Value 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. Fleming throughout the rotation via email for specific concerns or to set up individual meetings, if needed. Preceptors may also designate an alternative contact onsite for times they are not immediately available.
Course Objectives

General
- Further prepare students for the profession of pharmacy and the Pharmacists Patient Care Process (PCPP) 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.
- Review patient profiles to determine the cost-effectiveness of medication regimen

Distributive component
- Demonstrate knowledge of the basic physical requirements for establishing a pharmacy dispensing area.
- Understand and apply the basic principles of drug storage.
- Demonstrate ability to receive prescriptions from physicians and other providers 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 and/or activities 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

Students will be expected to perform all duties assigned by the course director and their preceptor and will be evaluated based on overall performance in meeting the objectives of the rotation as well as professional behavior. 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 E-value. 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 in the PEP manual.

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.

Honor Code

Students are expected to adhere to the University of Mississippi Creed and the Standards of Honesty as described in Policy Code ACA.AR.600.001 and written in the University of Mississippi M Book. If you violate the Standards of Honesty, you will be reported and subject to the appropriate sanction, which may include expulsion from the University. Consequences of violating the Code of Conduct are outlined in the School of Pharmacy Student Handbook (Section 3). Academic dishonesty at any level will not be tolerated.
Disability Access and Inclusion

The University of Mississippi is committed to the creation of inclusive learning environments for all students. If there are aspects of the instruction or design of this course that result in barriers to your full inclusion and participation, or to accurate assessment of your achievement, please contact the course instructor as soon as possible. Barriers may include, but are not necessarily limited to, timed exams and in-class assignments, difficulty with the acquisition of lecture content, inaccessible web content, and the use of non-captioned or non-transcribed video and audio files. If you are approved through SDS, you must log in to your Rebel Access portal at https://sds.olemiss.edu to request approved accommodations. If you are NOT approved through SDS, you must contact Student Disability Services at 662-915-7128 so the office can: 1. determine your eligibility for accommodations, 2. disseminate to your instructors a Faculty Notification Letter, 3. facilitate the removal of barriers, and 4. ensure you have equal access to the same opportunities for success that are available to all students.

University of Mississippi Doctor of Pharmacy Terminal Competencies

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<tr>
<th>Educational Outcomes for PHCY 653</th>
<th>Anticipated Proficiency Level*</th>
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<tr>
<td>General Education Abilities</td>
<td>Novice</td>
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<tr>
<td>Critical Thinking, Analysis and Decision-Making</td>
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<td>“The student can find, understand, analyze, evaluate, and synthesize information and make informed, rational, and responsible decisions.”</td>
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</tr>
<tr>
<td>Professional Education Abilities</td>
<td>Novice</td>
</tr>
<tr>
<td>1. Demonstrate medication expertise by developing, integrating, and applying knowledge from foundational and clinical sciences</td>
<td></td>
</tr>
<tr>
<td>1B. Articulate how knowledge in foundational sciences is integral to clinical reasoning, evaluation of future advances in medicine, supporting health and wellness initiatives, and delivery of contemporary pharmacy services</td>
<td>X</td>
</tr>
<tr>
<td>1C. Integrate knowledge from foundational sciences to explain how specific drugs or drug classes work and evaluate their potential value in individuals and populations</td>
<td>X</td>
</tr>
<tr>
<td>1D. Apply knowledge in foundational sciences to solve therapeutic problems and advance patient-centered care</td>
<td>X</td>
</tr>
<tr>
<td>1E. Analyze scientific literature related to drugs and disease to enhance clinical decision making</td>
<td>X</td>
</tr>
<tr>
<td>2. Communicate effectively with individuals from varying educational, socioeconomic, and cultural backgrounds including patients, other health care professionals, and the public</td>
<td></td>
</tr>
<tr>
<td>2A. Communicate assertively, persuasively, confidently, and clearly</td>
<td>X</td>
</tr>
<tr>
<td>2B. Ensure accuracy, efficiency and relevancy of communication for intended audience</td>
<td>X</td>
</tr>
<tr>
<td>2C. Demonstrate empathy when interacting with others</td>
<td></td>
</tr>
<tr>
<td>2D. Use active listening and appropriate feedback methods to evaluate audience understanding</td>
<td></td>
</tr>
<tr>
<td>2E. Employ effective interpersonal skills to establish rapport and build trusting relationships</td>
<td></td>
</tr>
<tr>
<td>2F. Utilize available technology and other media to assist with communication as appropriate</td>
<td></td>
</tr>
<tr>
<td>2G. Assess a patient’s health literacy and modify communication strategies to meet the patient’s needs</td>
<td></td>
</tr>
<tr>
<td>2H. Demonstrate cultural competence and an attitude that is respectful of different cultures</td>
<td></td>
</tr>
<tr>
<td>2I. Ensure pharmacist-delivered education content and strategies are appropriate for the intended audience</td>
<td></td>
</tr>
</tbody>
</table>

| 3. Provide patient care by ensuring safe dispensing of medications, performing accurate individualized calculations, appropriately making pharmacotherapy decisions, and properly documenting patient encounters |
| 3A. Collect subjective and objective patient information from a variety of sources |  | X |
| 3B. Interpret patient-specific data and other evidence |  | X |
| 3C. Prioritize patient needs and care goals |  | X |
| 3D. Formulate, monitor and adjust evidence based care plans |  | X |
| 3E. Document pharmacy services and patient care related activities |  | X |
| 3F. Ensure safe dispensing of medications |  | X |
| 3G. Advocate for patients to ensure efficiency, efficacy, and cost-effectiveness of required resources and care |  | X |

| 4. Develop reflective practices and take personal responsibility for professional development |
| 4A. Demonstrate metacognition to maintain motivation, attention, and interest during learning, work and profession-related activities |  | X |
| 4C. Exhibit constructive coping skills to manage stress, address personal limitations, and display positive self esteem and confidence |  | X |
| 4D. Demonstrate knowledge of various levels of leadership and incorporate understanding of goal achievement based on the dynamic of a team |  | X |
| 4F. Promote innovative approaches to challenges and barriers to advance the profession |  | X |
### 4G. Recognize personal strengths and weaknesses in application of entrepreneurial skills related to practice issues

| | X |

| | | | X |

| | | | X |

### 4J. Adopt a lifestyle of professionalism that demonstrates commitment to the improvement of the profession of pharmacy

| | | | X |

### 6. Design preventive, interventional, and educational strategies to promote health and wellness, and to manage acute and chronic disease as a health care provider

<table>
<thead>
<tr>
<th>6A. Design and implement viable health and wellness solutions through identification of primary problems</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>6B. Develop goals and action plans for individuals and communities to optimize and improve health and wellness</td>
<td>X</td>
</tr>
<tr>
<td>6C. Participate with interprofessional healthcare team members in the management of, and health promotion for, all patients</td>
<td>X</td>
</tr>
<tr>
<td>6D. Reflect on the solution implemented and its effects to improve future performance</td>
<td>X</td>
</tr>
</tbody>
</table>

### 7. Effectively use pharmacy practice technology to enhance the safety and efficacy of medication use systems

<table>
<thead>
<tr>
<th>7A. Compare and contrast the components of typical medication use systems in different pharmacy practice settings</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>7B. Describe the role of the pharmacist in impacting the safety and efficacy of each component of a typical medication use system</td>
<td>X</td>
</tr>
<tr>
<td>7C. Identify and utilize human, financial, and physical technology resources to optimize the medication use system</td>
<td>X</td>
</tr>
<tr>
<td>7E. Apply standards, guidelines, best practices, continuous quality improvement, and establish processes related to safe and effective medication use</td>
<td>X</td>
</tr>
</tbody>
</table>

### 8. Develop and participate in population-based strategies to address risk reduction, health disparities, and safe and effective medication use

| 8C. Participate in population health management through promotion of health and wellness, disease prevention, and emergency preparedness | X |

### Expectations

1. 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.

2. Students will be expected to send their assigned preceptors a cover letter and a copy of their curriculum vitae by email 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 on E-Value. 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.

3. Students will be 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. Four (4) or more tardy arrivals for APPE courses will result in course failure.

4. 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 unexcused absences 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. Please contact the Director of Professional Experience Programs immediately when any unexcused absence occurs. For more information about absences/illness, 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 in E-Value at least once during the rotation:

   a. Community Medication Management
   b. Cultural Competency Activity
   c. Health Literacy Activity
   d. Medication Therapy Management
   e. New Patient Profile
   f. Non Rx Consult/When to Refer
   g. Novel Pharmacy Plan/Dispensing Systems
   h. Order Management/Appropriate Storage Exercise
   i. Pediatric Antibiotic Dosing Exercise
   j. Public Health Activity
   k. Rx Transfer
   l. Rx Verification
   m. Telephone Rx Order

6. Students will be expected to complete the transcript, Assessment of Interprofessional Opportunities, and evaluation of his or her site and preceptor on E-Value 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 and lab coats are required as well.

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.
<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>1B. Articulate how knowledge in foundational sciences is integral to clinical reasoning, evaluation of future advances in medicine, supporting health and wellness initiatives, and delivery of contemporary pharmacy services</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>1C. Integrate knowledge in foundational sciences to explain how specific drugs or drug classes work and evaluate their potential value in individuals and populations</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>1D. Apply knowledge in foundational sciences to solve therapeutics problems and advance patient-centered care</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. Communicate assertively, persuasively, confidently, and clearly</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  ☐ Non Rx Consult/When to Refer</td>
</tr>
<tr>
<td>2B. Ensure accuracy, efficiency and relevancy of communication for intended audience</td>
<td>Demonstrate ability to receive prescriptions from patients and physicians over the telephone</td>
<td>☐ Telephone Rx  ☐ Rx Transfer</td>
</tr>
<tr>
<td>2C. Demonstrate empathy when interacting with others</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  ☐ Non Rx Consult/When to Refer</td>
</tr>
<tr>
<td>2D. Use active listening and appropriate feedback methods to evaluate audience understanding</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>
<td>☐ Patient Counseling  ☐ Non Rx Consult/When to Refer</td>
</tr>
<tr>
<td>2E. Employ effective interpersonal skills to establish rapport and build trusting relationships</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>
<td>☐ Patient Counseling  ☐ Non Rx Consult/When to Refer</td>
</tr>
<tr>
<td>2F. Use available technology and other media to assist with communication as appropriate</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;</td>
<td>☐ Patient Counseling</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td></td>
<td>Demonstrate the ability to consult with patients regarding selection and use of OTC medications</td>
<td></td>
</tr>
<tr>
<td>2G.</td>
<td>Assess a patient’s health literacy and modify communication strategies to meet the patient’s needs</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>2H.</td>
<td>Demonstrate cultural competence and an attitude that is respectful of different cultures</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>2I.</td>
<td>Ensure pharmacist-delivered education content and strategies are appropriate for the intended audience</td>
<td>Interview the patient/caregiver to help determine the adequacy of patient therapeutic self-management; 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>3A.</td>
<td>Collect subjective and objective patient information from a variety of sources</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>
</tr>
<tr>
<td>3B.</td>
<td>Interpret patient-specific data and other evidence</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>
</tr>
<tr>
<td>3C.</td>
<td>Prioritize patient needs and care goals</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>
</tr>
<tr>
<td>3D.</td>
<td>Formulate, monitor, and adjust evidence based care plans</td>
<td>Demonstrate the ability to accurately perform dosage calculations</td>
</tr>
<tr>
<td>3E.</td>
<td>Document pharmacy services and patient care related activities</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>3F.</td>
<td>Ensure safe dispensing of medications</td>
<td>Demonstrate ability to accurately perform the activities comprising the prescription medication dispensing function</td>
</tr>
<tr>
<td>3G.</td>
<td>Advocate for patients to ensure efficiency, efficacy, and cost-effectiveness of requires resources and care</td>
<td>Review patient profiles to determine the cost-effectiveness of medication regimen</td>
</tr>
<tr>
<td>4A.</td>
<td>Demonstrate metacognition to maintain motivation, attention, and interest during learning, work, and profession-related activities</td>
<td>Show initiative</td>
</tr>
<tr>
<td>4C.</td>
<td>Exhibit constructive coping skills to manage stress, address personal limitations, and display positive self-esteem and confidence</td>
<td>Use good professional judgment and demonstrate ability to cope with a variety of situations</td>
</tr>
<tr>
<td>4D.</td>
<td>Demonstrate knowledge of various levels of leadership and incorporate understanding of goal achievement</td>
<td>Demonstrate knowledge of basic physical and personnel requirements for establishing a pharmacy dispensing area</td>
</tr>
<tr>
<td>4F.</td>
<td>Promote innovative approaches to challenges and barriers to advance the profession</td>
<td>Demonstrate knowledge of basic physical and personnel requirements for establishing a pharmacy dispensing area</td>
</tr>
<tr>
<td>4G.</td>
<td>Recognize personal strengths and weaknesses in application of entrepreneurial skills related to practice issues</td>
<td>Demonstrate knowledge of basic physical and personnel requirements for establishing a pharmacy dispensing area</td>
</tr>
<tr>
<td>4J.</td>
<td>Adopt a lifestyle of professionalism that demonstrates a commitment to the improvement of the profession of pharmacy</td>
<td>Demonstrate a positive attitude toward practice of pharmacy; Exercise punctuality and maintain expected attendance</td>
</tr>
<tr>
<td>6A.</td>
<td>Design and implement viable health and wellness solutions through identification of primary problems</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>6B.</td>
<td>Develop goals and action plans for individuals and communities to optimize and improve health and wellness</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>6C.</td>
<td>Participate with interprofessional healthcare team members in the management of, and health promotion for, all patients</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>6D.</td>
<td>Reflect on the solution implemented and its effects to improve future performance</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>7B.</td>
<td>Describe the role of the pharmacist in impacting the safety and efficacy of each component of a typical medication use system</td>
<td>Demonstrate knowledge of basic physical and personnel 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</td>
</tr>
<tr>
<td>7C.</td>
<td>Identify and utilize human, financial, and physical technology resources to optimize the medication use system</td>
<td>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>7E.</td>
<td>Apply standards, guidelines, best practices, continuous quality improvement, and establish processes related to safe and effective medication use</td>
<td>Demonstrate ability to accurately perform the activities comprising the prescription medication dispensing function; Understand and apply the basic principles of drug storage; Understand and apply legal requirements associated with the dispensing process</td>
</tr>
<tr>
<td>8C.</td>
<td>Participate in population health management through promotion of health and wellness, disease prevention, and emergency preparedness</td>
<td>Demonstrate the ability to provide unsolicited information to other health care professionals and the public</td>
</tr>
</tbody>
</table>
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>
</tr>
<tr>
<td>4</td>
<td>Better than Expected Performance</td>
</tr>
<tr>
<td>5</td>
<td>Best Anticipated Performance</td>
</tr>
</tbody>
</table>

### Ability Based Outcome and Corresponding Objectives

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
</table>
| 1B.   | Articulate how knowledge in foundational sciences is integral to clinical reasoning, evaluation of future advances in medicine, supporting health and wellness initiatives, and delivery of contemporary pharmacy services  
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 |
| 1C.   | Integrate knowledge in foundational sciences to explain how specific drugs or drug classes work and evaluate their potential value in individuals and populations  
Apply knowledge of the pathophysiology of a specific disease to prevent medication-related problems |
| 1D.   | Apply knowledge in foundational sciences to solve therapeutics problems and advance patient-centered care  
Apply knowledge of the pathophysiology of a specific disease to prevent medication-related problems |
| 2A.   | Communicate assertively, persuasively, confidently, and clearly  
Use effective written, visual, verbal, and nonverbal communication skills when providing medication self-management counseling to patients and/or caregivers |
| 2B.   | Ensure accuracy, efficiency and relevancy of communication for intended audience  
Demonstrate ability to receive prescriptions from patients and physicians over the telephone |
| 2C.   | Demonstrate empathy when interacting with others  
Use effective written, visual, verbal, and nonverbal communication skills when providing medication self-management counseling to patients and/or caregivers |
| 2D.   | Use active listening and appropriate feedback methods to evaluate audience understanding  
Develop a plan to influence patients to effectively manage their therapy; Encourage patients/caregivers to contact the pharmacist for further information regarding therapy |
| 2E.   | Employ effective interpersonal skills to establish rapport and build trusting relationships  
Develop a plan to influence patients to effectively manage their therapy; Encourage patients/caregivers to contact the pharmacist for further information regarding therapy |
| 2F.   | Use available technology and other media to assist with communication as appropriate  
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 |
| 2G.   | Assess a patient’s health literacy and modify communication strategies to meet the patient’s needs  
Use effective written, visual, verbal, and nonverbal communication skills when providing medication self-management counseling to patients and/or caregivers |
| 2H.   | Demonstrate cultural competence and an attitude that is respectful of different cultures  
Use effective written, visual, verbal, and nonverbal communication skills when providing medication self-management counseling to patients and/or caregivers |
| 2I.   | Ensure pharmacist-delivered education content and strategies are appropriate for the intended audience  
Interview the patient/caregiver to help determine the adequacy of patient therapeutic self-management; 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 |
| 3A. | Collect subjective and objective patient information from a variety of sources  
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 |
| 3B. | Interpret patient-specific data and other evidence  
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 |
| 3C. | Prioritize patient needs and care goals  
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 |
| 3D. | Formulate, monitor, and adjust evidence based care plans  
Demonstrate the ability to accurately perform dosage calculations |
| 3E. | Document pharmacy services and patient care related activities  
Use effective written, visual, verbal, and nonverbal communication skills when providing medication self-management counseling to patients and/or caregivers |
| 3F. | Ensure safe dispensing of medications  
Demonstrate ability to accurately perform the activities comprising the prescription medication dispensing function |
| 3G. | Advocate for patients to ensure efficiency, efficacy, and cost-effectiveness of requires resources and care  
Review patient profiles to determine the cost-effectiveness of medication regimen |
| 4A. | Demonstrate metacognition to maintain motivation, attention, and interest during learning, work, and profession-related activities  
Show initiative |
| 4C. | Exhibit constructive coping skills to manage stress, address personal limitations, and display positive self-esteem and confidence  
Use good professional judgment and demonstrate ability to cope with a variety of situations |
| 4D. | Demonstrate knowledge of various levels of leadership and incorporate understanding of goal achievement  
Demonstrate knowledge of basic physical and personnel requirements for establishing a pharmacy dispensing area |
| 4F. | Promote innovative approaches to challenges and barriers to advance the profession  
Demonstrate knowledge of basic physical and personnel requirements for establishing a pharmacy dispensing area |
| 4G. | Recognize personal strengths and weaknesses in application of entrepreneurial skills related to practice issues  
Demonstrate knowledge of basic physical and personnel requirements for establishing a pharmacy dispensing area |
| 4J. | Adopt a lifestyle of professionalism that demonstrates a commitment to the improvement of the profession of pharmacy  
Demonstrate a positive attitude toward practice of pharmacy; Exercise punctuality and maintain expected attendance |
| 6A. | Design and implement viable health and wellness solutions through identification of primary problems  
Develop a plan to influence patients to effectively manage their therapy; Encourage patients/caregivers to contact the pharmacist for further information regarding therapy |
| 6B. | Develop goals and action plans for individuals and communities to optimize and improve health and wellness  
Develop a plan to influence patients to effectively manage their therapy; Encourage patients/caregivers to contact the pharmacist for further information regarding therapy |
| 6C. | Participate with interprofessional healthcare team members in the management of, and health promotion for, all patients  
Demonstrate ability to receive prescriptions from patients and physicians over the telephone; Able to interact with wholesale and manufacturer representatives |
| 6D. | Reflect on the solution implemented and its effects to improve future performance  
Develop a plan to influence patients to effectively manage their therapy; Encourage patients/caregivers to contact the pharmacist for further information regarding therapy |
| 7B. | Describe the role of the pharmacist in impacting the safety and efficacy of each component of a typical medication use system  
Demonstrate knowledge of basic physical and personnel 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 |
| 7C. | Identify and utilize human, financial, and physical technology resources to optimize the medication use system  
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 |
| 7E. | Apply standards, guidelines, best practices, continuous quality improvement, and establish processes related to safe and effective medication use  
Demonstrate ability to accurately perform the activities comprising the prescription medication dispensing function; Understand and apply the basic principles of drug storage; Understand and apply legal requirements associated with the dispensing process |
8C. Participate in population health management through promotion of health and wellness, disease prevention, and emergency preparedness

<table>
<thead>
<tr>
<th>General Professionalism Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate a positive attitude toward practice of pharmacy.</td>
</tr>
<tr>
<td>Use good professional judgment and demonstrate ability to cope with a variety of situations.</td>
</tr>
<tr>
<td>Communicate effectively and appropriately.</td>
</tr>
<tr>
<td>Show initiative.</td>
</tr>
<tr>
<td>Exercise punctuality and maintain expected attendance.</td>
</tr>
</tbody>
</table>

**Core Entusatable Professional Activities**

| I trust student to observe activity only, even with direct supervision (Novice) |
| I trust student to perform activity with direct, proactive supervision (Novice) |
| I trust student to perform activity with reactive supervision (on request and quickly available) (Intermediate) |
| I trust student to perform activity with indirect supervision (at a distance and/or post hoc) (Competent) |
| I trust student to supervise more junior colleagues as they perform activity (Competent) |

Collect information to identify a patient’s medication-related problems and health-related needs.
Analyze information to determine the effects of medication-related problems, and prioritize health-related needs.
Establish patient-centered goals and create a care plan for a patient in collaboration with the patient, caregiver(s), and other health professionals that is evidence-based and cost-effective.
Follow-up and monitor a care plan.
Collaborate as a team member of an interprofessional team.
Identify patients at risk for prevalent diseases in a population.
Minimize adverse events and medication errors.
Maximize the appropriate use of medications in a
population.
Ensure that patients have been immunized against vaccine-preventable diseases.
Educate patients and professional colleagues regarding the appropriate use of medications.
Use evidence-based information to advance patient care.
Oversee the pharmacy operations for an assigned work shift.
Fulfill a medication order.

Comments
FINAL EVALUATION:  ☐ PASS  ☐ FAIL
APPENDIX P:

STUDENT EVALUATION OF PRECEPTOR AND SITE
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)

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

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Oriented me to the practice site (Question 3 of 41 - Mandatory)

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Provided useful and timely feedback on my progress (Question 4 of 41 - Mandatory)

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

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

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

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Encouraged independent thinking (Question 8 of 41 - Mandatory)

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

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Was accessible and willing to help me on an individual basis (Question 10 of 41 - Mandatory)

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B. The preceptor in general
Effectively incorporated instructional aids and activities as part of the learning experience  (Question 11 of 41 - Mandatory)

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Was well-prepared for student/preceptor discussion sessions  (Question 12 of 41 - Mandatory)

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Tactfully and objectively discussed viewpoints other than his/her own  (Question 13 of 41 - Mandatory)

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Communicated well with me and others  (Question 14 of 41 - Mandatory)

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Was sensitive to the needs, concerns and feelings of others  (Question 15 of 41 - Mandatory)

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Was enthusiastic about his/her practice  (Question 16 of 41 - Mandatory)

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Was enthusiastic about teaching  (Question 17 of 41 - Mandatory)

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Seemed knowledgeable in his/her area of practice  (Question 18 of 41 - Mandatory)

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C. Global Assessment of Preceptor

Clarity  (Question 19 of 41 - Mandatory)

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Professionalism  (Question 20 of 41 - Mandatory)

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Effectiveness  (Question 21 of 41 - Mandatory)

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Knowledge  (Question 22 of 41 - Mandatory)

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### Attitude

*(Question 23 of 41 - Mandatory)*

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### Organization

*(Question 24 of 41 - Mandatory)*

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

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

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### 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>
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<tr>
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<th>Always</th>
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### Conduct patient interviews *(Question 28 of 41 - Mandatory)*

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

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### Make therapeutic recommendations *(Question 30 of 41 - Mandatory)*

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

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

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### Provide discharge (inpatient or outpatient) consultations *(Question 33 of 41 - Mandatory)*
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**Educate patients/caregivers**  
*Question 34 of 41 - Mandatory*

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**Document recommendations and services**  
*Question 35 of 41 - Mandatory*

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**Evaluate pertinent scientific literature**  
*Question 36 of 41 - Mandatory*

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

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**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*
APPENDIX Q:
Assessment of Interprofessional (IPE) Activities
Assessment of Interprofessional (IPE) Opportunities at this Site:

Definitions

“Interprofessional education occurs when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.”

“Interprofessional collaborative practice occurs when multiple health workers from different professional backgrounds work together for patients, families, [careers], and communities to deliver the highest quality of care.”

“Interprofessional teamwork refers to the levels of cooperation, coordination, and collaboration characterizing the relationships between professions in delivering patient-centered care.”


Assessment

To what extent do you agree with the following statement, “I was provided an opportunity to interact in a meaningful way with non-pharmacy healthcare students during this experience.”?

☐ Not Applicable  ☐ Strongly Disagree  ☐ Disagree  ☐ Neutral  ☐ Agree  ☐ Strongly Agree

Please indicate the type of non-pharmacy healthcare students with whom you interacted during this experience and the frequency of your interactions.

<table>
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<th>Type of Non-Pharmacy Healthcare Student</th>
<th>Daily</th>
<th>Few times per week</th>
<th>Few times per month</th>
<th>Once</th>
<th>Not at all</th>
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<td>☐</td>
<td>☐</td>
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<tr>
<td>Student Physician Assistant</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Student Nurse</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
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<tr>
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<tr>
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<tr>
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<td>☐</td>
</tr>
<tr>
<td>Student Dietician</td>
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<tr>
<td>Student Veterinarian</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

If you indicated “Other” in the question above, please list the other types of non-pharmacy healthcare students with whom you interacted during this experience.
If you did not interact with non-pharmacy healthcare students during this experience, please explain why or what prevented you from doing so.

To what extent do you agree with the following statement, “I was provided an opportunity to interact in a meaningful way with non-pharmacy healthcare professionals (e.g. physicians (including residents), physician assistants, nurses, social workers, dentists, etc.) during this experience.”?

- Not Applicable
- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Please indicate the type of non-pharmacy healthcare professionals with whom you interacted during this experience and the frequency of your interactions.

<table>
<thead>
<tr>
<th>Type of Non-Pharmacy Healthcare Professional</th>
<th>Daily</th>
<th>Few times per week</th>
<th>Few times per month</th>
<th>Once</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician (including residents)</td>
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<td></td>
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<tr>
<td>Physician Assistant</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Nurse</td>
<td></td>
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<td></td>
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<tr>
<td>Nurse Practitioner</td>
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<tr>
<td>Physical/Occupational Therapist</td>
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<tr>
<td>Social Worker</td>
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<tr>
<td>Dentist</td>
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<tr>
<td>Dental Hygienist</td>
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<tr>
<td>Dietician</td>
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<tr>
<td>Veterinarian</td>
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<tr>
<td>Unit Secretary or Medical Assistant</td>
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<tr>
<td>Other</td>
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</table>
Please indicate the non-pharmacy healthcare professionals with whom you interacted during this experience for the purpose of collaborative practice.

<table>
<thead>
<tr>
<th>Type of Non-Pharmacy Healthcare Professional</th>
<th>Participated together in patient care decision making</th>
<th>Observed patient care together but did not participate in decision making</th>
<th>Interacted about non-patient care activities</th>
<th>No opportunity to interact at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician (including residents)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Physician Assistant</td>
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</tbody>
</table>

If you indicated “Other” in the question above, please list the other types of non-pharmacy healthcare professionals with whom you interacted during this experience.

If you did not interact with non-pharmacy healthcare professionals during this experience, please explain why or what prevented you from doing so.

What was your role on the interprofessional healthcare team during this experience?
- **Full integration**: My contributions and recommendations to the team member(s) were integral to team decisions. I feel as though I was a critical component of the care team.

- **Active participation**: I made recommendations to the team member(s) which periodically influenced team decisions. I feel as though I was included but was not a critical component of the team.

- **Passive listening**: I participated and learned with the team member(s) but did not make active contributions to team decisions. I feel as though I was an accessory/nonessential component of the team.

- **Insufficient opportunity**: I feel as though I did not have enough opportunity to interact with team member(s) to have a role on an interprofessional healthcare team.

Which statement best describes the level of accountability for patient outcomes that you shared with the interprofessional team during this experience?

- **Full**: I feel as though there was shared accountability for patient outcomes with the team.

- **Partial**: I feel as though there was occasionally shared accountability for patient outcomes with the team.

- **None**: I feel as though there was not shared accountability for patient outcomes with the team.

- **Insufficient opportunity**: I feel as though I did not have enough opportunity to interact with team to determine the level of shared accountability.

How much did this experience prepare you to practice collaboratively with non-pharmacy healthcare professionals in the future?

- **To a great extent**
- **Somewhat**
- **Very little**
- **Not at all**
APPENDIX R:
Student Intake Form
Student Name: ____________________________  Phone number: ____________________________  Email: ____________________________

Rotations completed prior to this rotation:

☐ Adult Medicine  ☐ Elective 1: ____________________________
☐ Ambulatory Care  ☐ Elective 2: ____________________________
☐ Community  ☐ Elective 3: ____________________________
☐ Institutional  ☐ Elective 4: ____________________________
☐ Selective Ambulatory Care  ☐ Elective 5: ____________________________
☐ Selective Adult Medicine  ☐ None

Projects/ reports you have completed presented in the past APPE rotations:
☐ Journal Club(s) - Article title(s):

☐ DUE/ MUE – topic(s):
☐ In-service – type, topic(s):
☐ Drug Monograph, New Drug, or Drug Class Review - Drug/Class:
☐ Disease State discussions (Inpatient/Outpatient):
☐ Clinical Services (Immunizations, MTM, Screenings, etc.):
☐ Patient Case Presentation(s):
☐ Other:

What has been your pharmacy experience outside of pharmacy school? (Describe duties performed)

Describe your ideal job or what type of setting you see yourself practicing upon graduation? Residency?
Submit the 1st page to your preceptor with your initial contact email. Include in the email itself the information regarding the following:

What do you hope to experience or learn from this rotation?

If this is an elective rotation, why did you select it?

What skills do you want to reinforce and improve while in this rotation?

Any specific information you would like to share with the preceptor so they may better individualize the rotation specifically to you.

What are some of your self-identified strengths? Explain.
APPENDIX S:
APPE Personal Day Request
APPE PERSONAL DAY REQUEST

This form is to be completed for students requesting to use a PCOA Incentive Personal Day.

Refer to PEP Manual APPE Personal Days policy for more information regarding your request.

Student Directions: To be submitted to preceptor prior to start of rotation for intended date of absence. Personal Days cannot be used for the first or last day of any rotation.

Preceptor Directions: To be utilized as a record of student personal day and as a record of the absence.

Student and Preceptor: After discussing personal day request, 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 (601-815-1160) or emailed (kgilbert@umc.edu) to the PEP Office.

ABSENCE
Date(s) of personal day: ____________________________

Preceptor Signature: ____________________________ Date: __________

Student Signature: ____________________________ Date: __________

PEP OFFICE USE ONLY

PEP Office Notified on (date) _____________ at (time) _____________ A.M./P.M.