COURSE DESCRIPTION:
Pharmacy students under the supervision of an adjunct faculty member will gain experience in community pharmacy practice including dispensing procedures, pharmacy law, practice management and OTC pharmacotherapy assessment. The student will assess patient drug therapy, monitor clinical interventions, practice counseling and patient care skills, and complete a journal club and a case presentation. The student will develop a philosophy of practice regarding the role of the pharmacist as a member of the health care team.

SCHEDULE:

<table>
<thead>
<tr>
<th>APPE Rotation</th>
<th>Dates</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Each rotation block is 6 weeks.</td>
<td>Daily start and finish times will be set</td>
<td>Assigned APPE rotation site</td>
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<tr>
<td></td>
<td>Block 1: April 20 thru May 29, 2020</td>
<td>by the preceptor</td>
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<td>Block 2: June 1 thru July 10, 2020</td>
<td>Students are required to be at the site</td>
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<td>Block 3: July 13 thru Aug 21, 2020</td>
<td>8 hours each day, 40 hours each week for</td>
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<td>Block 4: Aug 24 thru Oct 2, 2020</td>
<td>a total of 240 hours.</td>
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<td>**(Labor Day September 7, 2020)</td>
<td>Completion of all 240 hours is required</td>
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<td>**Block 5: Oct 5 thru Nov 13, 2020</td>
<td>for this rotation. These hours are</td>
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<td>Block 6: Nov 16 thru ***Dec 18, 2020</td>
<td>reported to the State Board of Pharmacy.</td>
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<td>**(Thanksgiving Day November 26, 2020)</td>
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<td></td>
<td>***Recent adjustment to schedule</td>
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<td>Block 7: Jan 4 thru Feb 12, 2021</td>
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<tr>
<td>PharmD Seminar course</td>
<td>Last Friday of the rotation</td>
<td>TBA Attendance is mandatory</td>
<td>Midwestern University campus Room - TBA</td>
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<td>Local students will return to campus the</td>
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<td></td>
<td>last Friday of each rotation.</td>
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<td>Students more than 100 miles from campus</td>
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<td>should report to their site.</td>
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</table>

COURSE DIRECTORS:
Carrie Sincak, PharmD, BCPS, FASHP
Associate Dean for Clinical Affairs
630-515-7658
csinca@midwestern.edu

Amy Lullo, BPharm, RPh
Director, Experiential Education
630-515-6043
alullo@midwestern.edu

Susan Cornell, PharmD, CDE, FAPhA
Associate Director, Experiential Education
630-515-6191
scorne@midwestern.edu

Role of Experiential Education main phone: 630-515-7677. OEE staff available Mon. thru Fri. 8am to 4:30pm
Main office email ccpoeed@midwestern.edu is monitored Mon. thru Friday 8am to 4:30 pm

ROLE OF THE COURSE DIRECTORS:
The role of the course directors is to handle and organize exam questions, course grading, medical absences, overall format of the class and other related administrative issues.
COURSE INFORMATION

COMMUNITY ROTATION GOALS:

The student will develop an understanding of the pathophysiology, complications, pharmacotherapy and non-pharmacotherapy management of diseases encountered in community practice settings. Using this knowledge, the student will develop and sharpen clinical skills to provide desired medication management outcomes for patients.

COMMUNITY ROTATION OBJECTIVES:

At the end of this rotation, the student will be able to:

1. Develop and articulate a philosophy of community pharmacy practice
2. Demonstrate professional behaviors deemed necessary for practice in this setting
   a. Identify the differences with providing patient centered care to patients in the community vs. the ambulatory care and hospital pharmacy settings
3. Demonstrate effective communication skills (written and verbal) with patients and other health care providers
4. Demonstrate critical thinking skills
5. Demonstrate the knowledge of pathophysiology, therapeutic management, and clinical guidelines for the following disease states/conditions:
   a. Asthma/COPD
   b. Hyperlipidemia
   c. Diabetes
   d. Hypertension
   e. Osteoporosis
   f. Depression
   g. Nutrition/obesity
   h. OTC conditions
      i. pain
      ii. constipation & diarrhea
      iii. heartburn & indigestion
      iv. cough, cold & allergy
      v. skin conditions
6. Appropriately gather, use, interpret and monitor patient related data. Including but not limited to:
   ✓ Identify drug related problems:
   ✓ Medications dosed inappropriately
   ✓ Drug-drug, drug-disease, and/or drug-food interactions
   ✓ Diagnosis not receiving therapy
   ✓ Therapeutic duplications
   ✓ Medications without a diagnosis
   ✓ Alternative therapies to improve adherence
   ✓ Drug therapy monitoring
7. Demonstrate appropriate processing and dispensing of prescriptions
8. Demonstrate knowledge of pharmacy law as it applies to community practice
9. Demonstrate knowledge and ability to manage resources and daily operations
10. Communicate effectively with patients and/or their caregivers
11. Communicate effectively both in verbal and in written formats with other health care professionals
12. Identify barriers to appropriate patient centered care (including cultural, educational, financial, etc.) and potential solutions
13. Maintain a professional experience binder and experience summary
STUDENT RESPONSIBILITIES AND GUIDELINES:

Student APPE Course Prerequisites:
The following is required for participation in each APPE course:
- Current resume or CV uploaded to RMS
- Current IL Pharmacy Technician Student license
- For rotations outside of Illinois: Each student must comply with all requirements for technician or intern licensure and registration of internship hours in the state where they are doing their rotation(s).
- Current immunizations & titers per MWU CCP policy
- Current seasonal flu vaccine per MWU CCP policy
- Current TB per MWU CCP policy
- Complete special site specific requirements as directed by OEE. May include but not limited to site forms, additional immunizations, titers, or TB
- Printed list of rotations (will be given to you)
- Copy of CPR Card
- Copy of your Immunization Training Certificate from APhA
- Copy of your HIPAA compliance training certificate updated Spring 2020 – Law Room
- Copy of your OSHA training certificate updated —Spring 2020 Law Room
- Copy of your Universal Precautions training certificate updated Spring 2020- Law Room

Students may not participate in any APPE rotation if any of the above is not met.

Student Site Responsibilities:
1. Attendance and punctuality are required. Plan appropriately for weather, traffic delays, etc.
2. Dress professionally. Refer to MWU guidelines for professional dress. A white lab coat displaying MWU ID (and specific site ID badge if required) is to be worn during rotation hours.
3. Students are expected to display enthusiasm, professionalism, and confidentiality with regard to patients.
4. Students will need to comply with site’s policy on the use of personal cell phones.
5. Courtesy counts! Please be respectful to the property of the rotation site and their belongings as well.
6. Please know that HIPAA violations will result in failure of the rotation. HIPAA and site specific confidentiality guidelines are to be followed at all times.
7. Students may be assigned to work with various department personnel as assigned by preceptor to complete course objectives.
8. Progress is expected throughout the course of the rotation.

Student MWU Responsibilities/Requirements:
1. Journal Club: a presentation evaluating a recent article (published within previous 12 months) on a community practice topic. Length of time of the presentation and additional instructions will be determined by the preceptor. Copies of the articles must be provided for all attendees on day of presentation along with the handout.
2. OTC Pharmacotherapy / patient care plan worksheet
3. Health Promotion project
4. ADR Weekly Journal- 2 to 3 per week
5. Topic discussions on disease state management and current guidelines, as well as additional projects may be assigned by the preceptor. These may require cooperation with other rotation students.
6. Additional projects that may be assigned to the student will be rotation specific.
Patient interaction/monitoring: when working with healthcare staff, patients and their medical records, students must be certain to:

- Identify yourself and your role at the site, explaining the information collected will help the healthcare team optimally treat them.
- Always address a patient and healthcare staff as Mr., Mrs., Ms., Dr. unless instructed by the patient/healthcare member to do otherwise.
- Always thank them for their time and information.
- When contacting patients, you must document this in the chart indicating date, summary of discussion, co-signature of preceptor if intervention made.
- Conduct a medication review/reconciliation on appropriate patients. Make sure that they have a list of their medications to carry with them, including current doses, schedule, allergies and education

Rotation Assignments:
Assignments must be submitted on time. At the preceptor’s discretion, late assignments will result in a deduction of points.

Patient Care and Confidentiality:
Patients are to be respected at all times. Follow adherence (patient and health care provider come to mutual understanding of treatment and goals) rather than compliance (patient is expected to do what health care provider dictates) model. Students will maintain the patient’s right to confidentiality at all times. Under no circumstances shall the student discuss a patient with anyone unless that person has a medically-defined “need to know”. Therefore, it is appropriate to discuss patients only with other health care workers directly involved in the patient’s care. Discussion of patients in public areas is not permitted and is grounds for immediate removal from the site with a failing grade.

Students must at all times adhere to the MWU HIPAA policy and all site HIPAA policies.

Violation of HIPAA is unacceptable permitted and grounds for immediate removal from the site with a failing grade.
Examples of HIPAA compliance include, but are not limited to:
- Medical charts or any printed patient data/information with patient identifiers are not to leave the site under any circumstances.
- Patient data is to be accessed and disclosed only as needed for the treatment of a patient.
- No discussion of patients in public areas.
- No taking pictures of patients.
- No posting pictures of patients online.

Documentation:
Complete and proper documentation is a very important part of the job. Attorneys claim that if an encounter or conversation was not documented, it did not occur. Discuss with your preceptor for guidance on documentation. Always use black ink (not blue) in medical records.

Teaching:
- There will be no formal lectures during the course of this rotation; learning will be in the form of active participation.
- There will be discussions in which students are expected to participate, not just listen and take notes. The instructors and the students both can initiate such discussions. If students have questions concerning
patient-specific issues and there is not time to address them at that moment or it would be inappropriate to discuss in front of the patient, the student should make a note and discuss with an instructor later in the day or week.

☑ If supplemental information on specific disease states is needed, students may initiate discussions after reviewing disease state guidelines, textbooks, etc. unless there is an immediate need for the information for reasons of patient safety. Students should inform the preceptors if help is needed in identifying up-to-date, credible sources of information.

**Student end of rotation submission of forms:**
For each APPE rotation students will complete an Experience Summary, Self-evaluation and a Preceptor/Site evaluation.
The Community, Hospital, Gen Med and Am Care rotations also require submission of a Skills sheet.

☑ Please refer to the evaluation section for more details.
☑ These are to be completed and submitted by **4pm CST on the last Friday of each rotation.**
☑ If forms are submitted late, **the student’s final rotation grade will be penalized by 5% for each business day** that the form or forms are late.

**Preceptor Guidelines/Responsibilities:**
Are outlined in the APPE Preceptor Guideline document:
- Provides preceptors with a brief overview of the APPE rotations
- Is mailed to each preceptor in March of each year
- Is available on the preceptor web page at: [www.midwestern.edu/ccppreceptors](http://www.midwestern.edu/ccppreceptors)

**Evaluations and Grading:**
Evaluation in this course will come from your preceptor:
- Mid-rotation evaluation
- Final rotation evaluation

There will be one primary preceptor who will be responsible for the mid-rotation progress report, final evaluation, and grade of the student. However, additional preceptors may provide information for the primary preceptor to draw a final grade from.

The University assessment form will be used. The student will have a formal midpoint and final evaluation. Both the student and the preceptor will assess performance at mid-term, with the preceptor assigning the final grade. Informal evaluation may be done on a daily or as needed basis.

**Preceptors MUST notify a course director of any student that is below minimum competence at the mid-rotation evaluation.**

Remember all grades are earned, not given. If students are having difficulties with any of the material, ask the preceptor for help immediately. Do not wait until the 4th or 5th week of the rotation to ask for assistance.
APPE Community

**CCP Curricular Outcomes**
Successful completion of this APPE rotation will aide in your progressive achievement of the following curricular outcomes and outcome components.

I. Demonstrate professionalism
   A. Maintain professional responsibility and advocate such action in others
      1. Self-assess knowledge, skills, beliefs, biases, values, motivations, and emotions to develop a plan that enhances professional growth and continued competence
      2. Develop the skills necessary to confidently take the lead in initiating and/or achieving a shared goal
      3. Incorporate new knowledge into your practice of pharmacy
      4. Make and defend rational, ethical decisions within the context of professional values
      5. Identify and report unethical and unprofessional behavior to appropriate individuals and authorities
   B. Demonstrate professional behavior in all interactions with patients, caregivers, and other healthcare professionals
      1. Demonstrate confidentiality, sensitivity and tolerance in all interactions
   C. Represent and advance the profession of pharmacy
      1. Educate individuals, groups, organizations, and oneself to enable self-advocacy
      2. Educate policymakers and other stakeholders to inform their healthcare position
      3. Identify innovations that support the goals of the profession

II. Demonstrate critical thinking and problem solving skills
   A. Examine problems systematically and completely
   B. Demonstrate rational and reflective consideration of current knowledge, skills, attitudes, and beliefs necessary to formulate an informed decision
   C. Develop strategies to solve problems
      1. Identify a problem
      2. Develop innovative and/or logical thinking strategies to acquire, evaluate, integrate, and synthesize knowledge
      3. Demonstrate appropriate judgment when making decisions
   D. Create and implement the recommendation or solution appropriate for a given patient or situation
   E. Monitor and evaluate the effectiveness of the solution implemented, revising as appropriate

III. Communicate effectively
   A. Obtain relevant information necessary to facilitate healthcare decision-making
      1. Assess the health literacy of the target audience
      2. Identify appropriate methods (e.g., active listening) for gathering information
      3. Use effective interpersonal skills to establish and maintain relevant relationships
   B. Convey appropriate information by verbal and/or non-verbal means to the target audience
      1. Communicate clearly, responsibly, willingly, purposefully, and respectfully
      2. Choose strategies and media appropriate to the purpose of the interaction and to meet the audience’s expectations and educational needs
      3. Demonstrate the ability to use a variety of communication strategies and media
   C. Develop professionally written communication strategies to meet the target audience’s needs
   D. Evaluate the effectiveness of any communication encounter, modifying as necessary
IV. Practice evidence-based decision-making

A. Retrieve and evaluate drug information and literature
   1. Select appropriate information from relevant and reliable sources
   2. Analyze and interpret published literature based on safety, effectiveness, and economic considerations of drug products, medical devices, and pharmacy services

B. Apply information to patient-specific decisions
   1. Integrate evidence from relevant and reliable sources to form conclusions or recommendations for an individual patient

C. Apply information to population-specific decisions
   1. Integrate evidence from relevant and reliable sources to form conclusions or recommendations for a patient population

V. Practice patient-centered care

A. Establish relationships with patients, healthcare professionals, and other individuals
   1. Demonstrate the ability to engage patients in their own plan of care
   2. Participate in a shared decision-making process to ensure that the patients’ best interests are represented

B. Design a patient care plan to address therapeutic issues and promote health and wellness
   1. Obtain a patient history and review patient records, including laboratory and other relevant data
   2. Conduct relevant physical assessment
   3. Identify and prioritize a problem
   4. Design a plan using a patient’s cultural beliefs and practices, as well as knowledge from the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences

C. Implement a patient care plan
   1. Communicate a care plan to appropriate healthcare professionals, patients, and other appropriate caregivers
   2. Select and dispense the appropriate medication and/or device, including accurate preparation, compounding, storage, and packaging
   3. Counsel patients on the purpose, use, and effects of prescription and nonprescription medications
   4. Refer patients to appropriate medical and social services

D. Evaluate patient adherence and response to therapeutic recommendations and adjust the care plan as needed

E. Document all types of patient care encounters by appropriate means

VI. Promote health and wellness

A. Contribute to interventions designed to prevent disease and promote health and wellness in individuals

B. Contribute to interventions designed to prevent disease and promote health and wellness in communities or populations

C. Identify health disparities and inequities in access to quality care, as well as reduction strategies

VII. Manage medication use systems

A. Practice in compliance with federal and state pharmacy laws and regulations, institutional policies, and professional guidelines, while taking into consideration ethical, cultural, and economic factors

B. Identify medication use processes that align with patients’ and providers’ needs

C. Identify and resolve issues related to the distribution and use of medications and related devices

D. Participate in the management of formulary, purchasing, and procurement systems

E. Participate in the development, implementation, and/or evaluation of quality improvement and quality assurance activities to identify, report, and minimize medication errors and adverse drug events
   1. Perform a medication use evaluation and recommend actions to improve medication use
2. Conduct healthcare failure mode and effects analysis to identify and address potential points of error in the medication use process
3. Review adverse drug event reports and identify areas needing improvement or further evaluation
4. Perform a root cause analysis for a medication error

VIII. Manage a pharmacy practice

A. Perform pharmacy management functions using appropriate data and procedures
   1. Apply appropriate federal and state pharmacy laws and regulations
   2. Identify human resources management principles to manage pharmacists, technicians, and other personnel as appropriate
   3. Identify financial management principles needed to manage resources
   4. Evaluate the potential value of incorporating technologic advancements
   5. Create a plan to market services to patients and relevant stakeholders
   6. Apply principles of quality management to continually improve pharmacy practice
B. Evaluate the economic, clinical, and humanistic outcomes associated with the provision of pharmacy services
   1. Propose appropriate changes in practice to improve outcomes
C. Modify existing and/or develop new pharmacy services as appropriate
   1. Propose changes to services based on updates to treatment guidelines, recently published literature, or generally accepted best practices
   2. Create a new or revised pharmacy service proposal based on the results from a patient or provider population needs assessment

IX. Contribute to the interprofessional healthcare environment

A. Identify the roles and responsibilities of pharmacists and other healthcare professionals as well as their different approaches to patient care and problem solving
B. Actively participate in the interprofessional healthcare environment to improve quality, continuity, and patient-centered care
C. Evaluate the pharmacist’s contributions to the healthcare team
Community APPE Rotation
Assignments

1. Skills/Observation/Discussion checklist:
   To be signed by the preceptor
   To be submitted to OEE by the student on the last Friday of the rotation

2. Journal Club:
   Use the evaluation form provided & transfer the scores to the final evaluation form on RMS

3. OTC Pharmacotherapy/Patient Care plan worksheets:
   Student must complete 5 over the 6 weeks

4. ADR Weekly Journal:
   Student must complete 2-3 per week

5. Health Promotion project:
   Use the evaluation form provided & transfer the scores to the final evaluation form on RMS

6. Experience Summary:
   To be submitted to OEE by the student on the last Friday of the rotation
   To be done on RMS
Student name: ____________________________________________________________

Preceptor name: __________________________________________________________

Rotation site: _____________________________________________________________

Rotation start & end date: __________________________________________________

**Student to submit to OEE on the last day of the rotation**

**Instructions for preceptor and student:**
1. Student to train with preceptor and other clinicians and then show return demonstration of proficiency for items listed. **Level of independent proficiencies will be used in final grade.**
2. If the skill at the site is not available for student to gain independent proficiency, student to observe staff and discuss understanding of process with preceptor.
3. If the skill is not available at the site, the students are to gain knowledge and understanding in the areas designated through discussion only.
4. The preceptor should sign or initial a box for each skill as it is completed

<table>
<thead>
<tr>
<th>Skill Demonstrated</th>
<th>Skill Observed &amp; Discussed</th>
<th>Discussion only</th>
<th>Skill not available at site</th>
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<tbody>
<tr>
<td>Procedures For Prescription Processing</td>
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<tr>
<td>Taking in a prescription at the in-window</td>
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<tr>
<td>Data entry of patient information</td>
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<td>Data entry of physician information</td>
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<td>Data entry of a new prescription</td>
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<td>Data entry of a refill prescription</td>
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<td>Prepare Rx for dispensing (count, label)</td>
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<td>Final verification of a prescription</td>
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<td>Handling prescription errors</td>
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<tr>
<td>Procedures For Handling of Adverse Drug Events</td>
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<tr>
<td>Drug allergies</td>
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<tr>
<td>Drug-drug, drug-disease, drug-food interactions</td>
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<td>Adverse drug reaction</td>
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<td>Procedures For Third Party Prescription Processing</td>
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<td>Data entry of patient and insurance information</td>
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<td>Insurance formularies</td>
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<td>Prior/special approval</td>
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<td>Medicare Part D</td>
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<tr>
<td>Procedures Observed For Patient Counseling</td>
<td>Skill Demonstrated</td>
<td>Skill Observed &amp; Discussed</td>
<td>Discussion only</td>
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<tr>
<td>Counseling of a new prescription</td>
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<td>Counseling of a refill prescription</td>
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<tr>
<td>Counseling for OTC selection or recommendation</td>
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<tr>
<th>Procedures Observed For Pharmacy Law Compliance</th>
<th>Skill Demonstrated</th>
<th>Skill Observed &amp; Discussed</th>
<th>Discussion only</th>
<th>Skill not available at site</th>
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<tbody>
<tr>
<td>Generic substitution/state formulary</td>
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<tr>
<td>Transfer of prescriptions</td>
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<td>HIPAA compliance</td>
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<tr>
<th>Procedures Observed For Inventory Control</th>
<th>Skill Demonstrated</th>
<th>Skill Observed &amp; Discussed</th>
<th>Discussion only</th>
<th>Skill not available at site</th>
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<tbody>
<tr>
<td>Ordering drugs from the wholesaler</td>
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<td>Putting the drug order away</td>
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<td>Stock rotations/out of date drugs</td>
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<tr>
<td>Drug recalls</td>
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<thead>
<tr>
<th>Procedures Observed For Handling of Controlled Substances</th>
<th>Skill Demonstrated</th>
<th>Skill Observed &amp; Discussed</th>
<th>Discussion only</th>
<th>Skill not available at site</th>
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<tbody>
<tr>
<td>Storage of controlled drug</td>
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<tr>
<td>Record keeping process for administration of controlled drugs</td>
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<td>Sale of products containing pseudoephedrine</td>
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<tr>
<td>Returns to wholesaler</td>
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<tr>
<th>Procedures Observed For Patient Education and Clinical Services: List or describe service below (e.g. immunization, MTM, diabetes clinic)</th>
<th>Skill Demonstrated</th>
<th>Skill Observed &amp; Discussed</th>
<th>Discussion only</th>
<th>Skill not available at site</th>
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<tbody>
<tr>
<td>Provision of services</td>
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<td>List type of service:</td>
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<td>List type of service:</td>
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<td>Point of care services and training on equipment (e.g. Cholestech, A1c now, etc)</td>
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</tr>
<tr>
<td>Patient education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reimbursement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedures Observed For Prescription Compounding</th>
<th>Skill Demonstrated</th>
<th>Skill Observed &amp; Discussed</th>
<th>Discussion only</th>
<th>Skill not available at site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calculation of ingredients</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preparation of compound</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
MWU Chicago College of Pharmacy APPE
Journal Club Evaluation Form

Student Name: ___________________________ Date: ___________________________
Preceptor Name: ___________________________ Site Name: ________________________

USE THE FOLLOWING 4-POINT SCALE TO ANSWER THE FOLLOWING QUESTIONS.
**ONLY WHOLE NUMBERS MAY BE USED; NO FRACTIONS OR DECIMALS

<table>
<thead>
<tr>
<th></th>
<th>4 Excellent</th>
<th>3 Very Good</th>
<th>2 Satisfactory</th>
<th>1 Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Student was outstanding in effectiveness and consistency leading only to rare interventions. Student exhibits knowledge and/or skills well above minimum competency.</td>
<td>Student was above average in effectiveness and consistency leading to occasional intervention. Student exhibits knowledge and/or skills above minimum competency.</td>
<td>Student was usually effective and consistent leading to consistent intervention. Student exhibits knowledge and/or skills at minimum competency.</td>
<td>Student was ineffective and inconsistent leading to extensive intervention. Student exhibits knowledge and/or skills below minimum competency.</td>
</tr>
</tbody>
</table>

Please Note: A final score of 1 in any item numbered 1 – 3 will result in failure of the rotation

1. Presentation of Study Design, Methodology and Results
   - What is the objective of the study, is it appropriate (clear, unbiased, obtainable)?
   - Do the authors provide adequate background information?
   - Is the study design appropriate given the objectives (adequate selection of subjects, controls groups utilized, inclusion/exclusion criteria, assignment, blinding)?
   - Is there any information at this time that may suggest bias (preview)?
   - Are the methods and results of the study adequately reported by the student, the authors?
   - Are methods employed to reduce measurement error (standardized, appropriate to meet objectives, completeness, monitoring for adverse effects)?
   - Does the student adequately describe the results?
   - Is the analysis accurate and appropriate (figures or tables easy to read and present results accurately, effect subject number on interpretation of data)?

2. Presentation of Critique and Clinical Relevance
   - Does the student differentiate between statistical and clinical significance?
   - What are the flaws or limitations of the study?
   - Does the student come to a conclusion independent of the author’s, and identify relevance to practice?

3. Handout and/or Presentation Quality
   - Presents the components of the article in a logical, organized sequence.
   - Appropriately uses medical terminology and citations in handout.
   - Accurately answers questions and accepts critique as a professional.

Grading = Total points for all sections (maximum points = 12) Final Score: ____________

**Transfer the student’s final score to the Final Evaluation Form Section III: Rotation Specific Assignments Journal Club dimension when completing the final evaluation online via RMS

Comments: __________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Preceptor signature: ___________________________ Date: ___________________________
Instructions:
The student is to identify and evaluate one patient from each of the common conditions below and provide treatment recommendations and patient education. These conditions typically can be treated with over the counter or non-drug measures. Students will need to determine if and what self-care is warranted. Absence of any contraindications or warning signs must be assessed. Students will work with their preceptor to identify and develop OTC treatment plans for patients with each of the following conditions:

- PAIN
- CONSTIPATION/DIARRHEA
- HEARTBURN/INDIGESTION
- COUGH/COLD/ALLERGY
- SKIN CONDITIONS (ACNE, ITCH, DRY SKIN, RASH, WARTS)

The attached monitoring form is a template that can be used for assistance in gathering patient data and developing and documenting recommendations. The goal of this assignment is for the student to begin to develop their own system or guidelines for recommending OTC’s, dietary supplements, or non-drug measures that are appropriate and safe in treating a specific patient. Useful OTC treatment protocols are available in the Handbook of Nonprescription Drugs, Current Edition. Treatment plans should include both drug and non-drug measures and designate when self-care is no longer advisable.

The OTC consult will contain 3 parts:

1. Patient-related data
2. Assessment of symptoms
3. Recommendation or plan

Students will need to go into the OTC aisles and find patients, since a patient may not always come to the counter and ask for help, under the auspice that the pharmacist is too busy or others might overhear the problem or consult. Remember HIPAA compliance guidelines and follow any site protocol related to patient sensitive data.

Plan to complete one OTC treatment plan per week, for a minimum of 5 OTC consults.
### 1. PATIENT RELATED DATA

<table>
<thead>
<tr>
<th>Patient</th>
<th>Is the consumer the patient or someone other than the patient?</th>
<th>☐ consumer (patient)</th>
<th>☐ other</th>
<th>If other, list relation to consumer.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>How old is the patient?</td>
<td>Age = ________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>Is the patient male or female?</td>
<td>☐ male</td>
<td>☐ female</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If female, is she pregnant or nursing?</td>
<td>☐ pregnant</td>
<td>☐ nursing</td>
<td></td>
</tr>
<tr>
<td>Other Illnesses</td>
<td>Does the patient have any other diseases that may alter the expected effect of an OTC drug or be aggravated by the drug’s effect?</td>
<td>1. _________________</td>
<td>2. _______________</td>
<td>Is the complaint related to a chronic disease? ☐ yes ☐ no</td>
</tr>
<tr>
<td>Special Diets</td>
<td>Is the patient on a special diet?</td>
<td>☐ yes ☐ no</td>
<td></td>
<td>Does the patient have any special nutritional requirements? ☐ yes ☐ no</td>
</tr>
<tr>
<td>Other Drugs</td>
<td>Is the patient on any OTC, Rx or social drugs or CAM?</td>
<td>☐ cigarettes</td>
<td>☐ alcohol</td>
<td>OTC drugs or CAM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergies</td>
<td>Does the patient have any allergies?</td>
<td>☐ yes ☐ no</td>
<td></td>
<td>If yes, list allergy and reaction.</td>
</tr>
<tr>
<td>Adverse Drug Reactions</td>
<td>Has the patient experienced any adverse drug reactions in the past?</td>
<td>☐ yes ☐ no</td>
<td></td>
<td>If yes, list below.</td>
</tr>
</tbody>
</table>

### 2. ASSESSMENT OF SYMPTOMS

<table>
<thead>
<tr>
<th>Main symptom</th>
<th>What is the main symptom that the patient is concerned about?</th>
<th>Symptom __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Onset</td>
<td>When did the symptom start?</td>
<td>Date ___________________________</td>
</tr>
<tr>
<td>Duration</td>
<td>How long does it last?</td>
<td>Time ___________________________</td>
</tr>
<tr>
<td>Severity</td>
<td>How severe is the symptom?</td>
<td>☐ mild ☐ moderate ☐ severe</td>
</tr>
<tr>
<td>Description</td>
<td>Can you describe the symptom?</td>
<td>List patient’s description</td>
</tr>
<tr>
<td>Acute vs. Chronic</td>
<td>Is this a new problem?</td>
<td>☐ yes ☐ no</td>
</tr>
<tr>
<td>Associated Symptoms</td>
<td>Are there other symptoms that occur concurrently?</td>
<td>☐ yes ☐ no</td>
</tr>
<tr>
<td>Precipitating or Exacerbating Factors</td>
<td>Does any food, drug, or physical activity make the symptom worse?</td>
<td>☐ yes ☐ no</td>
</tr>
</tbody>
</table>
3. TREATMENT RECOMMENDATION

- No product needed - explain.

- Refer to another health professional - specify.

- Recommend the following non-drug treatment - describe.

- Recommend the following OTC treatment - explain.

- Seek physician referral under the following circumstances – explain.

- Discussed the following counseling points with the patient:

  - Discuss briefly with your preceptor. Ask your preceptor what recommendations he or she would make. Explain below.

Preceptor signature ____________________________ Date __________
## 1. Patient Related Data

<table>
<thead>
<tr>
<th>Patient</th>
<th>Is the consumer the patient or someone other than the patient?</th>
<th>☐ consumer (patient)</th>
<th>☐ other</th>
<th>If other, list relation to consumer.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>How old is the patient?</td>
<td>Age = ____________</td>
<td></td>
<td>If female, is she pregnant or nursing?</td>
</tr>
<tr>
<td>Sex</td>
<td>Is the patient male or female?</td>
<td>☐ male</td>
<td>☐ female</td>
<td>Is the complaint related to a chronic disease?</td>
</tr>
<tr>
<td>Other Illnesses</td>
<td>Does the patient have any other diseases that may alter the expected effect of an OTC drug or be aggravated by the drug's effect?</td>
<td>1._________</td>
<td>2._________</td>
<td>If yes, list the chronic disease.</td>
</tr>
<tr>
<td>Special Diets</td>
<td>Is the patient on a special diet?</td>
<td>☐ yes</td>
<td>☐ no</td>
<td>Does the patient have any special nutritional requirements?</td>
</tr>
<tr>
<td>Other Drugs</td>
<td>Is the patient on any OTC, Rx or social drugs or CAM?</td>
<td>☐ cigarettes</td>
<td>☐ alcohol</td>
<td>☐ other _________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OTC drugs or CAM</td>
<td>Rx drugs</td>
<td></td>
</tr>
<tr>
<td>Allergies</td>
<td>Does the patient have any allergies?</td>
<td>☐ yes</td>
<td>☐ no</td>
<td>If yes, list allergy and reaction.</td>
</tr>
<tr>
<td>Adverse Drug Reactions</td>
<td>Has the patient experienced any adverse drug reactions in the past?</td>
<td>☐ yes</td>
<td>☐ no</td>
<td>If yes, list below.</td>
</tr>
</tbody>
</table>

## 2. Assessment of Symptoms

<table>
<thead>
<tr>
<th>Main symptom</th>
<th>What is the main symptom that the patient is concerned about?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Onset</td>
<td>When did the symptom start?</td>
</tr>
<tr>
<td>Duration</td>
<td>How long does it last?</td>
</tr>
<tr>
<td>Severity</td>
<td>How severe is the symptom?</td>
</tr>
<tr>
<td>Description</td>
<td>Can you describe the symptom?</td>
</tr>
<tr>
<td>Acute vs. Chronic</td>
<td>Is this a new problem?</td>
</tr>
<tr>
<td></td>
<td>If yes, explain</td>
</tr>
<tr>
<td>Associated Symptoms</td>
<td>Are there other symptoms that occur concurrently?</td>
</tr>
<tr>
<td>Precipitating or Exacerbating Factors</td>
<td>Does any food, drug, or physical activity make the symptom worse?</td>
</tr>
</tbody>
</table>
3. TREATMENT RECOMMENDATION

- No product needed - explain.
- Refer to another health professional - specify.
- Recommend the following non-drug treatment - describe.
- Recommend the following OTC treatment - explain.
- Seek physician referral under the following circumstances – explain.
- Discussed the following counseling points with the patient:

Discuss briefly with your preceptor. Ask your preceptor what recommendations he or she would make. Explain below.

Preceptor signature __________________________ Date ____________
# OTC Pharmacotherapy Worksheet #3

## 1. Patient Related Data

<table>
<thead>
<tr>
<th>Patient</th>
<th>Is the consumer the patient or someone other than the patient?</th>
<th>☐ consumer (patient)</th>
<th>☐ other</th>
<th>If other, list relation to consumer.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>How old is the patient?</td>
<td>Age = ________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>Is the patient male or female?</td>
<td>☐ male</td>
<td>☐ female</td>
<td></td>
</tr>
<tr>
<td>If female, is she pregnant or nursing?</td>
<td>☐ pregnant</td>
<td>☐ nursing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Illnesses</td>
<td>Does the patient have any other diseases that may alter the expected effect of an OTC drug or be aggravated by the drug’s effect?</td>
<td>1. ________________</td>
<td>2. ________________</td>
<td>3. ________________</td>
</tr>
<tr>
<td>Special Diets</td>
<td>Is the patient on a special diet?</td>
<td>☐ yes</td>
<td>☐ no</td>
<td>If yes, specify diet.</td>
</tr>
<tr>
<td>Other Drugs</td>
<td>Is the patient on any OTC, Rx or social drugs or CAM?</td>
<td>☐ cigarettes</td>
<td>☐ alcohol</td>
<td>☐ other _____________</td>
</tr>
<tr>
<td>Allergies</td>
<td>Does the patient have any allergies?</td>
<td>☐ yes</td>
<td>☐ no</td>
<td>If yes, list allergy and reaction.</td>
</tr>
<tr>
<td>Adverse Drug Reactions</td>
<td>Has the patient experienced any adverse drug reactions in the past?</td>
<td>☐ yes</td>
<td>☐ no</td>
<td>If yes, list below.</td>
</tr>
</tbody>
</table>

## 2. Assessment of Symptoms

<table>
<thead>
<tr>
<th>Main symptom</th>
<th>What is the main symptom that the patient is concerned about?</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
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<td>When did the symptom start?</td>
<td>Date ______________</td>
<td></td>
</tr>
<tr>
<td>Duration</td>
<td>How long does it last?</td>
<td>Time ______________</td>
<td></td>
</tr>
<tr>
<td>Severity</td>
<td>How severe is the symptom?</td>
<td>☐ mild</td>
<td>☐ moderate</td>
</tr>
<tr>
<td>Description</td>
<td>Can you describe the symptom?</td>
<td>☐ yes</td>
<td>☐ no</td>
</tr>
<tr>
<td>Acute vs. Chronic</td>
<td>Is this a new problem?</td>
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<tr>
<td>Associated Symptoms</td>
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<td>☐ no</td>
</tr>
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3. TREATMENT RECOMMENDATION

☐ No product needed - explain.

☐ Refer to another health professional - specify.

☐ Recommend the following non-drug treatment - describe.

☐ Recommend the following OTC treatment - explain.

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Preceptor signature ____________________________ Date ____________
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<tr>
<td>Age</td>
<td>How old is the patient?</td>
<td>☐</td>
<td></td>
<td>Age = _________</td>
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<tr>
<td>Sex</td>
<td>Is the patient male or female?</td>
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## 2. Assessment of Symptoms

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<tr>
<td>Duration</td>
<td>How long does it last?</td>
<td>Time ________________</td>
</tr>
<tr>
<td>Severity</td>
<td>How severe is the symptom?</td>
<td>☐ mild ☐ moderate ☐ severe</td>
</tr>
<tr>
<td>Description</td>
<td>Can you describe the symptom?</td>
<td>☐ yes ☐ no</td>
</tr>
<tr>
<td>Acute vs. Chronic</td>
<td>Is this a new problem?</td>
<td>☐ yes ☐ no</td>
</tr>
<tr>
<td>Associated Symptoms</td>
<td>Are there other symptoms that occur concurrently?</td>
<td>☐ yes ☐ no</td>
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<td>Does any food, drug, or physical activity make the symptom worse?</td>
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3. TREATMENT RECOMMENDATION

- No product needed - explain.
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- Recommend the following non-drug treatment - describe.
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- Seek physician referral under the following circumstances – explain.
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Preceptor signature ___________________________________________ Date ____________
### 1. PATIENT RELATED DATA

<table>
<thead>
<tr>
<th><strong>Patient</strong></th>
<th>Is the consumer the patient or someone other than the patient?</th>
<th>☐ consumer (patient)</th>
<th>☐ other</th>
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<td>Age = ________</td>
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<tr>
<td><strong>Sex</strong></td>
<td>Is the patient male or female?</td>
<td>☐ male</td>
<td>☐ female</td>
<td>If female, is she pregnant or nursing? ☐ pregnant ☐ nursing</td>
</tr>
<tr>
<td><strong>Other Illnesses</strong></td>
<td>Does the patient have any other diseases that may alter the expected effect of an OTC drug or be aggravated by the drug’s effect?</td>
<td>1. ____________ 2. ____________ 3. ____________ 4. ____________ 5. ____________</td>
<td>Is the complaint related to a chronic disease? ☐ yes ☐ no</td>
<td>If yes, list the chronic disease.</td>
</tr>
<tr>
<td><strong>Special Diets</strong></td>
<td>Is the patient on a special diet?</td>
<td>☐ yes ☐ no if yes, specify.</td>
<td></td>
<td>Does the patient have any special nutritional requirements? ☐ yes ☐ no</td>
</tr>
<tr>
<td><strong>Other Drugs</strong></td>
<td>Is the patient on any OTC, Rx or social drugs or CAM?</td>
<td>☐ cigarettes ☐ alcohol ☐ other ____________</td>
<td>OTC drugs or CAM</td>
<td>Rx drugs</td>
</tr>
<tr>
<td><strong>Allergies</strong></td>
<td>Does the patient have any allergies?</td>
<td>☐ yes ☐ no</td>
<td>If yes, list allergy and reaction.</td>
<td></td>
</tr>
<tr>
<td><strong>Adverse Drug Reactions</strong></td>
<td>Has the patient experienced any adverse drug reactions in the past?</td>
<td>☐ yes ☐ no</td>
<td>If yes, list below.</td>
<td></td>
</tr>
</tbody>
</table>

### 2. ASSESSMENT OF SYMPTOMS

| **Main symptom** | What is the main symptom that the patient is concerned about? | Symptom _____________________________ |
| **Onset** | When did the symptom start? | Date ______________ |
| **Duration** | How long does it last? | Time ______________ |
| **Severity** | How severe is the symptom? | ☐ mild ☐ moderate ☐ severe |
| **Description** | Can you describe the symptom? | ☐ yes ☐ no | List patient’s description | _____________________________ |
| **Acute vs. Chronic** | Is this a new problem? | ☐ yes ☐ no | Is this a recurring problem? ☐ yes ☐ no | If yes, explain | _____________________________ |
| **Associated Symptoms** | Are there other symptoms that occur concurrently? | ☐ yes ☐ no | If yes, list other symptoms. | |
| **Precipitating or Exacerbating Factors** | Does any food, drug, or physical activity make the symptom worse? | ☐ yes ☐ no | If yes, specify. | _____________________________ |
3. TREATMENT RECOMMENDATION

☐ No product needed - explain.

☐ Refer to another health professional - specify.

☐ Recommend the following non-drug treatment - describe.

☐ Recommend the following OTC treatment - explain.

☐ Seek physician referral under the following circumstances – explain.

☐ Discussed the following counseling points with the patient:

*****************************************************************************

Discuss briefly with your preceptor. Ask your preceptor what recommendations he or she would make. Explain below.

Preceptor signature ___________________________ Date ____________
Students will document adverse events observed at the site using the following form. The student must complete 2 to 3 ADR journals per week.

### Week 1

**Check the type of adverse event:**
- [ ] Drug-drug interaction
- [ ] Drug-disease state interaction
- [ ] Drug allergy
- [ ] Drug adverse effect
- [ ] Other _______________________

**Describe the problem:**

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

**Describe the solution and outcome:**

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

**Check the type of adverse event:**
- [ ] Drug-drug interaction
- [ ] Drug-disease state interaction
- [ ] Drug allergy
- [ ] Drug adverse effect
- [ ] Other _______________________

**Describe the problem:**

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

**Describe the solution and outcome:**

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

**Check the type of adverse event:**
- [ ] Drug-drug interaction
- [ ] Drug-disease state interaction
- [ ] Drug allergy
- [ ] Drug adverse effect
- [ ] Other _______________________

**Describe the problem:**

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

**Describe the solution and outcome:**

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

Preceptor signature: ___________________________________________ Date: ____________________
Students will document adverse events observed at the site using the following form. The student must complete 2 to 3 ADR journals per week.

**Week 2**

Check the type of adverse event:
- [ ] Drug-drug interaction
- [ ] Drug-disease state interaction
- [ ] Drug allergy
- [ ] Drug adverse effect
- [ ] Other _________________________

Describe the problem:
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Describe the solution and outcome:
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Check the type of adverse event:
- [ ] Drug-drug interaction
- [ ] Drug-disease state interaction
- [ ] Drug allergy
- [ ] Drug adverse effect
- [ ] Other _________________________

Describe the problem:
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Describe the solution and outcome:
________________________________________________________________________________________________________
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________________________________________________________________________________________________________

Check the type of adverse event:
- [ ] Drug-drug interaction
- [ ] Drug-disease state interaction
- [ ] Drug allergy
- [ ] Drug adverse effect
- [ ] Other _________________________

Describe the problem:
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Describe the solution and outcome:
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Preceptor signature: ___________________________________________  Date:____________________
Students will document adverse events observed at the site using the following form. The student must complete 2 to 3 ADR journals per week.

**Week 3**

<table>
<thead>
<tr>
<th>Check the type of adverse event:</th>
<th>☐ Drug-drug interaction</th>
<th>☐ Drug-disease state interaction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Drug allergy</td>
<td>☐ Drug adverse effect</td>
</tr>
<tr>
<td></td>
<td>☐ Other ______________________________</td>
<td></td>
</tr>
</tbody>
</table>

Describe the problem:

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

Describe the solution and outcome:

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

________________________________________

Check the type of adverse event: ☐ Drug-drug interaction ☐ Drug-disease state interaction

☐ Drug allergy ☐ Drug adverse effect ☐ Other _______________________________

Describe the problem:

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

Describe the solution and outcome:

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

________________________________________

Check the type of adverse event: ☐ Drug-drug interaction ☐ Drug-disease state interaction

☐ Drug allergy ☐ Drug adverse effect ☐ Other _______________________________

Describe the problem:

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

Describe the solution and outcome:

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

________________________________________

Check the type of adverse event: ☐ Drug-drug interaction ☐ Drug-disease state interaction

☐ Drug allergy ☐ Drug adverse effect ☐ Other _______________________________

Describe the problem:

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

Describe the solution and outcome:

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

________________________________________

Preceptor signature: ___________________________________________ Date: ____________________
Students will document adverse events observed at the site using the following form. The student must complete 2 to 3 ADR journals per week

**Week 4**

Check the type of adverse event:
- [ ] Drug-drug interaction
- [ ] Drug-disease state interaction
- [ ] Drug allergy
- [ ] Drug adverse effect
- [ ] Other _______________________

Describe the problem:

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

Describe the solution and outcome:

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

Check the type of adverse event:
- [ ] Drug-drug interaction
- [ ] Drug-disease state interaction
- [ ] Drug allergy
- [ ] Drug adverse effect
- [ ] Other _______________________

Describe the problem:

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

Describe the solution and outcome:

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

Check the type of adverse event:
- [ ] Drug-drug interaction
- [ ] Drug-disease state interaction
- [ ] Drug allergy
- [ ] Drug adverse effect
- [ ] Other _______________________

Describe the problem:

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

Describe the solution and outcome:

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

Preceptor signature: ________________________________ Date: ______________________
Students will document adverse events observed at the site using the following form. The student must complete 2 to 3 ADR journals per week

**Week 5**

| Check the type of adverse event: ☐ Drug-drug interaction ☐ Drug-disease state interaction ☐ Drug allergy ☐ Drug adverse effect ☐ Other __________________________ |
| Describe the problem: |
| | |
| | |
| | |
| Describe the solution and outcome: |
| | |
| | |
| | |

| Check the type of adverse event: ☐ Drug-drug interaction ☐ Drug-disease state interaction ☐ Drug allergy ☐ Drug adverse effect ☐ Other __________________________ |
| Describe the problem: |
| | |
| | |
| | |
| Describe the solution and outcome: |
| | |
| | |
| | |

| Check the type of adverse event: ☐ Drug-drug interaction ☐ Drug-disease state interaction ☐ Drug allergy ☐ Drug adverse effect ☐ Other __________________________ |
| Describe the problem: |
| | |
| | |
| | |
| Describe the solution and outcome: |
| | |
| | |
| | |
Students will document adverse events observed at the site using the following form. The student must complete 2 to 3 ADR journals per week

### Week 6

<table>
<thead>
<tr>
<th>Check the type of adverse event:</th>
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<th>Drug-disease state interaction</th>
<th>Drug allergy</th>
<th>Drug adverse effect</th>
<th>Other</th>
</tr>
</thead>
</table>

**Describe the problem:**

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

**Describe the solution and outcome:**

__________________________________________________________________________________________
__________________________________________________________________________________________

---

**Preceptor signature:** ___________________________  **Date:** ___________________________
The student is to design and implement a project to promote public health and wellness in the community setting. The student will complete the project proposal, review the proposal with the preceptor and get the preceptor’s signature approving the project.

**Project Proposal:**

**Topic:** ________________________________________________________________________________________

**Intended audience:** _____________________________________

**Method of project delivery:**
- ☐ Written health education materials:
  - ☐ newsletter
  - ☐ pamphlet
- ☐ Presentation
- ☐ Brown bag
- ☐ Other (describe) ______________________________________________________________________

**Intended date of project presentation:**______________________________________________________________

**Resources/materials required:**
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

**Method of promotion:**
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

**Date to have project materials ready for review by preceptor:** ________________________________________________________________________________________

**********************************************************************

**Preceptor approval of project proposal:**

Preceptor signature _______________________________  Date: ____________________________
MWU Chicago College of Pharmacy COMMUNITY APPE ROTATION (PPRAD 1802)
Health Promotion Project Evaluation: TO BE COMPLETED BY THE PRECEPTOR

Student: _______________________________ Date of Evaluation: ________________

Preceptor: _______________________________ Site: ________________________________

USE THE FOLLOWING 4-POINT SCALE TO ANSWER THE FOLLOWING QUESTIONS. ONLY WHOLE NUMBERS MAY BE USED; NO FRACTIONS OR DECIMALS

<table>
<thead>
<tr>
<th>4 Excellent</th>
<th>3 Very Good</th>
<th>2 Satisfactory</th>
<th>1 Unsatisfactory</th>
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<tr>
<td>Student was outstanding in effectiveness and consistency leading only to rare interventions. Student exhibits knowledge and/or skills well above minimum competency.</td>
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</table>

1. The project was appropriate for & well-received by the intended audience. 4 3 2 1
2. The student appropriately met the intended goal of the project. 4 3 2 1
3. The project and supporting materials were of a professional quality. 4 3 2 1

Grading = Total points for all sections (maximum points = 12) Final Score: _________

**Transfer the student’s final score to the Final Evaluation Form Section III: Rotation Specific Assignments Health Promotion Project dimension when completing the final evaluation online via RMS.

Comments:

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Preceptor signature ____________________________________________ Date: ________________
Midwestern University Chicago College of Pharmacy
Advanced Pharmacy Practice Experience
Experience Summary / Class of 2021

✓ Students to submit online via RMS
✓ Due the last day of the rotation

Student name: ____________________________________________________________

APPE course number: ______________________ Rotation Date: ______________________

Preceptor: _______________________________________________________________

1. **Rotation Goals: Discuss with your preceptor week one of the rotation.**

   ★ Goals for professionalism:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   ★ Goals for patient care and practice management:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   • Goals specific to the rotation site:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

2. **Weekly Review:**

Use this section each week to summarize the following:

✓ Daily rotation activities & responsibilities
✓ What you learned and/or accomplished
✓ What you need to review

<table>
<thead>
<tr>
<th>Week</th>
<th>Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td></td>
</tr>
<tr>
<td>Two</td>
<td></td>
</tr>
<tr>
<td>Three</td>
<td></td>
</tr>
<tr>
<td>Four</td>
<td></td>
</tr>
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3. **Self-Assessment:**

Section I: Professionalism Assessment

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<tr>
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1. **Student is punctual:** arrives at practice site, meetings, activities & rounds on or before the designated time; completes all assignments, tasks & responsibilities on time as required by the preceptor. 4 3 2 1

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3. **Student maintains confidentiality:** maintains confidentiality of patient and/or site specific data and documents; strictly follows HIPAA guidelines. 4 3 2 1

4. **Student does not plagiarize:** avoids plagiarism (copying another person’s idea or written work and claiming it as their own); clearly and correctly acknowledges other’s ideas or works (i.e., uses proper citations). 4 3 2 1

5. **Student is respectful:** professional in interactions with preceptor, patients, other health care professionals, administrators & colleagues; communicates in a respectful, professional, and nonjudgmental style using appropriate body language; avoids inappropriate comments & gestures. 4 3 2 1

6. **Student adheres to site policies:** strictly follows policies established by the site & preceptor, such as use of personal electronic devices, and site materials, equipment or devices; dress code required by the site. 4 3 2 1

7. **Student is self-directed, reliable & accountable:** for all tasks, duties, & responsibilities; responds maturely to feedback and constructive criticism; learns independently. 4 3 2 1

8. **Student is motivated, engaged, & involved:** actively listens to others, is motivated to learn and apply new knowledge and skills; involved in daily operations of the rotation site; volunteers for or seeks out additional opportunities to apply new knowledge and skills. 4 3 2 1
# Section II: Patient Care and Practice Management Competency Assessment

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2. **Communication Skills (Written):** Effectively communicates and documents professional knowledge to patients and health care providers. Documents patient care activities and outcomes appropriately. 4 3 2 1  
3. **Critical Thinking:** In problem solving: identifies, retrieves, analyzes, and evaluates information needed to make informed, rational and ethical decisions appropriate for a given patient or situation. 4 3 2 1  
4. **Patient Care Skills:** Establishes relationships with patients, care givers, and other health care professionals as necessary to provide patient-centered care; applies the Pharmacist Patient Care Process (PPCP); demonstrates empathy and consideration towards others; attempts to identify with other perspectives. 4 3 2 1  
5. **Patient Assessment:** Obtains patient histories, reviews patient records and/or conducts physical assessments appropriately. 4 3 2 1  
6. **Patient Care Plans:** Demonstrates the ability to propose reasonable, practical, and sensible solutions to patient problems and develops appropriate patient care plans. 4 3 2 1  
7. **Drug therapy knowledge:** Exhibits knowledge of drug therapies and ability to recall brand/generic, common FDA indications, drug class, mechanism of action, renal dosing adjustments, available dosage forms, dosing, common side effects, serious side effects, monitoring parameters, counseling points, drug interactions, black box warnings, and contraindications. 4 3 2 1  
8. **Drug Therapy Assessment:** Demonstrates the ability to assess the appropriateness of the patient’s drug therapy in relation to evidence-based practice standards. 4 3 2 1  
9. **Drug Therapy Plans:** Demonstrates the ability to formulate appropriate therapeutic care plans: determining therapeutic endpoints, screening for potential adverse drug events and identifying when patient follow-up is warranted. 4 3 2 1  
10. **Implementation of Patient Care Activities:** Effectively counsels, communicates, refers, and selects the appropriate medications or care plans for patients. 4 3 2 1  
11. **Evidence Based Clinical Decision Making:** Effectively retrieves and evaluates medical literature and is able to analyze and apply information in decision-making. 4 3 2 1  
12. **Interprofessional Experience:** Effectively works with other healthcare professionals to foster a team approach to patient care. 4 3 2 1  
13. **Public Health and Wellness:** Demonstrates the ability to provide patient education regarding disease prevention and appropriate self-care (including lifestyle modifications and nonprescription therapies). 4 3 2 1  
14. **Practice Management:** Demonstrates the knowledge and abilities to function in accordance with pharmacy laws and regulations. 4 3 2 1  
15. **Practice Management:** Demonstrates the knowledge and abilities to manage the resources, personnel, and technology of a practice site. Organizes daily operations to function efficiently in the practice setting. 4 3 2 1  
16. **Formulary and/or Quality Assurance Programs:** Demonstrates the knowledge and abilities to evaluate aspects of a health-system formulary or quality assurance program to optimize patient care outcomes and medication delivery. 4 3 2 1
Section III: Rotation Specific Assignments and Assessment

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</table>

Rotation assignments:
Assignments specific to the APPE course

4. INTERPROFESSIONAL EDUCATION OPPORTUNITIES:

1. During this rotation did you have the opportunity to work with an interprofessional health care team?
   
   ☐ Yes   ☐ No
   
   If yes, please also reply to items 2-4 below.

2. I had interactions with the following health care professionals. Check all that apply.

   ☐ Physicians
   ☐ Medical students
   ☐ Mid-level practitioner (PA, NP)/mid-level students
   ☐ Dentists/dental students
   ☐ Nurses/nursing students
   ☐ Speech therapy
   ☐ Physical therapy
   ☐ Occupational therapy
   ☐ Respiratory therapy
   ☐ Social workers
   ☐ Other _____________________________

3. Select the deepest level of interactions with the health care professionals noted in #2.

   ☐ Passive professional interaction (observation/shadowing)  ☐ Active professional interaction (actively participating, making recommendations)  ☐ Collaborative professional interaction (integrated, shared decision making)

4. Select the frequency of interactions with the health care professionals noted in #2.

   ☐ 1-2 times per week  ☐ 3-4 times per week  ☐ Daily

Additional reflections/experiences of this APPE rotation:

_______________________________________________________________________________________________
_______________________________________________________________________________________________
**Community APPE Rotation Evaluations**

**How to Complete Evaluations**

**Preceptors:**

Please log onto the RMS to complete the following:

1. **Mid-rotation progress note** - to be completed by the end of week 3
2. **Final rotation evaluation** - to be completed by the last day of the rotation

Or submit a paper copy of the mid-rotation progress note and/or the final evaluation form via fax or email to OEE.

✓ Fax number: 630-515-6103.
✓ Email: ccpoe@midwestern.edu

A paper copy of each evaluation form is provided in this syllabus.

**Students:**

Please log onto RMS to complete the following:

1. **Preceptor and site evaluation** - due by 11:59pm on the last day of the rotation
2. **Experience Summary** - due by 11:59pm on the last day of the rotation

Submit to OEE on the last day of the rotation:

1. Completed copy of your Skills/Observation/Discussion check list
MWU Chicago College of Pharmacy  
APPE Mid-Rotation Progress Note

<table>
<thead>
<tr>
<th>Goal/Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Professionalism:</strong></td>
</tr>
<tr>
<td>Punctual, ethical, diplomatic, respectful, accountable</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comments:</th>
</tr>
</thead>
</table>

| **Patient Care & Practice Management:** |
| Communication skills, critical thinking skills |
| Patient assessment, drug therapy assessment |
| Efficiently functions in the practice setting |
| Functions in accordance with laws and regulations |

<table>
<thead>
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</tr>
</thead>
</table>

| **Rotation assignments:** |
| Assignments to date completed on time |
| Assignments to date are complete, accurate & of professional quality |
| Adequate progress made on upcoming assignments |

<table>
<thead>
<tr>
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</tr>
</thead>
</table>

Evaluate the students overall performance to date as either:  
☐ PASS- at or above minimum competency  
☐ FAIL- below minimum competency

Preceptor signature ____________________________________________ Date ______________
**MWU CHICAGO COLLEGE OF PHARMACY**
**Community APPE (PPRAD 1802) Final Evaluation by Preceptor- Class of 2021**

Student Name________________________________________________________ Date __________________

Preceptor Name________________________________________________________

Site Name ______________________________________________________________

**DIRECTIONS:**
For each item listed below, please select the value which best describes the student’s typical performance.
Please note: The 4, 3, 2, 1 on the rubric do not correspond to a final grade of A, B, C or F. The student’s final rotation grade is based on points earned out of a total 400 possible points.

**Section I: Professionalism Assessment**

**PLEASE USE THIS 4-POINT SCALE TO ASSESS THE FOLLOWING:**
**ONLY WHOLE NUMBERS MAY BE USED; NO FRACTIONS OR DECIMALS**

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Please Note: A final score of 1 in any item numbered 1 – 8 will result in failure of the rotation

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Section III: Rotation Specific Assignments and Assessment

USE THE FOLLOWING 4-POINT SCALE TO ANSWER THE FOLLOWING QUESTIONS.
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Please Note: A final score of 1 in any item numbered 1 – 2 will result in failure of the rotation

1. **Journal Club**: transfer score from hard copy Journal Club evaluation form
   - Study design, methodology & results (including abstract & introduction) | 4 | 3 | 2 | 1
   - Critique & clinical relevance | 4 | 3 | 2 | 1
   - Handout/presentation quality | 4 | 3 | 2 | 1

2. **Health Promotion Project**: transfer score from hard copy Health Promotion evaluation form
   - Appropriate & well received by the intended audience | 4 | 3 | 2 | 1
   - Appropriately met the intended goal of the project | 4 | 3 | 2 | 1
   - Project & supporting materials were of a professional quality | 4 | 3 | 2 | 1

3. OTC pharmacotherapy/Patient Care Plan: Student successfully completed a minimum of 5

4. ADR weekly journal: Student successfully completed a minimum of 12

5. General skills: Student successfully completed tasks on the Skills/Observation/Discussion sheet. | 4 | 3 | 2 | 1

**Interprofessional Experience (IPE) Opportunities**

1. During this rotation did the student have the opportunity to work with an interprofessional health care team?
   - [ ] Yes  
   - [ ] No
   
   If yes, please also reply to items 2-4 below.

2. The student had interactions with the following health care professionals. Check all that apply.
   - [ ] Physicians
   - [ ] Medical students
   - [ ] Mid-level practitioner (PA, NP)/mid-level students
   - [ ] Dentists/dental students
   - [ ] Nurses/nursing students
   - [ ] Speech therapy
   - [ ] Physical therapy
   - [ ] Occupational therapy
   - [ ] Respiratory therapy
   - [ ] Social workers
   - [ ] Other _____________________________
3. Select the deepest level of student interactions with the health care professionals noted in #2.

- Passive professional interaction (observation/shadowing)
- Active professional interaction (actively participating, making recommendations)
- Collaborative professional interaction (integrated, shared decision making)

4. Select the frequency of student interactions with the health care professionals noted in #2.

- 1-2 times per week
- 3-4 times per week
- Daily

MANUAL GRADE CALCULATION

1. Section I Grade Calculation: Total all dimensions from Section I and divide by 8 = _____, multiply x 0.30 = _____, multiply by 100 _______
2. Section II Grade Calculation: Total all dimensions from Section II and divide by 16 = _____, multiply x 0.40 = _____, multiply by 100 _______
3. Section III Grade Calculation: Total all dimensions from Section III and divide by 9 = _____, multiply x 0.30 = _____, multiply by 100 _______
4. Final grade: Sum of sections 1 + 2 + 3 = _______

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Final Letter Grade = ______________________

The student has completed a minimum of 240 hours on this rotation. □ Yes □ No

****Proper documentation of student APPE rotation hours is required. These hours are reported to the IL State Board of Pharmacy. Preceptors are required to inform Professor Lullo if a minimum of 240 hours has not been completed by the student.

Preceptor Signature ________________________________ Date _____________

If you are completing a paper copy evaluation form, please fax to OEE at 630/515-6103, or email to ccpoee@midwestern.edu
EXPERIENTIAL EDUCATION APPE POLICIES

APPE ROTATION PREREQUISITES:
Communication of required prerequisites:
Students are required to check their MWU email daily for notifications from the OEE or any of the sites to which they are assigned. It is the student’s responsibility to keep their MWU email account active and open so that new emails may be delivered.
All correspondence regarding:

- missing immunization records,
- the need to meet special site requirements,
- rotation cancellations or changes,
- evaluations, rotation forms
will be sent via MWU email. This email will serve as official notice. Failure to read and follow instructions in the email regarding cancellation of rotation(s), missing immunization records and special site requirements will not constitute an excuse for non-compliance.

If a student plans to be away or will be unable to access email prior to a scheduled rotation, the student must contact Ms. Mees well in advance to ensure that all onboarding is completed for their upcoming rotation.

Ms. Mees will begin to email students with any onboarding requirements 10 to 12 weeks prior to the start of each APPE. These emails will contain specific instructions and due dates which must be followed.

- Students who fail to have all MWU and/or site requirements completed by the due date for each APPE rotation are at risk of having that rotation cancelled. If this occurs, there is no guarantee that a replacement rotation will be available for the same block. The replacement rotation may be scheduled for the spring 2021 quarter and this will delay your planned date of graduation.
- If the student fails to complete special site requirements on time, the site may cancel the rotation. OEE cannot override this decision by the site. If this occurs, there is no guarantee that a replacement rotation will be available for the same block. The replacement rotation may be scheduled for the spring 2021 quarter and this will delay your planned date of graduation.

Rotation Binder:
The binder will serve as a tool to help students review what has been accomplished so far, and what remains to be accomplished in order to successfully meet all the requirements for experiential education. Preceptors will also be able to get a “snapshot” of the student’s skills and abilities, and project topics completed as they progress through their rotations.

How to set up the binder:
- Purchase a 2 to 3 inch 3-ring binder
- Place your name on the outside of the binder
- The first section of the binder must have the following in the order listed below:
  - Resume or C.V.
  - Printed list of rotations (will be given to you)
  - Copy of student technician/intern license
  - Copy of CPR Card
  - Copy of Immunization Training Certificate from APhA
  - Copy of HIPAA training certificate (Law Room spring 2020)
  - Copy of Universal Precautions training certificate (Law Room spring 2020)
  - Copy of OSHA training certificate (Law Room spring 2020)
  - Copy of up-to-date immunization record (will be given to you)
  - Pledge of Professional Conduct on Rotations (will be given to you)
Insert divider tabs for each APPE rotation:
- Community PPRAD 1802
- Hospital PPRAD 1803
- General Medicine PPRAD 1804
- Ambulatory Care PPRAD 1805
- Clinical Specialty PPRAD 1806
- Elective PPRAD 1807

Keep paper copies of all required assignments for rotations in addition to any work completed “above and beyond” the minimum.

What does NOT go into the binder?
ANY PATIENT IDENTIFYING MATERIAL THAT WOULD CONSTITUTE A BREACH OF PATIENT CONFIDENTIALITY ACCORDING TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

How to use the binder:
- Students will be expected to have their binder with them AT ALL TIMES while at each rotation site.
- At the start of each rotation, students should present their portfolio to the preceptor as part of setting the rotation expectations, goals and assignments.
- Binders will be randomly checked for completeness and general appearance.
  - This may be done:
    - During the on campus meeting the last Friday of each rotation
    - You will be notified if you need to bring it with you that day
    - By an OEE site visitor during a visit to the site

Licensure:
Illinois Pharmacy Technician Student license
Students must have a valid Illinois Pharmacy Student Technician license in the state of Illinois to be allowed in the experiential program of the curriculum. Students without a current Pharmacy Technician Student license will not be allowed to start rotations. A copy of the student’s current license must be kept in their rotation binder.

- Students are required to renew their Illinois Pharmacy Technician Student license and provide a copy of the new license to OEE by March 15, 2020 FINAL DUE DATE
- Students are required to maintain their Illinois Pharmacy Student technician license even while on rotations in another state.

For rotations outside of Illinois: Students must comply with all requirements for technician or intern licensure and registration of internship hours in the state where they are doing their rotation(s). Students must consult the Board of Pharmacy of the state for details on requirements for students doing rotations in that state.

Students must submit proof (copy of the license) to the OEE to show that they are in compliance with state specific regulations. A copy of the license must be kept in the student’s rotation binder.

Please note: Students must provide the Director of Experiential Education any information regarding disciplinary actions taken by the Department of Financial and Professional Regulation against their Technician license, including the date(s) of discipline and a brief synopsis of the case. A student who has their technician license revoked or suspended will result in the student being withdrawn from the experiential program.
**Immunizations and Site-Specific Requirements:**
The University requires that students submit documented laboratory proof of the absence of tuberculosis *(updated yearly)* by having a 2-step TB test. **It is recommended that students obtain a 2-step test at the time of their yearly TB test renewal.** For students with a positive skin test, absence of disease via chest x-ray is required, and must be updated every 2 years. Some sites may require a yearly chest x-ray. Proof of immunization against measles, mumps, rubella, varicella (chicken pox), Tdap *(updated every 10 years)*, and hepatitis is required prior to matriculation. QUANTITATIVE TITERS are required to assess immunity for measles, mumps, rubella, varicella, and hepatitis B. There may be some exceptions depending on the student’s particular health status and some site requirements may be more stringent. Any exceptions must be documented by a physician.

**Seasonal Flu Vaccine:**
All CCP students will be required to receive an annual flu vaccine and provide documentation to the Wellness Center. APPE students must plan to have their updated flu shot vaccine by **September 25, 2020**

*It is the student’s responsibility* to check and monitor the immunizations, titers and TB dates on file with the MWU Wellness Center. This can be checked by going to [http://online.midwestern.edu/](http://online.midwestern.edu/) *Please note:* Students may not start a rotation with a TB that will expire during the rotation. For example if a student’s TB will expire on 4-20-20, they are required to renew it before the start of APPE block 1 and meet the due date given by OEE via email.

**Dress Code:**
As stated in the MWU Student Handbook [http://mwunet.midwestern.edu/administrative/SS/ssSH_policy.htm#43](http://mwunet.midwestern.edu/administrative/SS/ssSH_policy.htm#43)

Students are expected to dress in an appropriately professional manner. Some departments may establish a dress code for particular activities (eg., scrubs for dental lab; closed-toed shoes for gross lab). The wearing of clothing having caricatures, messages, symbols, etc, that, based on societal norms, can be construed to be vulgar, offensive or to contribute to creating a hostile learning/academic environment demonstrates inappropriate professional judgment that may be subject to review and action by the Dean of Students along with the student’s respective college Dean.

If a student is in a facility participating in patient care—no matter how briefly—he or she must comply with the following dress code:

- The photo identification badge must be worn so that it is visible to anyone approaching.
- Clean, professional coats or jackets that clearly identify students according to their professional program and status and distinguish them from physicians and other health care professionals must be worn by students when with a patient, unless other dress is specified by the program/college or service (eg., scrub suits in surgery, obstetrics or dental labs/clinics).
- Male students are encouraged to wear a tie. When they do not wear a tie, only the top button of their shirt should be open at the neck.
- T-shirts, sweat shirts, halter tops, tank and tube tops, and backless or midriff-baring tops are not allowed.
- Casual slacks, blue jeans, fatigues, white trousers, short skirts, short dresses and shorts are not permitted.
- Dress shoes with socks/stockings are required, except in the dental clinic/simulation lab, surgery or obstetrics, where clean athletic shoes may be allowed.
- Sandals are not acceptable.
- Any visible body piercing, except ears, must be removed.
- Visible tattoos should be discreetly covered.
- Scrub suits are not to be worn except when the student is on the obstetrics service, in surgical scrub, in the emergency department or in the dental clinic/simulation lab.
- Scrub suits are not to be worn in other areas of medical centers, particularly not on the floors where there are patients or in the cafeteria (except in an emergency situation and only if the scrub suit is covered by a white coat.)
- Hair is to be neat, clean, and properly maintained, and a natural hair color.
Failure to observe these dress code policies may result in the student being asked to leave the premises. Habitual violators are subject to disciplinary action. Individual sites may have dress code requirements that are more stringent than those outlined above. Students must also comply with the dress code of the facility in which they are rotating.

**BEFORE THE ROTATION BEGINS:**
- Students should contact the preceptor approximately 10-15 days prior to the first day of rotation to discuss where to park, where to meet the first day and any site or rotation specific logistics, and/or pre-reading assignments if applicable.
- It is best to use the preceptor’s business email address. If the preceptor is a CCP grad, do not use their MWU email account. The preceptors typically do not check that email on a regular basis.

**THE FIRST WEEK OF ROTATION:**
- Discuss rotation specific expectations, goals, assignments, and due dates. CCP course requirements are detailed in the syllabus for each APPE rotation.
- Inquire who to report to if your preceptor is not onsite or unavailable.
- Inquire what is the best way to contact your preceptor if you need to report that you are sick or running late.

**ROTATION ATTENDANCE:**
- Students are expected to be at the rotation site for a minimum of 40 contact hours per week; a minimum of 8 hours per day; a minimum of 240 hours for each APPE rotation.
- Additional time will likely be necessary to complete assignments and care for patients.
- Daily start and end times will be set by the preceptor.
- Proper documentation of APPE hours is required. The APPE hours are reported to the Illinois State Board of Pharmacy and to other BOPs by request.
- Preceptors should inform an OEE Director if a minimum of 240 hours has not been completed by the student during the 6-week rotation block.

**Please note:** Work, social functions, and/or school social activities are NOT to be scheduled during this time period. Daily starting and stopping times are site-dependent, and determined by the preceptor. Based on patient care needs or other needs at the site, start and end times may vary from day to day.

**APPE ROTATION ATTENDANCE:**
*Because student APPE rotation hours are reported to the IL State Board of Pharmacy, it is essential that all hours are completed and accounted for. Consequently, the OEE APPE attendance policies must be adhered to by all students.*

**NO CALL/NO SHOW:**
The Office of Student Services must be informed whenever a student fails to show up for a rotation and has not notified the preceptor and the OEE. No unexcused absences are allowed during the rotation and may constitute grounds for rotation failure.

**Sick days:**
- If students are absent due to illness the student MUST call the preceptor AND OEE within the first two hours of the start of the rotation day.
- The student will be required, at the Course Director’s discretion, to provide a note from the physician for claims of personal illness. Other forms of documentation may be requested for other extenuating claims, at the Course Director’s discretion.
- Failure to notify your preceptor and the Office of Experiential Education will be considered grounds for failure of the rotation.
- There are no sick days built into the rotation. Anytime missed due to illness MUST be made up before the end of the rotation.
• *Life events such as marriage, pregnancy, hospitalization, or a personal emergency requiring the student to miss more than 2 days from any given rotation may result in withdrawal from that rotation.*
• Situations in which students miss more than 2 days due to extraordinary circumstances will be considered on a case-by-case basis.

**PLANNED ABSENCES:**
• Because daily rotation attendance is required, planned absences are strongly discouraged.
• Planned absences will be approved for extenuating circumstances only.
• Approval is handled on a case-by-case basis
• DO NOT purchase airline tickets until after you have approval
• **All planned absences must be approved FIRST by OEE and then by the preceptor.**
• Students may not miss more than 1 day on any rotation and this time MUST be made up before completion of the rotation. If a student knows they will require more than 1 day for a planned absence, the student should arrange to take that rotation block off.

**How to proceed:**
1. Email Professor Lullo with your request ([alullo@midwestern.edu](mailto:alullo@midwestern.edu)) for approval
2. She will reply back to let the student know if their request is approved or denied
3. If you receive approval from OEE; then ask your preceptor for approval
4. Reply back to Professor Lullo to let her know:
   a. If your preceptor approved
   b. How the missed hours will be made-up

**Accurate Reporting of APPE hours:**
In accordance with all CCP IPPE and APPE courses, ACPE guidelines and CCP graduation requirements all experience hours must be completed by each student and documented accordingly by the preceptor. Completion of all 240 APPE hours is required for all students in this APPE course.

The experience hours from this course series are counted and reported to the Illinois State Board of Pharmacy, and other BOPs, as part of the total required IPPE and APPE hours for the CCP Experiential Program. Failure to complete any required APPE course hours may result in course failure and delay of the student’s planned graduation. Falsification of any required APPE course hours will result in academic misconduct proceedings and may cause professional licensure disciplinary actions, as described in the Illinois Pharmacy Practice Act (225 ILCS 85/ 30 from Ch. 111, par. 4150)

Complete and accurate reporting of experience hours must be done by the preceptor by notation on the final evaluation form. The final evaluation form is submitted to OEE on the last day of the APPE rotation. Any hours missed MUST be reported to the Office of Experiential Education (OEE) by contacting the one of the Course Directors.

**HOLIDAYS:**
Most MWU holidays are considered "off" days for Advanced Pharmacy Practice Experience students. These include:
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day (the day after Thanksgiving is not a holiday for APPE students)

All APPE holidays are noted on the front page of each syllabus. This time must also be made up to ensure the student has a minimum of 240 hours for the rotation.
Occasionally, additional holidays may occur at the site. The preceptor will clarify any scheduling changes as needed.
**NEEDLE STICK/EXPOSURES OR INJURY ON CLINICAL ROTATION**
Contact one of the OEE Directors and follow the directions per the MWU Student Handbook provided below.

**Needle stick/Exposures or Injury on Clinical Rotation (as stated in the MWU Student handbook)**

**Procedure for Needle stick/Exposure Incident:**
[http://mwunet.midwestern.edu/administrative/SS/ssSH_policy.htm#94](http://mwunet.midwestern.edu/administrative/SS/ssSH_policy.htm#94)

**Procedure for Needlestick/Exposure Incident**
Students should always contact Risk Management at 630-515-7232 for exposures, needle sticks, or other types of injuries incurred while on clinical rotations. Students exposed to a patient via blood or potentially infectious body fluid should:
1. Immediately cleanse the affected area in accordance with medical standards;
2. Once the patient is stable (if applicable), notify the preceptor or supervisor of the occurrence and immediately seek evaluation and treatment following established medical guidelines and the protocols of the medical facility;
3. If the facility does not provide guidelines for treatment, go promptly to an urgent care facility, medical provider’s office or emergency room. Keep copies of all documentation;
4. Fill out injury and treatment forms following the protocol of the rotational facility or physician's office where they are assigned;
5. Students who incur expenses related to treatment of an accidental needle stick should seek reimbursement first through their health insurance company.

Please note that expenses incurred due to a needle stick or injury while on clinical rotation are not covered through Worker’s Compensation, unless otherwise provided by law. Any expenses that are not covered through a student's own health insurance company thereafter should be referred to the Director of Risk Management.

Students shall within 48 hours send a copy of the injury and treatment forms to their preceptor and clinical coordinator.
When making out an injury report for an exposure incident, the student and/or preceptor should give the name of the source individual and medical record number, if known or feasible. If an exposure occurs, the following information should be recorded in the student's confidential medical record:
1. Date and time of exposure;
2. Duty being performed by student;
3. Whether protective equipment (gowns, gloves, masks, protective eyewear) or engineering controls were used (i.e., recapping device or a needle disposal device or mechanical pipette);
4. Details of exposure, including amount and type of fluid or material, and severity (e.g., depth of percutaneous exposure and whether fluid was injected; extent and duration of skin or mucous membrane contact);
5. Description of source material, including HIV, HBV, HCV status if known. In the event the source individual is a dialysis patient, a current HBsAg report should be used.

**Student Consent:**
The consent of the student must be given, according to the directives of the rotation hospital/clinic and/or physician's office, before collection of his/her blood and before serologic testing can be done.
Source Individual:
The source individual is defined as any individual whose blood or other potentially infectious materials may be a source of exposure to the health care worker. Illinois and Arizona state statutes generally provide that “when a health care provider or employee of a health care facility is involved in an accidental direct skin or mucous membrane contact with the blood or bodily fluids of an individual which is of a nature that may transmit HIV, written informed consent of the source individual (patient) to perform an HIV test is not required.” The source individual should be identified by the student. Situations when it is not feasible to identify the source individual include incidents of needlesticks or cuts from Sharps of unknown sources, e.g., unmarked needle or blood sample. The source individual should be tested for hepatitis B, hepatitis C, and HIV in accordance with the directives of the rotation hospital/clinic or physician’s office where exposure occurred. Nondiscrimination Policy Midwestern University maintains a policy of nondiscrimination for all students regard

TB EXPOSURE:
Contact one of the APPE Course Directors immediately to report the possible exposure.
The CDC protocol is to have a TB test (one step TB test or Quantiferon) done ASAP and then again in 12 weeks. Results of each TB test must be sent to Professor Lullo ASAP.

Please note the following:
- Students should always contact Risk Management at 630-515-7232 for exposures, needle sticks, or other types of injuries incurred while on clinical rotations.
- Students who incur expenses related to treatment of needle sticks, or other types of exposure or injuries, should seek reimbursement first through their health insurance company.
- Any expenses that are not covered through a student’s own health insurance company thereafter should be referred to Risk Management.

SITE VISITS:
OEE Site Specialists randomly visit all rotation sites affiliated with MWU CCP. These pharmacists ensure the quality measures of experiential education are being met. They will review and grade student binders, meet with preceptors and answer any questions the students or preceptors may have.

COMMUNICATION WITH OEE & RESOURCES FOR PRECEPTORS AND STUDENTS:
It is the responsibility of the student to check their Midwestern e-mail and Canvas daily for announcements.
Because students will be working independently and off campus for this course, e-mail is often used to communicate information from the course director to the students in a timely manner. Students are responsible for information contained in these e-mails or on Canvas. Not checking your e-mail or Canvas will not be accepted as an excuse for having missed important rotation information.

Canvas™
All course syllabi and orientation documents will be posted on the site. Site-specific documents will be distributed at the discretion of the preceptor.

E-Mail:
Students missing any documentation required for rotations will be notified via Midwestern email. In addition, all notices of rotation cancellations and/or changes will be sent to the student via Midwestern email.

RMS access: If students or preceptors need help with access to RMS or any of the online evaluations please contact OEE at 630-515-7677 or email ccpoe@midwestern.edu, or contact Ms. Kathy Price at 630-515-7258.
Preceptor Resources Website can be found at:

www.midwestern.edu/ccppreceptors

- Link to our online Rotation Management System (RMS)
  - View assigned students: access to student phone number, email address, resume or CV
  - Complete rotation evaluations
- Access to all APPE course syllabi, skills sheets, evaluation forms & RMS directions
- Link to MWU Library online resources
- Link to Chicago College of Pharmacy current course catalog

Preceptors should contact OEE if any of the following occurs:
Informing OEE as soon as possible when any of the following occurs will allow us to provide guidance to the preceptor, and guidance and due process to the student.
- The student does not show up for rotation and has not called to inform you of delay or illness.
- The student is failing the rotation.
- The student has experienced a needle stick, or any other injury at the site
- There are behavioral or professional issues with the student.
- The student has violated HIPAA.
- The student is not in compliance with the APPE sick day and/or planned absence policy.

Please call the OEE main phone number 630-515-7677. There is someone available Monday through Friday 8:00am to 4:30pm CST. Alternatively, you may email one of the Course Directors. Contact information for the Course Directors can be found on page one of this syllabus.

Failing an APPE Rotation:

If the student is failing at any time during the rotation:

- **Preceptors:** If the student is failing the preceptor should:
  - Notify one of the course directors
  - Document the areas for improvement and what improvements are needed to pass the rotation and then discuss with the student. The documentation may be done using the Performance Improvement Plan (PIP) form provided by OEE. This form can be found on the preceptor webpage. www.midwestern.edu/ccppreceptors

- **Students:** If you are told that you are failing or at risk of failing the rotation, please contact one of the course directors ASAP. We will need to speak with you. The purpose of the conversation is to be supportive and offer guidance.

Per the MWU CCP Course Catalog:
A withdrawal failure (WF) may only be granted to a student with the approval of the Director of Experiential Education if the student is receiving a failing grade at the time of withdrawal and if the withdrawal is due to extenuating health or personal issues. A student who is requested by the preceptor or site administration to permanently leave the IPPE/APPE site for unprofessional behavior or patient safety issues may be issued a failing grade.

When a student either fails or receives a "WF" in an APPE, he/she must petition the Student Promotion and Graduation Committee within 30 calendar days after the last day of the APPE to retake the same type of APPE. After consideration of the circumstances of the failure or "WF", the Student Promotion and Graduation Committee may exercise any of the following options:
1. Require the student to take coursework;
2. Recommend that the student take coursework;
3. Recommend that the student undergo a period of independent study; or
4. Require the student to wait a defined time period before repeating the APPE.

The Committee's options are not limited to the above and will be determined on a case-by-case basis. The timing of the retake will be as early as possible once the student has satisfied the Committee's requirements, and is subject to availability of sites as determined by the Office of Experiential Education. The retake, if granted, must be completed within 12 calendar months of the date the petition is received by the Dean's Office. If the student fails or receives a "WF" for the APPE on the retake, he/she is dismissed from studies at CCP. Students are allowed only one failed or one "WF" for an APPE and one retake of the failed or "WF" APPE while enrolled at CCP.

EVALUATIONS:
Details are outlined on the Rotation Evaluations cover page in this syllabus. Preceptors and students should review the mid and final rotation grade together.

Directions for Preceptors:

Mid-rotation progress note:
Complete a Mid-Rotation Progress note electronically in RMS or as paper copy, and review with the student. Ideally this should be done late in week 3, or early in week 4 of the rotation block.
Please notify OEE if the student is failing at the mid-rotation review or at any time during the rotation.

Final rotation evaluation
a. Complete the final evaluation form online via RMS
OR
b. Complete a paper copy evaluation form. You may return the form to us:
   - Via fax to 630-515-6103
   - Via email to ccpoeep@midwestern.edu
   - Give the signed form to the student to submit to the Office of Experiential Education

• Discuss and review the final evaluations with your students. Explain their strengths and work with them to problem-solve strategies for areas of improvement.

ROTATION CHANGE POLICY:
Changes to APPE rotations will be made only upon a cancellation by the preceptor or site.
• In the event of a cancellation, OEE will make arrangements for a new rotation. Students must not contact preceptors or sites on their own. Students who initiate such contact will not be assigned to that site or preceptor.
• Student preferences will be considered if possible. However, in order to best accommodate replacement rotations for all students, OEE will make the final decision on the replacement rotation.

LIABILITY INSURANCE:
MWU/CCP students are covered by professional liability insurance. Any other insurance needs (i.e., health, accident, or car insurance) are the student’s responsibility.

STUDENT COMPENSATION:
Students will not receive financial or other compensation from the preceptor or Advanced Pharmacy Practice Experience site for services associated with the rotation.

PARKING:
Arrangements are site-dependent. Ask your preceptor about parking prior to the start of the rotation. Any cost for parking or transportation will be the student’s responsibility.
**WORK SPACE:**
Student work space, computer access, copy machine, and phone use are all site-dependent. Students must check with the preceptor for availability and approved use. Computer-assisted literature searches and copying needs related to assignments can be done through the campus library. No personal calls are permitted on Advanced Practice Experience site phones.

**LIBRARY TIME AND/OR “PROJECT DAYS”:**
There is NO mandatory requirement or allotment for time away from the site to work on projects or use the library. Any time devoted to such activities is completely at the discretion of the preceptor and is not built into the rotation schedule.

**PHOTOCOPYING MATERIALS:**
It is not within the scope of CCP staff members to photocopy or print materials related to the rotation for students, such as handouts, notes; so please do not ask them to do it. Photocopying or printing of any course materials beyond those provided by the instructor is done at the expense of the student at facilities provided elsewhere.

**ALGORITHM FOR HANDLING COURSE-RELATED ISSUES:**
Students with concerns regarding the rotation should follow the algorithm listed below. If the issue is not resolved by the preceptor or the course director the student should proceed with successive steps in the algorithm as appropriate.

Student --> Preceptor --> Course Director --> Deans Office

**ACADEMIC DISHONESTY:**
Academic dishonesty is defined in the MWU Student Handbook as: 1) Cheating: Unauthorized use of a text, notes, or other aids during an exam, copying the work of another student, or obtaining and using a copy of an examination in advance of its administration. 2) Computer misuse: Disruptive or illegal use of computer resources. 3) Fabrication: Intentionally falsifying or inventing any information or citation in any academic exercise. 4) Facilitating academic dishonesty: Intentionally or knowingly helping or attempting to help another student commit an act of academic dishonesty. 5) Forgery, alteration, or misuse of University documents, records, identification, etc. 6) Knowingly furnishing false information to the University. 7) Intentional obstruction or disruption of teaching, research, or administrative operational procedures. 8) Plagiarism: Presenting as one’s own the work of another without proper acknowledgment; deceitful practice, utilizing a substitute or acting as a substitute in any academic evaluation, of knowingly permitting one’s work to be submitted by another person without the instructor’s authorization. 9) Unauthorized collaboration: Working together on an exam or lab report when expressly prohibited from doing so by an instructor.

Acts of academic dishonesty are absolutely forbidden in this course. Academic dishonesty by students should be discouraged by peers as not being appropriate professional conduct. Every effort is made to prevent occurrences of academic dishonesty. Actions that will be taken in the event that a student is caught in a dishonest act include, but are not limited to: a failing grade for the work involved; suspension from the course which may result in a failing grade for the course; automatic failure in the course; and/or expulsion from the program.

**Students with a Disability:**
It is the policy of Midwestern University to ensure that no qualified student with a disability is excluded from participation in or subjected to discrimination in any University program, activity, or event. Student Services coordinates accommodations for all eligible students. If you need accommodations for a disability, please contact Student Services. It is the student’s responsibility to identify themselves in a timely manner as an individual with a disability when seeking an accommodation. More information regarding available services can be found at https://www.midwestern.edu/downers_grove_campus/student_services/disability_services.html.
NEW: As of February 13, 2020

Dear Midwestern University Community,

The Student Handbook has been updated regarding the use of marijuana, both medically and recreationally. Listed below is the revision from the Student Handbook.

Thank you,

Ross Kosinski Ph.D. Pamela Jurgens-Toepke D.D.S., M.A.
Dean of Students Associate Dean of Student Services

Marijuana, Medical and Recreational Use

Medical Marijuana is now permitted in both the State of Arizona and State of Illinois if prescribed by a physician. Recreational marijuana is now permitted in the State of Illinois. While state laws permit the use of medical marijuana by individuals possessing lawfully issued State medical marijuana cards and Illinois permits the use of recreational marijuana, federal laws prohibit marijuana use, its possession, and/or its cultivation at educational and clinical institutions that receive federal funding. The use, possession, or cultivation of marijuana for medical purposes is therefore not allowed in or on the premises of any Midwestern University property, including student housing apartments; nor is it allowed at any affiliated clinical sites or University sponsored event or activity.

All students sign a Drug-Free Workplace Certification Document prior to matriculation attesting their willingness to abide by the Midwestern University Drug-Free Workplace and Substance Abuse policy. Multiple states including Illinois allow recreational marijuana use. Although students may participate in clinical rotations in those states, regardless of state law, Midwestern University and its affiliated clinical rotation sites prohibit students from the use of drugs, including marijuana, which are illegal under the federal Controlled Substances Act (CSA) of 1970. Students testing positive for marijuana use will be subject to University disciplinary procedures irrespective of the state in which the marijuana was used, and will be suspended from clinical rotations until the student tests negative for marijuana on a drug screen.
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<th>Week 1</th>
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<td>Students at CCP for PharmD Seminar course</td>
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Required assignments per the Community APPE syllabus:

1. Skills/Observation/Discussion checklist:
   To be used over the 6 weeks of the rotation
   To be signed by the preceptor. To be submitted to OEE by the student on the last Friday of the rotation

2. Journal Club:
   Due date: ________________________________
   Topic: ____________________________________________

3. OTC Pharmacotherapy/Patient Care plan worksheets:
   Student must complete 5 over the 6 weeks
   Due dates: ________________________________

4. ADR weekly journal:
   Student must complete 2-3 per week
   Due dates: ________________________________

5. Health Promotion project:
   Due date: ________________________________
   Topic: ____________________________________________

6. Experience Summary:
   To be submitted to OEE by the student on the last Friday of the rotation
   Must complete in RMS

Other projects assigned by preceptor:___________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________

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Midwestern University provides equality of opportunity in its educational programs for all persons, maintains nondiscriminatory admission policies, and considers for admission all qualified students regardless of race, color, sex, sexual orientation, religion, national or ethnic origin, disability, status as a veteran, age or marital status.

Midwestern University is not responsible for loss of or damage to a student’s personal property on premises owned or operated by the University, regardless of cause.

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