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.

CLASS SCHEDULE:

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>APPE Rotation</strong></td>
<td>Daily start and finish times will be set by the preceptor</td>
<td>Assigned APPE rotation site</td>
</tr>
<tr>
<td>Monday through Friday</td>
<td>Students are required to be at the site 8 hours each day, 40 hours each week for a total of 240 hours.</td>
<td></td>
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<tr>
<td>during one of the following 6 week blocks:</td>
<td>Completion of all 240 hours is required for this rotation. These hours are reported to the State Board of Pharmacy.</td>
<td></td>
</tr>
<tr>
<td>Block 1: June 2 thru July 11, 2014 <strong>(Holiday: 7-4-14)</strong></td>
<td>*For the noted holidays, the students will not be at the site.</td>
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<tr>
<td>Block 2: July 14 thru Aug 22, 2014</td>
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<td>Block 4: Oct 6 thru Nov 14, 2014</td>
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<td>Block 6: Jan 12 thru Feb 20, 2015</td>
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<td>Block 7: Feb 23 thru April 3, 2015</td>
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<td>Block 8: April 6 thru May 15, 2015</td>
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<tr>
<td><strong>On-Campus activity</strong></td>
<td><strong>Last Friday of the rotation</strong></td>
<td><strong>TBA</strong></td>
</tr>
<tr>
<td>Students will return to campus the last Friday of each rotation.</td>
<td>Midwestern University campus Room - TBA</td>
<td></td>
</tr>
</tbody>
</table>

COURSE DIRECTOR:
Avery L. Spunt, RPh, MEd, FASHP  
Associate Dean for Clinical Affairs  
630-515-6100  
aspunt@midwestern.edu

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

Susan Cornell, PharmD, CDE, FAPhA  
Assistant Director  
630-515-6191  
sorne@midwestern.edu

ROLE OF THE COURSE DIRECTOR:
The role of the course director is to handle and organize exam questions, course grading, medical absences, overall format of the class and other related administrative issues.
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 license
- ✓ For rotations outside of Illinois: Each student must comply with all requirements for technician 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 June 2014 – Law Room
- ✓ OSHA training certificate updated June 2014 – Law Room
- ✓ Copy of your Universal Precautions training certificate updated June 2014 – 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. Call the site ASAP if any problems arise. An email or phone call must be made to the OEE office for any absence from the site.
2. Dress professionally. Refer to MWU guidelines for professional dress. A white lab coat displaying MWU ID is to be worn during clinic hours.
3. Students are expected to display enthusiasm, professionalism, and confidentiality with regard to patient care.
4. Neatness counts! Please be respectful to the property of the rotation site and their belongings as well.
5. Medical profiles or any printed patient data/information with patient identifiers are not to leave the site under any circumstances. **HIPPA violations are grounds for failure.**
6. Parking: as directed by the preceptor.
7. Progress is anticipated throughout the course of the rotation.

**Student MWU Responsibilities/Requirements:**
1. Journal Club: a presentation evaluating 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. Case Presentation: a presentation on any patient seen during the rotation. Student is expected to expand on a topic of interest pertaining to the patient and answer questions at the end. Reference page with 2-3 primary references required. Length of time of the presentation and additional instructions will be determined by the preceptor.
3. OTC Pharmacotherapy / patient care plan worksheet
4. Health Promotion project
5. SOAP notes/patient care plans on community disease states
6. 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.
7. Additional projects that may be assigned to the student will be rotation specific.

**Directions for patient interaction:** when working with patients students must be certain to:
1. Identify yourself and your role at the pharmacy
2. Always address a patient as Mr., Mrs., Ms. unless instructed by the patient to do otherwise.

**Portfolio**
For successful completion of Reflective Portfolio IV (PPRA 1801), please remember you will need to complete five progressive achievement entries and one capstone form by the end of rotation 6 (2/20/15, midnight CST). Please consider if you will be using any of your experiences from this APPE as evidence for any of your portfolio entries. If you need to get an activity form signed by your preceptor to serve as evidence, then you will need to do this **PRIOR** to the end of this rotation. Remember confidential information or patient information **CANNOT** be used as evidence. Any HIPAA violations or use of proprietary material will be grounds for an automatic **FAILURE** in Reflective Portfolio IV (PPRA 1801). Please review the syllabus from PPRA 1801 for additional information or contact Dr. Kathy Komperda (kkompe@midwestern.edu) with any questions.

**Preceptor Guidelines/Responsibilities:**
Are outlined in the APPE Preceptor Guideline document:
- Is mailed to each preceptor in May of each year
- Is available on the preceptor web page at: www.midwestern.edu/ccppreceptors

**EVALUATIONS AND GRADING:**
Evaluation in this course will come from your preceptor:
- Mid-rotation evaluation
- Final rotation evaluation
- Failure to attend the last Friday on-campus meeting, or complete the make-up assignment will result in a 10% decrease in the student’s final rotation grade.

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 the 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.
**ON CAMPUS MEETING: LAST FRIDAY OF THE ROTATION ***ATTENDANCE IS MANDATORY!**

On the last Friday of the elective rotation, the student will return to the Midwestern University campus for an end of rotation meeting, campus-based activity and/or an exam. The student MUST participate in the activity and take the exam during their elective rotation block and will not be allowed to reschedule the exam for a different rotation block. The exam will cover drugs from the top 200.

**Attendance at end of rotation on campus meeting is mandatory. Students living within 200 miles of campus are expected to attend.** Alternate arrangements will be made for students residing at, or attending rotation sites further than 200 miles.

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**Failure to attend the on-campus meeting and complete the activity and/or quiz will result in a 10% reduction in the student’s final rotation grade.**

There will be no make-up exams or assignments except for extraordinary situations, in which case an OEE Director must be contacted prior to the start of the on-campus meeting.

- As stated in the MWU Student Handbook, personal illness, personal emergency, personal incapacitation, or critical illness/death in the family are the only legitimate excuses for missing a required class activity.
- An unexcused absence will result in a zero for the final exam and/or activity; which will result in a 10% reduction of the student’s final rotation grade.
- The student may be required, at the course director’s discretion, to provide a note from the physician for claims of personal illness.

**Please note:** Routine medical or dental appointments (non-urgent), or having to work will NOT be considered reasons for excused absences.

**To be excused from the final activity/exam there must be extraordinary circumstances AND you must notify (via email or phone call) an OEE Director PRIOR to the final activity/exam.** If after hours, please leave a voice message.

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**ATTENDANCE POLICY**

**Community Rotation Site:**

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) Monday-Friday. Additional time will likely be necessary to complete assignments.

**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.

**Absences:**

*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 absence policies must be adhered to by all students.*

There are no sick days built into rotations. Situations in which students miss more than 2 days due to extraordinary circumstances will be considered on a case-by-case basis. All time missed must be made up, with the exception of University- or site-approved holidays, the Career Fair, and pre-approved attendance at professional association meetings (i.e. ASHP Midyear, APhA) or residency interviews.
Life events such as marriage, pregnancy, hospitalization, or personal emergency requiring the student to miss more than 2 days from any given rotation may result in withdrawal from that rotation and may delay graduation.

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 or CCP Dean’s Office. 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.
- Situations in which students miss more than 2 days due to extraordinary circumstances will be considered on a case basis. Generally, any student missing more than 2 days will be required to repeat the entire rotation during a later rotation block.

**Planned Absences:**
- Because daily rotation attendance is required, planned absences are discouraged.
- Planned absences will be approved for extenuating circumstances only.
- Approval is handled on a case-by-case basis.
- 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 an absence the student should arrange to take that rotation off.

**How to proceed:**
1. Email Professor Lullo with your request (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

**Excused Absences:**
The College may approve the absence of students from rotations so that they may attend professional meetings (local, state or national) or community service assignments pending the approval of the Office of Experiential Education and the primary preceptor. No more than 2 days annually will be excused. Excused absences do not require you to make up the time at the site. However, approved time missed over and above two days/year must be made up.
- Students are allowed 2 days over the course of all 6 rotations to attend a distant professional meeting.
- Students are allowed 3 days over the course of all 6 rotations to attend residency interviews.
- No more than 2 days total per rotation block will be approved for interviews and/or meetings.
- Days missed for meetings or residency interviews will be excused up to 2 days. Time missed beyond that must be made up.
**How to Proceed:** To be eligible, students must be in good academic standing and obtain the preceptor’s signature, and a signature from the OEE Office. Use the **CONFERENCE TRAVEL & ABSENCE REQUEST/APPROVAL FORM** online and on Blackboard. Once completed, return to the OEE for approval.

**Holidays:**
MWU holidays are considered "off" days for Advanced Pharmacy Practice Experience students. These include, New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day. Occasionally, additional holidays may occur at the site. The preceptor will clarify any scheduling changes as needed.

**Algorithm for Handling Course-Related Issues:**
Complaints about content, organization, grading, due dates for assignments and faculty (preceptors) 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, or 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.

**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 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 Directors.
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.

**GENERAL GUIDELINES:**

**Hours:**
Students are expected to be at the site for a minimum of 40 contact hours per week (8 hours per day) Monday-Friday. Additional time will likely be necessary to complete assignments. Work, social functions, and/or school social activities are not to be scheduled during this time period. Rotations start will start and end at times specific to the rotation site. Be aware of these times and adhere to them. If the student is unable to attend or adhere, the preceptor must be informed per clerkship policy.

**Dress Code:** As stated in the MWU Student Handbook
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 department 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 discretely 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.

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.

**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.** 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.

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 6-15-14, they are required to renew it before the start of APPE block 1 and meet the due date given by OEE via email.

It is the student’s responsibility to check their MWU email daily for directions on any special site requirements for upcoming rotations and 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,**
- **missing grades**
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.

**Any student not in compliance by the set due date with all immunization and special site requirements, will NOT be allowed to start the rotation AND MAY HAVE THAT ROTATION CANCELLED.** Please note this may delay graduation!
**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

Students exposed to a patient via blood or potentially infectious body fluid by needle or other means should abide by the steps listed below. For other types of injuries, please contact Risk Management at 623-572-3940.

1. Seek immediate treatment and follow-up in accordance with appropriate medical standards;
2. Fill out injury and treatment forms following the protocol of the rotational facility or physician's office where they are assigned;
3. Go immediately to an emergency department, urgent care facility, or medical provider's office; and
4. Immediately notify the preceptor and clinical coordinator of the occurrence.
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 5 days 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 must 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. Job duty being performed by student;
3. Whether protective equipment (gowns, gloves, masks, protective eyewear) or engineering controls were used (ie, recapping device or a needle disposal device or mechanical pipette);
4. Details of exposure, including amount and type of fluid or material, and severity (eg, 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.

**Licensure:**
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 student technician license will not be allowed to start rotations. A copy of the student's current license must be kept in their rotation binder.

For rotations outside of Illinois: Students must comply with all requirements for technician licensure and registration of internship hours in the state where they are doing their rotation(s). Students must submit proof to the OEE Office that they have contacted the Board of Pharmacy in that state not later than 6 weeks prior to the start of the rotation(s) and that they are in compliance with the regulations. A copy 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 Regulations against their Technician license, including the date(s) of discipline and a brief synopsis of the case. A student whose Technician license is revoked or suspended will result in the student being withdrawn from the clerkship program.

Per the **ACKNOWLEDGMENT OF REQUIREMENTS FOR APPE ROTATIONS/PharmD Class of 2015**

**EMAIL:**

- ✓ I understand that I am required to check my MWU email daily for notifications from the OEE or any of the sites to which I am assigned.
- ✓ I understand that Ms. Mees will begin to email students with any special requirements 8 to 10 weeks prior to the start of each APPE that I am assigned to. These emails will contain specific instructions and due dates which must be followed.
- ✓ Ms. Mees will begin to email students for APPE block 1 on April 1, 2014.

**PHARMACY TECHNICIAN LICENSE:**

- ✓ I understand that I am required to renew my Illinois Pharmacy technician license and provide a copy of the new license to OEE by the end of March 1, 2015.
- ✓ I understand that I am required to maintain my Illinois Pharmacy technician license even while I am on rotations in another state.
- ✓ I understand that if I am doing rotations outside of Illinois, I am responsible to follow the procedures required by those states for students on APPE rotations and obtain the necessary license or registration. Proof of compliance (copy of license, etc) is due into OEE 60 days prior to the start of any rotation outside of Illinois.

**CANCELLATION OF APPE ROTATIONS:**

- ✓ I understand that failure to have all MWU and/or site requirements completed by the due date for each APPE rotation will result in cancellation of that rotation. 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 summer 2014 quarter and this will delay my planned date of graduation.
- ✓ I understand that if I fail to complete special site requirements on time, the site may cancel my 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 summer 2015 quarter and this will delay my planned date of graduation.

**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, and copy machine 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.

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 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.

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 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 instructors if help is needed in identifying up-to-date, credible sources of information.

Breadth of Information Covered:
While rotation sites may be focused primarily on one or two specific chronic conditions (e.g. HTN or diabetes), other disease states that are commonly encountered in the community setting will be covered.

Workload:
This is a true community site (not “fabricated” site for student placement). As such, patient care must always come first. This should not be seen as a lack of interest in the students, but certain discussions and activities will be secondary to immediate patient care issues.

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 instructors for guidance on documentation. Always use black ink (not blue) in medical records.

Communication:
It is the responsibility of the student to check their Midwestern e-mail and Blackboard™ daily for class announcements. Since students will be working independently 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
Blackboard™. Not checking your e-mail or Blackboard™ will not be accepted as an excuse for having missed important rotation information.

**Blackboard™**
All course and orientation handouts, assignments, required readings, and experience summary 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.

**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.

**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.

**College Exam and Quiz Policy:**
1. All personal belongings should be placed in an area designated by the instructor/proctor. Only items allowed by the instructors/proctors should be in sight on the desk.
2. During the exam:
   - Brimmed hats (e.g. baseball hats) should be worn backwards (or not at all). Any other hat or head gear worn should allow for visualization of the ears, unless for religious purposes.
   - No sunglasses or mirrored glasses may be worn.
   - Any electronic devices unless for medical purposes must be left with personal belongings and must be set to operate in a “silent” mode.
   - Only college-approved calculators (without covers) may be used for exams.
3. All students must stop writing and immediately place their writing utensils on the desk when the end of the exam period is announced. Faculty are permitted to assess a grading penalty to students who continue to work, as described in the course syllabus.
4. Students must turn in all exam materials before leaving the exam room. Portions of the exam may be returned at a later time depending on the policy of the instructor.
5. The proctors are obliged to intervene if a student is suspected of professional misconduct during an examination. Examples of misconduct during an examination include, but are not limited to, a student:
   a) appears to be gazing at another student’s work.
   b) appears to be talking or signaling answers.
   c) neglects to protect his/her answer sheet from view of other students.
   d) is sitting near a student who is gazing at their work.
Such interventions are not of a personal nature. To avoid such interventions, every student must keep their eyes on his/her own work, shield his/her work from the view of others, and otherwise avoid any appearance of suspicious behavior.
**LAST FRIDAY ON-CAMPUS EXAM FOR STUDENT ON DISTANT ROTATION OR STUDENTS WITH EXCUSED ABSENCE**

1. Ms. Bridges will email the student to arrange a time to take the quiz
   - Students must provide Ms. Bridges with the fax number for the preceptor
   - Students MUST take the exam during the current rotation block and will not be allowed to reschedule the exam for a different rotation block.

2. The Top 200 Exam will be faxed directly to the preceptor
   - This is **NOT** an open book test.
   - Students are allowed 60 minutes to complete the exam.

3. Once the exam is complete:
   - Preceptor will need to sign their name on the cover sheet they are returning with the **student’s exam and return to Fax: 630-515-6103**, no later than 4:30pm CDT on the day of the exam
   - Preceptors must shred/destroy the paper copy of the exam after receipt of successful fax submission.
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. Practice patient-centered care

A. Establish relationships with patients and others necessary to involve patients in their own plan of care with informed shared decision-making

B. Design a patient care plan
   1. Obtain a patient history and review patient records, including laboratory data and other relevant data
   2. Conduct relevant physical assessment
   3. Identify and prioritize a problem
   4. Design a plan using appropriate therapeutic, pharmacokinetic, and economic principles, including non-pharmacological therapies

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

D. Document all patient care related activities
   1. Document all patient care related activities through chart notes, profile notes or letters to health care professionals
   2. Document outcomes regarding the therapeutic effectiveness of the patient care plan

II. Practice evidence-based clinical decision-making

A. Retrieve and evaluate drug information and literature
   1. Select appropriate information from available references and literature
   2. Analyze and interpret published reports based on safety, efficacy, and cost-effectiveness of pharmaceutical products and services

B. Apply the information to patient- and population-specific decisions in pharmacy
   1. Integrate drug information from multiple sources to form conclusions or recommendations when responding to a drug information question

III. Promote public health and disease prevention

A. Provide patient education regarding disease prevention
   1. Assess current patient knowledge of disease and identify gaps in knowledge
   2. Provide comprehensive disease prevention education
   3. Evaluate the effectiveness of the education provided

B. Design and implement community education programs
   1. Identify a need for education in the community
   2. Design and deliver a program to address the need
3. Evaluate the impact of the program and provide recommendations for program improvement

**IV. Participate effectively in interdisciplinary healthcare teams**

Collaborate with other health care professionals
A. Identify the pharmacist’s role for a given health care setting
B. Identify the roles and utility of other health care professionals
C. Evaluate the pharmacist’s contributions to the health care team
D. Demonstrate contribution to group situations and systems

**V. Communicate effectively**

Communicate professional knowledge clearly to colleagues, patients, and other health care professionals verbally and in writing
A. Communicate responsibly, willingly, and purposefully
B. Choose strategies and media that are appropriate to the purpose of the interaction and to the expectations and background of the audience to achieve a given goal
C. Demonstrate competence in the use and a variety of communication strategies and media
D. Evaluate the effectiveness of any communication encounter, modifying as necessary

**VI. Demonstrate critical thinking and problem solving skills**

Examine issues systematically and completely
A. Identify a problem
B. Develop thinking strategies to acquire, evaluate and synthesize knowledge
C. Demonstrate appropriate judgment when making decisions
D. Create and implement the recommendation or solution appropriate for a given patient or situation

**VII. Act in a professionally responsible manner and promote such action in others**

A. Make and defend rational, ethical decisions within the context of professional values
   1. Articulate ethical principles relevant to pharmacy practice
   2. Demonstrate confidentiality, sensitivity and tolerance in professional interactions

B. Maintain professional responsibility in self and promote such action in others
   1. Critique professional behavior of self and others
   2. Report unethical/unprofessional behavior to appropriate individuals and authorities

C. Represent and advance the profession of pharmacy

**VIII. Develop and manage a pharmacy practice**

A. Perform pharmacy management functions using appropriate data and procedures
   1. Practice in compliance with federal and state pharmacy laws and regulations
   2. Identify medication distribution and control systems and appropriately match with institutional needs
   3. Apply personnel management principles to recruit, hire, train, develop, supervise, motivate, retain, and evaluate staff
4. Manage financial resources
5. Apply computer skills and technologic advancements to practice
6. Market goods and services to patients and stakeholders
7. Apply principles of quality management to continually improve a pharmacy practice

C. Use and assess a method for reporting and managing medication misadventures
   1. Analyze and report adverse drug events and medication errors
   2. Recommend actions to minimize future occurrences

IX. Evaluate outcomes data associated with the practice of pharmacy

A. Use and assess a process for evaluating aspects of practice
   1. Evaluate data collected from a medication use evaluation and recommend actions to improve medication use
   2. Evaluate data collected from a practice site to discuss the impact of a pharmacist on clinical outcomes, economic outcomes, and humanistic outcomes
   3. Develop appropriate criteria and outcome measures for medication use based on analysis of the literature

B. Propose and support change in practice based on outcomes evaluation

X. Demonstrate self-assessment and self-directed learning

Self-assess knowledge and develop a plan to meet identified deficiencies
A. Design, implement and evaluate strategies to promote continued professional competence
B. Incorporate new knowledge into your practice of pharmacy
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. **Case Presentation:**
   Use the evaluation form provided & transfer the scores to the final evaluation form on RMS

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

5. **ADR weekly journal:**
   Student must complete 2-3 per week

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

7. **Soap notes/Patient care plans:**
   Student must complete 4 over the 6 weeks

8. **Experience Summary:**
   To be submitted to OEE by the student on the last Friday of the rotation
   To be done on RMS
Skills / Observation / Discussion Checklist

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

Student name: ____________________________________________________________

Preceptor name: __________________________________________________________

Rotation site: _____________________________________________________________

Rotation start & end date: __________________________________________________

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

### Procedures For Prescription Processing

- Taking in a prescription at the in-window
- Data entry of patient information
- Data entry of physician information
- Data entry of a new prescription
- Data entry of a refill prescription
- Prepare Rx for dispensing (count, label)
- Final verification of a prescription
- Handling prescription errors

### Procedures For Handling of Adverse Drug Events

- Drug allergies
- Drug-drug, drug-disease, drug-food interactions
- Adverse drug reaction

### Procedures For Third Party Prescription Processing

- Data entry of patient and insurance information
- Insurance formularies
- Prior/special approval
- Medicare Part D
<table>
<thead>
<tr>
<th>Procedures Observed For Patient Counseling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling of a new prescription</td>
</tr>
<tr>
<td>Counseling of a refill prescription</td>
</tr>
<tr>
<td>Counseling for OTC selection or recommendation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedures Observed For Pharmacy Law Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic substitution/state formulary</td>
</tr>
<tr>
<td>Transfer of prescriptions</td>
</tr>
<tr>
<td>HIPAA compliance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedures Observed For Inventory Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ordering drugs from the wholesaler</td>
</tr>
<tr>
<td>Putting the drug order away</td>
</tr>
<tr>
<td>Stock rotations/out of date drugs</td>
</tr>
<tr>
<td>Drug recalls</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedures Observed For Handling of Controlled Substances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Storage of controlled drug</td>
</tr>
<tr>
<td>Record keeping process for administration of controlled drugs</td>
</tr>
<tr>
<td>Sale of products containing pseudoephedrine</td>
</tr>
<tr>
<td>Returns to wholesaler</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedures Observed For Patient Education and Clinical Services: List or describe service below (e.g. immunization, MTM, diabetes clinic)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provision of services</td>
</tr>
<tr>
<td>List type of service:</td>
</tr>
<tr>
<td>List type of service:</td>
</tr>
<tr>
<td>List type of service:</td>
</tr>
<tr>
<td>List type of service:</td>
</tr>
<tr>
<td>Point of care services and training on equipment (e.g. Cholestech, A1c now, etc)</td>
</tr>
<tr>
<td>Patient education</td>
</tr>
<tr>
<td>Documentation</td>
</tr>
<tr>
<td>Reimbursement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedures Observed For Prescription Compounding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calculation of ingredients</td>
</tr>
<tr>
<td>Preparation of compound</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>4</th>
<th>Student was outstanding in effectiveness and consistency leading only to rare interventions. Student exhibits knowledge and/or skills well above minimum competency.</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Student was above average in effectiveness and consistency leading to occasional intervention. Student exhibits knowledge and/or skills above minimum competency.</td>
</tr>
<tr>
<td>2</td>
<td>Student was usually effective and consistent leading to consistent intervention. Student exhibits knowledge and/or skills at minimum competency.</td>
</tr>
<tr>
<td>1</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)?

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

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?

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

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:____________________
MWU Chicago College of Pharmacy APPE  
Case Presentation Evaluation Form

<table>
<thead>
<tr>
<th>Student Name: ___________________________________________</th>
<th>Date: ___________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceptor Name: __________________________________________</td>
<td>Site Name: ________________________________________</td>
</tr>
</tbody>
</table>

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

4 = Student was outstanding in effectiveness and consistency leading only to rare interventions. Student exhibits knowledge and/or skills well above minimum competency.

3 = Student was above average in effectiveness and consistency leading to occasional intervention. Student exhibits knowledge and/or skills above minimum competency.

2 = Student was usually effective and consistent leading to consistent intervention. Student exhibits knowledge and/or skills at minimum competency.

1 = Student was ineffective and inconsistent leading to extensive intervention. Student exhibits knowledge and/or skills below minimum competency.

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

1. **Patient Presentation**
   - Accurately states the patient’s problem list (CC, HPI, ROS, PE), reports relevant lab/tests as available.
   - Details chronological course effectively.
   - Provides data needed for accurate assessment.

2. **Knowledge**
   - Discusses pathophysiology including signs and symptoms and pertinent sequelae for the disease or clinical issue.
   - Discusses appropriate drug therapy for the disease state based on current practice guidelines or standards of care.
   - Effectively summarizes and applies information from the primary literature as it relates to the patient case.
   - Discusses the patient’s current drug therapy, including appropriateness, potential ADR’s, and dosing and pharmacokinetic parameters.
   - Uses appropriate parameters to assess endpoints of therapy including drug efficacy and/or toxicity.
   - Provides important counseling points for the patient (purpose, dosing, adverse effects, monitoring).

3. **Handout and/or Presentation Quality**
   - Delivers the presentation in a logical, organized sequence speaking clearly and making eye contact with audience.
   - Includes at least 2 primary references.
   - Handout is properly referenced, professionally prepared, and free of errors.
   - Responds to questions accurately and completely.

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 Case Presentation 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.
**MWU Chicago College of Pharmacy COMMUNITY ROTATION APPE (PPRA 1886)**
**OTC PHARMACOTHERAPY WORKSHEET #1**

### 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) ☐ other</th>
<th>If other, list relation to consumer.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>How old is the patient?</td>
<td><strong>Age = ________</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td>Is the patient male or female?</td>
<td>☐ male ☐ 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 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 diet.</td>
<td>Does the patient have any special nutritional requirements? ☐yes ☐no If yes, list ________</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 ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ 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>
</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>
</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 ___________
# Patient Related Data

**Patient**
- Is the consumer the patient or someone other than the patient? [ ] consumer (patient) [ ] other.
- If other, list relation to consumer.

**Age**
- How old is the patient? [ ] male [ ] female.
- If female, is she pregnant or nursing? [ ] pregnant [ ] nursing.
- Age = __________

**Sex**
- Is the patient male or female? [ ] male [ ] female.
- If female, is she pregnant or nursing? [ ] pregnant [ ] nursing.

**Other Illnesses**
- 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?
  1. ______________
  2. ______________
  3. ______________
  4. ______________
  5. ______________
- Is the complaint related to a chronic disease? [ ] yes [ ] no.
- If yes, list the chronic disease.

**Special Diets**
- Is the patient on a special diet? [ ] yes [ ] no.
- If yes, specify diet.
- Other nutritional requirements?
- Does the patient have any special nutritional requirements? [ ] yes [ ] no.
- If yes, list ________.

**Other Drugs**
- Is the patient on any OTC, Rx or social drugs or CAM?
  [ ] cigarettes [ ] alcohol [ ] other ______________
- OTC drugs or CAM
  ______________
  ______________
  ______________
  ______________
  ______________
- Rx drugs
  ______________
  ______________
  ______________
  ______________
  ______________
- Allergies
  Does the patient have any allergies? [ ] yes [ ] no.
  If yes, list allergy and reaction.

**Adverse Drug Reactions**
- Has the patient experienced any adverse drug reactions in the past? [ ] yes [ ] no.
- If yes, list below.

# Assessment of Symptoms

**Main symptom**
- What is the main symptom that the patient is concerned about?
  ______________

**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 __________________
**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>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 □ no</td>
<td>if yes, specify diet.</td>
<td></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 □ no</td>
<td></td>
<td></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></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>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Onset</td>
<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 □moderate □severe</td>
<td></td>
</tr>
<tr>
<td>Description</td>
<td>Can you describe the symptom?</td>
<td>List patient's description</td>
<td></td>
</tr>
<tr>
<td>Acute vs. Chronic</td>
<td>Is this a new problem? □ yes □ no</td>
<td>Is this a recurring problem? □ yes □ no</td>
<td>If yes, explain</td>
</tr>
<tr>
<td>Associated Symptoms</td>
<td>Are there other symptoms that occur concurrently? □ yes □ no</td>
<td>If yes, list other symptoms.</td>
<td></td>
</tr>
<tr>
<td>Precipitating or Exacerbating Factors</td>
<td>Does any food, drug, or physical activity make the symptom worse? □ yes □ no</td>
<td>If yes, specify.</td>
<td></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:

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

Preceptor signature ___________________________ Date ____________
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<tr>
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<tr>
<td>Age</td>
<td>How old is the patient?</td>
<td>Age = ________</td>
</tr>
<tr>
<td>Sex</td>
<td>Is the patient male or female?</td>
<td>if female, is she pregnant or nursing?</td>
</tr>
</tbody>
</table>
| Other Illnesses                                                        | 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? | 1._________________  
2._________________  
3._________________  
4._________________  
5._________________  |
| Special Diets                                                          | Is the patient on a special diet?                           | Does the patient have any special nutritional requirements? |
| Other Drugs                                                            | Is the patient on any OTC, Rx or social drugs or CAM?       | OTC drugs or CAM                     |
| Allergies                                                              | Does the patient have any allergies?                        | Rx drugs                             |
| Adverse Drug Reactions                                                | Has the patient experienced any adverse drug reactions in the past? | yes no                              |

2. ASSESSMENT OF SYMPTOMS

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<td>Time</td>
</tr>
<tr>
<td>Severity</td>
<td>How severe is the symptom?</td>
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</tr>
<tr>
<td>Description</td>
<td>Can you describe the symptom?</td>
<td>List patient's description</td>
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<tr>
<td>Acute vs. Chronic</td>
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<td></td>
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<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>
</tr>
<tr>
<td></td>
<td>1.____________________  2.____________________  3.____________________  4.____________________  5.____________________</td>
</tr>
<tr>
<td></td>
<td>☐ pregnant ☐ nursing</td>
</tr>
<tr>
<td>Special Diets</td>
<td>Is the patient on a special diet?</td>
</tr>
<tr>
<td></td>
<td>☐ yes ☐ no 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>
</tr>
<tr>
<td></td>
<td>☐ cigarettes ☐ alcohol ☐ other _____________________________</td>
</tr>
<tr>
<td></td>
<td>☐ OTC drugs or CAM</td>
</tr>
<tr>
<td></td>
<td>☐ Rx drugs</td>
</tr>
<tr>
<td>Allergies</td>
<td>Does the patient have any allergies?</td>
</tr>
<tr>
<td></td>
<td>☐ yes ☐ no</td>
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<tr>
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</tr>
<tr>
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<tr>
<th>☐</th>
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</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
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<td>☐</td>
<td>Seek physician referral under the following circumstances – explain.</td>
</tr>
<tr>
<td>☐</td>
<td>Discussed the following counseling points with the patient:</td>
</tr>
</tbody>
</table>

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:
________________________________________________________________________________________________________
________________________________________________________________________________________________________

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: __________________________
MWU Chicago College of Pharmacy COMMUNITY APPE ROTATION (PPRA 1886)

**ADR Journal**

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**

<table>
<thead>
<tr>
<th>Check the type of adverse event:</th>
<th>☐ Drug-drug interaction ☐ Drug-disease state interaction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Drug allergy ☐ Drug adverse effect ☐ Other ________________</td>
</tr>
<tr>
<td>Describe the problem:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Describe the solution and outcome:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Check the type of adverse event:</th>
<th>☐ Drug-drug interaction ☐ Drug-disease state interaction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Drug allergy ☐ Drug adverse effect ☐ Other ________________</td>
</tr>
<tr>
<td>Describe the problem:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Describe the solution and outcome:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Check the type of adverse event:</th>
<th>☐ Drug-drug interaction ☐ Drug-disease state interaction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Drug allergy ☐ Drug adverse effect ☐ Other ________________</td>
</tr>
<tr>
<td>Describe the problem:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Describe the solution and outcome:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 6**

<table>
<thead>
<tr>
<th>Week 6</th>
<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></td>
<td>Drug allergy</td>
<td>Drug adverse effect</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Describe the problem:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Describe the solution and outcome:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: ____________________
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: ________________________
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>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</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>
</tr>
<tr>
<td>3</td>
<td>Student was above average in effectiveness and consistency leading to occasional intervention. Student exhibits knowledge and/or skills above minimum competency.</td>
</tr>
<tr>
<td>2</td>
<td>Student was usually effective and consistent leading to consistent intervention. Student exhibits knowledge and/or skills at minimum competency.</td>
</tr>
<tr>
<td>1</td>
<td>Student was ineffective and inconsistent leading to extensive intervention. Student exhibits knowledge and/or skills below minimum competency.</td>
</tr>
</tbody>
</table>

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

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: ________________________
Common Diseases in the Community Setting

**Instructions:**
The student is to identify, monitor and evaluate one patient from each category listed below. The student should plan to complete approximately 1 patient SOAP note/care plan each week for a total of 4 throughout the course of their Community rotation. Students will monitor one patient from each category.

<table>
<thead>
<tr>
<th>Disease or Condition to be Monitored</th>
<th>Suggested Examples (OK to choose others)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>Evaluate patient’s current level of care and how it compares to the current guidelines (ADA or ACE)</td>
</tr>
<tr>
<td>Hypertension or Anticoagulation Management</td>
<td>Evaluate patient’s current level of care and how it compares to the current guidelines (JNCVII, Chest)</td>
</tr>
<tr>
<td>Lipid Management</td>
<td>Evaluate patient’s current level of care and how it compares to the current guidelines (ATPIII)</td>
</tr>
<tr>
<td>Respiratory or Pulmonary Disorder</td>
<td>Asthma, COPD, Smoking Cessation (NAEPP, EPR2 and NAEPP EPR Update 2002, NHLBI)</td>
</tr>
</tbody>
</table>

**Directions:**
Before beginning, remember HIPAA. Students must discuss with their preceptor how to remain compliant with the current privacy / confidentiality standards.

1. Identify a patient with the condition or disease.
2. Gather available patient-related data by completing the MWU CCP Pharmacotherapy Assessment and Patient Care Plan Form (provided on the next page). Optional: students may collect patient information in any manner the preceptor deems appropriate. The community setting may be limited in what objective information can be gather related to patient labs, diagnostic tests, etc. Students need to do the best they can.
4. Use an accepted treatment algorithm* or protocol* as a guide for patient care assessment/planning.
5. In the students evaluation, they must determine if the standards of care are being met for the patient and decide what interventions should be suggested/made for the patient.
6. Write up a brief assessment or SOAP note/care plan for the patient.
7. Discuss the patient care assessment and plan with the preceptor.
8. Have the preceptor sign off on written notes and completed monitoring forms.

**Algorithms / Treatment Protocols:**

1. Helpful websites include:
   - [www.guideline.gov](http://www.guideline.gov)
   - [www.aafp.org/afp/algorithm](http://www.aafp.org/afp/algorithm)
2. Some preceptors or practice sites may have established treatment protocols that have been approved for the site.
Top Ten

1. **Mismatched medication/indication**
   - Indication without medication
   - Medication without indication

2. **Inappropriate Drug/Dose Selection**
   - Comparative efficacy
   - Relative safety
   - Inappropriate dose (too high or too low)
   - Inappropriate frequency of administration
   - Inappropriate route/dosage form/mode of administration
   - Inappropriate length of therapy

3. **Adverse Drug Reactions**
   - Type A: consistent with pharmacologic action of the drug
   - Type B: allergic or idiosyncratic reactions not consistent with the pharmacology of the drug

   - Is the interaction clinically significant?
   - Is the combination contraindicated?

5. **Failure to receive prescribed therapy**
   - Patient noncompliance
   - Patient economic constraints
   - Patient apathy or indolence
   - Drug distribution or administration failure

6. **Therapeutic Duplication**

7. **Drug Allergy or Intolerance**
   - Patient has an allergy to specific medication or class of medications
   - Patient has a history of intolerance to specified therapy

8. **Social or Recreational Drug Use**
   - Current use problematic
   - Sudden discontinuation of or decrease in is related to patient’s symptoms (eg. withdrawal)

9. **Financial Impact**
   - Cost effectiveness
   - Cost is a financial hardship for the patient

10. **Patient Knowledge of Drug Therapy**
    - Patient does not understand the purpose or medication, how to administer it, and/or adverse reactions
    - Patient would benefit from educational tools (written information, wallet cards, reminder packaging (i.e. pill boxes))
<table>
<thead>
<tr>
<th>Subjective</th>
<th>Objective</th>
<th>Assessment</th>
<th>Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>List the signs/symptoms identified as undesirable.</td>
<td>List diagnostic tests/labs that are consistent with the problem.</td>
<td>Identify risk factors consistent with the problem. Circle the patient specific risk factors.</td>
<td>State the drug-related problem(s). e.g. mismatched drug/indication, inappropriate drug/dose, ADR’s, therapy duplications, financial impact, and patient knowledge of drug therapy.</td>
</tr>
<tr>
<td>Note: For assessment, medications should be matched to appropriate indications/problems or the patient should not be on the drug</td>
<td>List current medications for the problem.</td>
<td>Is the patient currently taking medication(s) that can cause the signs/symptoms or problem? If yes, identify how the drug has caused the problem.</td>
<td>Does the patient require drug treatment for this problem? How urgent is the situation?</td>
</tr>
</tbody>
</table>
List general clinical outcomes for this patient. (parameters, desired time frame)
e.g. cure the disease, prevent complications, relieve suffering, avoid ADR’s

Recommend non-pharmacologic therapy.

Recommend drug therapy (state rationale for this therapy).

Identify drugs to be avoided (inappropriate therapies).

Recommend goals & monitoring parameters (include frequency).
Include subjective and objective evidence that the treatment is working, endpoints to determine when therapy is complete or inadequate and changes are needed. Monitor for therapeutic and toxic endpoints.

Describe the activities that need to occur to implement your plan.

What patient education points will you address with this patient?
e.g. precautions, storage, expected adverse effects & how to manage them, how to administer, education on adherence and persistence (tips), life style modifications

PRECEPTOR’S SIGNATURE:__________________________________________DATE:_________________
# SOAP NOTE/CARE PLAN #2

<table>
<thead>
<tr>
<th>Subjective</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>List the signs/symptoms identified as undesirable.</td>
<td>List diagnostic tests/labs that are consistent with the problem.</td>
</tr>
</tbody>
</table>
| | List current medications for the problem.  
Note: For assessment, medications should be matched to appropriate indications/problems or the patient should not be on the drug |

| Assessment | | |
|------------|-----------------|
| Identify risk factors consistent with the problem. Circle the patient specific risk factors. | Is the patient currently taking medication(s) that can cause the signs/symptoms or problem? If yes, identify how the drug has caused the problem. |
| | Does the patient require drug treatment for this problem? How urgent is the situation? |

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>State the drug-related problem(s). e.g. mismatched drug/indication, inappropriate drug/dose, ADR’s, therapy duplications, financial impact, and patient knowledge of drug therapy.</td>
<td></td>
</tr>
</tbody>
</table>
**PHARMACY CARE PLAN**

<table>
<thead>
<tr>
<th>P</th>
<th>H</th>
<th>R</th>
<th>M</th>
<th>A</th>
<th>C</th>
<th>Y</th>
<th>C</th>
<th>A</th>
<th>R</th>
<th>P</th>
<th>L</th>
<th>A</th>
<th>N</th>
</tr>
</thead>
</table>

List general clinical outcomes for this patient. (parameters, desired time frame)  
*e.g. cure the disease, prevent complications, relieve suffering, avoid ADR’s*

Recommend non-pharmacologic therapy.

Identify drugs to be avoided (inappropriate therapies).

Recommend drug therapy (state rationale for this therapy).

Recommend goals & monitoring parameters (include frequency).  
*Include subjective and objective evidence that the treatment is working, endpoints to determine when therapy is complete or inadequate and changes are needed. Monitor for therapeutic and toxic endpoints.*

Describe the activities that need to occur to implement your plan.

What patient education points will you address with this patient?  
*e.g. precautions, storage, expected adverse effects & how to manage them, how to administer, education on adherence and persistence (tips), lifestyle modifications*

PRECEPTOR’S SIGNATURE: _______________________________ DATE: ________________
<table>
<thead>
<tr>
<th>Subjective</th>
<th>List the signs/symptoms identified as undesirable.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective</td>
<td>List diagnostic tests/labs that are consistent with the problem.</td>
</tr>
</tbody>
</table>
| | List current medications for the problem.  
*Note: For assessment, medications should be matched to appropriate indications/problems or the patient should not be on the drug* |
<p>| Assessment | Identify risk factors consistent with the problem. Circle the patient specific risk factors. |
| | Is the patient currently taking medication(s) that can cause the signs/symptoms or problem? If yes, identify how the drug has caused the problem. |</p>
<table>
<thead>
<tr>
<th></th>
<th>Does the patient require drug treatment for this problem? How urgent is the situation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>State the drug-related problem(s). <em>e.g. mismatched drug/indication, inappropriate drug/dose, ADR’s, therapy duplications, financial impact, and patient knowledge of drug therapy.</em></td>
<td></td>
</tr>
</tbody>
</table>
**Pharmacy Care Plan**

1. **List general clinical outcomes for this patient. (parameters, desired time frame)**  
   *e.g. cure the disease, prevent complications, relieve suffering, avoid ADR’s*

2. Recommend non-pharmacologic therapy.

3. Recommend drug therapy (state rationale for this therapy).

4. Identify drugs to be avoided (inappropriate therapies).

5. **Recommend goals & monitoring parameters (include frequency).**  
   *Include subjective and objective evidence that the treatment is working, endpoints to determine when therapy is complete or inadequate and changes are needed. Monitor for therapeutic and toxic endpoints.*

6. Describe the activities that need to occur to implement your plan.

7. **What patient education points will you address with this patient?**  
   *e.g. precautions, storage, expected adverse effects & how to manage them, how to administer, education on adherence and persistence (tips), life style modifications*

**Preceptor’s Signature:**

**Date:**
# SOAP NOTE/CARE PLAN #4

## Subjective

List the signs/symptoms identified as undesirable.

## Objective

List diagnostic tests/labs that are consistent with the problem.

List current medications for the problem.  
**Note:** For assessment, medications should be matched to appropriate indications/problems or the patient should not be on the drug.

## Assessment

Identify risk factors consistent with the problem. Circle the patient specific risk factors.

Is the patient currently taking medication(s) that can cause the signs/symptoms or problem? If yes, identify how the drug has caused the problem.

Does the patient require drug treatment for this problem? How urgent is the situation?

## Drug-related

State the drug-related problem(s).  
*e.g. mismatched drug/indication, inappropriate drug/dose, ADR’s, therapy duplications, financial impact, and patient knowledge of drug therapy.*
List general clinical outcomes for this patient. (parameters, desired time frame)
e.g. cure the disease, prevent complications, relieve suffering, avoid ADR’s

Recommend non-pharmacologic therapy.

Recommend drug therapy (state rationale for this therapy).

Identify drugs to be avoided (inappropriate therapies).

Recommend goals & monitoring parameters (include frequency).
*Include subjective and objective evidence that the treatment is working, endpoints to determine when therapy is complete or inadequate and changes are needed. Monitor for therapeutic and toxic endpoints.*

Describe the activities that need to occur to implement your plan.

What patient education points will you address with this patient?
e.g. precautions, storage, expected adverse effects & how to manage them, how to administer, education on adherence and persistence (tips), life style modifications

PRECEPTOR’S SIGNATURE:_______________________________________DATE:___________________
Submit online via RMS/Due the last day of the rotation

Student name: ________________________________________________________________

Site: _____________________ Rotation Date: ________________

Preceptor: ________________________________________________________________

Rotation Goals: discuss with preceptor week one of rotation

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Weekly Review:

Use this section each week to summarize the following:
1. What you learned
2. What you need to review
3. Any problem situation and how it was resolved

<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>
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<tr>
<td>Three</td>
<td></td>
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<tr>
<td>Four</td>
<td></td>
</tr>
<tr>
<td>Five</td>
<td></td>
</tr>
<tr>
<td>Six</td>
<td></td>
</tr>
</tbody>
</table>
Review over the entire 6 week rotation:

<table>
<thead>
<tr>
<th>Disease State Covered (including OTC pharmacotherapy)</th>
<th>Number of Patients Seen</th>
<th>Level of student knowledge (comfort) with this Disease State</th>
<th>1 = not comfortable; 5 = extremely comfortable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Asthma</td>
<td>8</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<td>1 2 3 4 5</td>
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<td></td>
<td></td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

Description of case presentation:

Area(s) I did well:

Area(s) that could be improved:

Strategies for improvement:

Journal article evaluated and presented:

Area(s) I did well:

Area(s) that could be improved:

Strategies for improvement:

Description of health promotion project:

Area(s) I did well:

Area(s) that could be improved:

Strategies for improvement:

Additional reflections/experiences of the community 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 the final evaluation form via fax to OEE. Fax number: 630-515-6103.
A paper copy of each evaluation form is attached.

**Students:**
Please log onto RMS to complete the following:

1. **Final rotation self-evaluation** - due by 4pm on the last day of the rotation
2. **Preceptor and site evaluation** - due by 4pm on the last day of the rotation
3. **Experience Summary** - due by 4pm 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

Student Name: ___________________________________  Rotation: __________________________
Preceptor Name: ____________________________________________________________
Site Name: ___________________________________________________________________

DIRECTIONS:
*The preceptor MUST complete a mid-rotation progress note for each student by the end of week three or no later than
the Wednesday of week four.

*This form must be presented to the student and their progress discussed; including their strengths and
accomplishments along with areas that need improvement and suggestions for improvement.

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

<table>
<thead>
<tr>
<th>Goal/Objective</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Care &amp; Practice Management:</td>
<td>Communication skills, critical thinking skills</td>
</tr>
<tr>
<td></td>
<td>Patient assessment, drug therapy assessment</td>
</tr>
<tr>
<td></td>
<td>Efficiently functions in the practice setting</td>
</tr>
<tr>
<td></td>
<td>Functions in accordance with laws and regulations</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal/Objective</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotation assignments:</td>
<td>Assignments to date completed on time</td>
</tr>
<tr>
<td></td>
<td>Assignments to date are complete, accurate &amp; of professional quality</td>
</tr>
<tr>
<td></td>
<td>Adequate progress made on upcoming assignments</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
</tbody>
</table>

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

Preceptor signature _____________________  Date ______________
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**

<table>
<thead>
<tr>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4</strong> = Student was exceptional in professional behavior leading only to a rare intervention. Student exhibits professional &amp; social behaviors well above minimum competency.</td>
<td><strong>3</strong> = Student was above average in professional behavior leading to occasional intervention. Student exhibits professional &amp; social behaviors above minimum competency.</td>
<td><strong>2</strong> = Student was average in professional behavior leading to consistent intervention. Student exhibits professional &amp; social behaviors at minimum competency.</td>
<td><strong>1</strong> = Student was below average in professional behavior leading to extensive intervention. Student exhibits professional &amp; social behaviors below minimum competency.</td>
</tr>
</tbody>
</table>

Please Note: A final score of 1 in any item numbered 1 – 6 will result in failure of the rotation

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.  
   
2. **Student is ethical**: maintains confidentiality of patient and/or site specific data and documents; strictly follows HIPAA guidelines; adheres to the practice site regulations, rules, code of ethics and patient’s bill of rights.  
   
3. **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 words  
   
4. **Student is diplomatic**: interacts with preceptor, patients, other health care professionals, administrators & colleagues professionally; communicates in a respectful, diplomatic, nonjudgmental style using appropriate body language; avoids inappropriate comments & gestures.  
   
5. **Student is respectful of site guidelines**: strictly follows guidelines for the use of electronic devices as established by the site & preceptor; adheres to guidelines for use of any site materials, equipment or devices.  
   
6. **Student is self-directed, reliable & accountable**: for all tasks, duties, & responsibilities; responds maturely to feedback and constructive criticism.
Section II: Patient Care and Practice Management Competency Assessment

Use the following 4-point scale to answer the following questions.

**Only whole numbers may be used; no fractions or decimals.**

| 4 = | Student was outstanding in effectiveness and consistency leading only to rare interventions. Student exhibits knowledge and/or skills well above minimum competency. |
| 3 = | Student was above average in effectiveness and consistency leading to occasional intervention. Student exhibits knowledge and/or skills above minimum competency. |
| 2 = | Student was usually effective and consistent leading to consistent intervention. Student exhibits knowledge and/or skills at minimum competency. |
| 1 = | Student was ineffective and inconsistent leading to extensive intervention. Student exhibits knowledge and/or skills below minimum competency. |

Please note: A final score of 1 in any item numbered 1–10 will result in failure of the rotation.

| 1. Communication Skills (Verbal): Effectively communicates and articulates relevant information through oral communications. | 4 | 3 | 2 | 1 |
| 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 pharmaceutical care. | 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 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 |
| 8. 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 |
| 9. Implementation of Patient Care Activities: Effectively counsels, communicates, refers, and selects the appropriate medications or care plans for patients. | 4 | 3 | 2 | 1 |
| 10. 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 |
| 11. 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 |
| 12. Practice Management: Demonstrates the knowledge and abilities to function in accordance with pharmacy laws and regulations. | 4 | 3 | 2 | 1 |
| 13. 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 |
| 14. 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 |
### Manual Grade Calculation

1. **Section I Grade Calculation:** Total all dimensions from Section I and divide by 6 = _____ , multiply x 0.20 = ______, multiply by 100 ______

2. **Section II Grade Calculation:** Total all dimensions from Section II and divide by 14 = _____ , multiply x 0.40 = ______, multiply by 100 ______

3. **Section III Grade Calculation:** Total all dimensions form Section III and divide by 13 = _____ , multiply x 0.40 = ______, multiply by 100 ______

4. **Final grade:** Sum of sections 1 + 2 + 3 = __________

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>400-350</td>
<td>349-310</td>
<td>309-270</td>
<td>≤ 269</td>
</tr>
</tbody>
</table>

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 Dean Spunt if a minimum of 240 hours has not been completed by the student.

Preceptor Signature __________________________ Date ______________
## Community APPE Calendar

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1</td>
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<td>Week 2</td>
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<tr>
<td>Week 3</td>
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<td></td>
<td>Mid-Point Student eval due by preceptor</td>
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<tr>
<td>Week 4</td>
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<td>Week 5</td>
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<tr>
<td>Week 6</td>
<td></td>
<td>Final Student eval due by preceptor</td>
<td></td>
<td>Students at CCP for on campus meeting</td>
</tr>
</tbody>
</table>
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. Case Presentation:
   Due date: ________________________________
   Topic: ____________________________________________

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

5. ADR weekly journal:
   Student must complete 2-3 per week
   Due dates: _________ _________ _________ _________ _________ _________

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

7. Soap notes/Patient care plans:
   Student must complete 4 over the 6 weeks
   Due dates: 1. _________ 2. _________ 3. _________ 4. _________

8. 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:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________