COURSE DESCRIPTION:
Pharmacy students may select from a list of electives with a variety of non-patient care foci or an additional clinical specialty pharmacy practice experience. Pharmacy students under the supervision of an adjunct faculty or fulltime faculty member will gain experience in their chosen elective area. The student will complete 3 major projects with focus applicable to the site. 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>APPE Rotation</th>
<th>Dates</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Each rotation block is 6 weeks.</strong></td>
<td>Block 1: June 1 thru July 10, 2015** **(Holiday 7/4/15)</td>
<td>Daily start and finish times will be set by the preceptor</td>
<td>Assigned APPE rotation site</td>
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<tr>
<td></td>
<td>Block 2: July 13 thru Aug 21, 2015</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>
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<tr>
<td></td>
<td>Block 3: Aug 24 thru Oct 2, 2015 **(Holiday 9-7-15)</td>
<td>Completion of all 240 hours is required for this rotation. These hours are reported to the State Board of Pharmacy.</td>
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<td></td>
<td>Block 4: Oct 5 thru Nov 13, 2015</td>
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<td>Block 6: Jan 11 thru Feb 19, 2016</td>
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<td>Block 7: Feb 22 thru April 1, 2016</td>
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<td>Block 8: April 4 thru May 13, 2016</td>
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<tr>
<td><strong>On-Campus activity</strong></td>
<td>Last Friday of the rotation</td>
<td>Students will return to campus the last Friday of each rotation.</td>
<td>TBA</td>
</tr>
<tr>
<td>On-Campus activity</td>
<td>Students will return to campus the last Friday of each rotation.</td>
<td></td>
<td>Midwestern University campus Room - TBA</td>
</tr>
</tbody>
</table>

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

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

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

ROLE OF THE COURSE DIRECTORS:
The role of the course directors is to handle and organize exam questions, course grading, medical absences, overall format of the class and other related administrative issues.
**Elective Rotation Goals:**
The student will develop an understanding of the role of the pharmacist, and gain knowledge and skills to manage resources and daily operations applicable to the specific elective rotation site.

**Elective Rotation Objectives:**
At the end of this clinical rotation, the student will be able to:
1. Develop and articulate a philosophy of pharmacy practice
2. Demonstrate professional behaviors deemed necessary for practice in this setting
3. Demonstrate effective communication skills (written and verbal) with patients and other health care providers
4. Demonstrate critical thinking skills
5. Demonstrate knowledge and ability to manage resources and daily operations
6. Demonstrate competency with site specific objectives
7. Complete three major projects specific to the site
8. 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 2015– Law Room
- ✓ OSHA training certificate updated June 2015-- Law Room
- ✓ Copy of your Universal Precautions training certificate updated June 2015- 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 site 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. Please know that **HIPAA violations will result in failure of the rotation.**
   HIPAA and site specific confidentiality guidelines are to be followed at all times.
6. Parking: as directed by the preceptor.
7. Progress is anticipated throughout the course of the rotation.

**Student MWU Responsibilities/Requirements:**
1. Three site specific projects:
   The student will complete 3 main projects to be over the 6 week rotation.
   The topic and structure of each project will be determined by the preceptor.
2. Other site specific objectives, projects and assignments will be determined by the preceptor.

**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 (2/19/16 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.

While the experience will be coordinated by the primary preceptor, additional preceptors may be called upon to teach certain skills or supervise projects, depending on the interest of the student.

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 150 miles of campus are expected to attend.** Alternate arrangements will be made for students residing at, or attending rotation sites further than 150 miles.

**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.

**ATTENDANCE POLICY**
**Elective Rotation Site:**
Students are expected to be at the rotation site for a minimum of 40 contact hours per week (minimum 8 hours per day). 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, of knowingly permitting one’s work to be submitted by another person without the instructor’s authorization. 9) Unauthorized collaboration: Working together on an exam or lab report when expressly prohibited from doing so by an instructor.

**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 plus per day). 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. Students with an assigned rotation for block 3 should plan to have their flu shot completed prior to the start of block 3.

It is the student’s responsibility to check and monitor the immunizations, titer 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 6-15-15, 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 (even for the blocks you are off) 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](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 Regulation 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 2016**

**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 Haase will begin to email students for APPE block 1 on April 1, 2015.

**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 **March 1, 2016**.
- ✓ 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 **6 weeks 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 2016 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 2016 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.

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

**Violation of HIPAA is not permitted and is grounds for immediate removal from the site with a failing grade.**
Examples of HIPAA compliance include, but are not limited to:

- Medical charts or any printed patient data/information with patient identifiers are not to leave the site under any circumstances.
- Patient data is to be accessed and disclosed only as needed for the treatment of a patient
No discussion of patients in public areas
No taking pictures of patients
No posting pictures of patients online

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.

Workload:
This is a true practice 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 e-mail and Blackboard™ (http://midwestern.blackboard.com) 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 their own work, shield their 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.
Elective APPE Rotation Assignments

1. **Project one- transfer grade to final evaluation form**
   Student is to complete the project proposal and present to the preceptor for review & approval. Preceptor should use the evaluation provided to grade the project & transfer the scores to the final evaluation form on RMS.

2. **Project two- transfer grade to final evaluation form**
   Student is to complete the project proposal and present to the preceptor for review & approval. Preceptor should use the evaluation provided to grade the project & transfer the scores to the final evaluation form on RMS.

3. **Project three- transfer grade to final evaluation form**
   Student is to complete the project proposal and present to the preceptor for review & approval. Preceptor should use the evaluation provided to grade the project & transfer the scores to the final evaluation form on RMS.

4. **Experience Summary- to be submitted to OEE**
   To be submitted to OEE by the student on the last Friday of the rotation. Complete online via RMS
MWU Chicago College of Pharmacy
ELECTIVE APPE (PPRA 1885) Project # 1
PROJECT PROPOSAL FORM- TO BE COMPLETED BY THE STUDENT

Project #1:

Student Name: _____________________________________  Date: _______________________
Preceptor Name: _________________________________ Site Name: _______________________

Directions:
1. Provide a brief description of the project (attach any supporting documents):
2. Review the proposed project with your preceptor and have your preceptor sign at the bottom.

Project name: __________________________________________
Project goal: ________________________________________________________________________
Details:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Resources required:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Intended audience:________________________________________
Expected date of completion:________________________________

Preceptor signature: ________________________________  Date: ___________________________
MWU Chicago College of Pharmacy  
Elective APPE (PPRA 1885) Project #1 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**

| 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. |

1. The completed project was appropriate for the intended audience and well-received by the community, patients and/or other health care professionals. 4 3 2 1
2. The student met the intended goal of the project. 4 3 2 1
3. The student did the necessary researching of the project. 4 3 2 1
4. The student demonstrated the ability to follow-through with the project from conception to conclusion and used effective time management in completing the project. 4 3 2 1
5. The project and supporting materials were of a professional quality. All educational materials were properly referenced. 4 3 2 1
6. The student accurately answered questions regarding the project. 4 3 2 1

Comments:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Grading = Total points for all sections (maximum points = 24)  Final Score: _______

**Transfer the student’s final score to the Final Evaluation Form Section III: Rotation Specific Assignments when completing the final evaluation.

Comments:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Preceptor signature: ___________________________  Date: _______________________

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MWU Chicago College of Pharmacy
ELECTIVE APPE (PPRA 1885) Project #2
PROJECT PROPOSAL FORM- TO BE COMPLETED BY THE STUDENT

**Project #2:**

Student Name: _______________________________ Date: ______________________

Preceptor Name: _______________________________ Site Name: ______________________

**Directions:**

1. Provide a brief description of the project (attach any supporting documents):
2. Review the proposed project with your preceptor and have your preceptor sign at the bottom.

**Project name:** ________________________________________________________________

**Project goal:** ________________________________________________________________

**Details:**

_____________________________________________________________________________________
_____________________________________________________________________________________
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_____________________________________________________________________________________
_____________________________________________________________________________________

**Resources required:**

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

**Intended audience:** ________________________________________________________________

**Expected date of completion:** _______________________________________________________

Preceptor signature: _______________________________ Date: ________________
MWU Chicago College of Pharmacy APPE
Elective APPE (PPRA 1885) Project #2 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>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student was outstanding in effectiveness and consistency leading only to rare interventions. Student exhibits knowledge and/or skills well above minimum competency.</td>
<td>Student was above average in effectiveness and consistency leading to occasional intervention. Student exhibits knowledge and/or skills above minimum competency.</td>
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</tbody>
</table>

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2. The student met the intended goal of the project. 4 3 2 1
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6. The student accurately answered questions regarding the project. 4 3 2 1

Comments:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Grading = Total points for all sections (maximum points = 24) Final Score: _________

**Transfer the student's final score to the Final Evaluation Form Section III: Rotation Specific Assignments when completing the final evaluation online.

Comments:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Preceptor signature: ____________________________ Date: ____________________________
MWU Chicago College of Pharmacy
ELECTIVE APPE (PPRA 1885) Project #3
PROJECT PROPOSAL FORM- TO BE COMPLETED BY THE STUDENT

**Project #3:**

Student Name: _____________________________________  Date: _______________________
Preceptor Name: _________________________________ Site Name: _______________________

**Directions:**
1. Provide a brief description of the project (attach any supporting documents):
2. Review the proposed project with your preceptor and have your preceptor sign at the bottom.

Project name: ________________________________________________
Project goal: ________________________________________________

**Details:**
_____________________________________________________________________________________
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_____________________________________________________________________________________

**Resources required:**
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

**Intended audience:** __________________________________________

**Expected date of completion:** _________________________________

Preceptor signature: ______________________________________  Date: _______________
MWU Chicago College of Pharmacy  
Elective APPE (PPRA 1885) Project #3 Evaluation Form

Student Name: _________________________________ Date: __________________________

Preceptor Name: _________________________________ Site Name: ______________________

**USE THE FOLLOWING 4-POINT SCALE TO ANSWER THE FOLLOWING QUESTIONS.**

**ONLY WHOLE NUMBERS MAY BE USED; NO FRACTIONS OR DECIMALS**

<table>
<thead>
<tr>
<th></th>
<th>4 = Student was outstanding in effectiveness and consistency leading only to rare interventions. Student exhibits knowledge and/or skills well above minimum competency.</th>
<th>3 = Student was above average in effectiveness and consistency leading to occasional intervention. Student exhibits knowledge and/or skills above minimum competency.</th>
<th>2 = Student was usually effective and consistent leading to consistent intervention. Student exhibits knowledge and/or skills at minimum competency.</th>
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</tr>
</thead>
</table>

1. The completed project was appropriate for the intended audience and well-received by the community, patients and/or other health care professionals.  
2. The student met the intended goal of the project.  
3. The student did the necessary researching of the project.  
4. The student demonstrated the ability to follow-through with the project from conception to conclusion and used effective time management in completing the project.  
5. The project and supporting materials were of a professional quality. All educational materials were properly referenced.  
6. The student accurately answered questions regarding the project.

**Grading = Total points for all sections (maximum points = 24) Final Score: _______**

**Transfer the student’s final score to the Final Evaluation Form Section III: Rotation Specific Assignments when completing the final evaluation.**

Comments:

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

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

Description of project one:

Area(s) I did well:

Area(s) that could be improved:

Strategies for improvement:

Description of project two:

Area(s) I did well:

Area(s) that could be improved:

Strategies for improvement:

Description of project three:

Area(s) I did well:

Area(s) that could be improved:

Strategies for improvement:

Interprofessional education opportunities:

1. During this rotation did you have the opportunity to work with an interprofessional healthcare team?
   - □ Yes
   - □ No
   If yes, please also reply to items 2 and 3 below.

2. How often did this occur?
   - □ Daily
   - □ 3-4 times per week
   - □ 1-2 times per week

3. With which of the following healthcare professionals did you work?
   - □ Physician
   - □ Physician Assistant
   - □ Nurse Practitioner
   - □ Registered Nurse
   - □ Other ________________

Additional reflections/experiences of the elective rotation:
Elective APPE Rotation Evaluations

How to Complete Evaluations

**PRECEPTORS:**
Please complete the following forms:

1. **Mid-rotation progress note** - to be completed by the end of week 3  
   a. May be completed on RMS.
2. **Final rotation evaluation** - to be completed by the last day of the rotation  
   a. Please insert your own objectives under Section II of the final evaluation form  
   b. Submit the final evaluation form via fax to OEE. Fax number: 630-515-6103.  
      i. Must be done as a hard copy

A paper copy of each evaluation form is attached.

**STUDENTS:**
Please: complete the following forms:

1. **Final rotation self-evaluation** - due by 4pm on the last day of the rotation  
   a. Must be done as a paper copy
2. **Preceptor and site evaluation** - due by 4pm on the last day of the rotation  
   a. Must be done on RMS
3. **Experience Summary** - due by 4pm on the last day of the rotation  
   a. Must be done on RMS
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>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Professionalism:</strong></td>
</tr>
<tr>
<td>Punctual, ethical, diplomatic, respectful, accountable</td>
</tr>
</tbody>
</table>

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

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

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

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

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

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

Preceptor signature ____________________________________________ Date ______________
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>Performance Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Student was exceptional in professional behavior leading only to a rare intervention. Student exhibits professional &amp; social behaviors well above minimum competency.</td>
</tr>
<tr>
<td>3</td>
<td>Student was above average in professional behavior leading to occasional intervention. Student exhibits professional &amp; social behaviors above minimum competency.</td>
</tr>
<tr>
<td>2</td>
<td>Student was average in professional behavior leading to consistent intervention. Student exhibits professional &amp; social behaviors at minimum competency.</td>
</tr>
<tr>
<td>1</td>
<td>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.  
   - 4 3 2 1

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.  
   - 4 3 2 1

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 3 2 1

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.  
   - 4 3 2 1

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.  
   - 4 3 2 1

6. **Student is self-directed, reliable & accountable:** for all tasks, duties, & responsibilities; responds maturely to feedback and constructive criticism.  
   - 4 3 2 1
Section II: Patient Care and Practice Management Competency Assessment

Preceptor Directions:
1. Use the blank objectives, items 6 through 12, to insert your own site specific objectives for the student.
2. Adjust the divisor in the calculation of the final grade (see next page- Manual Grade Calculation)

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

<table>
<thead>
<tr>
<th></th>
<th>4 =</th>
<th>3 =</th>
<th>2 =</th>
<th>1 =</th>
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</thead>
<tbody>
<tr>
<td>2. Communication Skills (Written): Effectively communicates and documents professional knowledge to patients and health care providers. Documents patient care activities and outcomes appropriately.</td>
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<tr>
<td>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.</td>
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<tr>
<td>4. Practice Management: Demonstrates the knowledge and abilities to function in accordance with pharmacy laws and regulations.</td>
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<tr>
<td>5. 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.</td>
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<tr>
<td>6 Site specific objective: (to be added by preceptor)</td>
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<tr>
<td>7. Site specific objective: (to be added by preceptor)</td>
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<tr>
<td>8. Site specific objective: (to be added by preceptor)</td>
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<tr>
<td>9. Site specific objective: (to be added by preceptor)</td>
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<tr>
<td>10. Site specific objective: (to be added by preceptor)</td>
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<tr>
<td>11. Site specific objective: (to be added by preceptor)</td>
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<tr>
<td>12. Site specific objective: (to be added by preceptor)</td>
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</tbody>
</table>
### Section III: Rotation Specific Assignments and Assessment

**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>
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<td>1</td>
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</tr>
</tbody>
</table>

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

| 1. **Project 1:** transfer score from hard copy project evaluation form |  |
|---|---|---|---|
| The completed project was appropriate for the intended audience and well-received by the community, patients and/or other health care professionals | 4 | 3 | 2 | 1 |
| The student met the intended goal of the project. | 4 | 3 | 2 | 1 |
| The student did the necessary researching of the project. | 4 | 3 | 2 | 1 |
| The student demonstrated the ability to follow-through with the project from conception to conclusion and used effective time management in completing the project. | 4 | 3 | 2 | 1 |
| The student accurately answered questions regarding the project. | 4 | 3 | 2 | 1 |

| 2. **Project 2:** transfer score from hard copy project evaluation form |  |
|---|---|---|---|
| The completed project was appropriate for the intended audience and well-received by the community, patients and/or other health care professionals | 4 | 3 | 2 | 1 |
| The student met the intended goal of the project. | 4 | 3 | 2 | 1 |
| The student did the necessary researching of the project. | 4 | 3 | 2 | 1 |
| The student demonstrated the ability to follow-through with the project from conception to conclusion and used effective time management in completing the project. | 4 | 3 | 2 | 1 |
| The student accurately answered questions regarding the project. | 4 | 3 | 2 | 1 |

| 3. **Project 3:** transfer score from hard copy project evaluation form |  |
|---|---|---|---|
| The completed project was appropriate for the intended audience and well-received by the community, patients and/or other health care professionals | 4 | 3 | 2 | 1 |
| The student met the intended goal of the project. | 4 | 3 | 2 | 1 |
| The student did the necessary researching of the project. | 4 | 3 | 2 | 1 |
| The student demonstrated the ability to follow-through with the project from conception to conclusion and used effective time management in completing the project. | 4 | 3 | 2 | 1 |
| The student accurately answered questions regarding the project. | 4 | 3 | 2 | 1 |

**Interprofessional education opportunities:**

1. During this rotation did the student have the opportunity to work with an interprofessional healthcare team?
   - [ ] Yes
   - [x] No
   
   If yes, please also reply to items 2 and 3 below.

2. How often did this occur?
   - [x] Daily
   - [ ] 3-4 times per week
   - [ ] 1-2 times per week

3. The student was able to work with the following healthcare professionals:
   - [x] Physician
   - [x] Physician Assistant
   - [x] Nurse Practitioner
   - [x] Registered Nurse
   - [ ] Other _____

---

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**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 _____ (adjust based on total number of objectives) = _____,
   multiply x 0.40 = _____, multiply by 100 ________

3. Section III Grade Calculation: Total all dimensions form Section III and divide by 18 = _____, multiply x 0.40 = _____, multiply by 100 ________

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

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>A</td>
<td>400-350</td>
<td>B</td>
<td>349-310</td>
</tr>
<tr>
<td>C</td>
<td>309-270</td>
<td>F</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 Professor Lullo if a minimum of 240 hours has not been completed by the student.

Preceptor Signature ________________________________ Date _____________

If you are completing a paper copy evaluation form, please fax to OEE at 630/515-6103 or email to ccpoee@midwestern.edu.
## Elective 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><strong>Week 1</strong></td>
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<tr>
<td><strong>Week 2</strong></td>
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<tr>
<td><strong>Week 3</strong></td>
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<td><em>Mid-Point Student eval due by preceptor</em></td>
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<tr>
<td><strong>Week 4</strong></td>
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<td><strong>Week 5</strong></td>
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<td><strong>Week 6</strong></td>
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<td><em>Final Student eval due by preceptor</em></td>
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<td><em>Students at CCP for on campus meeting</em></td>
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</table>
Required assignments per Elective APPE syllabus:

- **Project 1:**
  Topic: _____________________________________________________________________________________________________________
  Due date: ________________________________

- **Project 2:**
  Topic: _________________________________________________________________________
  Due date: ________________________________

- **Project 3**
  Topic: _____________________________________________________________________________________________________________
  Due date: ________________________________

Projects assigned by preceptor:
_________________________________________________________
_________________________________________________________
_________________________________________________________

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