**COURSE DESCRIPTION:**
Pharmacy students under the supervision of an adjunct faculty member or fulltime clinical faculty will gain experience in hospital pharmacy practice. The student will gain experience in practice management, and interactions with other health care providers. The student will participate in drug therapy assessment, patient care activities and monitor outcomes in various patient populations. The student will complete case presentations and other assignments. 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>Dates</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPE Rotation</td>
<td><strong>Each rotation block is 6 weeks:</strong></td>
<td><strong>Daily start and finish times will be set by the preceptor</strong></td>
</tr>
<tr>
<td>Block 1: June 1 thru July 10, 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>
<td>Assigned APPE rotation site</td>
</tr>
<tr>
<td><strong>(Holiday: 7-4-15 )</strong></td>
<td><strong>Completion of all 240 hours is required for this rotation. These hours are reported to the State Board of Pharmacy.</strong></td>
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<tr>
<td>Block 2: July 13 thru Aug 21, 2015.</td>
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<tr>
<td>Block 3: Aug 24 thru Oct 2, 2015</td>
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<tr>
<td><strong>(Holiday: 9-7-15)</strong></td>
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<tr>
<td>Block 5: Nov 16, 2015 thru Jan 8, 2016</td>
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<tr>
<td><strong>(Holiday: 11-26-15)</strong></td>
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<tr>
<td><strong>(Winter Break: 12/21/15 thru 1/1/16)</strong></td>
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<tr>
<td>Block 6: Jan 11 thru Feb 19, 2016.</td>
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<tr>
<td>Block 7: Feb 22 thru April 1, 2016.</td>
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<tr>
<td>Block 8: April 4 thru May 13, 2016.</td>
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</tbody>
</table>

**On-Campus activity**

<table>
<thead>
<tr>
<th>Dates</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Last Friday of the rotation</strong></td>
<td>TBA</td>
<td>Midwestern University campus Room - TBA</td>
</tr>
<tr>
<td>Students will return to campus the last Friday of each rotation.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COURSE DIRECTORS:**

| Carrie Sincak, PharmD, BCPS, FASHP | Amy Lullo, BPharm, RPh | Susan Cornell, PharmD, CDE, FAPhA |
| Assistant Dean for Clinical Affairs | Director, Experiential Education | Associate Director, Experiential Education |
| 630-515-7658 csinca@midwestern.edu | 630-515-6043 alullo@midwestern.edu | 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.
**Hospital Pharmacy Rotation Goals:**
The student under the supervision of an adjunct faculty member working with assigned professional and/or technical staff of the hospital pharmacy site will gain skill and experience in hospital pharmacy practice including drug distribution systems, automation/computerization, sterile product preparation, patient safety, medication reconciliation, performance improvement and practice management. The student will assess patient drug therapy, monitor clinical interventions, complete case presentations and selected projects. The student will develop a philosophy of practice regarding the role of the pharmacist as a member of the health care team.

**Hospital Rotation Objectives:**
At the end of this rotation, the student will be able to:
1. Develop and articulate the philosophy of hospital pharmacy practice
2. Demonstrate professional behaviors deemed necessary for practice in this setting
   - Identify the differences with providing patient centered care to patients in the hospital setting vs. the ambulatory care and community pharmacy settings.
3. Demonstrate effective communication skills (written and verbal) with patients and other health care providers.
4. Demonstrate critical thinking skills.
5. Demonstrate knowledge and performance skills in drug distribution and sterile product preparation.
   - Appropriate product selection, preparation, calculation and delivery
   - Automation utilized at site, including automated dispensing cabinets, computerized pharmacy system
5. Appropriately retrieve, interpret, intervene and monitor patient/lab/medication related data for the optimal medication management of the hospitalized patient. Students should be able to verbalize the rational for these interventions. Including but not limited to:
   - Identify drug related problems
   - Medications requiring age or renal function dosing adjustment
   - Drug-drug, drug-disease, and/or drug-food interactions
   - IV to PO substitution
   - Therapeutic interchange
   - Medication history/medication reconciliation
   - Adverse Drug Reactions
   - Pharmacist run protocols (eg, anticoagulants, antibiotics, TPN)
6. Demonstrate understanding/purpose and pharmacy’s role in quality improvement, including but not limited to
   - CORE measures
   - Medication errors
   - Clinical guidelines
7. Demonstrate knowledge and practice application of pharmacy regulations, including accreditation standards, National Patient Safety goals and other patient safety practices as it applies to the institutional setting.
8. Understand the role of the pharmacy in the hospital setting
   - Committee membership
   - Medication management policies, procedures
9. Demonstrate knowledge of pharmacy law as it applies to hospital practice
10. 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 (and specific site ID badge if required) is to be worn during rotation hours.
3. Students are expected to display enthusiasm, professionalism, and confidentiality with regard to patient care. Students will need to comply with site’s policy on personal cell phones.
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.**
6. Students will be assigned to work with various department personnel as assigned by preceptor to complete course objectives.
7. Parking: as directed by the preceptor.
8. Progress is anticipated throughout the course of the rotation.

**Student MWU Responsibilities/Requirements:**
1. Case Presentations: Student will complete 2 presentations on 2 different patients followed during the rotation. Student is expected to expand on a topic of interest pertaining to the patients and medication therapy (both prescribed and administered) and answer questions at the end. Handouts are required and should include pertinent lab values and interventions. Length of time of the presentation and additional instructions will be determined by the preceptor.
2. Project: Complete 1 project as assigned by preceptor. Project may include journal club presentation, in-service, newsletter, quality improvement, DUE, ADR or patient safety project, drug monograph or other pertinent topic/project as determined by preceptor. Format, including handouts, will be determined by type/scope of project and as required by preceptor. If a Journal
club is selected, article will be approved by preceptor and copies of the articles must be provided for all attendees on day of presentation along with the handout.

3. **Worksheets**: Completed worksheets (antibiotics, anticoagulants, antihyper/hypotensives, chemotherapy, calculations and TPN) to be discussed and signed by preceptor or designated pharmacist.

4. **Be prepared! Students are expected complete required readings prior to start of rotation and follow their calendar assignments.**

5. Topic discussions on disease state management and current guidelines, as well as, additional projects may assigned by the preceptor. These may be done with other rotation students.

6. Additional projects that may be completed by the student will be rotation specific.

**Directions for patient/healthcare staff interactions:** when working with healthcare staff, patients and medical records, students must be certain to:

1. Identify yourself and your role in the pharmacy department, explaining the information collected will help the healthcare team optimally treat them.
2. Always address a patient and healthcare staff as Mr., Mrs., Ms., Dr. unless instructed by the patient/healthcare member to do otherwise.
3. Always thank them for their time and information.

**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 (02/19/2016, 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](http://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 will 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

Hospital 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). 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 CONFERENCES 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 the have their flu shot completed prior to the start of block 3.
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 6-15-15, 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 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. Discussion of patients in public areas is not permitted and is grounds for immediate removal from the site with a failing grade.
Students must at all times adhere to the MWU HIPAA policy and all site HIPAA policies.

Violation of HIPAA is 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 be taken or viewed outside the site.
- 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.

Breadth of Information Covered:
Assigned hospital rotation site will vary on type and patients treated (acute care, pediatric, psychiatric, rural access, etc) other topics, conditions and procedures that are commonly encountered in the hospital pharmacy setting will be covered.

Therapeutic Decision Making:
Students can be given increasing freedom to make decisions concerning medication related issues as determined appropriate by the preceptor. However, due to legal reasons, all decisions must be submitted to the preceptor before implementation. Only the instructors have final authority on therapeutic decisions.

Workload:
This is a true clinical 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. Therefore, a large part of the hospital rotation must, by necessity, be concerned with paperwork. 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™ (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 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 Hospital

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

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

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

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

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

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

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

V. Practice patient-centered care

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

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

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

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

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

VI. Promote health and wellness

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

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

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

VII. Manage medication use systems

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

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

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

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

VIII. Manage a pharmacy practice

A. Perform pharmacy management functions using appropriate data and procedures
   1. Apply appropriate federal and state pharmacy laws and regulations
   2. Identify human resources management principles to manage pharmacists, technicians, and other personnel as appropriate
   3. Identify financial management principles needed to manage resources
   4. Evaluate the potential value of incorporating technologic advancements
   5. Create a plan to market services to patients and relevant stakeholders
   6. Apply principles of quality management to continually improve pharmacy practice

B. Evaluate the economic, clinical, and humanistic outcomes associated with the provision of pharmacy services
   1. Propose appropriate changes in practice to improve outcomes

C. Modify existing and/or develop new pharmacy services as appropriate
   1. Propose changes to services based on updates to treatment guidelines, recently published literature, or generally accepted best practices
   2. Create a new or revised pharmacy service proposal based on the results from a patient or provider population needs assessment

IX. Contribute to the interprofessional healthcare environment

A. Identify the roles and responsibilities of pharmacists and other healthcare professionals as well as their different approaches to patient care and problem solving
B. Actively participate in the interprofessional healthcare environment to improve quality, continuity, and patient-centered care
C. Evaluate the pharmacist’s contributions to the healthcare team
Hospital 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. Case Presentation #1:
   Use the evaluation form provided & transfer the scores to the final evaluation form on RMS

3. Case Presentation #2:
   Use the evaluation form provided & transfer the scores to the final evaluation form on RMS

4. Medication Worksheets:
   Student must complete all worksheets over the 6 weeks

5. Rotation Specific Project:
   Use the evaluation provided & transfer the scores to the final evaluation form on RMS

6. Experience Summary:
   To be submitted to OEE by the student on the last Friday of the rotation
   To be done via RMS
Student name: ____________________________________________________________
Preceptor name: ___________________________________________________________________
Rotation site: ___________________________________________________________________
Rotation start & end date: _______________________________________________________
Bed size________ Distribution Model: centralized, decentralized, hybrid (circle applicable model)
Identify ADC (automated dispensing cabinet) model at site____________________________
Automation present at site:_____________________________________________________
Risk Level of Compounded Sterile Products made____________________________________

**Instructions for preceptor and student:**
1. Student to train with preceptor and other staff members and then show return demonstration of proficiency for items listed. **Level of independent proficiencies will be used in final grade. Asterisked (*) items are minimum required skills for this rotation.**
2. If the skill at the site is not available for student to gain independent proficiency, student is 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>
<tbody>
<tr>
<td>1. Distribution</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Demonstrated skill to include accuracy of product selection and calculations, timeliness, and completed documentation</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>*a. stock replenishment process ADC</td>
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<tr>
<td>*b. manual stock replacement process</td>
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<tr>
<td>*c. medication cart fill list</td>
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<tr>
<td>*d. patient specific doses, including liquids</td>
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</tr>
<tr>
<td>*e. delivery of medications to units</td>
<td></td>
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</tr>
<tr>
<td>f. cart exchange</td>
<td></td>
<td></td>
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<tr>
<td>*g. stat meds</td>
<td></td>
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<tr>
<td>*h. packaging/repackaging of unit dose meds, including proper expiration dating</td>
<td></td>
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<tr>
<td>i. automation in distribution process including robot, packager, carousel, bar coding, etc</td>
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<tr>
<td>j. process for patient to use their own medications from home</td>
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<td></td>
</tr>
<tr>
<td>Skill Demonstrated</td>
<td>Skill Observed &amp; Discussed</td>
<td>Discussion only</td>
<td>Skill not available at site</td>
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</tbody>
</table>

### 2. Controlled Substances
Demonstrated skill to include accuracy of product selection and calculations, timeliness, and completed documentation

- a. distribution from pharmacy
- b. documentation on nursing unit
- c. waste and return processes
- d. discrepancy resolution documentation

### 3. Order entry

- a. process for order to be sent to pharmacy
- b. order prioritization process
- c. order entry/verification process
- d. Student able to read physician orders
- e. Student to identify and rectify medication orders with required pharmacist interventions
  - *Possible duplicate order
  - *Possible medication allergy
  - *Possible drug/drug interactions
  - *Incomplete/inappropriate orders
  - *Therapeutic substitute
  - *Renal dose adjustment
  - *IV to PO protocol
  - *Titration orders
  - *Request for non-formulary medications
  - *Automatic stop order
  - *Standard Admin Time
  - Other interventions (please list in weekly updates)
  - *f. Review MAR and administration documentation, (including bedside barcoding)
### 4. Compounded sterile products, including processes and required documentation

<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>
<tbody>
<tr>
<td>*a. complies with sterile room protocol, including proper gowning, hood cleaning</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>*b. compound small volume parenterals</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>*c. compound large volume parenterals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. preparation of TPNs</td>
<td></td>
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<tr>
<td>e. preparation of pediatric CSP</td>
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<tr>
<td>f. preparation of epidurals, PCA and other misc preps</td>
<td></td>
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<td></td>
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<tr>
<td>g. Chemotherapy product preparation</td>
<td></td>
<td></td>
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<tr>
<td>*h. complies with proper waste requirements, including sharps, biohazard, chemo and medicinal hazards</td>
<td></td>
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<tr>
<td>*i. determines and rectifies any compatibility or stability issues</td>
<td></td>
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<tr>
<td>*j. Review MAR and administration documentation</td>
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</tr>
</tbody>
</table>

### 5. Clinical, Quality Responsibilities

| *a. Assess appropriateness of medication order for patient condition | | | |
| *b. ADR (identification, documentation, reporting) | | | |
| *c. Medication Reconciliation/Drug History | | | |
| d. Patient counseling | | | |
| e. Patient Care Rounds | | | |
| f. Core Measure- pharmacist responsibilities | | | |
| *g. Medication Error reporting | | | |
| *h. Patient Safety initiatives including NPSG | | | |
| Antibiotic monitoring/stewardship | | | |
| *j. Pharmacist run dosing regimens (vanco, warfarin, heparin etc) | | | |
| k. Attend hospital or department meeting | | | |
| l. Drug Information | | | |
Using your site’s formulary, list 2 parenteral anticoagulants and answer the questions about each one. Have your preceptor or assigned pharmacist verify content and sign__________________________________________

Attach a non patient specific copy of an anticoagulant protocol order set used at your site.

<table>
<thead>
<tr>
<th>Medication #1</th>
<th>Medication #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Name (Generic/Brand)</td>
<td></td>
</tr>
<tr>
<td>2. Routes of Administration- if IV drip give standard diluent and standard concentration</td>
<td></td>
</tr>
<tr>
<td>3. Available Strengths</td>
<td></td>
</tr>
<tr>
<td>4. Dose for DVT Prophylaxis (Adult)</td>
<td></td>
</tr>
<tr>
<td>5. Dose for DVT Treatment (Adult)</td>
<td></td>
</tr>
<tr>
<td>6. Dose with renal/hepatic impairment for #4</td>
<td></td>
</tr>
<tr>
<td>7. Dose with renal/hepatic impairment for #5</td>
<td></td>
</tr>
<tr>
<td>8. Lab values monitored</td>
<td></td>
</tr>
<tr>
<td>9. Reversal Agent available? If so, describe.</td>
<td></td>
</tr>
<tr>
<td>10. Pharmacist dosing/monitoring strategies? If so, list</td>
<td></td>
</tr>
<tr>
<td>11. As a NPSG for Anticoagulants, list 3 strategies used at your site in the Med Use Processes that help ensure safe and accurate use</td>
<td></td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1</td>
<td>1</td>
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<tr>
<td>2</td>
<td>2</td>
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<tr>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>
Using your site’s formulary, list 2 parenteral chemotherapeutic agents and answer the questions about each one. IF your site does not compound chemotherapeutic agents please determine 2 common products and use those. Have your preceptor or assigned pharmacist verify content and sign.

<table>
<thead>
<tr>
<th>Medication #1</th>
<th>Medication #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Name (Generic/Brand)</td>
<td></td>
</tr>
</tbody>
</table>
| 2. Routes of Administration  
IF IV give compatible diluents and any special preparation requirements) | | |
| 3. Available Strengths | | |
| 4. Indications for treatment | | |
| 5. Common regimes associated with this agent | | |
| 6. Dosing for primary indication  
(either of drug or by use at site) | | |
| 7. Dose with renal/hepatic impairment | | |
| 8. Lab values monitored | | |
| 9. Common side effects- do these agents require pre medication treatment? If so, what | | |
| 10. Pharmacist dosing/monitoring strategies? If so, list | | |
| 11. As a NPSG for High Alert Medications, list 3 strategies used at your site in the Med Use Processes that help ensure safe and accurate use | 1 | 1 |
| | 2 | 2 |
| | 3 | 3 |
Using your site’s formulary, complete the following selecting a different and appropriate intravenous agent available at your site for each disease state.

Have your preceptor or assigned pharmacy verify content and sign __________________________

<table>
<thead>
<tr>
<th>Drug</th>
<th>Intracerebral Hemorrhage</th>
<th>Eclampsia</th>
<th>Hypotension associated with sepsis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug Class</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effect on HR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effect on myocardial contractility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contraindications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Onset of action</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Half Life</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elimination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dosing</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If IV infusion, select standard diluent and standard concentration
Student Name____________________________________ Date___________________
Site________________________________________________________________________

Using your sites formulary complete the following
Have your preceptor or assigned pharmacist verify content and sign__________________________

1. S.A is an AAF who presents to the emergency department with SOB and yellow/green sputum. S.A is diagnosed with community-acquired pneumonia. The physician calls asking for a recommendation for an intravenous medication regimen. Fill out the chart below with agents from different drug classes that are available at this site.

<table>
<thead>
<tr>
<th>Medication #1</th>
<th>Medication #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Class</td>
<td></td>
</tr>
<tr>
<td>Indication(s)</td>
<td></td>
</tr>
<tr>
<td>Mechanism of Action</td>
<td></td>
</tr>
<tr>
<td>Dosing</td>
<td></td>
</tr>
<tr>
<td>Dosing adjustments</td>
<td></td>
</tr>
<tr>
<td>Renal</td>
<td></td>
</tr>
<tr>
<td>Hepatic</td>
<td></td>
</tr>
<tr>
<td>Diluent and volume</td>
<td></td>
</tr>
<tr>
<td>Infusion time</td>
<td></td>
</tr>
<tr>
<td>Duration of Therapy</td>
<td></td>
</tr>
<tr>
<td>Coverage</td>
<td></td>
</tr>
</tbody>
</table>

2. After receiving one dose of a cephalosporin, S.A goes into anaphylaxis. List another agent that can be used in place of a cephalosporin for the treatment of community-acquired pneumonia.
P.D is an 87 yo male who comes to the ED with complaints of increase urinary frequency and a burning sensation with urination. Patient was started on cephalexin 500mg q12hrs empirically until sensitivities return. A couple of days later sensitivities return and are as follows

ANTIBIOTIC SUSCEPTIBILITY TEST RESULTS:
CITROBACTER KOSERI (DIVERSUS)

<table>
<thead>
<tr>
<th>Antibiotic</th>
<th>Susceptibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMIKACIN</td>
<td>S</td>
</tr>
<tr>
<td>AMPICILLIN</td>
<td>R</td>
</tr>
<tr>
<td>AMP/SULBACTAM</td>
<td>S</td>
</tr>
<tr>
<td>AZTREONAM</td>
<td>S</td>
</tr>
<tr>
<td>CEFAZOLIN</td>
<td>S</td>
</tr>
<tr>
<td>CEFEPIME</td>
<td>S</td>
</tr>
<tr>
<td>CEFTAZIDIME</td>
<td>S</td>
</tr>
<tr>
<td>CEFTRIAZONE</td>
<td>S</td>
</tr>
<tr>
<td>CIPROFLOXACIN</td>
<td>S</td>
</tr>
<tr>
<td>ERTAPENEM</td>
<td>S</td>
</tr>
<tr>
<td>GENTAMICIN</td>
<td>S</td>
</tr>
<tr>
<td>IMIPENEM</td>
<td>S</td>
</tr>
<tr>
<td>PIP/TAZOBACTAM</td>
<td>S</td>
</tr>
<tr>
<td>TOBRAMYCIN</td>
<td>S</td>
</tr>
<tr>
<td>TRIMETH/SULFAM</td>
<td>S</td>
</tr>
</tbody>
</table>

1. Is cephalexin an appropriate choice for this patient? If yes, is the dose appropriate and what is the recommended duration of therapy? If no, give an alternative treatment option including dose and duration.

2. Patient returns in 3 weeks with complaints of similar symptoms. Should cephalexin be restarted? If yes, give the dose and duration of therapy. If no, why and give an alternative treatment option including dose and duration.
MWU Chicago College of Pharmacy  
Hospital APPE (PPRA 1887) Rotation  
Medication Worksheet #5- PN (Parenteral Nutrition) Worksheet

Student Name______________________________  
Date_______________________  
Site__________________________________________

Complete the following.  Show all calculations.  
Have your preceptor or assigned pharmacist verify content and sign______________________

1. A 70kg surgical patient with normal renal function has been initiated on the following parenteral nutrition. The total volume for 24 hours is 2000ml (83ml/hr)

<table>
<thead>
<tr>
<th>Component</th>
<th>Concentration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amino Acids</td>
<td>4.25%</td>
</tr>
<tr>
<td>Dextrose</td>
<td>20%</td>
</tr>
<tr>
<td>Sodium chloride</td>
<td>50mEq/l</td>
</tr>
<tr>
<td>Potassium chloride</td>
<td>20mEq/l</td>
</tr>
<tr>
<td>Calcium Gluconate</td>
<td>8mEq/l</td>
</tr>
<tr>
<td>Magnesium Sulfate</td>
<td>8mEq/l</td>
</tr>
<tr>
<td>Sodium Phosphate</td>
<td>20mmol/l</td>
</tr>
<tr>
<td>Potassium Acetate</td>
<td>20mEq/l</td>
</tr>
<tr>
<td>MVI adult daily- standard package</td>
<td></td>
</tr>
<tr>
<td>Trace elements adult daily- standard package</td>
<td></td>
</tr>
<tr>
<td>Selenium</td>
<td>60mcg/day</td>
</tr>
<tr>
<td>Fat emulsion 20%</td>
<td>250ml to run over 12 hours daily IVPB into PN</td>
</tr>
</tbody>
</table>

a. Venous Access. Is this formulation appropriate for peripheral or central access or is either appropriate? State your reasons/show calculation.

b. What is the total protein in grams the patient is receiving daily?

c. What is the total Kcal/day the patient is receiving?

d. Is there a concern for calcium/phosphate solubility compatibility in this formulation?
e. Besides the calcium and phosphate concentrations, list 3 other factors that influence ca/phos compatibility.

f. List 4 lab values you would monitor while patient is receiving this PN.

g. What is the formula used to calculate corrected serum calcium?

h. On day 4 the triglyceride level = 425. What are your recommendations, if any?

2. A neonate requires a 12.5% Dextrose/water solution for IV infusion. It is not commercially available. Using the concentrations of IV Dextrose available at your site, please show how you would prepare 250ml of 12.5%D5W solution.
Please show all calculations. Review and discuss with preceptor. When completed preceptor’s signature ________________________________

1. You receive an order for Ranitidine po 2mg/kg/day divided every 12 hours for a term infant boy weight = 7lbs 8ounces.
   a. What is the dose in mg?
   b. What is the dose in ml you would draw up in an oral syringe using Ranitidine Syrup?

2. MD writes an order for L.P. 88y/o female, 145lbs, 5ft6in with Serum Creatinine of 1.4 for Bactrim IVPB 5mg/kg q6hr.
   b. What is each dose in mg (based on trimethoprim)?
   c. Based on crcl, is this order correct or do you need to make an intervention/dose adjustment? Please describe why or why not. If an intervention is needed, what is your recommendation to MD.

3. Pharmacy to dose Vancomycin IVPB with target trough of 15mcg/ml. for 59y/o male 5’8” 235lbs. Current SrCr= 1.1.
   a. What initial dose would you recommend?
   b. What is the volume of diluent you would use for this dose? Why?
   c. What infusion time would you have the nurse run this dose over?
4. Pharmacy receives order to begin Dopamine infusion 6mcg/kg/min for K.L. 70y/o female in the ICCU. Pt weight is 153lbs.

   a. The nurse calls down to double check how to set her pump in ml/hr. Using your site’s standard concentration which is ________________________, what is your answer to her?

5. Your pre op surgery area uses Midazolam oral syrup for preoperative sedation. A 3y/o boy weighing 28 lbs is to be given 0.5mg/kg.

   a. What is the dose in mg?

   b. Using oral syrup, what is the dose in ml?

6. Norepinephrine infusion is started at 0.5mcg/min for T.J. 65y/o male weight = 218lbs.

   a. What is your site’s standard concentration?

   b. How does the RN at your site set the pump in ml/hr for this starting dose?
Student to use these weekly sections to summarize items learned, reviewed, any questions answered, problem situation and how resolved. Review with your preceptor at your midterm and final evaluation.

<table>
<thead>
<tr>
<th>Week 1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Week 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Week 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Week 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Week 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Week 6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
# MWU Chicago College of Pharmacy APPE
## Case Presentation #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**

<table>
<thead>
<tr>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student was outstanding in effectiveness and consistency leading only to rare interventions. Student exhibits knowledge and/or skills well above minimum competency.</strong></td>
<td><strong>Student was above average in effectiveness and consistency leading to occasional intervention. Student exhibits knowledge and/or skills above minimum competency.</strong></td>
<td><strong>Student was usually effective and consistent leading to consistent intervention. Student exhibits knowledge and/or skills at minimum competency.</strong></td>
<td><strong>Student was ineffective and inconsistent leading to extensive intervention. Student exhibits knowledge and/or skills below minimum competency.</strong></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. 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:________
MWU Chicago College of Pharmacy APPE
Case Presentation #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></th>
<th>4 =</th>
<th>3 =</th>
<th>2 =</th>
<th>1 =</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Patient Presentation</td>
<td>Student was outstanding in effectiveness and consistency leading only to rare interventions. Student exhibits knowledge and/or skills well above minimum competency.</td>
<td>Student was above average in effectiveness and consistency leading to occasional intervention. Student exhibits knowledge and/or skills above minimum competency.</td>
<td>Student was usually effective and consistent leading to consistent intervention. Student exhibits knowledge and/or skills at minimum competency.</td>
<td>Student was ineffective and inconsistent leading to extensive intervention. Student exhibits knowledge and/or skills below minimum competency.</td>
</tr>
</tbody>
</table>

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

1. 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: ___________________________
**Project Description:**

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

**Comments:**

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

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_____________________________________________________________________________________

**Grading** = Total points for all sections (maximum points = 20)

<table>
<thead>
<tr>
<th>Question</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The completed project met intended purpose, criteria of project.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. The student was familiar with the intended goal of the project.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. The student did the necessary researching of the project.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. The project and supporting materials were of a professional quality. All educational materials were properly referenced.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Final Score:** ________

**Transfer the student’s final score to the Final Evaluation Form Section III: Rotation Specific Assignments Project dimension when completing the final evaluation online via RMS**
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>
</tr>
<tr>
<td>Three</td>
<td></td>
</tr>
<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:</th>
<th>Number of Patients Seen</th>
<th>Level of student knowledge (comfort) with this Disease State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Asthma</td>
<td>8</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>

Description of case presentation:
Area(s) I did well:
Area(s) that could be improved:
Strategies for improvement:

Description of case presentation:
Area(s) I did well:
Area(s) that could be improved:
Strategies for improvement:

Description of Project:
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 hospital rotation:
Hospital 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
   a. Must be done on RMS
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

**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>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Professionalism:</strong></td>
</tr>
<tr>
<td>Punctual, ethical, diplomatic, respectful, accountable</td>
</tr>
<tr>
<td>Comments:</td>
</tr>
</tbody>
</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  |
| Comments:                                          |

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

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

Preceptor signature ____________________________________________ Date ______________
**MWU CHICAGO COLLEGE OF PHARMACY**
**Hospital APPE (PPRA 1887) Final Evaluation by Preceptor**

| 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>Student was exceptional in professional behavior leading only to a rare intervention. Student exhibits professional &amp; social behaviors well above minimum competency.</td>
<td>Student was above average in professional behavior leading to occasional intervention. Student exhibits professional &amp; social behaviors above minimum competency.</td>
<td>Student was average in professional behavior leading to consistent intervention. Student exhibits professional &amp; social behaviors at minimum competency.</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.  

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*

<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>

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Communication Skills (Verbal):</td>
<td>Effectively communicates and articulates relevant information through oral communications.</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>2. Communication Skills (Written):</td>
<td>Effectively communicates and documents professional knowledge to patients and health care providers. Documents patient care activities and outcomes appropriately.</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>3. Critical Thinking:</td>
<td>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>
<td>4 3 2 1</td>
</tr>
<tr>
<td>4. Patient Care Skills:</td>
<td>Establishes relationships with patients, care-givers, and other health care professionals as necessary to provide pharmaceutical care.</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>5. Patient Assessment:</td>
<td>Obtains patient histories, reviews patient records and/or conducts physical assessments appropriately.</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>6. Patient Care Plans:</td>
<td>Demonstrates the ability to propose reasonable, practical, and sensible solutions to patient problems and develops appropriate patient care plans.</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>7. Drug Therapy Assessment:</td>
<td>Demonstrates the ability to assess the appropriateness of the patient’s drug therapy in relation to evidence-based practice standards. Can recognizes, evaluate and resolve medication order discrepancies.</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>8. Drug Therapy Plans:</td>
<td>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.</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>9. Implementation of Patient Care Activities:</td>
<td>Effectively counsels, communicates, refers, and selects the appropriate medications or care plans for patients. Obtains medication history, rectifies discrepancies, effectively communicates with/counsels patient and/or other health care providers.</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>10. Evidence Based Clinical Decision Making:</td>
<td>Effectively retrieves and evaluates medical literature and is able to analyze and apply information in decision-making.</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>11. Public Health and Wellness:</td>
<td>Demonstrates the ability to provide patient and community education regarding disease prevention and appropriate self-care, including immunization protocols and infection control.</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>12. Practice Management:</td>
<td>Demonstrates the knowledge and abilities to function in accordance with pharmacy laws and regulations, including USP regulations and accreditation standards.</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>13. Practice Management:</td>
<td>Demonstrates the knowledge and abilities to manage the resources, personal, and technology of a practice site. Adapts to fluctuating workflow to function efficiently in the practice setting. Demonstrates accuracy/timeliness in product selection, medication preparation, calculations, labeling and delivery. Demonstrates sterile compounding technique, assuring accuracy and compatibility in the preparation of compounded sterile products</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>14. Formulary and/or Quality Assurance Programs:</td>
<td>Demonstrates the knowledge and abilities to evaluate aspects of a health-system formulary, medication protocols, and patient/medication safety and quality improvement program to optimize patient care outcomes and medication delivery.</td>
<td>4 3 2 1</td>
</tr>
</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>4  =</th>
<th>3  =</th>
<th>2  =</th>
<th>1  =</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4</strong> = Student was outstanding in effectiveness and consistency leading only to rare interventions. Student exhibits knowledge and/or skills well above minimum competency.</td>
<td><strong>3</strong> = Student was above average in effectiveness and consistency leading to occasional intervention. Student exhibits knowledge and/or skills above minimum competency.</td>
<td><strong>2</strong> = Student was usually effective and consistent leading to consistent intervention. Student exhibits knowledge and/or skills at minimum competency.</td>
<td><strong>1</strong> = 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. **Case Presentation #1**
   - Patient presentation
   - Knowledge
   - Handout/presentation quality

2. **Case Presentation #2**
   - Patient presentation
   - Knowledge
   - Handout/presentation quality

3. **Project:**
   - The completed project met intended purpose, criteria of project.
   - The student was familiar with the intended goal of the project.
   - The student did the necessary researching of the project.
   - The student demonstrated the ability to follow-through with the project from conception to conclusion and used effective time management in completing the project.
   - The project and supporting materials were of a professional quality. All educational materials were properly referenced.

4. **General skills:** Student successfully completed tasks on the Skills/Observation/Discussion sheet.

5. **Worksheets:** Student work is independent and accurate in completion of 6 worksheets

**Interprofessional education opportunities:**

1. During this rotation did the student 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. The student was able to work with the following healthcare professionals:  
   - [ ] Physician  
   - [ ] Physician Assistant  
   - [ ] Nurse Practitioner  
   - [ ] Registered Nurse  
   - [ ] Other ______________________
### 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 from 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 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 ccpoe@midwestern.edu
<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>
<td></td>
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<tr>
<td>Week 2</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Week 3</td>
<td></td>
<td></td>
<td></td>
<td>Mid-Point Student eval due by preceptor</td>
</tr>
<tr>
<td>Week 4</td>
<td></td>
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</tr>
<tr>
<td>Week 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 6</td>
<td></td>
<td></td>
<td>Final Student eval due by preceptor</td>
<td>Students at CCP for on campus meeting</td>
</tr>
</tbody>
</table>
Required assignments per the Hospital 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. Case Presentation #1:
   Due date: _____________________
   Topic: ______________________________________________________________________________________________________________

3. Case Presentation #2:
   Due date: _____________________
   Topic: ______________________________________________________________________________________________________________

4. Medication worksheets 1-6:
   Due date: _____________________ Due date: _____________________
   Due date: _____________________ Due date: _____________________
   Due date: _____________________ Due date: _____________________

5. Rotation Project:
   Due date: _____________________
   Topic: ______________________________________________________________________________________________________________

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

Projects assigned by preceptor:
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________

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SAMPLE: Hospital Rotation 6 week calendar
(This is a sample of a hospital rotation calendar that preceptor can customize for site and give to student. Basic topics to be covered are listed under “Sunday” for each week. On-Fri- list location, time and staff assigned to for each day. Blank template is also included)

<table>
<thead>
<tr>
<th>SUNDAY</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1</td>
<td>Distribution</td>
<td>Fill meds, prepackage meds, floor stock, ADC, cart fill, answer phones, CS, delivery</td>
<td>Dispensing- Central tech 0700-1500</td>
<td>Dispensing- Central tech 0700-1500</td>
<td>Dispensing- Central tech 0700-1500</td>
<td>Dispensing- Central tech 0700-1500</td>
</tr>
<tr>
<td>Week 2</td>
<td>Sterile Products</td>
<td>Clean Room Iv Tech/Chemo Pharmacist 0630-3</td>
<td>Clean Room Iv Tech/Chemo Pharmacist 0630-3</td>
<td>Clean Room Iv Tech/Chemo Pharmacist 0630-3</td>
<td>Clean Room Iv Tech/Chemo Pharmacist 0630-3</td>
<td>Assigned to ____</td>
</tr>
<tr>
<td>Week 3</td>
<td>Clinical Pharmacist-learn distributive processes of supplying meds to inpatients, answer phone calls, drug questions,</td>
<td>Central Pharmacy 07100-1500</td>
<td>Central Pharmacy 07100-1500</td>
<td>Central Pharmacy 07100-1500</td>
<td>Central Pharmacy 07100-1500</td>
<td>Assigned to ____</td>
</tr>
<tr>
<td>Week 4</td>
<td>Clinical, distrib pharmacist</td>
<td>2West Pharmacist Assigned to ____ 0800-1630</td>
<td>2West Pharmacist Assigned to ____ 0800-1630</td>
<td>2 East Assigned to ____ Hemodialysis unit 0800-1630-</td>
<td>2 East Assigned to ____ Hemodialysis unit 0800-1630-</td>
<td>OR Satellite Assigned to ____ 0800-1630</td>
</tr>
<tr>
<td>Week 5</td>
<td>Clinical distrb pharmacist</td>
<td>4 West Pharmacist Assigned to ____ 0800-1630</td>
<td>4 West Pharmacist Assigned to ____ 0800-1630</td>
<td>Oncology Pharmacist Assigned to ____ 0700-1630</td>
<td>Oncology Pharmacist Assigned to ____ 0700-1630</td>
<td>Oncology Pharmacist Assigned to ____ 0700-1630</td>
</tr>
<tr>
<td>Week 6</td>
<td>Clinical dispers pharmacist</td>
<td>ICU/CCU Assigned to ____ 0730-1600</td>
<td>ICU/CCU Assigned to ____ 0730-1600</td>
<td>ICU/CCU Assigned to ____ 0730-1600</td>
<td>ICU/CCU Assigned to ____ 0730-1600</td>
<td>On Campus</td>
</tr>
</tbody>
</table>

Final On Campus
**SAMPLE: Hospital Rotation 6 week calendar**

<table>
<thead>
<tr>
<th>SUNDAY</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Week 1</strong></td>
<td>Distribution</td>
<td>fill meds, prepackage meds, floor stock, ADC,</td>
<td>cart fill, answer phones, CS, delivery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week 2</strong></td>
<td>Sterile Products</td>
<td>Work with tech in IV room to prepare,</td>
<td>compound CSPs</td>
<td>Chemo Rph, chemos</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week 3</strong></td>
<td>Clinical Pharmacist</td>
<td>learn distributive processes of supplying</td>
<td>meds to inpatients, answer phone calls, drug</td>
<td></td>
<td>Midterm</td>
<td></td>
</tr>
<tr>
<td><strong>Week 4</strong></td>
<td>Clinical, distrib pharmacist</td>
<td>As week 3 plus renal dosing, IV/PO, interventions, med rec, pt counseling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week 5</strong></td>
<td>Clinical distrib pharmacist</td>
<td>As in wks 3&amp;4 plus AB review, Core Measure, open interventions</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Week 6</strong></td>
<td>Clinical disbrib pharmacist</td>
<td>As wks 3-5</td>
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<td>Final</td>
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<td>On Campus</td>
</tr>
</tbody>
</table>

**Midterm**

**Final**

**On Campus**