PPRAG 1791-1796
Advanced Pharmacy Practice Experiences (APPE)
2016-2017 Student and Preceptor Manual

Suzanne Larson, Pharm.D.
Director of Experiential Education
Phone: 623-572-3509
Email: slarso@midwestern.edu

Michelle Olesen
Sr. Administrative Assistant
Phone: 623-572-3557
Email: molese@midwestern.edu

Holly York
Coordinator of Experiential Education
Phone: 623-572-3503
Email: hyork@midwestern.edu

Diane Kowalski, M.S., HSA
Coordinator of Experiential Education
Phone: 623-572-3590
Email: dkowal1@midwestern.edu
MIDWESTERN UNIVERSITY
2016-2017 Student and Preceptor Manual

This manual is published for the convenience of students and preceptors at Midwestern University (MWU). It is intended to be effective as of August 15, 2016. Midwestern University reserves the right to make changes in any or all specifications contained herein and to apply such revision to registered and accepted students as well as to new admissions. No contractual rights between Midwestern University and any student are intended and none may be deemed to be created by issuance of this manual.

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

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

© Copyright Midwestern University 2016
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPE Schedule</td>
<td>5</td>
</tr>
<tr>
<td>Pre-APPE Curriculum Overview</td>
<td>6</td>
</tr>
<tr>
<td>APPE General Description</td>
<td>6</td>
</tr>
<tr>
<td>APPE General Requirements</td>
<td>7</td>
</tr>
<tr>
<td>Goals and Objective for all Patient Care Elective APPEs</td>
<td>7</td>
</tr>
<tr>
<td>Goals and Objective for all Non-Patient Care Elective APPEs</td>
<td>10</td>
</tr>
<tr>
<td>Code of Ethics for Pharmacists</td>
<td>11</td>
</tr>
<tr>
<td><strong>STUDENT POLICIES</strong></td>
<td></td>
</tr>
<tr>
<td>Internship Registration</td>
<td>12</td>
</tr>
<tr>
<td>Background Checks</td>
<td>13</td>
</tr>
<tr>
<td>Hours and Licensure</td>
<td>13</td>
</tr>
<tr>
<td>Attendance</td>
<td>13</td>
</tr>
<tr>
<td>Patient Confidentiality</td>
<td>14</td>
</tr>
<tr>
<td>AZSBOP Reporting Requirements of “Unprofessional Conduct”</td>
<td>15</td>
</tr>
<tr>
<td>Immunization Guidelines</td>
<td>16</td>
</tr>
<tr>
<td>Special Requirements for Rotations</td>
<td>16</td>
</tr>
<tr>
<td>CPR Training</td>
<td>16</td>
</tr>
<tr>
<td>Liability Insurance</td>
<td>16</td>
</tr>
<tr>
<td>Rotation Schedules</td>
<td>17</td>
</tr>
<tr>
<td>Student Rotation at Employment Site</td>
<td>17</td>
</tr>
<tr>
<td>Out of State Assignments</td>
<td>17</td>
</tr>
<tr>
<td>Dismissal or Removal from Sites</td>
<td>18</td>
</tr>
<tr>
<td>Safety Occurrence Reporting</td>
<td>18</td>
</tr>
<tr>
<td>Needle Stick/Exposure Procedure</td>
<td>18</td>
</tr>
<tr>
<td>Professionalism</td>
<td>19</td>
</tr>
<tr>
<td>Ten Traits that Distinguish a Professional</td>
<td>20</td>
</tr>
<tr>
<td>Pledge of Professionalian</td>
<td>21</td>
</tr>
<tr>
<td>Student Attire</td>
<td>22</td>
</tr>
<tr>
<td>Alcohol/Drug Policy and Procedures</td>
<td>23</td>
</tr>
<tr>
<td>Disability Statement or Medical Concerns</td>
<td>23</td>
</tr>
<tr>
<td>Counseling</td>
<td>23</td>
</tr>
<tr>
<td>Compensation</td>
<td>23</td>
</tr>
<tr>
<td>Communications</td>
<td>23</td>
</tr>
<tr>
<td>Parent Involvement</td>
<td>24</td>
</tr>
<tr>
<td>Social Media</td>
<td>24</td>
</tr>
<tr>
<td>Drug Information Resources</td>
<td>24</td>
</tr>
<tr>
<td><strong>ACADEMIC POLICIES</strong></td>
<td></td>
</tr>
<tr>
<td>Grade Scale</td>
<td>26</td>
</tr>
<tr>
<td>Progression Within Pharmacy Practice Experiences</td>
<td>26</td>
</tr>
<tr>
<td>Incomplete Grades</td>
<td>26</td>
</tr>
<tr>
<td>Appeal of Course Grades</td>
<td>27</td>
</tr>
<tr>
<td>Academic Honesty</td>
<td>27</td>
</tr>
<tr>
<td>Graduation</td>
<td>27</td>
</tr>
<tr>
<td>Concerns</td>
<td>27</td>
</tr>
</tbody>
</table>
## ROTATION REQUIREMENT

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curriculum Vitae Guidelines</td>
<td>29</td>
</tr>
<tr>
<td>Portfolio Requirements Prior to Start of APPE</td>
<td>29</td>
</tr>
<tr>
<td>Minimum APPE Requirements Checklist</td>
<td>29</td>
</tr>
<tr>
<td>Minimum Rotation Requirements</td>
<td>29</td>
</tr>
<tr>
<td>Assignments for all Patient Care APPEs</td>
<td>30</td>
</tr>
<tr>
<td>Assignments for Non-Patient Care APPEs</td>
<td>31</td>
</tr>
<tr>
<td>General Timeline of APPE Requirements</td>
<td>32</td>
</tr>
<tr>
<td>SOAP Note Instructions and Example</td>
<td>33</td>
</tr>
<tr>
<td>SOAP Note Assessment Tool</td>
<td>35</td>
</tr>
<tr>
<td>Self-Reflective Writing Assessment Tool</td>
<td>36</td>
</tr>
<tr>
<td>Case Presentation Instructions and Example</td>
<td>37</td>
</tr>
<tr>
<td>Case Presentation Assessment Tool</td>
<td>39</td>
</tr>
<tr>
<td>Article Review Instructions</td>
<td>40</td>
</tr>
<tr>
<td>Article Review Assessment Tool</td>
<td>41</td>
</tr>
<tr>
<td>Evidence Based Medicine Assignment Instructions</td>
<td>42</td>
</tr>
<tr>
<td>Evidence Based Medicine Assessment Tool</td>
<td>43</td>
</tr>
<tr>
<td>Non-Patient Care APPE Special Project Abstract Template</td>
<td>44</td>
</tr>
<tr>
<td>Option 1, Abstract/Summary Guidelines</td>
<td>44</td>
</tr>
<tr>
<td>Option 1, Project Evaluation Form</td>
<td>45</td>
</tr>
<tr>
<td>Option 2, Reflective Writing Assignment Guidelines</td>
<td>46</td>
</tr>
<tr>
<td>Mid-Rotation Evaluation – Student Self-Assessment</td>
<td>47</td>
</tr>
<tr>
<td>Mid-Rotation Evaluation – by Preceptor on Student</td>
<td>48</td>
</tr>
<tr>
<td>Final Evaluation</td>
<td>49</td>
</tr>
<tr>
<td>Non-Patient Care Elective APPE Assignment</td>
<td>55</td>
</tr>
<tr>
<td>Student Evaluation of Site/Preceptor</td>
<td>57</td>
</tr>
</tbody>
</table>

## PRECEPTOR POLICIES

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceptor Policies</td>
<td>59</td>
</tr>
<tr>
<td>Vision and Mission Statement</td>
<td>60</td>
</tr>
<tr>
<td>Preceptor General Requirements</td>
<td>61</td>
</tr>
<tr>
<td>Rotation Management System</td>
<td>62</td>
</tr>
<tr>
<td>Teaching</td>
<td>63</td>
</tr>
<tr>
<td>Student Confidentiality</td>
<td>63</td>
</tr>
<tr>
<td>Student Evaluation</td>
<td>63</td>
</tr>
<tr>
<td>Student Professionalism</td>
<td>63</td>
</tr>
<tr>
<td>Concerns</td>
<td>63</td>
</tr>
<tr>
<td>College Communication and Participation</td>
<td>63</td>
</tr>
<tr>
<td>Library Privileges</td>
<td>64</td>
</tr>
<tr>
<td>Drug Information Center</td>
<td>64</td>
</tr>
<tr>
<td>Preceptor Training Resources</td>
<td>65</td>
</tr>
<tr>
<td>Site Syllabus Templates</td>
<td>66</td>
</tr>
</tbody>
</table>
APPE Schedule 2016-2017

Summer Term: May 31, 2016 – August 12, 2016 (Didactic)

Winter Break: December 19, 2016 – January 6, 2017

Graduation: June 1, 2017

Midwestern University Holidays

Students are not required to be at the rotation site on these University holidays.

- Monday, September 5, 2016 – Labor Day
- November 24 - 25 – Thanksgiving Break
- Monday, January 16, 2017 – Dr. Martin Luther King, Jr. Day

Rotation Dates

<table>
<thead>
<tr>
<th>Rotation Date</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPE Block 1</td>
<td>Monday, August 15, 2016</td>
<td>Friday, September 23, 2016</td>
</tr>
<tr>
<td>APPE Block 2</td>
<td>Monday, September 26, 2016</td>
<td>Friday, November 4, 2016</td>
</tr>
<tr>
<td>APPE Block 3</td>
<td>Monday, November 7, 2016</td>
<td>Friday, December 16, 2016</td>
</tr>
<tr>
<td><strong>Holiday Recess</strong></td>
<td><strong>Monday, December 19, 2016</strong></td>
<td><strong>Friday, January 6, 2017</strong></td>
</tr>
<tr>
<td>APPE Block 4</td>
<td>Monday, January 9, 2017</td>
<td>Friday, February 17, 2017</td>
</tr>
<tr>
<td>APPE Block 5</td>
<td>Monday, February 20, 2017</td>
<td>Friday, March 31, 2017</td>
</tr>
<tr>
<td>APPE Block 6</td>
<td>Monday, April 3, 2017</td>
<td>Friday, May 12, 2017</td>
</tr>
</tbody>
</table>

All rotations are six weeks in length for a total of 36 APPE weeks (1,440 APPE hours).

Quarter Credits

<table>
<thead>
<tr>
<th>Per block</th>
<th>Per quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.0</td>
<td>27</td>
</tr>
</tbody>
</table>

Class of 2017 Pre/Post-Graduation Activities

Students are required to attend mandatory activities on campus during and immediately following their final APPE rotation. More information will be provided about the financial aid exit interviews, CPG focus groups, AACP Student Survey, Post-APPE student survey and APPE debriefings at a later date.

Friday, May 12, 2017 is an excused absence for local students.

Career Fairs and Interview Days

<table>
<thead>
<tr>
<th>Interview Days:</th>
<th>October 14, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>February 3, 2017</td>
</tr>
<tr>
<td>Career Fair:</td>
<td>February 2, 2017</td>
</tr>
</tbody>
</table>
Pre-APPE Curriculum Overview

Prior to Advanced Pharmacy Practice Experiences (APPEs), MWU-CPG students have completed eight didactic quarters and one experiential quarter of instruction, which include:

- **Basic Sciences** – physiology, biochemistry, molecular biology & human genetics, microbiology, and immunology
- **Pharmaceutics Sequence** – pharmaceutical calculations, pharmaceutics, pharmacokinetics, and bio-pharmaceutics
- **Social and Administrative Science** – health care systems, pharmacy law & public policy, public health and disease prevention, human resource management, pharmacy practice management, law, ethics, research methods, and evidence based healthcare
- **Professional Skills Sequence** – top 200 drugs, OTC & self-care, communication skills, drug information, SOAP notes, patient education, provider intervention
- **Pharmacotherapy** (pathophysiology, pharmacology, medicinal chemistry, and therapeutics) – nutrition, autonomic nervous system, gastrointestinal, genitourinary, endocrine, cardiovascular, renal, psychiatry, pulmonary, hepatic, musculoskeletal, infectious disease, oncology, HIV, viral infections, complementary and alternative medicine
- **Electives**
- **Capstone courses** – disease state management, acute care management
- **Experiential Education** – Introductory Pharmacy Practice Experiences (IPPE): four weeks of Introductory Ambulatory Experiences, four weeks of Introductory Institutional Experiences

APPE General Description

**PPRA 1791-1796 Advanced Patient Care Pharmacy Practice Experiences**

The Advanced Pharmacy Practice Experiences (APPEs) build upon the foundation of the Introductory Pharmacy Practice Experiences (IPPEs) provided in the PS-2 year and upon the didactic curriculum. Under preceptor supervision, the student participates in four required APPE course types: advanced community, health system, ambulatory care and acute care, plus two additional required elective APPEs. Only one experience may be a non-patient care elective.

Six total rotations are required for the PS-3 student year; each rotation is six weeks in length. At least one rotation must be with a MWU-CPG faculty member, and no more than two required rotations may be out-of-state or out-of-area. The types of rotations for the advanced pharmacy practice experiences are:

1) Advanced Community Practice  
   (PPRAG 1791)
2) Acute Care  
   (PPRAG 1792)
3) Ambulatory Care  
   (PPRAG 1793)
4) Health System  
   (PPRAG 1794)
5) Patient Care Elective or any of the above  
   (PPRAG 1795)
6) Patient Care or Non-Patient Care Elective* or any of the above  
   (PPRAG 1796)

* Students may only complete one non-patient care elective rotation.
APPE General Requirements

Students should:
1. Contact the practice site via email or phone at least **two weeks** prior to start date to determine when and where to meet your preceptor on the first day, as well as any additional information you need in order to be prepared.
2. Read the objectives and competencies, as specified by the pharmacy experiential education program and self-monitor progress to ensure required objectives are adequately addressed. **Communicate with your preceptor.** Contact OEE immediately if problems arise while on APPEs.
3. Adhere to the schedule developed by the preceptor.
4. Maintain a student competency assessment portfolio online (using TaskStream or other acceptable online platform) or in binder format. Review it with the primary preceptor at the beginning of each APPE and have the portfolio available at your practice site each day.
5. Display professional behavior, dress and communication at all times. Recognize that optimal learning experiences require mutual respect, courtesy, motivation, initiative and commitment.
6. Maintain strict confidentiality at all times. Abide by HIPAA regulations concerning patient confidentiality.
7. Within the standard practices of the site, take initiative in communicating with patients, physicians, or other healthcare professionals. Actively participate as part of the team at your practice site. Put the Pharmacists’ Patient Care Process and the principles of evidence-based training into practice at your rotating sites. Initiate professional activities, only after approval has been obtained from the preceptor.
8. Complete all assigned work and projects as directed by the preceptor and as detailed in the **APPE Student and Preceptor Manual.** The student is expected to complete the tasks and assignments as delegated by the preceptor at the appropriate times. For example, students are not to complete their documentation in RMS when they should be working on their assigned tasks at the sites. Students are expected to do these activities when they are off-site.
9. For each experience completed, use the forms provided in RMS to evaluate the preceptor(s) and the site, as well as the overall pharmacy experiential education program.

Advanced Pharmacy Practice Experiences

Most of the time assigned for students in advanced pharmacy practice experiences should involve direct patient care. Direct patient care experiences should be of sufficient length to provide both continuity of patient care and an opportunity for the student to practice the competencies associated with that practice setting. Students are given the opportunity to use a patient-centered approach in collaboration with other providers on the health care team to optimize patient health and medication outcomes. The series of required (core) and elective experiences should be coordinated to achieve, in composite, the experiential whole of the advanced pharmacy practice experiences.

Goals and Objectives for all Patient Care APPEs (to be completed over the entire APPE sequence)

- Identify, evaluate and communicate to the patient and other healthcare professionals the appropriateness of the patient’s specific pharmacotherapeutic agents, dosing regimens, dosage forms, routes of administration and delivery systems
- Recommend prescription and non-prescription medications, dietary supplements, diet, nutrition, traditional non-drug therapies and complementary and alternative therapies
- Monitor and assess patient information when managing drug regimens
- Provide patient care to a diverse patient population
- Provide patient education to a diverse patient population
- Access, evaluate and apply evidence-based medicine to promote optimal health care
- Participate in discussions and assignments regarding compliance with accreditation, legal, regulatory/legislative and safety requirements
- Participate as a member of an interprofessional team
- Identify and report medication errors and adverse drug reactions
- Retrieve, evaluate, manage and use clinical and scientific publications in the decision-making process
- Work with the technology used in pharmacy practice
- Educate the public and healthcare professionals regarding medical conditions, wellness, dietary supplements, durable medical equipment and medical and drug devices

Order entry/product preparation/distribution/dispensing should **not** be the primary focus.
Advanced Ambulatory Care Pharmacy Practice Experience (PPRAG 1793)

Ambulatory Care Required Goals and Objectives:
- Consult with patients regarding self-care products
- Discuss and/or participate in the pharmacy’s quality improvement program

Typical Activities:
- Counseling of patients regarding medications and disease states
- Patient education of devices as applicable
- Point-of-care/telephone consultation and/or interviews with patients
- Medication changes with providers
- Medication profile review
- Medication discussions
- Drug information questions
- Adverse event reporting
- Healthcare provider education
- Medication Therapy Management (with or without insurance billing and reimbursement)

Additional Activities May Include:
- Discuss and/or participate in the creation of a business plan to support a patient care service, contributing to the determination of need, feasibility, resources and/or sources of funding
- Discuss and/or participate in the design, development, marketing and/or reimbursement process for new patient services
- Discuss and/or participate in the formulary process or perform prospective and retrospective financial and clinical outcomes analyses to support formulary recommendations
- Discuss and/or participate in therapeutic protocol development
- Discuss and/or participate in the inventory management of medication samples

Advanced Community Pharmacy Practice Experience (PPRAG 1791)

Advanced Community Required Goals and Objectives:
- Consult with patients regarding self-care products
- Discuss and/or participate in the pharmacy’s quality improvement program
- Prepare and dispense medications

Typical Activities:
- Patient counseling regarding both OTC and Rx products
- Patient education regarding devices (e.g., inhalers, glucometers, etc.)
- Patient education regarding disease states
- Antibiotic or other medication call back programs
- Medication changes with providers
- Medication profile review
- Medication discussions
- Pharmaceutical calculations
- Drug information questions
- Compounding
- Adverse event reporting
- Inventory Management
- Health screenings
- Immunizations
Additional Activities May Include:

- Discuss and/or manage systems for storage, preparation and dispensing of medications
- Participate in purchasing activities
- Discuss and/or participate in the creation of a business plan to support a patient care service, contributing to the determination of need, feasibility, resources and/or sources of funding
- Discuss and/or manage the medication use system and apply the systems approach to medication safety
- Discuss and/or participate in the design, development, marketing and/or reimbursement process for new patient services
- Discuss and/or participate in discussions and assignments of human resources management, medication resources management and pharmacy data management systems, including pharmacy workload and financial performance
- Discuss and/or participate in the pharmacy’s planning process

Acute Care Pharmacy Practice Experience (PPRAG 1792)

Acute Care Required Goals and Objectives:

- Discuss and/or participate in the management of medical emergencies
- Discuss and/or participate in the health systems formulary process
- Attend a pharmacy or interdisciplinary meeting (e.g., P&T, medication safety committee, etc.)
- Discuss and/or perform prospective and retrospective financial and clinical outcomes analyses to support formulary recommendations and therapeutic protocol development
- Discuss and/or participate in therapeutic protocol development
- Describe documentation of clinical activities

Typical Activities:

- Medication changes with providers
- Medication profile review
- Medication report review
- Medication discussions
- Drug information questions
- Adverse event reporting
- Pharmaceutical calculations
- High-risk medication dosing (e.g., oncology, pediatric, etc.)
- Provide patient/caregiver/health professional education as requested
- Pharmacokinetics
- Pharmacy consultations
- Primary emphasis is on clinical in-patient care
- Patient chart review
- Rounding with medical team

Health-System Pharmacy Practice Experience (PPRAG 1794)

Health Systems Required Goals and Objectives:

- Prepare and dispense medications
- Manage the medication use system and apply the systems approach to medication safety
- Discuss and/or participate in purchasing activities
- Manage systems for storage, preparation and dispensing of medications
- Discuss and/or participate in the pharmacy’s planning process
- Discuss and/or participate in management activities (i.e. clinical services, patient care operations, department technology)
- Discuss and/or participate in the pharmacy’s quality improvement program
- Discuss and/or participate in the use of investigational drug products
- Educate other healthcare professionals within the organization
Typical Activities:
- Plan for Pharmacy & Therapeutics meetings
- Patient chart reviews
- Research investigational drugs
- Inventory review
- Formulary development

Additional Activities May Include:
- Drug information
- Drug monographs and therapeutic class reviews
- Discuss and/or participate in the creation of a business plan to support a patient care service, contributing to the determination of need, feasibility, resources and/or sources of funding
- Discuss and/or participate in the design, development, marketing and/or reimbursement process for new patient services
- Discuss and/or participate in discussions and assignments of human resources management, medication resources management and pharmacy data management systems, including pharmacy workload and financial performance

Goals and Objectives for Non-Patient Care Advanced Pharmacy Practice Experience

- Discuss and/or participate in the functions of the pharmacist at the site
- Discuss and/or participate in the services provided by the site
- Discuss the role of the site in the healthcare system
- Discuss the role of the pharmacist within the organizational structure of the site
- Communicate effectively with the practitioners and clients in the site
- Complete a Special Project abstract using appropriate written communication skills
- Demonstrate professionalism in the areas of: interaction, appearance, attire, timeliness and commitment and initiative
Code of Ethics for Pharmacists

PREAMBLE
Pharmacists are health professionals who assist individuals in making the best use of medications. This Code, prepared and supported by pharmacists, is intended to state publicly the principles that form the fundamental basis of the roles and responsibilities of pharmacists. These principles, based on moral obligations and virtues, are established to guide pharmacists in relationships with patients, health professionals and society.

Adopted by the membership of the American Pharmacists Association October 27, 1994

I. A pharmacist respects the covenental relationship between the patient and pharmacist.
Considering the patient-pharmacist relationship as a covenant means that a pharmacist has moral obligations in response to the gift of trust received from society. In return for this gift, a pharmacist promises to help individuals achieve optimum benefit from their medications, to be committed to their welfare and to maintain their trust.

II. A pharmacist promotes the good of every patient in a caring, compassionate and confidential manner.
A pharmacist places concern for the well-being of the patient at the center of professional practice. In doing so, a pharmacist considers needs stated by the patient as well as those defined by health science. A pharmacist is dedicated to protecting the dignity of the patient. With a caring attitude and a compassionate spirit, a pharmacist focuses on serving the patient in a private and confidential manner.

III. A pharmacist respects the autonomy and dignity of each patient.
A pharmacist promotes the right of self-determination and recognizes individual self-worth by encouraging patients to participate in decisions about their health. A pharmacist communicates with patients in terms that are understandable. In all cases, a pharmacist respects personal and cultural differences among patients.

IV. A pharmacist acts with honesty and integrity in professional relationships.
A pharmacist has a duty to tell the truth and to act with conviction of conscience. A pharmacist avoids discriminatory practices, behavior or work conditions that impair professional judgment and actions that compromise dedication to the best interests of patients.

V. A pharmacist maintains professional competence.
A pharmacist has a duty to maintain knowledge and abilities as new medications, devices and technologies become available and as health information advances.

VI. A pharmacist respects the values and abilities of colleagues and other health professionals.
When appropriate, a pharmacist asks for the consultation of colleagues or other health professionals or refers the patient. A pharmacist acknowledges that colleagues and other health professionals may differ in the beliefs and values they apply to the care of the patient.

VII. A pharmacist serves individual, community and societal needs.
The primary obligation of a pharmacist is to individual patients. However, the obligations of a pharmacist may at times extend beyond the individual to the community and society. In these situations, the pharmacist recognizes the responsibilities that accompany these obligations and acts accordingly.

VIII. A pharmacist seeks justice in the distribution of health resources.
When health resources are allocated, a pharmacist is fair and equitable, balancing the needs of patients and society.
STUDENT ACADEMIC POLICIES

Internship Registration

To participate in the pharmacy experiential education program and to earn internship hours required for licensure, the student must be registered with the Board of Pharmacy for each state in which the student is assigned a rotation. Once an out-of-state or out-of-area assignment has been scheduled, OEE must receive proof of the intern application within 30 days. A copy of the student’s intern license must be submitted to OEE in advance of the start of the rotation. Failure to register as an intern is a violation of pharmacy practice regulations and will result in suspension from the pharmacy experiential education program. As a registered pharmacy intern, the student is subject to all applicable state regulations and the student should review them carefully prior to initiation of the Pharmacy Experiential Education Program. The student must carry the intern license while at practice sites and the license must not expire before the end of experiential rotations.

Background Checks

MWU requires matriculating students to submit to a criminal history background check. Criminal history background checks will be conducted through the Centralized Office of Experiential Education (COEE) as part of the initial student matriculation process and annually thereafter while a student is enrolled at the University. Students are individually responsible for checking the licensing and certification requirements in any state the student is interested in participating in a pharmacy practice experience to determine whether or not their criminal history may be a barrier to participation. Students are required to disclose to OEE, Dean of Students and College Dean any arrests, criminal charges, or convictions against them prior to and/or during their entire period of enrollment as a student at MWU. Such arrests, criminal charges, or convictions may negatively impact a student’s ability to obtain and/or complete pharmacy practice experiences. MWU does not guarantee pharmacy practice experiences for students who have a history of felony or misdemeanor convictions or charges. Students will need to provide OEE with appropriate documentation and may be required to sign a release allowing disclosure of information to assigned rotation sites and the Arizona State Board of Pharmacy.

Hours and Licensure

The MWU-CPG curriculum and experiential program will provide 1,760 internship hours (320 IPPE and 1,440 APPE) upon graduation.

Licensure is dependent upon when the student is able to get an appointment to take the NAPLEX and MJPE at a testing center. An appointment cannot be made until the Arizona State Board of Pharmacy sends a “permission to test” letter, which they usually do immediately after they receive the report of hours from CPG. CPG will report intern hours to the Arizona State Board of Pharmacy on the day of graduation. These letters cannot be sent earlier. The registration procedure should be outlined in the letter. Scheduling will be dependent upon the turn-around-time at the testing center, which is typically a few days.

The state of Arizona requires a minimum of 1,500 hours for licensure. Other states have different requirements. Any student planning to take the North American Pharmacy Licensure Examination (NAPLEX) to obtain licensure in a state other than Arizona should verify internship requirements with that state’s Board of Pharmacy before beginning rotations.

Students must review all the necessary requirements for licensure, regardless of the state in which he/she plans on getting licensed.

Attendance

Attendance is required for academic credit to be received and intern hours to be submitted to the Arizona State Board of Pharmacy (upon graduation).

Students are required to adhere to the schedule established by the practice site. Patient care is not confined to an eight-hour day. Students must spend a minimum of 40 working hours per week (not including lunch) at the assigned site, a minimum of eight hours per day, five days per week. If the site cannot accommodate this schedule, the schedule may be altered to obtain 40 hours, after approval of OEE and the primary preceptor.
Concurrent employment during the experiential training period is discouraged. If necessary, work schedules must be adjusted to accommodate APPE requirements and will not be considered a legitimate reason for excusing a student from the practice site. The student is expected to adhere to the hours set by the preceptor. Work cannot interfere with practice site responsibilities.

**Attendance is mandatory.** All absences from a practice site must be documented within 24 hours of the missed rotation via an email or fax message to both the preceptor and OEE. Students must document the absence and approval response via email to OEE (azoe@midwestern.edu). Failure of the student to document the absence will result in an unexcused absence, incident report and may result in a failing grade. If the preceptor does not approve the absence via email, a copy signed by the preceptor must be faxed to OEE (623-572-3560).

The preceptor must be notified in advance if the student will be absent from the APPE. If the preceptor cannot be reached directly, the student must leave a message for the preceptor and contact OEE. In case of emergency, notify the preceptor and OEE as soon as possible.

A student cannot miss more than two days of any APPE for any reason unless previously authorized by OEE. Making up hours does not negate an absence.

**Unplanned Absences:**
Unplanned absences occur as a result of illness, dependent care needs, death of an immediate family member, or other unpredictable events. Documentation is required for absences of more than two days. For bereavement leave, a copy of the obituary or death certificate is required. For illness, a doctor’s note and release to return is required.

**Jury Duty:**
If a student receives their first summons for jury duty, OEE recommends that students first postpone their summons online as indicated on the letter received from the court. If students get a second summons, they should bring the summons to Student Services. Student Services will write a letter on behalf of the student to ask for a delay in jury duty. The next time a student receives a summon, a letter cannot be written and the student should appear for jury duty. The student should inform the court that selection would result in hardship. An absence for jury duty needs to be documented via an email or fax message to OEE and a copy of the summons given to OEE prior to the duty date.

**Absence for Professional Meeting Attendance:**
If a student plans to attend a professional meeting, he/she will need to first ask the preceptor’s permission, and submit the approval via an email or fax message to OEE at least one week prior to the absence. Professional meetings are considered educational experiences. Preceptor approval is mandatory and assignments may be required to be completed during the absence. Students must make their preceptor aware of the professional meeting as far in advance as possible. Students are expected to be cognizant of the days missed during any one rotation block. **Excessive days away from one site (>2) requires special permission from OEE and the preceptor.** Make up time for absences for professional events will be at the discretion of the preceptor.

**Absence for Post-Graduate Program Interviews:**
If a student plans to attend an interview for post-graduate education (i.e. residency, fellowship, or graduate school) he/she will need to first ask the preceptor’s permission, send an email or fax message to both the preceptor and OEE and submit it to OEE at least one week prior to the absence. Interviews for post-graduate training or education programs are considered educational experiences. Preceptor approval is mandatory and assignments may be required to be completed during the absence. Students must make their preceptor aware of the interview as far in advance as possible. Students are expected to be cognizant of the days missed during any one rotation block. **Excessive days away from one site (>2) requires special permission from OEE and the preceptor.** Make up time for absences for professional events will be at the discretion of the preceptor.

**Patient Confidentiality**

Students will have access to personal information about patients, staff and business operations of the rotation site. This information must remain at the site and be held in strictest confidence. Confidential information, including clinical matters, should not be communicated to other students, patients, laypersons, or other healthcare professionals in public areas or outside the site. Students are expected to follow the policies regarding confidentiality for each rotation site. Prior to the start of rotations, students are required to sign a Statement of Confidentiality. Any violation of the confidentiality policy, however minor, may result in failure of the pharmacy practice experience.
B. In this chapter, unless the context otherwise requires, for the purposes of disciplining a pharmacist, pharmacy intern or graduate intern, "unprofessional conduct" means the following, whether occurring in this state or elsewhere:

1. **Addiction to the use of alcohol or other drugs to such a degree as to render the licensee unfit to practice the profession of pharmacy.**
2. Violating any federal or state law, rule or regulation relating to the manufacture or distribution of drugs and devices or the practice of pharmacy.
3. Dispensing a different drug or brand of drug in place of the drug or brand of drug ordered or prescribed without the express permission in each case of the orderer, or in the case of a prescription order, the medical practitioner. The conduct prohibited by this paragraph does not apply to substitutions authorized pursuant to section 32-1963.01.
4. Obtaining or attempting to obtain a license to practice pharmacy or a license renewal by fraud, by misrepresentation or by knowingly taking advantage of the mistake of another person or an agency.
5. Denial or discipline of a licensee's license to practice pharmacy in another jurisdiction and the license was not reinstated.
6. Claiming professional superiority in compounding or dispensing prescription orders.
7. Failing to comply with the mandatory continuing professional pharmacy education requirements of sections 32-1936 and 32-1937 and rules adopted by the board.
8. **Committing a felony, whether or not involving moral turpitude, or a misdemeanor involving moral turpitude or any drug related offense. In either case, conviction by a court of competent jurisdiction or a plea of no contest is conclusive evidence of the commission.**
9. **Working under the influence of alcohol or other drugs.**
10. **Violating a federal or state law or administrative rule relating to marijuana, prescription-only drugs, narcotics, dangerous drugs, controlled substances or precursor chemicals when determined by the board or by conviction in a federal or state court.**
11. Knowingly dispensing a drug without a valid prescription order as required pursuant to section 32-1968, subsection A.
12. Knowingly dispensing a drug on a prescription order that was issued in the course of the conduct of business of dispensing drugs pursuant to diagnosis by mail or the internet.
13. **Failing to report in writing to the board any evidence that a pharmacist, pharmacy intern or graduate intern is or may be professionally incompetent, is or may be guilty of unprofessional conduct or is or may be mentally or physically unable to safely engage in the practice of pharmacy.**
14. Failing to report in writing to the board any evidence that a pharmacist technician or pharmacy technician trainee is or may be professionally incompetent, is or may be guilty of unprofessional conduct or is or may be mentally or physically unable to safely engage in the permissible activities of a pharmacy technician or pharmacy technician trainee.
15. Failing to report in writing to the board any evidence that a permittee or a permittee's employee is or may be guilty of unethical conduct or is or may be in violation of this chapter or a rule adopted under this chapter.
16. **Committing an offense in another jurisdiction that if committed in this state would be grounds for discipline.**
17. Knowingly filing with the board any application, renewal or other document that contains false or misleading information.
18. Providing false or misleading information or omitting material information in any communication to the board or the board's employees or agents.
19. Violating or attempting to violate, directly or indirectly, or assisting in or abetting in the violation of, or conspiring to violate, this chapter.
20. Violating a formal order, terms of probation, a consent agreement or a stipulation issued or entered into by the board or its executive director pursuant to this chapter.
21. Failing to comply with a board subpoena or failing to comply in a timely manner with a board subpoena without providing any explanation to the board for not complying with the subpoena.
22. Refusing without just cause to allow authorized agents of the board to examine documents that are required to be KEPT pursuant to this chapter or title 36.
23. Participating in an arrangement or agreement to allow a prescription order or a prescription medication to be left at, picked up from, accepted by or delivered to a place that is not licensed as a pharmacy. This paragraph does not prohibit a pharmacist or a pharmacy from using an employee or a common carrier to pick up prescription orders at or deliver prescription medications to the office or home of a medical practitioner, the residence of a patient or a patient's hospital.
24. Paying rebates or entering into an agreement for the payment of rebates to a medical practitioner or any other person in the health care field.
25. Providing or causing to be provided to a medical practitioner prescription order blanks or forms bearing the pharmacist's or pharmacy's name, address or other means of identification.
26. Fraudulently claiming to have performed a professional service.
27. Fraudulently charging a fee for a professional service.
28. Failing to report a change of the licensee's home address or employer as required pursuant to section 32-1926.
29. Failing to report a change in the licensee's residency status as required pursuant to section 32-1926.01.
Immunization Guidelines

All students are required to provide current documentation of the following immunizations to the Office of Student Services. Failure to comply with immunization requirements will result in cancellation of the APPEs and may cause extension of the student’s program of study.

1. Measles/Mumps/Rubella (MMR)
   Measles: Two dates needed or documented disease and positive titer
   Mumps: One date needed and positive titer
   Rubella: One date needed and positive titer
2. Tetanus/Diphtheria: Must show proof within last 10 years
3. Tuberculosis (PPD) test:
   Initial two-step PPD test with an annual one-step PPD test. If it has been greater than one year since the PPD test, the two-step test will be required. If student has a positive PPD, this requires a chest X-ray and documentation annually that they do not have active tuberculosis (TB).
4. Hepatitis B: Series with titer. If titer negative, a booster or physician note required.
5. Varicella titer
6. Seasonal Flu vaccine*
7. Other immunizations: May be required by rotation site

*The university mandates that all students are required to obtain the seasonal flu vaccine. If you do not wish to get this vaccine, you will be required to sign a “Waiver for Mandatory Flu Shot” and submit it to OEE. Please be aware that signing a waiver could exclude you from participation as an intern at most sites.

Students may contact the Office of Student Services (Phone: 623-572-3210, Fax: 623-572-3287) regarding immunization requirements. A copy of current immunizations must be on file with the Office of Student Services in order to begin APPEs. The student should retain a copy to place in their portfolio.

Special Requirements for Rotations

Rotation sites may have additional requirements such as, but not limited to: corporate on-line training, urine drug screens, and fingerprinting. Students will be notified in advance so that these requirements will be completed before the rotation starts. These costs may be at the students’ expense. Failure to complete all requirements as requested by OEE may result in cancellation of the rotation causing the student to be placed on extended track requiring a late graduation date as well as additional tuition fees.

CPR Training

All students must become certified in Basic Life Support for Healthcare Providers (CPR & AED) prior to embarking on APPEs. A copy of the student’s Healthcare Provider certification card must be submitted to OEE before the student will be allowed to begin their APPE rotations. Refresher training will be offered prior to the first APPE rotation start date at no cost to the student. If the student does not have a current CPR card and does not complete CPR training when offered, the student must make and finance his/her own arrangements to become certified through the American Heart Association or another organization.

Liability Insurance

MWU provides liability insurance for all students enrolled in the pharmacy experiential education program. This insurance covers students only when they are participating in the pharmacy practice experiences in the United States as a part of the curriculum. This insurance does not cover students when they are employed as pharmacy interns.
Rotation Schedules

- Students will select APPE preferences from a list of sites provided by OEE.
- OEE assigns rotation schedules to ensure academic requirements are met.
- To prevent conflicts of interest, the student will not be allowed to complete an APPE with a family member, current/former partner, friend, or colleague.
- Final APPE assignments are at the discretion of OEE following review of student site preferences, professional experience, consideration of site characteristics, College commitments to the site and program availability.
- APPEs are typically completed within the state of Arizona and the Phoenix metropolitan area; however students may complete rotations at one or more sites outside of the Phoenix metropolitan area. The Phoenix metropolitan area is identified as any location within a 60-mile commute from the MWU-CPG campus. The student is responsible for any financial costs incurred for travel and housing during the pharmacy experiential education program, unless otherwise specified.
- Once APPEs are finalized, students may not drop, change, or cancel rotations unless the student demonstrates that an extreme hardship exists.
- In unforeseen circumstances, an experience may become unavailable and necessitate a change in the student’s schedule. In these instances, OEE will handle all reassignments. Students should not contact prospective preceptors under any circumstances, unless directed by OEE to do so, but are encouraged to provide leads to OEE.
- Students are not to make arrangements or travel plans that affect rotation schedules before receiving permission from their assigned preceptors.

Student Rotation at Employment Site

Midwestern University CPG OEE strongly recommends that students do not have an IPPE or APPE rotation at the same site where they have been or currently are employed or receive compensation. The OEE will review requests and finalize rotation schedules on an individual basis. This recommendation is to protect the student, as well as Midwestern University, from any overlap or duplication of intern hours reported to State Boards of Pharmacy as both experiential education and work experience. In addition, Midwestern University’s accrediting body (ACPE) prohibits a student from receiving any compensation when academic credit is awarded.

If a student is approved a site rotation at their current place of employment, Midwestern University strongly recommends, in order to maintain separation of duties at a level that will pass audit and accreditation requirements, that the student not be scheduled in a paid or compensated status on days when the student is on rotation at the site. Should an audit determine or if there is any question that, while on rotation, the student has performed duties for which they were or would usually be compensated or, while in a compensated status at the rotation site, performed duties related to their rotation, the student may be required, with the student bearing the entire cost, to repeat the rotation at another facility and to delay graduation. If OEE determines that the student has been non-compliant in maintaining a separation of rotation and employee/compensated hours, the student will receive a failing grade for that rotation.

While OEE will review requests and finalize rotation schedules on an individual basis, students may request a rotation at their site of current or previous employment as long as:

1. The student understands that all rotation hours and duties of experiential education must remain clearly separate from any paid/compensated duties as an employee. The student acknowledges this understanding when signing that they have received, read, and understand the IPPE and the APPE Student and Preceptor Manuals.
2. The student advises the Office of Experiential Education of their employment at the rotation site, and OEE issues a letter to the preceptor to ensure that all time spent on rotation duties remains distinctly separate from time spent as an employee or in a compensated status.

Both of these criteria must be met.

Out-of-State or Out-of-Area Assignments

Students in good academic and disciplinary standing, as determined by the Dean’s Office, may participate in APPEs outside of Arizona. Students who are on academic probation, not in good academic standing, or who have documentation of disciplinary concerns will be denied an out-of-state placement. Out-of-state pharmacy practice experiences are subject to final approval on an individual basis by the OEE. Students may request an out-of-state experience that is currently not available through the OEE if the rotation complements the current offerings. This must
be done at least one year before the next academic year’s experiences begin. The OEE will evaluate the site/preceptor to ensure that it meets the College’s criteria for participation in our pharmacy practice experience program. Submission of a request does not imply automatic approval of the site for inclusion in the pharmacy practice experience program.

No more than two CORE rotations may be completed out-of-state or out-of-area. As a result, a maximum of four rotations may be completed out-of-state or out-of-area.

**Students who are in good academic standing but have struggled significantly in didactic coursework may not be permitted to complete out-of-state or out-of-area rotations.**

Due to the amount of planning and preparation involved in organizing out-of-state rotations, they are rarely cancelled. If necessary, the student must submit a letter demonstrating an extreme hardship to be considered for rotation rescheduling. Decisions are made on a case-by-case basis and are at the discretion of OEE.

### Dismissal or Removal from Sites

CPG and the site must maintain a mutually beneficial partnership. Students are required to meet and maintain the highest professional standards. Under certain circumstances, OEE reserves the right to cancel its obligation to provide a rotation assignment for students. Specifically, any student who steals any assets, property and/or drugs from any participating facility will be denied the privilege of participation in the rotation. Students recognized as being under the influence of any drug substance for non-medical purposes while on rotation assignments may also lose their participation privilege.

Preceptors may request the student’s removal from the site if it has been determined that the student is potentially harmful to patient care, incompetent and/or behaving inappropriately. If the student breaks any of the policies, does not clear the background check, does not provide proof of proper immunizations, does not pass a drug screen, or fails to meet other necessary requirements, the student may be removed from the site.

Whether the student is removed from a rotation by OEE or dismissed by the site, the student will not be placed at another site for that APPE block, will receive a failing grade, will have to complete another APPE and may be subject to further review and action by the Student Promotion and Graduation Committee (SPGC) and/or OEE.

The purpose of this policy is to honor our affiliation agreements and the integrity of the program by protecting rotation sites, CPG’s reputation and patient safety.

### Safety Occurrence Reporting

Students are required to notify OEE immediately for all safety occurrences. This includes, but is not limited to, needle sticks, exposure to bodily fluids, Tuberculosis exposure or exposure to a radioactive substance, or any trips, falls, or injuries that occur at a rotation site. Risk management and the Dean’s office will then be notified and Risk Management forms will need to be completed in timely fashion.

**Needle Stick/Exposures or Injury on Clinical Rotation**

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, clinical coordinator and OEE 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 rotations is 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 completing 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.

Student Consent: The consent of the student must be given, according to the directives of the rotation hospital/clinic and/or physician's office, before collection of his/her blood and before serologic testing can be done.

Source Individual: The source individual is defined as any individual whose blood or other potentially infectious materials may be a source of exposure to the health care worker. Illinois and Arizona state statutes state “when a health care provider or employee of a health care facility is involved in an accidental direct skin or mucous membrane contact with the blood or bodily fluids of an individual which is of a nature that may transmit HIV, written informed consent of the source individual (patient) to perform an HIV test is not required.” The source individual should be identified by the student. Situations when it is not feasible to identify the source individual include incidents of needle sticks or cuts from Sharps of unknown sources, e.g., unmarked needle or blood sample. The source individual should be tested for hepatitis B, hepatitis C, and HIV in accordance with the directives of the rotation hospital/clinic or physician's office where exposure occurred.

### Professionalism

The demonstration of professionalism is critical to the success of a healthcare professional. The development of the values and attitudes that are required of a professional occurs over a period of time and must begin early in a student’s education. In this way, professional behavior becomes an integral part of an individual. Professionalism is demonstrated by a student who:

- uses appropriate verbal and non-verbal communication
- is punctual
- is reliable, dependable and accountable for one’s actions
- behaves in an ethical manner
- produces quality work
- accepts constructive criticism and modifies behavior, if necessary
- is cooperative – i.e. non-argumentative; willing and helpful
- is non-judgmental – student demonstrates an attitude of open-mindedness toward others and situations; does not “stereotype” others or prejudge situations
- communicates assertively – actively and appropriately engages in dialogue or discussion
- is self-directed in undertaking tasks; self-motivated
- is respectful – demonstrates regard for self, patients, peers, faculty, staff and university property
- is empathetic – demonstrates appreciation of others’ positions; attempts to identify with others’ perspectives; demonstrates consideration towards others
- handles stress – remains calm, level-headed and composed in critical, stressful or difficult situations
- is an active learner – seeks knowledge; asks questions, searches for information and takes responsibility for one’s own learning
- is confident – acts and communicates in a self-assured manner, yet with modesty and humility
- follows through with responsibilities – if a task is left incomplete or a problem is not resolved, student seeks aid
- is diplomatic – is fair and tactful in all dealings with patients, peers, faculty and staff
- is appropriately attired
- demonstrates a desire to exceed expectations – goes “above and beyond the call of duty,” attempts to exceed minimal standards and requirements for tasks, assignments and responsibilities
- utilizes time efficiently – allocates and utilizes appropriate amounts of time to fulfill responsibilities; utilizes others’ time wisely

Professionalism is a pass/fail component of the final evaluation (rubric on pages 45 and 46). If a student receives an “unacceptable” score in any of the four professionalism areas of the final evaluation, he/she will fail the rotation.
Ten Traits that Distinguish a Professional

As defined in the 1999 APhA-ASP/AACP White Paper on Student Professionalism, pharmacists and pharmacy students act professionally when they display the following behaviors as categorized into 10 broad traits:

- Knowledge and skills of a profession
- Commitment to self-improvement of skills and knowledge
- Service orientation
- Pride in the profession
- Covenantal relationship with client
- Creativity and innovation
- Conscience and trustworthiness
- Accountability for his/her work
- Ethically sound decision-making
- Leadership

1) Professional Knowledge, Skills and Behaviors
   - Performs responsibilities in a manner consistent with the school’s or college’s educational outcomes statement, the CAPE outcomes, NABP and ACPE competencies, professional associations’ competency statements and other professionalism documents
   - Interacts effectively with faculty, staff, other students, patients and their families, pharmacy colleagues and other health professionals

2) Commitment to Self-Improvement and Life-Long Learning
   - Reflects critically on his or her actions and seeks to improve proficiency in all facets of his/her responsibilities
   - Accepts and responds to constructive feedback
   - Provides constructive feedback to others
   - Recognizes limitations and seeks help when necessary
   - Takes responsibility for learning; an active and self-directed learner
   - Does not participate in activities that compromise learning (disruptive behavior, cheating)
   - Maintains personal health and well-being

3) Service Orientation/Altruism
   - Demonstrates concern for the welfare of others; uses skills and knowledge to improve their quality of life
   - Recognizes and avoids conflicts of interest
   - Provides service to the community and society-at-large
   - Offers to help others when they are busy or in need of assistance
   - Shares opportunities for recognition with others
   - Does not seek to profit unfairly from others
   - Puts patient needs above their own, e.g., staying as long as necessary to ensure appropriate care

4) Continuing Commitment to Excellence and Pride in the Profession
   - Demonstrates dedication to his/her patients and the profession supported by a strong work ethic
   - Upholds the competent delivery of health care services; addresses lack of knowledge or skill in self and others
   - Conscientious; well-prepared for class and clinical rotations
   - Displays a consistent effort to exceed minimum requirements; demonstrates quality work

5) Covenantal Relationship with the Patient and Respect for Others
   - Empathetic and responsive to the needs of the patient, the patient’s family and other members of the health care team
   - Respects a patient’s autonomy, privacy, and dignity
   - Involves the patient as a partner in his/her health care decisions; honors the patient’s values and belief systems
   - Respects and appreciates the diversity of his/her patients
   - Listens and communicates effectively
   - Maintains appropriate boundaries
Advocates for others
- Non-judgmental; displays compassion and empathy
- Skillful in establishing a rapport with patients and other health care team members
- Contributes to team building
- Maintains composure and adapts well to changing or stressful situations
- Resolves conflicts fairly

6) Creativity and Innovation
- Contributes to quality improvement in all professional endeavors
- Applies creative and innovative approaches to challenges
- Contributes to the development of new knowledge and practices that advance pharmaceutical care

7) Conscience and Trustworthiness
- Demonstrates a high degree of integrity, truthfulness, and fairness
- Uses time and resources appropriately
- Truthful about facts or events
- Does not hide errors

8) Accountability
- Demonstrates initiative, reliability and follow-through in fulfilling commitments
- Promptly completes responsibilities in a timely manner (notifies appropriate individual of unexpected emergencies)
- Responsible for, and accountable to others (e.g., patients, their families, to society and the profession)
- Accepts responsibility for one’s errors and explores ways to prevent errors from occurring in the future
- Confronts individuals who demonstrate unprofessional behavior
- Does not participate in activities that impair judgment or compromise patient care responsibilities
- Accountable for his/her academic and professional performance

9) Ethically Sound Decision-Making
- Demonstrates an awareness of professional norms, laws, and behavior; knowledgeable of theories and principles underlying ethical conduct
- Adheres to high ethical and moral standards
- Able to cope with a high degree of complexity and uncertainty
- Controls emotions appropriately even under stressful conditions; maintains personal boundaries
- Prioritizes responsibilities properly

10) Leadership
- Contributes to the profession; actively involved in professional organizations or other venues
- Proactive in solving social and professional challenges
- Helps promote a culture of professionalism
- Embraces and advocates for change that improves patient care
- Encourages current and future pharmacists in their professional development

Pledge of Professionalism

As a student of pharmacy, I believe there is a need to build and reinforce a professional identity founded on integrity, ethical behavior, and honor. This development, a vital process in my education, will help ensure that I am true to the professional relationship I establish between myself and society as I become a member of the pharmacy community. Integrity must be an essential part of my everyday life and I must practice pharmacy with honesty and commitment to service.

To accomplish this goal of professional development, I as a student of pharmacy should:

Develop a sense of loyalty and duty to the profession of pharmacy by being a builder of community, one able and willing to contribute to the well-being of others and one who enthusiastically accepts the responsibility and accountability for membership in the profession.

Foster professional competency through life-long learning. I must strive for high ideals, teamwork and unity within the profession in order to provide optimal patient care.
Support my colleagues by actively encouraging personal commitment to the Oath of Maimonides and a Code of Ethics as set forth by the profession.

Incorporate into my life and practice, dedication to excellence. This will require an ongoing reassessment of personal and professional values.

Maintain the highest ideals and professional attributes to ensure and facilitate the covenantal relationship required of the pharmaceutical care giver.

The profession of pharmacy is one that demands adherence to a set of rigid ethical standards. These high ideals are necessary to ensure the quality of care extended to the patients I serve. As a student of pharmacy, I believe this does not start with graduation; rather, it begins with my membership in this professional college community. Therefore, I must strive to uphold these standards as I advance toward full membership in the profession of pharmacy.

Developed by the American Pharmaceutical Association Academy of Students of Pharmacy/ American Association of Colleges of Pharmacy Council of Deans (APhA-ASP/AACP-COD) Task Force on Professionalism; June 26, 1994


Student Attire

All students should dress in accordance with professional norms as stated in the Midwestern University Student Handbook. Each rotation site may also have certain dress code expectations and the student is expected to follow those at the site. Failure to observe these dress code policies may result in the student being asked to leave the premises. Students are required to make up any time missed for such dismissals.

Dress Code for Pharmacy Practice Experiences:

- Appropriate dress for males: trousers, shirt and tie.
- Appropriate dress for females: knee-length skirts, dresses, or dress slacks and blouse or sweater.
- A clean and pressed white lab jacket (short) is required and must not include company insignia.
- An MWU-CPG student ID with a picture must be worn at all times. Certain rotation sites may require an additional identification tag.
- Hair is to be neat, clean and properly maintained including facial hair.
- Appropriate personal hygiene must be maintained at all times.
- The student may be required to remove artificial nails or trim natural nails to comply with infection control policies of the rotation site. Please note, “gel” manicures may be viewed as artificial nails and may not be permitted in some pharmacy practice experiences.

The following are not considered acceptable:

- T-shirts, jeans, sweat pants, capri pants, open-toed shoes, and tennis shoes.
- Shirts with screen printing or writing.
- Clothes that are revealing, including midriff shirts, low-cut/v-neck shirts, and spaghetti straps.
- Any visible body piercings (except earrings) must be removed.
- Visible tattoos must be covered.
- Cell phones should be turned off or placed on “silent” mode and will be limited to only emergencies during APPE hours.

These guidelines are not all-inclusive. Students are expected to adhere to the spirit of the dress code. OEE and/or the preceptor will make the final determination of whether a student is in compliance with these standards.
Alcohol/Drug Policy and Procedures

MWU does not condone any form of alcohol abuse by its students. No alcohol may be manufactured, consumed, distributed, exchanged, or sold by students in any MWU facility, clinic, or hospital associated with MWU. Alcoholic beverages may be served at on- or off-campus events only with the prior approval of the Dean of Students. Any student who attends a class, rotation or is on the premises of a facility affiliated with MWU while under the influence of alcohol or drugs is subject to an immediate drug screen for cause and possible disciplinary action, including suspension.

Students are not allowed to consume alcohol or drugs in any environment in which they are representing MWU. This includes rotation sites, representative dinners, conferences and CE programs, as well as local or national meetings.

Disability Statement or Medical Concerns

If you require accommodation because of a disability, if you have emergency medical information (e.g. medication or food allergy), or if you need special arrangements in case the building must be evacuated, please notify OEE. Students should review this information with the preceptor on the first day of rotation.

Counseling

MWU provides free and confidential student counseling by an on-campus counselor to help students deal with a variety of academic and personal concerns. Short-term counseling is provided at no cost for all students who are currently enrolled at MWU. Students who present with long-term issues are referred to known off-campus specialists for assessment and treatment. All efforts are made to make referrals to providers on the student’s health insurance network so that the student does not incur additional costs.

To preserve confidentiality, appointments are made directly with the Student Counselor (623-572-3629). The counselor can be reached Monday through Friday during business hours to schedule an appointment; however accommodations in scheduling are flexible for student’s off-campus or on rotations. For those students who cannot be on-campus, the counselor can provide assistance via telephone.

Compensation

Students cannot receive payment for any work for which they receive academic credit. There is no monetary compensation to students for participation in the APPEs. Students are responsible for all transportation, housing, food and any other personal expenses associated with their rotations. In rare cases, site-specific housing may be provided.

Communications

Rotation Management System (RMS) is the software system used by the College to track all pharmacy practice experiences and associated information. Preceptors and students use the system to view pharmacy practice experiences, complete assignments and complete evaluation forms on the Internet. The web address for RMS is https://www.online.midwestern.edu.

Students are responsible for keeping their contact information updated in RMS. OEE requires students to provide their current address, phone number, cell phone number and email address.

Students are responsible for reading, understanding and continually accessing all information distributed via print, email or the RMS system including program policies and experiential workbooks. CPG will communicate additional information throughout the year using available technology. It is a requirement of the Pharmacy Experiential Education Program that all students have e-mail and internet access.

Internet access is available at some of the rotation sites, but permission needs to be obtained from the preceptor prior to use. Internet access is also available on-campus and at public libraries. Students should access email on their own time and not at the expense of completing other tasks they have been assigned at the site. Internet use that is not directly related to the student’s current practice-related task is prohibited.

College faculty and administrators will use electronic means, in addition to regular mail, to communicate with students. This information may be important and/or time-sensitive. Thus, the following are expectations of the College:

- All pharmacy students must read and respond to email daily.
- Lack of access to electronic communication is not a valid excuse for failure to respond to a request, perform an assignment, or meet a deadline.
Parent Involvement

Students should not involve parents in academic issues while on pharmacy practice experiences. Parents are not permitted to contact preceptors or OEE regarding their child’s academic performance.

Social Media

While participating in pharmacy practice experiences, students are expected to exhibit professional behavior at all times. Students should not use social media to post disparaging remarks about preceptors, patients, practice sites, CPG faculty and staff or classmates. Be careful about the pictures and comments you post. If you are unsure if your post is professional, don’t post it. Unprofessional use of social media may result in termination from the site. If a student is dismissed from the site, the student will receive a failing grade, and will have to complete another APPE and may be subject to further review by OEE and/or the Student Promotion and Graduation Committee (SPGC).

Drug Information Resources

While participating in the pharmacy practice experiences, the student will need a variety of information regarding drug therapy. To adequately achieve the experiential competencies, each student should be acquainted with and be able to use the drug information resources available at each assigned site. Students are required to purchase at least one handbook or PDA with appropriate software for quick access to drug information while on their APPE rotations. A recommended handbook would be the Drug Information Handbook (Lacy CF, Armstrong LL, Goldman MP et al, editors. Drug information handbook. 24th ed. Hudson, OH: Lexi-Comp; 2015-2016).

The Midwestern University Library provides students and preceptors off-campus access to many online resources, including the following:

- **AccessPharmacy**: Provides access to over 45 pharmacy textbooks, as well as images, video, interactive self-assessments, case files, and an integrate drug database.
- **American Society of Health-System Pharmacists (ASHP) eBooks**: Provides access to over 46 full-text ebooks on pharmacy and pharmacology, published by ASHP.
- **Cochrane Database of Systematic Reviews**: The leading resource for systematic reviews in health care. Includes complete Cochrane Reviews and protocols for Reviews in process.
- **Epocrates**: Provides current safety, diagnostic, and treatment information, FDA alerts, black box warnings, safety considerations, pharmacology, and more, for thousands of drugs. Also provides diagnostic and therapeutic guidance for over 1,000 clinical conditions.
- **Facts and Comparisons eAnswers**: 14 full-text books or databases, including Drug Facts and Comparisons, Drug Interaction Facts, and The Review of Natural Products. Provides access to over 6,000 comparative drug tables, screening for allergy interactions and potential interactions, comparative efficacy data, patient information, information on orphan drugs, and REMS summaries.
- **LexiComp – Medical**: Provides information about drug, herbal, and drug allergy interactions, medication safety checks, and much more. Includes access to information on more than 900 diseases and conditions, population specific dosing, and Lexi-Drug IDs.
- **Micromedex Solutions**: Provides information on substance ingredient identification, drugs, pharmaceutical & disease information, tablet & capsule identification, and international drugs.
- **Natural Medicines**: Provides evidence-based information on dietary supplements, natural medicines, and complementary alternative and integrative therapies.
- **PubMed (Medline)**: Provides citations and abstracts for over 22 million articles from more than 5,600 journals covering pharmacy, pharmacology, nursing, dentistry veterinary medicine, pre-clinical sciences, and medicine. Many have links to the full-text of the article, as provided by Midwestern.
- **UpToDate**: Provides evidence-based clinical information covering a wide range of topics in adult primary care, subspecialty internal medicine, ob/gyn, general surgery, and pediatrics.

*Google.com and Wikipedia.org are not appropriate resources and search engines such as these should not be utilized. Preceptors may remove students from the APPE site for inappropriate use of these search engines.*
GRADING

Grade Scale

Final course grades are assigned by the OEE. If you wish to appeal your grade please refer to the Midwestern University Student Handbook regarding Grade Appeals Policy.

Pharmacy Practice Experience grades are not included in the calculation of the didactic GPA for Honors reporting purposes, scholarship applications, or class rank calculations, but are reflected on your unofficial transcript.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>4.00</td>
</tr>
<tr>
<td>B</td>
<td>3.00</td>
</tr>
<tr>
<td>C</td>
<td>2.00</td>
</tr>
<tr>
<td>F</td>
<td>0.00  (this is not a passing grade)</td>
</tr>
<tr>
<td>W</td>
<td>Withdrawal (no penalty and no credit)</td>
</tr>
<tr>
<td>W/F</td>
<td>Withdrawal/Failing</td>
</tr>
<tr>
<td>I</td>
<td>Incomplete</td>
</tr>
</tbody>
</table>

Progression within Pharmacy Practice Experiences

A student must maintain an annual grade point average of 2.00 in their professional program to remain in good academic standing. A student is placed on academic probation for any of the following reasons:

1. A student's annual grade point average is below 2.00;
2. A student earns a grade of F in one or more courses;
3. A student fails to earn a grade of C or better on a pharmacy practice experience.

A student is notified, in writing, that he/she is being placed on academic probation for the remainder of the academic year. Academic probation represents notice that continued inadequate academic performance may result in dismissal from the College. Additionally, he/she will be remanded to the Student Promotion and Graduation Committee (SPGC). The SPGC will make a recommendation on a course of action. The recommendation may include, but not be limited to remediation, an extended program of study or dismissal.

If the student enters an extended program of study, he/she must repeat all courses or pharmacy practice experiences in that year in which a grade of F is received. A student is allowed to go through an extended program only once. The pharmacy practice experiences are subject to availability of sites as determined by the Office of Experiential Education.

To be returned to good academic standing after completion of an extended track year, a student must raise his/her annual grade point average to 2.00 or above at the end of the repeated year. A student who completes the extended program is defined as a reentering student as the student reenters the next professional year curriculum and resumes a normal course load. A reentering student who earns an annual grade point average below 2.00, a grade of F in one or more courses, fails to earn a grade of C or better on a pharmacy practice experience may be dismissed from the College.

Incomplete Grades

An Incomplete (I) grade may be assigned by OEE if a student’s work is of passing quality, but is incomplete. It is the responsibility of the student to formally request an extension from OEE. By assigning a grade of I (Incomplete), it is implied that OEE agrees that the student has a valid reason and should be given additional time to complete required rotation assignments. All incomplete grades must be resolved within ten calendar days, beginning from the last day of the pharmacy practice experience. If an incomplete grade remains beyond the ten calendar days, it is automatically converted to a grade of F by the Registrar, which signifies failure of the pharmacy practice experience. If the remaining rotation assignments are completed to the satisfaction of the preceptor, OEE will submit a “Change-of-Grade Form” to the Registrar’s Office to change the grade of I (Incomplete).
Appeal of Course Grades

A student who wishes to appeal a non-failing course grade must make the appeal to the course director within one week following receipt of the grade. The course director must act upon the student’s appeal within one week following receipt of that appeal. A narrative explaining the basis of the appeal must accompany the request. An appeal must be based on one of the following premises:

1. Factual errors in course assessment tools.
2. Mathematical error in calculating the final grade.
3. Bias.

If the appeal is denied, the student has the right to appeal the decision to the course director’s immediate supervisor within one week of receipt of the course director’s denial. The course director’s supervisor should notify the student of his/her decision within one week following receipt of the student’s re-appeal. The decision of course director’s supervisor is final and must occur prior to the start of the subsequent quarter.

Appeal of Course Grades Subject to Academic Review

A student whose academic progress will be subject to review by his/her Promotions/Academic Review Committee and who wishes to appeal a grade must do so in an expedited manner prior to the scheduled meeting of the Committee. In this case, an appeal of a course grade must be submitted within 48 hours following receipt of the grade and must be based on one of the premises stated above. The course director must act on this appeal within 48 hours. If the appeal is denied, the student has the right to appeal the decision to the course director’s immediate supervisor within 48 hours of receipt of the course director’s denial. The course director’s supervisor should notify the student of his/her decision within 48 hours following receipt of the student’s re-appeal. The decision of the course director’s supervisor is final. The student is responsible for notifying the chair of the Promotions/Academic Review Committee that a grade appeal has been filed prior to the meeting of the Committee. All appeals and decisions must be communicated in written form.

Academic Honesty

Academic honesty and integrity are expected of all students throughout their course of study at MWU. Academic dishonesty is intentional cheating, fabrication, or plagiarism. It is also knowingly helping or attempting to help others be dishonest. Academic dishonesty lowers scholastic quality and defrauds those who will eventually depend upon your knowledge and integrity. Any violation of this code is considered to be a serious academic violation and may result in a reprimand, written warning, academic and/or disciplinary probation, suspension, or dismissal. Academic dishonesty constitutes a breach of academic integrity that violates the academic foundation of an institution and compromises the integrity and well-being of the educational program. The policies on students’ academic and professional responsibilities are included in Appendices 1 through 4 of the Midwestern University Student Handbook.

Self - Plagiarism

Please note, recycling a previously used presentation for a subsequent rotation and presenting it as new work is considered self-plagiarism. Such acts will be treated as academic dishonesty.

Graduation

The Doctor of Pharmacy degree is conferred upon candidates of good moral character who have completed all academic requirements, satisfied all financial obligations, and completed all graduation requirements. All graduating students are also required to attend the ceremony at which the degree is conferred unless excused by the Dean.

Candidates for graduation must be of good moral character consistent with the requirements of the pharmacy profession and MWU-CPG faculty. It is the position of the faculty that anyone who uses, possesses, distributes, sells, or is under the influence of narcotics, dangerous drugs, or controlled substances, or who abuses alcohol or is involved in any conduct involving moral turpitude, fails to meet the ethical and moral requirements of the profession and may be dismissed from any program or denied the awarding of any degree from MWU-CPG.

Concerns

Students and preceptors must contact OEE to report verbally and/or in writing, violations of pharmacy experiential education program policies. This includes alleged ethical and legal violations of the practice of pharmacy, alleged sexual harassment, verbal abuse, inappropriate and offensive physical contact and any form of discrimination. These types of incidents should be reported immediately. Immediate reporting of such incidents will allow the appropriate action to be taken in accordance with MWU-CPG policies.
**ROTATION REQUIREMENTS**

**Curriculum Vitae Guidelines**

Students are required to update their résumé or curriculum vitae before the start of their first APPE and upload it to RMS. Students are also expected to provide a document in their portfolio describing:

- Current career goals
- Three strengths
- Three things they would like to learn during each specific APPE

This should be shared with the preceptor at the beginning of the APPE.

**Portfolio Requirements Prior to Start of APPE**

(Place all information in portfolio *in this order*)

- Updated Curriculum Vitae
- Student Goals and Expectations
- Emergency Contact Information
- Immunization Record (obtain from Student Services 623-572-3210 or online.midwestern.edu)
- CPR Certification
- Intern License(s)
- Copy of Health Insurance Card
- Rotation Schedule (printed from RMS)
- IPPE Rotation Assignments and Evaluations

Students are required to have access to their online portfolio or bring their updated binder portfolio to the rotation site each day. Failure to adhere to this program requirement will be handled on a case-by-case basis. Students completing out-of-state APPEs may be required, at their expense, to mail or e-mail updates of their portfolio to OEE upon request.

**Minimum APPE Requirements Checklist**

All assignments listed below are to be documented in RMS and copies placed in the portfolio before the last day of the APPE. The preceptor must certify that all the assignments are complete and acceptable before the final evaluation and grade can be assigned. **If it is the last day of the APPE and all assignments are not complete, the student will receive an incident report.**

**Minimum Rotation Requirements**

- Patient Care Rotations:
  - SOAP Notes (5) or SOAP Notes (4) and Self-Reflective Writing Assignment (1)
  - Case Presentation
  - EBM or Article Review
  - Student Evaluation of Site/Preceptor
  - Mid-Rotation Evaluation
  - Final Evaluation (as completed by preceptor)

- Non-Patient Care Rotations:
  - Special Project or Self-Reflective Writing Assignment
  - Student Evaluation of Site/Preceptor
  - Mid-Rotation Evaluation
  - Final Evaluation (as completed by preceptor)

Students will have daily tasks and other assignments given by the preceptor. The items listed above are the minimum requirements.
Assignments Required for All Patient Care APPEs

5 SOAP notes (minimum or 4 SOAP notes and 1 Self-Reflective Writing Assignment)
See optional grading rubric on pg. 35
SOAP notes completed while on a community rotation must include actual patient interviews.

- Objectives met by this assignment:
  
  o Identify, evaluate and communicate to the patient and other healthcare professionals the appropriateness of the patient’s specific pharmacotherapeutic agents, dosing regimens, dosage forms, routes of administration and delivery systems
  
  o Recommend prescription and non-prescription medications, dietary supplements, diet, nutrition, traditional non-drug therapies and complementary and alternative therapies
  
  o Monitor and assess patient information when managing drug regimens
  
  o Educate healthcare professionals regarding medical conditions, wellness, dietary supplements, durable medical equipment and medical and drug devices

Self-Reflective Writing Assignment
See optional grading rubric on pg. 36

- In an effort to increase students’ self-reflective skills and attitudes of lifelong learning, preceptors may choose to substitute one SOAP note for a self-reflective writing assignment. Self-reflection is a necessary skill for lifelong professional development. In fact, in the ACPE standards 2016, colleges of pharmacy are required to provide opportunities for students to develop personally and professionally. Students may take the opportunity to reflect on their knowledge, skills, abilities, beliefs, biases, and emotions that may enhance or limit personal and professional growth.

- Reflective writing assignments should be submitted utilizing the following format:
  
  o Written in “Microsoft Word” using 12-point Times New Roman font, 1 inch margins, double-space
  
  o Include name, title of paper and appropriate referencing (if applicable).

- Reflective writing requires the student to be insightful about their experience and look both backward at their growth and forward toward their development. The best reflective essays will be honest and will reveal the students’ ability to evaluate themselves and others fairly and professionally. This assignment provides an opportunity for the student to practice written communication skills and also allows the student to focus attention on their own progress.

- Below are some self-reflective writing structures that may be helpful for students to consider as they are structuring their self-reflection paper. Both preceptor and student can discuss which format will best meet the goals for student and preceptor or select another format not listed below.
  
  o Four Summarizing Questions:
    
    How will this experience impact my career as a pharmacist?
    
    What do I wish I would have done differently on this rotation?
    
    What are some key points that I can take with me to my future rotations or my career?
    
    What are some areas of opportunity or areas of improvement that I identified on this rotation and what is my plan to address this?
  
  o 3-2-1:
    
    What are the three most impactful skills/qualities/pearls I learned on this rotation?
    
    What are two areas that I still need to work on?
    
    What is one thing that I have changed about myself professionally or personally during this rotation?
  
  o What? So What? Now What?
    
    What was the purpose and intention of this rotation? (What)
    
    What is the impact of the experiences I’ve had on this rotation on my life personally and professionally? (So What)
    
    How will I take the experiences of the last six weeks and incorporate them into my future rotations and career? (Now What)
  
  o Learned, Affirmed, Challenged (LAC):
    
    Learned – What new learning has taken place on this rotation?
    
    Affirmed – What previous knowledge, skills, behaviors and attitudes have been affirmed and reinforced during this rotation?
    
    Challenged – How have your previous knowledge, skills, behaviors, and attitudes been challenged during this rotation? What paradigm shifts and new insights have been obtained? What misconceptions or false information have been cleared up?
### What reflection is:  
An honest, thorough self-assessment of the learning experience  
A way for the student to learn deeply and internalize the rotation experiences  
A way for preceptors to evaluate the depth and quality of learning that occurs during the rotation  

### What reflection is not:  
A critique of the site and preceptor  
An easy assignment to be completed quickly without significant thought or effort  

---

**Case Presentation**  
See rubric on pg. 39

- Objectives met by this assignment:  
  - Identify, evaluate and communicate to the patient and other healthcare professionals the appropriateness of the patient’s specific pharmacotherapeutic agents, dosing regimens, dosage forms, routes of administration and delivery systems  
  - Recommend prescription and non-prescription medications, dietary supplements, diet, nutrition, traditional non-drug therapies and complementary and alternative therapies  
  - Monitor and assess patient information when managing drug regimens  
  - Educate healthcare professionals regarding medical conditions, wellness, dietary supplements, durable medical equipment and medical and drug devices  

**Article Review or Evidence Based Medicine Assignment**  
See rubric on pg. 41

For each Patient Care Rotation either an Article Review or Evidence-Based Medicine Assignment must be completed. It is at the discretion of the preceptor which assignment the student is to complete.

**Article Review**  
- Objectives met by this assignment:  
  - Retrieve, evaluate, manage and use clinical and scientific publications in the decision-making process  
  - Access, evaluate and apply evidence-based medicine to promote optimal health care

**(or)**

**Evidence-Based Medicine Assignment (e.g., formal drug information question response, monograph, newsletter)**  
- Objectives met by this assignment:  
  - Retrieve, evaluate, manage and use clinical and scientific publications in the decision-making process  
  - Access, evaluate and apply evidence-based medicine to promote optimal health care

**Assignment for Non-Patient Care APPE**

Students must complete at least one project during this APPE. This project should require a significant investment of time by the student over the course of the APPE, both during and outside of the normal on-site work hours set by the preceptor.

Please refer to the Special Project Assignment for guidelines on page 40.

Students have the option to complete either research OR non-research based projects.
General Timeline of APPE Requirements

PRIOR TO START OF ROTATION
- Call or email preceptor at least two weeks before the start of the APPE to introduce yourself and confirm first day directions
- Update CV

WEEK 1
- Site orientation
- Review portfolio with preceptor
- Set goals and expectations (for student and preceptor)
- Determine topic for Special Project(s) (Non-patient care elective)
- Identify topic for EBM assignment and/or article review

WEEKS 2 and 3
- Work on assignments:
  - SOAP Notes - At least 2-3 completed
  - Article Review/EBM assignment in progress/draft submitted
- Mid-Rotation Evaluation
- Identify topic for case presentation

WEEK 4
- Work on finishing up assignments:
  - SOAP Notes - At least 3-4 completed
  - Special project and abstract or Case Presentation
    - Completed or anticipated completion during week five or six
  - Article Review/EBM assignment draft submitted/complete

WEEK 5
- Review with preceptor a plan to complete any remaining work for the rotation
- Finalize special project for non-patient care APPE or case presentation and other assignments for patient care APPE

WEEK 6
- All assignments must be completed and submitted in RMS to receive a grade for the rotation
- Final Evaluation to be completed by preceptor and reviewed with student
- Student Evaluation of Site/Preceptor must be completed in RMS
SOAP Note Instructions and Examples

SOAP notes are required for all patient care APPEs. The student is required to write, upload to RMS and be evaluated on SOAP notes on pharmacotherapy related interventions using information they are able to collect from the patient interview, medical record and patient profile or as applicable to the site. Alternatively, preceptors may substitute one self-reflective writing assignment in place of one SOAP note. Depending on the practice site, students may be required to write more SOAP notes. Students are reminded to abide by HIPAA.

Learning Objectives:

- Use the SOAP note thought-process in approaching patients and problem solving.
- Document patient care activities, counseling and medication histories.

SOAP Note Format:

Students should interview the patient and gather as much information as needed. It is noted that students will not be able to gather every piece of information suggested in the outline. Below are examples of SOAP notes and how the student has been taught, but the sections should be completed as applicable to the practice setting.

Subjective: Information provided by the patient or another person that cannot be verified independently.
CC: Chief complaint (Why the patient presented)
HPI: History of Present Illness
- Introduction of the patient (age, sex, race)
- Current information regarding problem
- Duration, severity and course of symptoms

Objective: Information observed or measured by the practitioner
PMH: Past medical history
SH/FH: Social and family history
ALL: Drug Allergies
Medications PTA or Ambulatory Medications
Inpatient Medications
ROS: Review of Systems
Vitals: (Temp, BP, HR, RR, Pain indicator)
Lab Data and Diagnostic Studies: (pertinent positives)
PE: Physical Exam
NEUROLOGICAL
HEENT
NECK
RESPIRATORY
CARDIOVASCULAR
ABDOMINAL
GENITOURINARY/ RECTAL
EXTREMITIES

Assessment: Brief but complete description of the problem including your impression of the cause, severity, and acuity. Problems should be listed in order of clinical significance.

1. Problem A: (The primary problem the patient is being seen for-Most Important)
   a. Is disease state controlled or uncontrolled (or at goal or not at goal).
      i. List the treatment goal or goals
      ii. List of the signs/symptoms/labs/testing that helps make your decision if disease is controlled or uncontrolled
   b. Current Medication (name, dose, regimen)
      i. Is medication appropriate for disease?
      ii. Is patient tolerating the medication or experiencing any side effects?
      iii. Are labs used to monitor for efficacy and toxicity within the appropriate ranges?
2. Problem B  
   a. **Repeat as described above**

3. Problem C
4. Problem D
5. Problem E

**Plan:** Completed after problem list is generated and is the diagnostic and treatment/medication plan. The medication plan includes the drug regimen: specific drug, dose, dosage form, frequency, and duration and a monitoring plan.

1. Problem A:  
   a. Non-pharmacologic treatment options (include lifestyle modifications here if appropriate)  
   b. Pharmacological treatment  
      i. If initiating new therapy or adjusting dose of current medication:  
         1. Drug, dose, regimen  
         2. Side-effects  
         3. Monitoring parameters  
         4. Pertinent counseling points  
      ii. If continuing current therapy:  
         1. Pertinent counseling points if needed  
      iii. If discontinuing current therapy:  
         1. Identify why discontinuing therapy  
   c. Follow-up recommendations

2. Problem B  
   **Repeat as described above**

3. Problem C
4. Problem D
5. Problem E

**Example SOAP Note**

**S:**  
SS is a 42-year-old man who presented to the pharmacy with symptoms of heartburn including a full feeling and some belching. He wants to know if Omeprazole (Prilosec) will relieve his symptoms. He reports having spicy Mexican food for lunch and developed symptoms after eating. He has no previous history of heartburn.

**O:**  
**PMH:** No health conditions.  
**Drug Allergies:** NKDA  
**Medications:** No current medications.  
**Weight:** SS appears slightly obese.

**A:**  
1. Heartburn:  
The patient has no prior history of heartburn symptoms and is currently having feelings of discomfort. Omeprazole (Prilosec) would not be an appropriate choice for therapy. It is intended for use in individuals with frequent heartburn (2 or more days per week) and is not intended for immediate relief of symptoms. SS would more likely benefit from a fast acting antacid/antigas combination product. He would also benefit from non-pharmacologic advice regarding his diet.

**P:**  
1. Heartburn:  
Recommend Maalox Max (Aluminum hydroxide 400mg/5mL, Magnesium hydroxide 400mg/5mL, and Simethicone 40mg/5mL) at 2-4 teaspoonful four times daily. SS advised to shake the product prior to use and not to exceed 12 teaspoonfuls in 24 hours or use for more than 2 weeks. If symptoms persist longer than 24 hours or symptoms worsen, SS advised to contact his physician. SS educated on future avoidance of foods which may trigger his symptoms as well as very large meals.
SOAP Note Assessment Tool (Optional for Preceptor Use)

<table>
<thead>
<tr>
<th>Component</th>
<th>Unacceptable</th>
<th>Competent</th>
<th>Above Average</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subjective/ Objective</td>
<td>S/O is inaccurate OR S/O has major omissions that would make it unlikely another HCP would arrive at the same A and P.</td>
<td>S/O is accurate but is missing some key information. Some additional work would be required for use by other HCPs.</td>
<td>S/O is accurate and mostly complete. Minimal additional work would be required for use by other HCPs.</td>
<td>S/O is accurate and complete. No additional work would be required for use by other HCPs.</td>
</tr>
<tr>
<td>Assessment</td>
<td>Assessment is missing goals OR has missing/ wrong problem stated OR is inconsistent with established guidelines w/o explanation OR is otherwise clinically inappropriate OR has major omission that would make it unlikely another provider arrive at the same Plan.</td>
<td>Assessment accurately identifies all problems, makes no assessments that are inconsistent with established guidelines, accurately identifies goals, Plan statements may be included.</td>
<td>Assessment is accurate and consistent with established guidelines, accurately identifies goals, all medications match with a problem. Plan statements are minimally included. Problems requiring drug therapy are also identified and appropriately assessed.</td>
<td>Assessment is complete and accurate. The safety and efficacy of the regimen is noted as part of the assessment and all medications are matched to an actual problem. Any problems requiring drug therapy are also identified and appropriately assessed.</td>
</tr>
<tr>
<td>Plan</td>
<td>Plan is missing specific recommendations (drug dose/frequency) OR is not consistent with Assessment OR is inconsistent with established guidelines w/o explanation OR is otherwise clinically inappropriate OR is missing follow-up (what and when).</td>
<td>Plan is missing specific recommendations BUT is consistent with assessment OR established guidelines. Follow-up is provided but may or may not be optimal. Plan may contain further assessment information.</td>
<td>Plan is specific and appropriate but has minor omissions OR Plan contains further Assessment information. Plan may not be exemplary of best practice.</td>
<td>Plan is complete and accurate. It includes information for continuation, discontinuation, alternate therapy (includes drug/dose/frequency) and/or follow-up and contains no further assessment information.</td>
</tr>
</tbody>
</table>

OVERALL ASSESSMENT

Preceptors: Please assign only one score on the final evaluation for the overall quality of your student’s SOAP notes.
## Self-Reflective Writing Assessment Tool (Optional for Preceptor Use)

Preceptors: Please assign only one score on the final evaluation for the overall quality of your student's work may be average into SOAP note grade.

<table>
<thead>
<tr>
<th>Component</th>
<th>Unacceptable</th>
<th>Competent</th>
<th>Above Average</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depth of Reflection</td>
<td>Response demonstrates a lack of reflection on, or personalization of, the concepts and strategies presented in the rotation. Viewpoints and interpretations are missing, inappropriate and/or unsupported. Examples are not provided. (11.5 points)</td>
<td>Response demonstrates a minimal reflection on, and personalization of, the concepts and strategies presented in the rotation. Viewpoints and interpretations are unsupported or supported with flawed arguments. Examples are not provided or are irrelevant. (12.5 points)</td>
<td>Response demonstrates a general reflection on, and personalization of, the concepts and strategies presented in the rotation. Viewpoints and interpretations are supported. Appropriate examples are provided. (14.5 points)</td>
<td>Response demonstrates an in-depth reflection, and personalization of, the concepts and strategies presented in the rotation. Viewpoints and interpretations are insightful and well supported. Clear, detailed examples are provided. (16.5 points)</td>
</tr>
<tr>
<td>Structure</td>
<td>Writing is unclear and disorganized. Thoughts ramble and make little sense. There are numerous spelling, grammar, or syntax errors throughout the writing. (11.5 points)</td>
<td>Writing is unclear and/or disorganized. Thoughts are not expressed in a logical manner. There are more than five spelling, grammar, or syntax errors per page of writing. (12.5 points)</td>
<td>Writing is mostly clear, concise, and well organized with good sentence and paragraph construction. Thoughts are expressed in a coherent and logical manner. There are no more than five spelling, grammar, or syntax errors per page of writing. (14.5 points)</td>
<td>Writing is clear, concise, and well organized with excellent sentence and paragraph construction. Thoughts are expressed in a coherent and logical manner. There are no more than three spelling, grammar, or syntax errors per page of writing. (16.5 points)</td>
</tr>
<tr>
<td>Evidence and Practice</td>
<td>Response shows no evidence of synthesis of ideas presented and insights gained throughout the rotation. No implications for the student's overall practice are presented. (12 points)</td>
<td>Response shows little evidence of synthesis of ideas presented and insights gained throughout the rotation. Few implications of these insights for the student's overall practice are presented. (12.5 points)</td>
<td>Response shows evidence of synthesis of ideas presented and insights gained throughout the rotation. The implications of these insights for the student's overall practice are presented. (14.5 points)</td>
<td>Response shows strong evidence of synthesis of ideas presented and insights gained throughout the rotation. The implications for these insights for the student's overall practice are thoroughly detailed. (17 points)</td>
</tr>
<tr>
<td><strong>OVERALL ASSESSMENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Outstanding (45-50 points) - Above Average (40-44.9 points) - Competent (35-39 points) - Unacceptable (<35 points)
Case Presentation Instructions and Example (see optional grading rubric on pg. 39)

Learning Objectives

- Conduct patient interviews and/or review medical record data to obtain patient information.
- Create patient profiles using information obtained.
- Identify patient-specific factors that affect health, pharmacotherapy and/or disease state management.
- Interpret and evaluate patient information to make appropriate recommendations.
- Communicate patient information with healthcare providers.

Instructions

The student is required to prepare and present one patient case for each rotation. This should be an expansion of one of the SOAP notes and consist of a discussion of patient information, a discussion of drug therapy and a summation which critiques therapy and provides a conclusion. The ideal case presentation should be 20-30 minutes in length and be presented at the rotation site. The student must provide a handout which allows the audience the ability to follow the discussion. The handout must include a reference list. The case presentation format can be modified by the preceptor. Students should enter the text portion of the Case Presentation into RMS; PowerPoint presentations can be “cut & paste” from the “outline” view in PowerPoint.

The student will receive an “outstanding,” “above average,” “competent,” or “unacceptable” assessment of the case presentation. An example evaluation form is included following the outline.

Suggested outline for case presentation:

I. PATIENT INFORMATION:
   A. Information presented should include as applicable to the site:
      1. Demographic data. Such as age, sex, race, weight (including ideal body weight).
      2. Chief complaint (CC). Reason for the patient’s admission or reason person presents to the pharmacy.
      3. History of Present Illness (HPI). Give a brief summary of events leading to admission or presentation to pharmacy.
      4. Past Medical History (PMH). Consists of a brief list of all illnesses, surgical procedures and previous hospitalizations that have a direct effect on the present illness.
      5. Social History (SH). Should summarize relevant or contributory social history.
      6. Family History (FH). Should summarize relevant or contributory family history.
      7. Medications (MEDS) and allergies (ALL) or adverse drug reactions (ADRs). This should include the length of treatment and any allergic or adverse drug reactions.
      8. Review of Systems (ROS) and pertinent physical examination (PE) data.
      9. Pertinent laboratory values (LABs). For example in a patient with anemia, the data may include hemoglobin, hematocrit, mean cell volume, serum iron, and total iron binding capacity. In addition, pertinent negatives should be included. Be sure to include normal value ranges and the creatinine clearance and liver function test assessments.

II. DISCUSSION OF DISEASE STATE (ASSESSMENT)
   A. Purpose: This is a general discussion of the disease process and should contain the underlying pathologic and physiologic changes. Remember, the discussion of the disease state is important. It will be the foundation for discussing drug therapy and monitoring parameters of both efficacy and toxicity.
   B. Components: State the cause of the disease, risk factors, symptoms, physical and laboratory findings of a typical case.
      1. Discuss the diagnosis and prognosis of the disease state.
      2. State the possible complications of the disease.
III. DISCUSSION OF DRUG THERAPY (ASSESSMENT AND PLAN)

A. Purpose: This is a discussion of the therapeutic approaches to the disease.

B. Components: State the objective of drug therapy for the disease, including selection of drug, mechanism of action, dosage, route of administration and duration of therapy.
   1. Discuss common and serious side effects for each medication. The relative importance and frequency of these reactions should be stressed.
   2. Describe and outline the monitoring parameters to evaluate response to therapy, including therapeutic endpoints. Examples are goal blood glucoses in diabetic patients.
   3. Define potentially clinically significant drug-drug, drug-laboratory, or drug-food interactions.
   4. Describe factors that could modify choice of drug, dose, or route of administration. Be sure to include methods for modifying a dosage when necessary for patients with compromised renal or hepatic function. Include appropriate pharmacokinetic calculations.
   5. Define problems likely to be encountered during the administration of medications including compliance problems.
   6. Describe non-drug treatment modalities (e.g., diet instructions, physical therapy, occupational therapy, respiratory therapy).
   7. Answer any questions related to your rationale and discussion of drug therapy.

IV. CONCLUSION AND CRITIQUE OF THERAPY

A. Purpose: This is a summary of the entire case presentation that focuses on the following questions:
   1. How closely does the specific patient fit the “classic” case? What were the differences or similarities?
   2. Do you agree with the therapy used? If not, what would you do differently and why?
   3. What were the most important therapeutic principles you learned?

V. REFERENCES

A. The handout must include a reference list of the tertiary references – properly cited.
   1. Describe factors that could modify choice of drug, dose, or route of administration. Be sure to include methods for modifying a dosage when necessary for patients with compromised renal or hepatic function. Include appropriate pharmacokinetic calculations.
   2. Define problems likely to be encountered during the administration of medications including compliance problems.
   3. Describe non-drug treatment modalities (e.g., diet instructions, physical therapy, occupational therapy, respiratory therapy).
   4. Answer any questions related to your rationale and discussion of drug therapy.
# Case Presentation Assessment Tool (Optional for Preceptor Use)

Please indicate your ranking for each item using the scale below and provide comments that support your ranking.

<table>
<thead>
<tr>
<th>Component</th>
<th>Score</th>
<th>1=Competent</th>
<th>1.5= Above Average</th>
<th>2=Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The presentation included the appropriate patient information in a logical order</td>
<td>0</td>
<td>1</td>
<td>1.5</td>
<td>2</td>
</tr>
<tr>
<td>2. The presentation included the appropriate disease state information in a logical order.</td>
<td>0</td>
<td>1</td>
<td>1.5</td>
<td>2</td>
</tr>
<tr>
<td>3. The presentation included the appropriate drug information in a logical order.</td>
<td>0</td>
<td>1</td>
<td>1.5</td>
<td>2</td>
</tr>
<tr>
<td>4. The presentation was easy to understand verbally. Words were pronounced correctly and the student spoke clearly.</td>
<td>0</td>
<td>1</td>
<td>1.5</td>
<td>2</td>
</tr>
<tr>
<td>5. The presentation was easy to understand non-verbally. Student made eye contact and avoided distracting mannerisms.</td>
<td>0</td>
<td>1</td>
<td>1.5</td>
<td>2</td>
</tr>
<tr>
<td>6. The handout is appropriate in content.</td>
<td>0</td>
<td>1</td>
<td>1.5</td>
<td>2</td>
</tr>
<tr>
<td>7. The handout is appropriate in appearance</td>
<td>0</td>
<td>1</td>
<td>1.5</td>
<td>2</td>
</tr>
<tr>
<td>8. The student was prepared to answer questions and answered questions correctly.</td>
<td>0</td>
<td>1</td>
<td>1.5</td>
<td>2</td>
</tr>
</tbody>
</table>

Overall Grade/Points for this assignment:  
Total points on the final evaluation:

- Unacceptable  _____  (<8.0 points)  0
- Competent  _____  (8.0 – 10.5 points)  10
- Above Average  _____  (11.0 – 12.5 points)  12
- Outstanding  _____  (13.0 – 16.0 points)  15

**Preceptor:** Please transfer this score for the case presentation to the final evaluation of the student in RMS.
**Article Review** (see optional grading rubric on pg. 41)

**Instructions:**

Students are required to complete either the evidence-based medicine assignment or the article review during each patient care APPE, to be determined by the preceptor. Citations must be provided in RMS. Students are strongly encouraged to take advantage of each opportunity provided by the preceptor to develop and strengthen their skills.

The article reviews are intended to include: a background on the disease state or therapy being investigated, a brief summary of alternate therapies that have undergone investigation for the condition or disease state as applicable and a full critique (not just a summary) of the article selected. The critique should address the study design, methodology, statistical analysis, results and conclusions. The article review should also include an overall impression that may or may not be different from the primary investigator’s interpretation. Additionally, students should include a discussion of any editorials that may have been subsequently published, related to the original article.

It is recommended that students select articles that are prospective trials, retrospective analyses, or meta-analyses. Review articles are not appropriate pieces of literature to conduct an article review on.

The preceptor shall determine if the student is required to formally present their review using a formal document or PowerPoint presentation. **Only the citation needs to be submitted in RMS.**

The student will receive an “outstanding,” “above average,” “competent,” or “unacceptable” assessment of the article review. An evaluation tool is included on the following page.
### 1. Review/Critique of Article (9 points possible)

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Incomplete or incorrect information provided. Major omissions noted. No commentary is provided and/or does not differ from authors’ conclusion(s). No application to practice is documented. An unacceptable document is provided.</td>
</tr>
<tr>
<td>6</td>
<td>Some information incompletely provided but no incorrect information included. Minor omissions noted. Minimal to no commentary is provided and/or does not differ from authors’ conclusions. Application to practice as documented may or may not be accurate. A below average document is provided.</td>
</tr>
<tr>
<td>7</td>
<td>Information provided is mostly complete (incl/excl criteria, randomization, statistical analysis) and contains no incorrect information. Minimal omission of critical information. Student provides some commentary that may or may not differ from authors’ conclusions. Application to practice as documented is accurate, but may or may not be relevant. An average document is provided.</td>
</tr>
<tr>
<td>9</td>
<td>Information provided is complete (incl/excl criteria, randomization, statistical analysis) and contains no incorrect information. No critical information is omitted. Student provides commentary that expands on the authors’ conclusions. Application to practice is accurate. An above average document is provided.</td>
</tr>
</tbody>
</table>

**Comments:**

---

### 2. Verbal Presentation (6 points possible)

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Incomplete or incorrect information provided. Many grammatical errors. No commentary is provided and/or does not differ from authors’ conclusion(s). No application to practice is communicated. Student makes irrelevant statements. Student is unable to answer any questions. An unacceptable presentation.</td>
</tr>
<tr>
<td>4</td>
<td>Incomplete, but no incorrect information provided. Little to no commentary is provided and/or does not differ from authors’ conclusion(s). Weak application to practice is communicated. Student is minimally able to answer questions. A competent presentation.</td>
</tr>
<tr>
<td>5</td>
<td>Mostly complete and correct information provided. Some commentary is provided and may or may not differ from authors’ conclusion(s). Application to practice is communicated. Student offers additional commentary to round out presentation. Student answers some questions. An average presentation.</td>
</tr>
<tr>
<td>6</td>
<td>Complete and correct information provided. Significant commentary is provided that may differ from authors’ conclusion(s). Good application to practice is communicated. Student is able to answer most questions. An above average presentation.</td>
</tr>
</tbody>
</table>

**Comments:**

---

**Preceptor Comments:**

---

**Preceptor Signature:**

---

**Final Score:**
Evidence-Based Medicine Assignment (see optional grading rubric on pg. 43)

Instructions:

Students are strongly encouraged to take advantage of each opportunity provided by the preceptor to develop and strengthen their skills. Students are required to complete either the evidence-based medicine assignment or the article review during each patient care APPE, to be determined by the preceptor.

Examples of an evidence-based medicine assignment include, but are not necessarily limited to the following:
- Formal, written drug information response
- Monograph
- Newsletter

The evidence-based medicine assignment must be typed using Microsoft Word or other suitable word processing software. Documents should be thoroughly proofread for spelling and grammar. The document must be appropriately referenced and any handouts provided as part of a presentation must include a reference list. At least two primary literature resources are required to be utilized for this assignment.

Referencing should conform to the International Committee of Medical Journal Editors Uniform Requirements for Manuscripts Submitted to Biomedical Journals. Sample References are accessible at: http://www.nlm.nih.gov/bsd/uniform_requirements.html. The length requirement shall be set by the preceptor.

The preceptor may ask the student to present the assignment formally or informally. If the preceptor determines that the student will present the information, a handout that includes a reference list should be provided which allows the audience the ability to follow the discussion.

The student will receive an “outstanding,” “above average,” “competent,” or “unacceptable” assessment of the formal response. An evaluation tool is included following the example.

Ideas: Consider using published monographs such as from the Formulary Monograph Service®, Formulary, or other monographs or newsletters prepared previously as examples. Additionally, students and preceptors may also refer to the Drug Information Rounds section of the Annals of Pharmacotherapy or other similar peer-reviewed publications as examples of the formal drug information response. CEI’s log-in to learn e-journal club satisfies the evidence-based medicine assignment.
Evidence-Based Medicine Assignment Assessment Tool (Optional for Preceptor Use)

Assignment Type and Title: ____________________________________________

1. Content (8 points possible)

<table>
<thead>
<tr>
<th>Score</th>
<th>Information provided or omitted that would result in harm to the patient. An unacceptable submission.</th>
<th>Some concerns not addressed thoroughly. Some appropriate details are missing. Appropriate, but incomplete recommendations or interpretations are provided/made. A competent submission.</th>
<th>Most concerns addressed adequately. Minimal available details are missing. Clear and appropriate recommendations or interpretations are provided/made. An above average submission.</th>
<th>All concerns addressed thoroughly. Clear, appropriate and thorough recommendations or interpretations are provided/made. An exemplary submission worthy of submission to a scholarly publication.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>0</td>
</tr>
</tbody>
</table>

Comments:__________________________________________________________

2. Use of Resources/Referencing (4 points possible)

<table>
<thead>
<tr>
<th>Score</th>
<th>Did not use sources as assigned/requested or inappropriate resources utilized. Complete omission of primary literature source(s). Many problems with proper referencing of information. Unacceptable.</th>
<th>May not have used the most appropriate sources for the assignment. Critical information not referenced with more than one source when possible. Some problems with proper referencing of information. Competent submission.</th>
<th>Used some, but not all, of the most appropriate sources for the question. Critical information referenced with more than one source when possible. Minimal problems with proper referencing of information. Above average submission.</th>
<th>Used many of the most appropriate sources for the question. Critical information referenced with more than one source, when possible. Can distinguish facts from recommendations by which statements are referenced. Instructions on how to reference followed. Exemplary submission.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>3</td>
<td>3.5</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

Comments:__________________________________________________________

3. Grammar/Writing Style (3 points possible)

<table>
<thead>
<tr>
<th>Score</th>
<th>Many grammatical errors. Thoughts not organized. An unacceptable example of professional writing.</th>
<th>Some grammatical errors. Thoughts somewhat organized. Awkward transitions. A competent example of professional writing.</th>
<th>Minimal grammatical errors. Thoughts are organized fairly well. Transitions used fairly well. An average example of professional writing.</th>
<th>No grammatical errors. Thoughts are very well organized. Transitions used well. An above exemplary example of professional writing.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>2</td>
<td>2.5</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

Comments:__________________________________________________________

Preceptor Comments:______________________________________________

Preceptor Signature:_____________________________________________

Final Score:______________________________________________________
Non-Patient Care APPE Special Project Abstract Template (see optional rubric on pg. 45)

Students completing a non-patient care elective APPE are required to complete a special project. Only the project abstract is to be submitted in RMS and should conform to the following guidelines. These guidelines should encourage students and preceptors to evaluate their project for potential submission as a poster to a professional meeting. For more information regarding these opportunities, please contact OEE. Projects do not have to be researched-based. Educational activities appropriate to each non-patient care elective site can be determined mutually by the site and preceptor. The assignment requirement is to have students submit to RMS either a project abstract (Option 1), or a reflective writing assignment (Option 2).

Option 1
Abstract / Summary Guidelines

Projects may include, but are not necessarily limited to, any of the following topics:

- evaluative studies of new services
- roles for pharmacists in institutional, community, managed care, ambulatory, or other practices
- clinical research
- outcomes research
- preparation of formal documents for dissemination of information (e.g., newsletters, monographs, etc.)
- any other innovative reports

Project abstracts should be submitted utilizing the following format:
- A maximum of 300 words EXCLUDING abstract title using “Microsoft Word” application and using 12-point Times New Roman font.
- The abstract title includes the following information typed in all capital letters and bolded: title, authors’ first and last names (without titles or degrees; primary author listed first), complete mailing address (primary author only), email address (primary author only).
- The primary author’s name should be indicated with an asterisk before their name.
- The abstract should include the following sections:
  - Introduction or purpose
    - Introduce the project and/or state the hypothesis
    - Identify any outcomes to be evaluated
    - Provide rationale for the project
    - Set the stage for the reader
  - Methods
    - Describe the specific methods utilized to complete the project (i.e., literature review, claims data review, etc.)
    - Describe how subjects/participants were recruited
  - Results
    - Briefly state results for primary or significant outcomes
    - Describe demographics
    - Summarize findings
  - Conclusion
    - Provide a statement relating findings to practice
    - Discuss future studies/evaluations to be done
  - References
Please rank the student's ability/competency for each item using the scale below and provide comments that support your ranking.

1 = Unacceptable  2 = Competent  3 = Above Average  4 = Outstanding

<table>
<thead>
<tr>
<th>Item</th>
<th>Score</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The student used time management skills as necessary to complete the project.</td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>2. The student was able to meet the objectives of the project as set forth by the preceptor.</td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>3. The student was able to design and execute the project successfully.</td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>4. The project had a positive impact at the site.</td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>5. The student demonstrated thoughtfulness, completeness and the ability to reflect upon their own work.</td>
<td>1 2 3 4</td>
<td></td>
</tr>
</tbody>
</table>

Overall Grade/Points for this assignment:  
Total points on the final evaluation:

- Unacceptable ________ ( < 10 points) 0
- Competent ________ (10-16 points) 35
- Above Average ________ (16-18 points) 40
- Outstanding ________ (18-20 points) 50
Option 2

Reflective Writing Assignment/Guidelines (see optional grading rubric on pg. 36)

The goal of reflective writing is to provide an unbiased account of experiences and activities completed during the non-patient care APPE, as if viewing the idea or event for the first time, in order to analyze, evaluate, compare, plan or problem solve. Reflective writing requires the student to be insightful about their experience and look both backward at their growth and forward toward their development. The best reflective essays will be honest and will reveal the students’ ability to evaluate themselves and others fairly and professionally. This assignment provides an opportunity for the student to practice written communication skills and also allows the student to focus attention on their own progress. Students should describe their personal experiences with the activities completed during this non-patient care elective APPE.

Reflective writing assignments should be submitted utilizing the following format:

- 300-500 words written in “Microsoft Word” using 12-point Times New Roman font, 1 inch margins, double-spaced.

- Include name, title of paper and appropriate referencing (if applicable).

- Include data about what activities were participated in during this elective APPE, what was learned from them and how this experience impacted the students’ learning and view of their future professions, including any goals they now have as a result. Students are encouraged to think about their skills, knowledge and attitudes as they relate to this experience.
**Mid-Rotation Evaluation – Student Self-Assessment**

**NOTE:** The mid-rotation evaluation is designed to have students self-assess their progress, identifying strengths and weaknesses and proposing a plan to continue in a positive direction. Students must complete their evaluation in RMS first before the preceptor can view their section. The mid-rotation evaluation is due on the third Friday of the rotation. **Two points will be deducted from the final grade for late mid-evaluations.** The preceptor will then complete and submit the preceptor portion in RMS. Preceptors and students are encouraged to take the time to discuss the mid-evaluation to ensure successful completion of the APPE. **Failure of the student to complete the mid-evaluation by the end of week three will result in the loss of two points on the final evaluation.**

**Student Comments:**

<table>
<thead>
<tr>
<th>In what areas are you doing well or exceeding expectations? How do you propose to maintain your strengths? Provide specific examples.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In what areas do you think you need to improve before the rotation ends and how do you propose to make the improvements?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Assignments:**

<table>
<thead>
<tr>
<th>SOAP Notes – Please indicate how many SOAP notes you have completed.</th>
<th>____________/5</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Case Presentation – Please indicate your topic and progress thus far.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evidence-based Medicine Assignment OR Article Review – Please indicate your topic and progress thus far.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
Professionalism Mid-Point

Is the student performing at an acceptable level in the following four areas of professionalism? If you have any concerns about the student's professionalism please contact OEE immediately. Please note: All answers are required. Please discuss a plan for making improvements with the student. After the mid-rotation evaluation has been discussed between student and preceptor, a copy is to be kept in the student portfolio.

<table>
<thead>
<tr>
<th></th>
<th>Interactions</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Appearance &amp; Attire</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3</td>
<td>Timeliness &amp; Commitment</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4</td>
<td>Initiative</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Preceptor Comments

In what areas is the student doing well or exceeding expectations?

In what areas is the student not doing well or falling below expectations? What specific steps should the student take to improve?

Is the student on track with their assignments so far and are the assignments acceptable?

Please discuss a plan for making improvements with the student. After the mid-rotation evaluation has been discussed between student and preceptor a copy is to be kept in the student portfolio.
**Final Evaluation – Patient Care - APPE**

* Due by the last day of the APPE. *

There are three components to the final evaluation. The first component is the professionalism evaluation. **This component is pass or fail;** if the student has unacceptably performed in any area, the student fails the rotation. The second and third components are the assignments and skill assessment. The assignments account for 50% of the final grade and the skills assessment accounts for 50% of the final grade. Students who fail to earn a grade of a “C” or better on the Skills Assessment section will automatically be considered failing and will receive a grade of zero for the entire evaluation. **The preceptor completes the final evaluation in RMS and reviews the final evaluation with the student.** RMS will calculate the grade from the information completed on the final evaluation. The OEE submits the final grade to the registrar’s office. Please provide comments for all areas.

### Professionalism Evaluation – Interactions

<table>
<thead>
<tr>
<th>Acceptable</th>
<th>Unacceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student consistently (greater than 90%) does all of the following:</td>
<td>1) Does not meet criteria for acceptable as stated OR</td>
</tr>
<tr>
<td>1) Introduces self at first encounters with patients and health care</td>
<td>2) The student inappropriately disclosed patient information OR</td>
</tr>
<tr>
<td>professionals;</td>
<td>3) The student made negative or inappropriate public remarks about colleagues or patients.</td>
</tr>
<tr>
<td>2) Greet patients and other health care professionals with a smile and</td>
<td></td>
</tr>
<tr>
<td>or positive inflection in voice;</td>
<td></td>
</tr>
<tr>
<td>3) Demonstrates effective listening skills (good eye contact, non-verbal</td>
<td></td>
</tr>
<tr>
<td>cues);</td>
<td></td>
</tr>
<tr>
<td>4) Speaks effectively and respectfully (e.g. non-judgmental, not</td>
<td></td>
</tr>
<tr>
<td>condescending, sarcastic, meek, nor overly-assertive);</td>
<td></td>
</tr>
<tr>
<td>5) Cooperates with health care team (willing, helpful, not argumentative);</td>
<td></td>
</tr>
<tr>
<td>6) Accepts constructive criticism;</td>
<td></td>
</tr>
<tr>
<td>7) Adheres to site specific guidelines regarding cell phone/pager/internet</td>
<td></td>
</tr>
<tr>
<td>usage, etc.</td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

### Professionalism Evaluation – Appearance and Attire

<table>
<thead>
<tr>
<th>Acceptable</th>
<th>Unacceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student consistently (greater than 90%) does all of the following:</td>
<td>Does not meet criteria for acceptable as stated.</td>
</tr>
<tr>
<td>1) Wears clothing that is professional in appearance (e.g. appropriate to</td>
<td></td>
</tr>
<tr>
<td>the culture of the institution as defined by the preceptor, site dress</td>
<td></td>
</tr>
<tr>
<td>code and pharmacy practice experience manual);</td>
<td></td>
</tr>
<tr>
<td>2) Wears name badge or other identification as required by the practice</td>
<td></td>
</tr>
<tr>
<td>site;</td>
<td></td>
</tr>
<tr>
<td>3) Is well-groomed</td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

Midwestern University College of Pharmacy – Glendale (2016-2017 APPE Education Program)
### Professionalism Evaluation – Timeliness and Commitment

<table>
<thead>
<tr>
<th>Acceptable</th>
<th>Unacceptable</th>
</tr>
</thead>
</table>
| The student consistently (greater than 90%) does all of the following:  
   1) Completes assignments on time or before deadline;  
   2) Arrives on time;  
   3) Calls/notifies preceptor when unable to meet deadline or arrive on time;  
   4) Arrives prepared with materials and assignments as directed. | Does not meet criteria for acceptable as stated.                                                  |

### Comments:


### Professionalism Evaluation – Initiative

<table>
<thead>
<tr>
<th>Acceptable</th>
<th>Unacceptable</th>
</tr>
</thead>
</table>
| The student consistently (greater than 90%) does all of the following:  
   1) Accepts responsibility and demonstrates accountability;  
   2) Demonstrates self-directed learning and motivation;  
   3) Demonstrates the willingness and flexibility to contribute to the well-being of others. | Does not meet criteria for acceptable as stated above                                            |

### Comments:


### Assignments: Patient Care - APPE

The following are the minimum required APPE assignments as assigned by the experiential education program. Evaluation of other assignments organized by the practice site should be considered in the skills assessment section. By the last day of the APPE, the preceptor has reviewed the student’s performance and completion of assignments.

Was the mid-evaluation completed by the student by the end of the third week? □ Yes  □ No

---

Midwestern University College of Pharmacy – Glendale (2016-2017 APPE Education Program)
Patient Care APPEs (Advanced Ambulatory Care, Community, Acute Care, Health Sys and Patient Care Electives)

1. Five (5) SOAP notes or (4) SOAP notes and 1 self-reflective writing assignment
   - Outstanding: 20 points
   - Above Average: 16 points
   - Competent: 13 points
   - Unacceptable: 0 points

2. Case presentation
   - Outstanding: 15 points
   - Above Average: 12 points
   - Competent: 10 points
   - Unacceptable: 0 points

3. Article Reviews
   - Outstanding: 15 points
   - Above Average: 12 points
   - Competent: 10 points
   - Unacceptable: 0 points

   OR

   Evidence-Based Medicine Assignment
   - Outstanding: 15 points
   - Above Average: 12 points
   - Competent: 10 points
   - Unacceptable: 0 points

Skills Assessment

Instructions for Completion: Preceptors are strongly encouraged to provide comments in each section as students have indicated this is particularly helpful in their learning process. If a student fails to earn a grade of "C" or higher, they will not be considered "passing".

<table>
<thead>
<tr>
<th>Provision of Safe, Effective Care:</th>
<th>Score:</th>
<th>□ A □ B □ C □ F</th>
</tr>
</thead>
<tbody>
<tr>
<td>A (16 pts)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identifies drug-related problems, errors, or adverse events. Provides complete patient-specific recommendations for prescription, OTC, dietary supplements, monitoring, etc. Provides complete information/education to patients/caregivers. Complies with legal and regulatory standards of practice. No difficulty in searching out and applying evidence based medicine, learning new technology, or acknowledging diversity.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B (14 pts)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identifies drug-related problems, errors, or adverse events. Provides patient-specific recommendations for prescription, OTC, dietary supplements, monitoring, etc. Provides complete information/education to patients/caregivers. Complies with legal and regulatory standards of practice. Minimal difficulty in searching out and applying evidence based medicine, learning new technology, or acknowledging diversity.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C (12 pts)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identifies drug-related problems, errors, or adverse events. Provides patient-specific recommendations for prescription, OTC, dietary supplements, monitoring, etc. Provides mostly complete information/education to patients/caregivers. Complies with legal and regulatory standards of practice. Some difficulty in searching out and applying evidence based medicine, learning new technology, or acknowledging diversity.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F (0 pts)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fails to accurately identify drug-related problems, errors, or adverse events. Fails to provide appropriate, patient-specific recommendations for prescription, OTC, dietary supplements, monitoring, etc. Fails to provide accurate information/education to patients/caregivers. Fails to comply with legal or regulatory standards of practice. Fails to search out and apply evidence based medicine, learn new technology, or acknowledge diversity.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Midwestern University College of Pharmacy – Glendale (2016-2017 APPE Education Program) [51]
### Patient Communication:

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A (16 pts)</td>
<td>Consistently able to obtain all accurate and pertinent information in patient interviews or medical record review. Consistently able to choose, apply and integrate verbal, nonverbal and written communication to provide and ensure education and counseling on prescription, OTC, disease states and devices. Actively listens and provides appropriate feedback.</td>
</tr>
<tr>
<td>B (14 pts)</td>
<td>Frequently able to obtain all accurate and pertinent information in patient interviews or medical record review. Frequently able to choose, apply and integrate verbal, nonverbal and written communication to provide and ensure education and counseling on prescription, OTC, disease states, and devices. Actively listens and provides appropriate feedback.</td>
</tr>
<tr>
<td>C (12 pts)</td>
<td>Occasionally able to obtain all accurate and pertinent information in patient interviews or medical record review. Occasionally able to choose, apply and integrate verbal, nonverbal and written communication to provide and ensure education and counseling on prescription, OTC, disease states, and devices. Actively listens and provides appropriate feedback.</td>
</tr>
<tr>
<td>F (0 pts)</td>
<td>Fails to obtain accurate and pertinent information in patient interviews or medical record review. Fails to choose, apply and integrate verbal, nonverbal and written communication to provide and ensure education and counseling on prescription, OTC, disease states and devices. Fails to listen and provide appropriate feedback.</td>
</tr>
</tbody>
</table>

### Professional Communication:

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A (16 pts)</td>
<td>Consistently interacts actively and effectively with other health care professionals. Becomes an essential group member. Responds accurately and timely to drug information inquiries. Consistently able to transcribe medication orders from health care providers. Student consistently engages in communicating recommendations regarding drug therapy.</td>
</tr>
<tr>
<td>B (14 pts)</td>
<td>Frequently interacts actively and effectively with other health care professionals. Frequently acts as an essential group member. Frequently responds accurately and timely to drug information inquiries. Frequently able to transcribe medication orders from health care providers. Student usually engages in communicating recommendations regarding drug therapy.</td>
</tr>
<tr>
<td>C (12 pts)</td>
<td>Occasionally interacts actively and effectively with other health care professionals. Occasionally acts as an essential group member. Occasionally responds accurately and timely to drug information inquiries. Able to transcribe medication orders from health care providers. Student sometimes engages in communicating recommendations regarding drug therapy.</td>
</tr>
<tr>
<td>F (0 pts)</td>
<td>Fails to interact actively and effectively with other health care professionals. Rarely acts as an essential group member. Fails to respond accurately and timely to drug information inquiries. Rarely able to transcribe medication orders from health care providers. Student avoids engaging in communicating recommendations regarding drug therapy.</td>
</tr>
</tbody>
</table>

Total Points: _______/50

Describe Student Strengths:

Describe areas that need improvement:

Describe a plan of action that the student may share with the next preceptor for continued student development:
PS-3 Student Final Evaluation: Non-Patient Care

Final Grade

Assignment points ________/50 + Skill Assessment Points ________/50 = ________/100 Total Points

A: 90.0-100%  B: 80.0-89.9%  C: 70.0-79.9%  F: <69.9%

Final Evaluation – Non-Patient Care APPE

* Due by the last day of the APPE.*

There are three components to the final evaluation. The first component is the professionalism evaluation. This component is pass or fail; if the student has unacceptably performed in any area, the student fails the rotation. The second and third components are the assignments and skill assessment. The assignments account for 50% of the final grade and the skills assessment accounts for 50% of the final grade. Students who fail to earn a grade of a “C” or better on the Skills Assessment section will automatically be considered failing and will receive a grade of zero for the entire evaluation. The preceptor completes the final evaluation in RMS and reviews the final evaluation with the student. RMS will calculate the grade from the information completed on the final evaluation. The OEE submits the final grade to the registrar’s office.

Professional Interactions

<table>
<thead>
<tr>
<th>Acceptable</th>
<th>Unacceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student consistently (greater than 90%) does all of the following:</td>
<td></td>
</tr>
<tr>
<td>1) Introduces self at first encounters with rotation team, staff, and health care professionals;</td>
<td></td>
</tr>
<tr>
<td>2) Greets team, staff, and health care professionals with a smile and/or positive inflection in voice;</td>
<td></td>
</tr>
<tr>
<td>3) Demonstrates effective listening skills (good eye contact, non-verbal cues);</td>
<td></td>
</tr>
<tr>
<td>4) Speaks effectively and respectfully (e.g. non-judgmental, not condescending, sarcastic, meek, nor overly-assertive) to everyone;</td>
<td></td>
</tr>
<tr>
<td>5) Cooperates with rotation team (willing, helpful, not argumentative);</td>
<td></td>
</tr>
<tr>
<td>6) Accepts constructive criticism;</td>
<td></td>
</tr>
<tr>
<td>7) Adheres to site specific guidelines regarding cell phone/pager/internet usage, etc.</td>
<td></td>
</tr>
<tr>
<td>The student:</td>
<td></td>
</tr>
<tr>
<td>1) Does not meet criteria for acceptable as stated OR</td>
<td></td>
</tr>
<tr>
<td>2) The student inappropriately disclosed confidential information, OR</td>
<td></td>
</tr>
<tr>
<td>3) The student made negative or inappropriate public remarks about colleagues or rotation staff.</td>
<td></td>
</tr>
</tbody>
</table>

Comments:

Professional Appearance and Attire

<table>
<thead>
<tr>
<th>Acceptable</th>
<th>Unacceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student consistently (greater than 90%) does all of the following:</td>
<td></td>
</tr>
<tr>
<td>1) Wears clothing that is professional in appearance (e.g. appropriate to the culture of the institution as defined by the preceptor, site dress code and pharmacy practice experience manual);</td>
<td></td>
</tr>
<tr>
<td>2) Wears name badge or other identification as required by the practice site;</td>
<td></td>
</tr>
<tr>
<td>3) Is well-groomed.</td>
<td></td>
</tr>
<tr>
<td>The student:</td>
<td></td>
</tr>
<tr>
<td>1) Does not meet criteria for acceptable as stated.</td>
<td></td>
</tr>
</tbody>
</table>
### Timeliness and Commitment

<table>
<thead>
<tr>
<th>Acceptable</th>
<th>Unacceptable</th>
</tr>
</thead>
</table>
| The student consistently (greater than 90%) does all of the following:  
   1) Completes assignments on time or before deadline;  
   2) Advises preceptor in advance when unable to complete an assignment on time;  
   3) Arrives on time;  
   4) Calls/notify preceptor when unable to arrive on time;  
   5) Arrives prepared with materials and assignments as directed. | The student:  
   1) Does not meet criteria for acceptable as stated. |

Comments:

### Initiative

<table>
<thead>
<tr>
<th>Acceptable</th>
<th>Unacceptable</th>
</tr>
</thead>
</table>
| The student consistently (greater than 90%) does all of the following:  
   1) Accepts responsibility and demonstrates accountability;  
   2) Demonstrates self-directed learning and motivation;  
   3) Demonstrates the willingness to contribute to the well-being of others;  
   4) Takes initiative to do more than the minimal requirements. | The student:  
   1) Does not meet criteria for acceptable as stated above |

Comments:

Reminder: Professionalism is pass/fail. All four categories must be rated Acceptable to receive a passing grade in the rotation.
Non-Patient Care APPE Assignment

The following is the minimum required APPE assignment as assigned by the experiential education program. The evaluation points here are for the completed project, abstract or assignment. Evaluation of the student’s process in completing the Assignment and other assignments organized by the practice site should be considered in the skills assessment section.

**Project and Abstract or Reflective Writing Assignment**

<table>
<thead>
<tr>
<th></th>
<th>Outstanding:</th>
<th>Above Average:</th>
<th>Competent:</th>
<th>Unacceptable:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>50 points</td>
<td>40 points</td>
<td>35 points</td>
<td>0 points</td>
</tr>
</tbody>
</table>

**Skills Assessment**

**Subject Matter Expertise:**

<table>
<thead>
<tr>
<th>Score</th>
<th>A (16 points)</th>
<th>B (14 points)</th>
<th>C (12 points)</th>
<th>F (0 points)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>At the end of the rotation, subject matter knowledge base is outstanding and practice-ready. Consistently displays excellent practice skills in searching out evidence-based medicine through research and use of technology. Consistently accurate and accountable for content of rotation assignments and information. Consistently identifies issues correctly, provides optimal and appropriate resolution and recommendations. Consistently identifies potential additional issues that may need resolution.</td>
<td>At the end of the rotation, subject matter knowledge base is frequently above average and is practice-ready. Frequently displays good practice skills in searching out evidence-based medicine through research and use of technology. Frequently accurate and accountable for content of rotation assignments and information. Frequently identifies issues correctly, provides reasonable and appropriate resolution and recommendations. Frequently identifies potential additional issues that may need resolution.</td>
<td>At the end of the rotation, subject matter knowledge base is average and is minimally practice-ready. Displays average skills in searching out evidence-based medicine through research and use of technology. Occasionally accurate and accountable for content of rotation assignments and information. Occasionally identifies issues correctly, occasionally provides reasonable and appropriate resolution and recommendations. Occasionally identifies potential additional issues that may need resolution.</td>
<td>At the end of the rotation, subject matter knowledge base is below average and is not even minimally practice-ready. Displays poor practice skills in searching out evidence-based medicine through research and use of technology. Frequently inaccurate and is not accountable for content of rotation assignments and information. Frequently identifies issues incorrectly, does not provide reasonable and appropriate resolution and recommendations. Frequently does not identify potential additional issues that may need resolution.</td>
</tr>
<tr>
<td>B</td>
<td>At the end of the rotation, subject matter knowledge base is frequently above average and is practice-ready. Displays average skills in searching out evidence-based medicine through research and use of technology. Displays average skill in applying evidence-based medicine to assignments. Displays above average skill in applying evidence-based medicine to assignments. Frequently displays decision-oriented practice skills. Frequently applies the use of technology to improve outcomes. Frequently displays practice-ready competency through application of subject matter expertise.</td>
<td>At the end of the rotation, subject matter knowledge base is average and is minimally practice-ready. Displays average skills in searching out evidence-based medicine through research and use of technology. Occasionally accurate and accountable for content of rotation assignments and information. Occasionally identifies issues correctly, occasionally provides reasonable and appropriate resolution and recommendations. Occasionally identifies potential additional issues that may need resolution.</td>
<td>At the end of the rotation, subject matter knowledge base is minimally practice-ready. Displays below average skill in applying evidence-based medicine to assignments. Occasionally displays decision-oriented practice skills. Occasionally applies the use of technology to improve outcomes. Occasionally displays practice-ready competency through application of subject matter expertise.</td>
<td>At the end of the rotation, subject matter knowledge base is below average and is not even minimally practice-ready. Displays poor practice skills in searching out evidence-based medicine through research and use of technology. Frequently inaccurate and is not accountable for content of rotation assignments and information. Frequently identifies issues incorrectly, does not provide reasonable and appropriate resolution and recommendations. Frequently does not identify potential additional issues that may need resolution.</td>
</tr>
<tr>
<td>C</td>
<td>At the end of the rotation, subject matter knowledge base is average and is minimally practice-ready. Displays average skills in searching out evidence-based medicine through research and use of technology. Occasionally accurate and accountable for content of rotation assignments and information. Occasionally identifies issues correctly, occasionally provides reasonable and appropriate resolution and recommendations. Occasionally identifies potential additional issues that may need resolution.</td>
<td>At the end of the rotation, subject matter knowledge base is minimally practice-ready. Displays below average skill in applying evidence-based medicine to assignments. Occasionally displays decision-oriented practice skills. Occasionally applies the use of technology to improve outcomes. Occasionally displays practice-ready competency through application of subject matter expertise.</td>
<td>At the end of the rotation, subject matter knowledge base is below average and is not even minimally practice-ready. Displays poor practice skills in searching out evidence-based medicine through research and use of technology. Frequently inaccurate and is not accountable for content of rotation assignments and information. Frequently identifies issues incorrectly, does not provide reasonable and appropriate resolution and recommendations. Frequently does not identify potential additional issues that may need resolution.</td>
<td>At the end of the rotation, subject matter knowledge base is below average and is not even minimally practice-ready. Displays poor practice skills in searching out evidence-based medicine through research and use of technology. Frequently inaccurate and is not accountable for content of rotation assignments and information. Frequently identifies issues incorrectly, does not provide reasonable and appropriate resolution and recommendations. Frequently does not identify potential additional issues that may need resolution.</td>
</tr>
<tr>
<td>F</td>
<td>At the end of the rotation, subject matter knowledge base is below average and is not even minimally practice-ready. Displays poor practice skills in searching out evidence-based medicine through research and use of technology. Frequently inaccurate and is not accountable for content of rotation assignments and information. Frequently identifies issues incorrectly, does not provide reasonable and appropriate resolution and recommendations. Frequently does not identify potential additional issues that may need resolution.</td>
<td>At the end of the rotation, subject matter knowledge base is below average and is not even minimally practice-ready. Displays poor practice skills in searching out evidence-based medicine through research and use of technology. Frequently inaccurate and is not accountable for content of rotation assignments and information. Frequently identifies issues incorrectly, does not provide reasonable and appropriate resolution and recommendations. Frequently does not identify potential additional issues that may need resolution.</td>
<td>At the end of the rotation, subject matter knowledge base is below average and is not even minimally practice-ready. Displays poor practice skills in searching out evidence-based medicine through research and use of technology. Frequently inaccurate and is not accountable for content of rotation assignments and information. Frequently identifies issues incorrectly, does not provide reasonable and appropriate resolution and recommendations. Frequently does not identify potential additional issues that may need resolution.</td>
<td>At the end of the rotation, subject matter knowledge base is below average and is not even minimally practice-ready. Displays poor practice skills in searching out evidence-based medicine through research and use of technology. Frequently inaccurate and is not accountable for content of rotation assignments and information. Frequently identifies issues incorrectly, does not provide reasonable and appropriate resolution and recommendations. Frequently does not identify potential additional issues that may need resolution.</td>
</tr>
</tbody>
</table>

**Competency:**

<table>
<thead>
<tr>
<th>Score</th>
<th>A (16 points)</th>
<th>B (14 points)</th>
<th>C (12 points)</th>
<th>F (0 points)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Consistently responds in a timely and appropriate manner to requests for information. Contributions to the rotation are consistently substantial. Consistently displays excellence in applying evidence-based medicine to assignments. Consistently displays decision-oriented practice skills. Consistently applies the use of technology to improve outcomes. Consistently displays practice-ready competency through application of subject matter expertise.</td>
<td>Frequently responds in a timely and appropriate manner to requests for information. Contributions to the rotation are frequently substantial. Frequently displays above average skill in applying evidence-based medicine to assignments. Frequently displays decision-oriented practice skills. Frequently applies the use of technology to improve outcomes. Frequently displays practice-ready competency through application of subject matter expertise.</td>
<td>Occasionally responds in a timely and appropriate manner to requests for information. Contributions to the rotation are occasionally substantial. Displays average skill in applying evidence-based medicine to assignments. Occasionally displays decision-oriented practice skills. Occasionally applies the use of technology to improve outcomes. Occasionally displays practice-ready competency through application of subject matter expertise.</td>
<td>Does not respond in a timely and appropriate manner to requests for information. Contributions to the rotation are not substantial. Displays below average skill in applying evidence-based medicine to assignments. Does not display decision-oriented practice skills. Ineffective in applying the use of technology to improve outcomes. Does not display practice-ready competency through application of subject matter expertise.</td>
</tr>
<tr>
<td>B</td>
<td>Frequently responds in a timely and appropriate manner to requests for information. Contributions to the rotation are frequently substantial. Frequently displays above average skill in applying evidence-based medicine to assignments. Frequently displays decision-oriented practice skills. Frequently applies the use of technology to improve outcomes. Frequently displays practice-ready competency through application of subject matter expertise.</td>
<td>Occasionally responds in a timely and appropriate manner to requests for information. Contributions to the rotation are occasionally substantial. Displays average skill in applying evidence-based medicine to assignments. Occasionally displays decision-oriented practice skills. Occasionally applies the use of technology to improve outcomes. Occasionally displays practice-ready competency through application of subject matter expertise.</td>
<td>Occasionally responds in a timely and appropriate manner to requests for information. Contributions to the rotation are occasionally substantial. Displays average skill in applying evidence-based medicine to assignments. Occasionally displays decision-oriented practice skills. Occasionally applies the use of technology to improve outcomes. Occasionally displays practice-ready competency through application of subject matter expertise.</td>
<td>Does not respond in a timely and appropriate manner to requests for information. Contributions to the rotation are not substantial. Displays below average skill in applying evidence-based medicine to assignments. Does not display decision-oriented practice skills. Ineffective in applying the use of technology to improve outcomes. Does not display practice-ready competency through application of subject matter expertise.</td>
</tr>
<tr>
<td>C</td>
<td>Occasionally responds in a timely and appropriate manner to requests for information. Contributions to the rotation are occasionally substantial. Displays average skill in applying evidence-based medicine to assignments. Occasionally displays decision-oriented practice skills. Occasionally applies the use of technology to improve outcomes. Occasionally displays practice-ready competency through application of subject matter expertise.</td>
<td>Occasionally responds in a timely and appropriate manner to requests for information. Contributions to the rotation are occasionally substantial. Displays average skill in applying evidence-based medicine to assignments. Occasionally displays decision-oriented practice skills. Occasionally applies the use of technology to improve outcomes. Occasionally displays practice-ready competency through application of subject matter expertise.</td>
<td>Occasionally responds in a timely and appropriate manner to requests for information. Contributions to the rotation are occasionally substantial. Displays average skill in applying evidence-based medicine to assignments. Occasionally displays decision-oriented practice skills. Occasionally applies the use of technology to improve outcomes. Occasionally displays practice-ready competency through application of subject matter expertise.</td>
<td>Does not respond in a timely and appropriate manner to requests for information. Contributions to the rotation are not substantial. Displays below average skill in applying evidence-based medicine to assignments. Does not display decision-oriented practice skills. Ineffective in applying the use of technology to improve outcomes. Does not display practice-ready competency through application of subject matter expertise.</td>
</tr>
<tr>
<td>F</td>
<td>Does not respond in a timely and appropriate manner to requests for information. Contributions to the rotation are not substantial. Displays below average skill in applying evidence-based medicine to assignments. Does not display decision-oriented practice skills. Ineffective in applying the use of technology to improve outcomes. Does not display practice-ready competency through application of subject matter expertise.</td>
<td>Does not respond in a timely and appropriate manner to requests for information. Contributions to the rotation are not substantial. Displays below average skill in applying evidence-based medicine to assignments. Does not display decision-oriented practice skills. Ineffective in applying the use of technology to improve outcomes. Does not display practice-ready competency through application of subject matter expertise.</td>
<td>Does not respond in a timely and appropriate manner to requests for information. Contributions to the rotation are not substantial. Displays below average skill in applying evidence-based medicine to assignments. Does not display decision-oriented practice skills. Ineffective in applying the use of technology to improve outcomes. Does not display practice-ready competency through application of subject matter expertise.</td>
<td>Does not respond in a timely and appropriate manner to requests for information. Contributions to the rotation are not substantial. Displays below average skill in applying evidence-based medicine to assignments. Does not display decision-oriented practice skills. Ineffective in applying the use of technology to improve outcomes. Does not display practice-ready competency through application of subject matter expertise.</td>
</tr>
</tbody>
</table>
### Communication:

<table>
<thead>
<tr>
<th>Score:</th>
<th>A (16 points)</th>
<th>B (14 points)</th>
<th>C (12 points)</th>
<th>F (0 points)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Consistently interacts actively and effectively with rotation team. Has become an essential team member. Consistently supportive of other team members. Actively listens and clearly communicates with others. Consistently responds in a timely manner to requests for information. Consistently communicates with team and preceptor at appropriate time intervals for easy flow of information. Consistently able to appropriately choose, apply, and integrate verbal, nonverbal and written communication skills.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Frequently interacts actively and effectively with rotation team. Has become an integral team member. Frequently supportive of other team members. Listens and communicates with others but not always clearly. Frequently responds in a timely manner to requests for information. Frequently communicates with team and preceptor at appropriate time intervals for easy flow of information. Frequently able to appropriately choose, apply, and integrate verbal, nonverbal and written communication skills.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Occasionally interacts actively and effectively with rotation team. Has become a recognized team member. Occasionally supportive of other team members. Listens and communicates with others but not usually clearly. Occasionally responds in a timely manner to requests for information. Occasionally communicates with team and preceptor at appropriate time intervals for easy flow of information. Occasionally able to appropriately choose, apply, and integrate verbal, nonverbal and written communication skills.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>Fails to interact actively and effectively with rotation team. Has not become a team member. Fails to support other team members. Does not listen or communicate well with others. Fails to communicate with team and preceptor at appropriate time intervals for easy flow of information. Consistently fails to appropriately choose, apply, and integrate verbal, nonverbal and written communication skills.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

### Mid Evaluation (Completed by Student by end of Third Week)

- Yes (2 points) or No (0 points)

**Skills Assessment total points: _____/50**

*If a student fails to earn a grade of “C” (38 points) or higher in Skills Assessment, they will not be considered “passing”.*

**Instructions for Completion:** Preceptors are strongly encouraged to provide comments, as students have indicated this is particularly helpful in their learning process.

- Describe Student Strengths:

- Describe areas that need improvement:

- Describe a plan of action that the student may share with the next preceptor for continued student development:

---

### Non-Patient Care Elective APPE Final Grade

Assignment points _____/50 + Skill Assessment Points _____/50 = _____/100 Total Points

- A: 90.0-100%
- B: 80.0-89.9%
- C: 70.0-79.9%
- F: <69.0%

Midwestern University College of Pharmacy – Glendale (2016-2017 APPE Education Program)
Student Evaluation of Site and Preceptor

Using RMS, each student must complete an evaluation of their site/preceptor(s).

- Students are encouraged to be professional, kind, and constructive with their feedback. OEE support can be provided if students are seeking ways to communicate their ideas in ways that will be constructive and helpful to sites and preceptors.
- The evaluation is confidential and will be reviewed by the OEE after each APPE rotation for continuous quality improvement of sites and preceptors.
- A summary report will be distributed to the preceptors only after all IPPE and APPE rotations have been completed for the academic year, and all student names have been removed and the comments randomized.

Use the following scale to evaluate the preceptor and the site:

<table>
<thead>
<tr>
<th>Scale</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Strongly DISAGREE</td>
</tr>
<tr>
<td>2</td>
<td>Disagree</td>
</tr>
<tr>
<td>3</td>
<td>Undecided</td>
</tr>
<tr>
<td>4</td>
<td>Agree</td>
</tr>
<tr>
<td>5</td>
<td>Strongly AGREE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Statement</th>
<th>Scale</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>The preceptor was knowledgeable about the subject matter at the site.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The preceptor discussed information at a suitable level of understanding.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The preceptor encouraged discussion and responded conscientiously to questions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The preceptor served as a professional role model to the student.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The site was well organized and prepared for students.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The site provided a good learning experience for me.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would recommend this site to other students as a good educational experience.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In what areas is the preceptor or site doing well?

What improvements could be made to the pharmacy practice experience and/or this site?
PRECEPTOR POLICIES

Dear Preceptor,

Thank you for serving as a preceptor for the 2016-2017 Advanced Pharmacy Practice Experiences (APPEs). This manual is a guide to help ensure the most successful rotation you can offer. It is also available on the Midwestern University website in PDF format. The website address is https://online.midwestern.edu/. If you have difficulty logging in, please contact our office so that we may assist you.

We encourage students to be self-directed in their learning, take initiative and make the most of their time at your practice site; however, they cannot do so without your guidance and direction. Please take the time to go over expectations and goals on day one. The most favorable outcomes are dependent on open communication. We are here to assist you in any way we can.

Students are required to bring a prepared portfolio to your rotation site or provide you with a link to their electronic portfolio via TaskStream or other electronic format. The portfolio should include an updated CV, emergency contact information, immunization record, CPR certification, intern license, health insurance coverage, and their goals for your rotation. Please review and discuss the information provided in the student portfolio.

The student is invited to share assignments and evaluations from previous rotations in their portfolio. This may help in identifying student strengths and weaknesses at the beginning of the rotation, and allows you to customize the experience to meet individual student needs.

Thank you again for your guidance and instruction of our pharmacy students. Experiential education plays an essential role in the preparation of students for entry into professional practice. We are so pleased to have you participate in this vital component of the educational process for tomorrow's practicing pharmacists.

Feel free to contact the Office of Experiential Education (OEE) at any time during the rotation to discuss any student issues or concerns.

Sincerely,

Suzanne Larson, Pharm.D.
Director of Experiential Education
Phone: 623-572-3509
Fax: 623-572-3560
slarso@midwestern.edu

Program Coordinator
Holly York
Phone: 623-572-3503
Email: hyork@midwestern.edu

Program Coordinator
Diane A. Kowalski, M.S., HSA
Phone: 623-572-3590
Email: dkowal1@midwestern.edu

Sr. Administrative Assistant
Michelle Olesen
Phone: 623-572-3557
Email: molese@midwestern.edu
Vision and Mission Statement

Welcome to the Midwestern University College of Pharmacy Experiential Education Program! Thank you for joining our team of pharmacy practice educators by becoming a preceptor to our students. Your role in our students’ education is crucial to their success as they develop the knowledge, skills and attitudes required to become quality patient care providers.

The Vision of the College of Pharmacy
The vision of Midwestern University College of Pharmacy-Glendale is to excel in pharmacy education.

The Mission of the College of Pharmacy
The mission of MWU-CPG is to prepare pharmacists who will provide exceptional patient care, participate in critical inquiry and scientific research, and advance public health and wellness. Our core values are Excellence, Integrity, Professionalism, and Service and Collaboration. We work to achieve and maintain the highest standards in all our endeavors. We value honesty, ethical decision-making, and caring. We encourage respect for others, accountability to our stakeholders, and responsibility for one’s actions. We are committed to working with other academic, community, patient and professional organizations to foster collaboration for the improvement of the public health and society.

Midwestern University proudly maintains a reputation for providing quality meaningful experiential learning opportunities for its students that meet the standards established by the Accreditation Council for Pharmacy Education (ACPE).

The Mission and Core Values of the Office of Experiential Education
The mission of OEE is to prepare students to optimally benefit from their pharmacy practice experiences, create and maintain high-quality sites, and develop preceptors who are committed to educating future pharmacists.

Core Values:

- Service-oriented
  - We strive to provide a high degree of service to our students and preceptors.
- Committed to Excellence
  - We strive for excellence and exceeding expectations of students and preceptors.
- Respect
  - We value respect and collegiality.
- Caring
  - We treat every individual with care and compassion.
- Proactive
  - We identify potential problems before they occur and strive to minimize their impact.
Preceptor General Requirements

1. Orient the student to the practice site. Include scheduling (days and hours), parking, evaluation methods and overall responsibilities.
2. Read the objectives and competencies, as specified, for the pharmacy experiential education program.
3. Review the student’s portfolio in order to tailor activities based upon their previous exposure, goals and expectations, or areas of deficiency.
4. Identify and assign appropriate patient activities and projects that are in alignment with the objectives and competencies to enhance student learning.
5. Monitor student progress to ensure stated objectives are adequately addressed and met.
6. Help students achieve competence in interprofessional team dynamics. Students should be giving the opportunity to engage in effective interprofessional communication, including conflict resolution.
7. Communicate with the student and OEE throughout the APPE regarding student performance.
8. Ensure that student to precepting pharmacist ratios allow for the individualized mentoring and targeted professional development of learners.
9. Serve as a role model for future pharmacists. Guide students in establishing a patient-pharmacist relationship that supports engagement and effective communication with patients, families, and caregivers throughout the Pharmacists’ Patient Care Process.
10. Answer student questions and serve as a resource to enhance student understanding of pharmacy and patient-related issues. Share your knowledge and skills with the student.
11. Maintain student confidentiality.
12. Facilitate or seek interactions with other healthcare professionals. Allow students to actively participate as part of the team at the practice site.
13. Assess student competence to identify strengths and address weaknesses (feedback). At a minimum, complete written and verbal mid and final rotation evaluations with the student to communicate progress and address areas of concern. Feedback is most effective when given regularly.
14. Complete and review the final grading rubric with the student.
15. Use RMS to document the mid and final evaluations and to review assignments.
16. Communicate with the College any concerns or questions regarding student progress or the pharmacy program at their earliest detection.
17. Maintain a current CV/résumé and provide a copy to OEE as requested.
Rotation Management System Instructions

Rotation Management System (RMS)

You will use RMS so that you may assess student assignments and complete mid- and final evaluations.

To begin, click on this link: http://online.midwestern.edu

You will then see the login screen (shown below).

Click on “Account Setup” located in the lower right-hand corner of the login screen.

You will then see the following “Account Setup” Screen.

Click on “Preceptor Account.”

On the “Account Setup” screen, enter your Preceptor ID.
If you do not know your preceptor ID please contact Michelle Olesen.
molese@midwestern.edu
623-572-3557

Enter your site’s zip code and your last name.
You will then be asked to create a new password.

If you need further assistance please contact Michelle Olesen.
Email: molese@midwestern.edu Phone: 623-572-3557
Teaching

The preceptor has responsibility for ensuring that the student has adequate opportunities to demonstrate competence in practice functions specific to the APPEs. While the student may be capable of contributing to the pharmacy operation by performing pharmacist staff functions, one-on-one preceptor-to-student interactions may better facilitate student development. The preceptor should ensure that time is allocated to teach each learning objective and that minimum hour requirements are fulfilled. In assuming responsibility for the student’s education, the preceptor should assign tasks and/or activities based upon student need. At all times, preceptors must serve as a role model to be emulated by the student. The preceptors’ appointment as adjunct clinical faculty recognizes the contributions preceptors make as key players in this academic program.

Student Confidentiality (FERPA)

Preceptors are to maintain student confidentiality. Information pertaining to the student’s performance should only be shared with OEE. Legal ramifications are an ever-present possibility for breached confidentiality. Preceptors must abide by Family Education Rights and Privacy Act (FERPA) regulations. More information can be found at http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html and http://www.aacrao.org/ferpa_guide/enhanced/main_frameset.html. In addition, there is a tutorial available on CEI regarding FERPA for Preceptors. http://www.gotoceig.org.

Student Evaluation

With support from OEE as required, preceptors evaluate student performance, identify strengths and weaknesses and provide learning opportunities to ensure student development in the established competency areas. Constructive and regular feedback to the student is a critical element in ensuring appropriate student development. If a preceptor is away on vacation or will otherwise be unavailable to complete the final evaluation, the preceptor or site should notify OEE of the situation immediately.

Student Professionalism

It is the responsibility of the preceptor to notify OEE if the student does not comply with the professionalism policies.

Concerns

Students and preceptors should contact OEE to report orally and/or in writing violations of pharmacy experiential education program policies. This includes alleged ethical and legal violations of the practice of pharmacy, alleged sexual harassment, verbal abuse, inappropriate and offensive physical contact and any form of discrimination. These types of incidents should be reported immediately. Immediate reporting of such incidents will allow the appropriate action to be taken in accordance with MWU-CPG policies.

College Communication and Participation

As an adjunct clinical faculty member, the preceptor is encouraged to maintain frequent communication with OEE. It is expected that preceptors will maintain updated contact information with the College, cooperate with the College in planning and coordinating experiences to meet educational objectives, comply with program policies and procedures and attend applicable preceptor training programs. Comments and/or recommendations from preceptors to improve or enhance the pharmacy experiential education program are especially welcome.
Library Privileges

Preceptors should automatically have access to library resources at www.online.midwestern.edu. Please open a browser to the MWU intranet, login with the assigned id/password. Select the tab “my info”; find the “MWU links” at the far left. Select “MWU Library Services” in the center of the page and then “Library Resources” on the Libraries page.

If you need assistance with library resources, please contact Barbara Nadler, Health Sciences Librarian, at 623-572-3305 or bnadle@midwestern.edu.

Drug Information Center

MWU Drug Information Center 623-537-6210 azdruginfo@midwestern.edu

Who can use the DI Center?
As a preceptor of Midwestern University College of Pharmacy-Glendale (MWU-CPG) students, you have free access to a Drug Information Center. The services of the Center are coordinated by Stacy Haber, Pharm.D., Associate Professor, MWU-CPG.

What can I ask?
You may ask any question that you cannot answer with the resources available to you. Questions will not be accepted from students (even if you ask them to contact the Center for you). If you have a question, please contact the Drug Information Center directly. If the question is urgent, we may not be able to meet your timeline due to other commitments; thus, you may have to use the resources that are available to you internally.

How do I contact the DI Center?
You may contact the Drug Information Center by phone (623-537-6210) or e-mail (azdruginfo@midwestern.edu). If nobody is available to take your call, you will be prompted to leave a voice mail. Once your question is received, someone will call or e-mail you back as soon as possible to confirm it. At that time, we will establish a timeline for the answer and may ask for more background information.

When can I contact the DI Center?
You may contact the Drug Information Center at any time; however, questions will be confirmed and answered during normal business hours (8:00 a.m. to 4:30 p.m., Monday through Friday, excluding holidays and other days the staff may be out of the office).

Who will answer the question?
Your question will be answered by Stacy Haber or a student/resident on a drug information rotation. All questions answered by students/residents will be reviewed by Dr. Haber before you are given the response. If you have any concerns about the information that you receive, you may always ask to speak with Dr. Haber directly.
Preceptor Training Resources

OEE fosters the professional development of its preceptors. Some of the training resources available are:

In-person

- In-person preceptor trainings facilitated by OEE on the MWU campus and throughout the Phoenix metropolitan area (January-February)
- Law review hosted on the MWU campus annually in May
- Preceptor workshop program at the AzPA annual meeting hosted jointly by the University of Arizona and MWU-CPG
- CEs Continuing Education Credit offered through the Arizona Pharmacy Association
- Invitation to participate in the CPG Clinician Educators Program, a year-long teaching and learning curriculum that involves live teaching skills seminars, two mentored teaching experiences including hands-on preceptor workshops, the creation of a philosophy of teaching statement, and the creation of a teaching portfolio. Certificates of completion are awarded at year-end for participants completing all required components of the curriculum. Contact Suzanne Larson at slarso@midwestern.edu to enroll or for further information

On-line

- The American Pharmacists Association (APhA) and the National Association of Chain Drug Stores (NACDS) Foundation's The Community Pharmacist Preceptor Education Program. This free program can be accessed online by visiting the NACDS Foundation CE Center at www.nacdsfoundation.org or by visiting www.pharmacist.com/education
- Pharmacist's Letter offers teaching resources for preceptors at the Preceptor Training and Resource Network at www.pharmacistsletter.com/ptrn. You can access targeted live and home-based preceptor continuing education, experiential teaching tools and sample assignments, a library of journal club materials to use for student discussion sessions and a preceptors' discussion board to interact with other preceptors
- Collaborative Education Institute http://www.gotoceig.org. Please use code: 15GLEN (new code for 2016 will be issued in January). Please contact OEE if you require assistance
- American Society of Health-System Pharmacists (ASHP) http://www.ashp.org/menu/practicepolicy/resourcecenters/preceptorskills
- Arizona Pharmacy Association(AzPA) Preceptors Similar Interest Group (Automatically enrolled) http://www.azpharmacy.org/?page=104&hhSearchTerms=%22preceptor+and+interest%22

Recommended Books

- Getting Started as a Pharmacy Preceptor by Randell E. Doty
- Preceptor’s Handbook for Pharmacists by Lourdes M. Cuéllar and Diane B. Ginsburg
Site Syllabus Templates

In this section, you will find some sample syllabi that you may find helpful as you seek to develop an objective-driven rotation syllabus. There are templates for each of the four required rotations (Acute Care, Advanced Community, Ambulatory Care, and Health Systems) as well as templates for both patient care and non-patient care electives. Feel free to customize these templates to best fit your needs. The goals and objectives contained in these templates are the ACPE (Accreditation Council for Pharmacy Education) goals and objectives for each rotation type, and should be fairly universal and easily applied to any college of pharmacy you might precept for.

Please do not hesitate to contact our office if you have questions or concerns about developing your rotation syllabus. We are happy to guide you through this process and provide perspective and input about your syllabus.

You can find these templates on the OEE website:

http://www.midwestern.edu/preceptor-resources/training-and-resources.html

In addition, our office is happy to help resolve specific questions or concerns that arise. We are happy to provide individualized preceptor training on-site, both to individual preceptors and groups of preceptors at one site. Please do not hesitate to contact us.
Advanced Acute Care Pharmacy Practice Experience PPRAG 1791

(Name of Site)
(Site contact information)

Student Rotation Syllabus

- (List of preceptors and other notable staff)
- (Description of site)
- Specific Advanced Acute Care Practice Goals
  - Discuss and/or participate in the health systems formulary process
  - Discuss and/or participate in therapeutic protocol development
  - Discuss and/or perform prospective and retrospective financial and clinical outcomes analyses to support formulary recommendations and therapeutic protocol development
  - Attend a pharmacy or interdisciplinary meeting (e.g., P&T, medication safety committee, etc.)
  - Describe documentation of clinical activities
  - Discuss and/or participate in the management of medical emergencies
- Goals and Objectives for Advanced Acute Care Pharmacy Practice Experience
  - Participate as a member of an interprofessional team
  - Identify, evaluate and communicate to the patient and other healthcare professionals the appropriateness of the patient’s specific pharmacotherapeutic agents, dosing regimens, dosage forms, routes of administration and delivery systems
  - Recommend prescription and non-prescription medications, dietary supplements, diet, nutrition, traditional non-drug therapies and complementary and alternative therapies
  - Identify and report medication errors and adverse drug reactions
  - Monitor and assess patient information when managing drug regimens
  - Provide patient care to a diverse patient population
  - Provide patient education to a diverse patient population
  - Educate the public and healthcare professionals regarding medical conditions, wellness, dietary supplements, durable medical equipment and medical and drug devices
  - Retrieve, evaluate, manage and use clinical and scientific publications in the decision-making process
  - Access, evaluate and apply evidence-based medicine to promote optimal healthcare
  - Participate in discussions and assignments regarding compliance with accreditation, legal, regulatory/legislative and safety requirements
  - Work with the technology used in pharmacy practice
▪ **Site Specific Goals and Objectives**

▪ **Mandatory Assignments**
  o SOAP notes (minimum of five) or 4 SOAP notes and 1 Self-Reflective Writing Assignment
  o Case Presentation
  o Evidence Based Medicine or article review

▪ **Typical Activities**
  o Medication changes with providers
  o Medication profile review
  o Medication report review
  o Medication discussions
  o Drug information questions
  o Adverse event reporting
  o Pharmaceutical calculations
  o High-risk medication dosing (e.g., oncology, pediatric, etc.)
  o Provide patient/caregiver/health professional education as requested
  o Pharmacokinetics
  o Pharmacy consultations
  o Primary emphasis is on clinical in-patient care
  o Patient chart review

▪ **Dress Code**

▪ **Parking**

▪ **Meals**

▪ **Schedule**

<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></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

▪ **Additional Information**

▪ **Site Specific Requirements**
Advanced Ambulatory Care Pharmacy Practice Experience PPRAG 1793

(Name of Site)
(Site contact information)

Student Rotation Syllabus

- (List of preceptors and other notable staff)

- (Description of site)

- Specific Advanced Ambulatory Care Practice Experience Goals and Objectives
  - Consult with patients regarding self-care products
  - Discuss and/or participate in the pharmacy’s quality improvement program

- Goals and Objectives for Advanced Acute Care Pharmacy Practice Experience
  - Participate as a member of an interprofessional team
  - Identify, evaluate and communicate to the patient and other healthcare professionals the appropriateness of the patient’s specific pharmacotherapeutic agents, dosing regimens, dosage forms, routes of administration and delivery systems
  - Recommend prescription and non-prescription medications, dietary supplements, diet, nutrition, traditional non-drug therapies and complementary and alternative therapies
  - Identify and report medication errors and adverse drug reactions
  - Monitor and assess patient information when managing drug regimens
  - Provide patient care to a diverse patient population
  - Provide patient education to a diverse patient population
  - Educate the public and healthcare professionals regarding medical conditions, wellness, dietary supplements, durable medical equipment and medical and drug devices
  - Retrieve, evaluate, manage and use clinical and scientific publications in the decision-making process
  - Access, evaluate and apply evidence-based medicine to promote optimal healthcare
  - Participate in discussions and assignments regarding compliance with accreditation, legal, regulatory/legislative and safety requirements
  - Work with the technology used in pharmacy practice

- Mandatory Assignments
  - SOAP notes (minimum of five) or 4 SOAP notes and 1 Self-Reflective Writing Assignment
  - Case Presentation
  - Evidence Based Medicine or article review
- **Site Specific Goals and Objectives**

- **Typical Activities**
  - Counseling of patients regarding medications and disease states
  - Patient education of devices as applicable
  - Point-of-care/telephone consultation and/or interviews with patients
  - Medication changes with providers
  - Medication profile review
  - Medication discussions
  - Drug information questions
  - Adverse event reporting
  - Healthcare provider education
  - Medication Therapy Management (with or without insurance billing and reimbursement)

- **Additional Activities May Include**
  - Discuss and/or participate in the creation of a business plan to support a patient care service, contributing to the determination of need, feasibility, resources and/or sources of funding
  - Discuss and/or participate in the design, development, marketing and/or reimbursement process for new patient services
  - Discuss and/or participate in the formulary process or perform prospective and retrospective financial and clinical outcomes analyses to support formulary recommendations
  - Discuss and/or participate in therapeutic protocol development
  - Discuss and/or participate in the inventory management of medication samples

- **Dress Code**

- **Parking**

- **Schedule**

<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></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Additional Information**

- **Site Specific Requirements**
Advanced Community Pharmacy Practice Experience PPRAG 1791

(Name of Site)
(Site contact information)

Student Rotation Syllabus

- (List of preceptors and other notable staff)

- (Description of site)

- Specific Advanced Community Pharmacy Experience Goals and Objectives
  - Consult with patients regarding self-care products
  - Discuss and/or participate in the pharmacy's quality improvement program
  - Prepare and dispense medications

- Goals and Objectives for Advanced Acute Care Pharmacy Practice Experience
  - Participate as a member of an interprofessional team
  - Identify, evaluate and communicate to the patient and other healthcare professionals the appropriateness of the patient's specific pharmacotherapeutic agents, dosing regimens, dosage forms, routes of administration and delivery systems
  - Recommend prescription and non-prescription medications, dietary supplements, diet, nutrition, traditional non-drug therapies and complementary and alternative therapies
  - Identify and report medication errors and adverse drug reactions
  - Monitor and assess patient information when managing drug regimens
  - Provide patient care to a diverse patient population
  - Provide patient education to a diverse patient population
  - Educate the public and healthcare professionals regarding medical conditions, wellness, dietary supplements, durable medical equipment and medical and drug devices
  - Retrieve, evaluate, manage and use clinical and scientific publications in the decision-making process
  - Access, evaluate and apply evidence-based medicine to promote optimal healthcare
  - Participate in discussions and assignments regarding compliance with accreditation, legal, regulatory/legislative and safety requirements
  - Work with the technology used in pharmacy practice

- Mandatory Assignments
  - SOAP notes (minimum of five)
  - Case Presentation
  - Evidence Based Medicine or article review
Site Specific Goals and Objectives

Typical Activities
- Counseling of OTC and Rx
- Patient education regarding devices (e.g., inhalers, glucometers, etc.)
- Patient education regarding disease states
- Antibiotic or other medication call back programs
- Medication changes with providers
- Medication profile review
- Medication discussions
- Pharmaceutical calculations
- Drug information questions
- Compounding
- Adverse event reporting
- Inventory Management
- Health screenings
- Immunizations
Advanced Health System Pharmacy Practice Experience PPRAG 1794

(Name of Site)
(Site contact information)
Student Rotation Syllabus

- (List of preceptors and other notable staff)
- (Description of site)
- Specific Advanced Health System Practice Experience Goals and Objectives
  - Discuss and/or participate in the pharmacy’s quality improvement program
  - Prepare and dispense medications
  - Manage systems for storage, preparation and dispensing of medications
  - Discuss and/or participate in purchasing activities
  - Manage the medication use system and apply the systems approach to medication safety
  - Discuss and/or participate in the pharmacy’s planning process
  - Discuss and/or participate in the use of investigational drug products
  - Discuss and/or participate in management activities (i.e. clinical services, patient care operations, department technology)
  - Educate other healthcare professionals within the organization

- Goals and Objectives for Advanced Acute Care Pharmacy Practice Experience
  - Participate as a member of an interprofessional team
  - Identify, evaluate and communicate to the patient and other healthcare professionals the appropriateness of the patient’s specific pharmacotherapeutic agents, dosing regimens, dosage forms, routes of administration and delivery systems
  - Recommend prescription and non-prescription medications, dietary supplements, diet, nutrition, traditional non-drug therapies and complementary and alternative therapies
  - Identify and report medication errors and adverse drug reactions
  - Monitor and assess patient information when managing drug regimens
  - Provide patient care to a diverse patient population
  - Provide patient education to a diverse patient population
  - Educate the public and healthcare professionals regarding medical conditions, wellness, dietary supplements, durable medical equipment and medical and drug devices
  - Retrieve, evaluate, manage and use clinical and scientific publications in the decision-making process
  - Access, evaluate and apply evidence-based medicine to promote optimal healthcare
  - Participate in discussions and assignments regarding compliance with accreditation, legal, regulatory/legislative and safety requirements
  - Work with the technology used in pharmacy practice
• **Mandatory Assignments**
  - SOAP notes (minimum of five)
  - Case Presentation
  - Evidence Based Medicine or article review

• **Site Specific Goals and Objectives**

• **Typical Activities**
  - Plan for Pharmacy & Therapeutics meetings
  - Patient chart reviews
  - Research investigational drugs
  - Inventory review
  - Formulary development

• **Additional Activities May Include**
  - Drug information
  - Drug monographs and therapeutic class reviews
  - Discuss and/or participate in the creation of a business plan to support a patient care service, contributing to the determination of need, feasibility, resources and/or sources of funding
  - Discuss and/or participate in the design, development, marketing and/or reimbursement process for new patient services
  - Discuss and/or participate in discussions and assignments of human resources management, medication resources management and pharmacy data management systems, including pharmacy workload and financial performance

• **Dress Code**

• **Parking**

• **Meals**

• **Schedule**

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

• **Additional Information**

• **Site Specific Requirements**
Non-Patient Care Advanced Pharmacy Practice Experience PPRAG 1796

(Name of Site)
(Site contact information)

Student Rotation Syllabus

- (List of preceptors and other notable staff)
- (Description of site)
- Specific Non-Patient Care Practice Experience Goals and Objectives
- Goals and Objectives for Advanced Non-Patient Care Practice Experience
  - Discuss and/or participate in the functions of the pharmacist at the site
  - Discuss and/or participate in the services provided by the site
  - Discuss the role of the site in the healthcare system
  - Discuss the role of the pharmacist within the organizational structure of the site
  - Communicate effectively with the practitioners and clients in the site
  - Complete a Special Project abstract using appropriate written communication skills
  - Demonstrate professionalism in the areas of: interaction, appearance, attire, timeliness, and commitment and initiative

- Additional Required Goals and Objectives

- Mandatory Assignments
  - Special Project (if not doing Reflective Writing Assignment)
  - Reflective Writing Assignment (if not doing Special Project)

- Typical Activities

- Dress Code

- Parking

- Meals
- **Schedule**

<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></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Additional Information**

- **Site Specific Requirements**
Patient Care Advanced Pharmacy Practice Experience PPRAG 1795

(Name of Site)
(Site contact information)

Student Rotation Syllabus

- (List of preceptors and other notable staff)
- (Description of site)
- Specific Advanced Pharmacy Practice Experience Goals and Objectives

  - Goals and Objectives for Advanced Patient Care Practice Experience
    - Participate as a member of an interprofessional team
    - Identify, evaluate and communicate to the patient and other healthcare professionals the appropriateness of the patient’s specific pharmaco-therapeutic agents, dosing regimens, dosage forms, routes of administration and delivery systems
    - Recommend prescription and non-prescription medications, dietary supplements, diet, nutrition, traditional non-drug therapies and complementary and alternative therapies
    - Identify and report medication errors and adverse drug reactions
    - Monitor and assess patient information when managing drug regimens
    - Provide patient care to a diverse patient population
    - Provide patient education to a diverse patient population
    - Educate the public and healthcare professionals regarding medical conditions, wellness, dietary supplements, durable medical equipment and medical and drug devices
    - Retrieve, evaluate, manage and use clinical and scientific publications in the decision-making process
    - Access, evaluate and apply evidence-based medicine to promote optimal healthcare
    - Participate in discussions and assignments regarding compliance with accreditation, legal, regulatory/legislative and safety requirements
    - Work with the technology used in pharmacy practice
    - Educate the public and healthcare professionals regarding medical conditions, wellness, dietary supplements, durable medical equipment and medical and drug devices

- Mandatory Assignments
  - SOAP notes (minimum of five)
  - Case Presentation
  - Evidence Based Medicine or article review
- Site Specific Goals and Objectives

- Typical Activities

- Dress Code

- Parking

- Meals

- Schedule

<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></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Additional Information