Experiential Policy Manual

Roseman University Of Health Sciences College Of Pharmacy

2025 – 2026

Transforming Education. *Reimagining* Healthcare.
Embracing Discovery. *Committed* to Community.

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COLLEGE OF PHARMACY
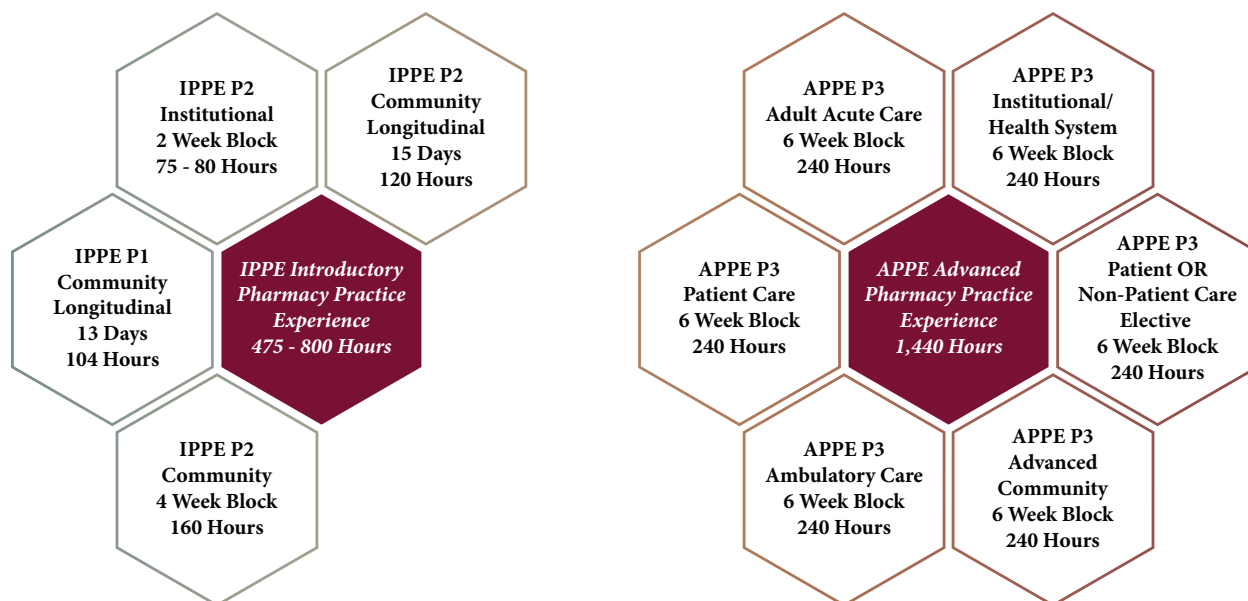
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Summary of Permanent Changes to Experiential Policy for 2025-2026

- Minor updates to titles and dates
- Minor clarifying language throughout
- Updated learning objectives and examples to align with COEPA
- Examples updated under general learning objectives.
- Professional outcomes rating scale changed from a 5-point scale to a 3-point scale
- Updated the name of PHAR 604 APPE Institutional to Institutional/Health System

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Roseman University of Health Sciences College of Pharmacy

2025-2026

IPPE P1 Community Longitudinal 13 Days 104 Hours

IPPE P2 Institutional 2 Week Block 75 - 80 Hours

IPPE P2 Community Longitudinal 15 Days 120 Hours

IPPE Introductory Pharmacy Practice Experience 475 - 800 Hours

IPPE P2 Community 4 Week Block 160 Hours

APPE P3 Patient Care 6 Week Block 240 Hours

APPE P3 Adult Acute Care 6 Week Block 240 Hours

APPE P3 Institutional/ Health System 6 Week Block 240 Hours

APPE Advanced Pharmacy Practice Experience 1,440 Hours

APPE P3 Patient OR Non-Patient Care Elective 6 Week Block 240 Hours

APPE P3 Ambulatory Care 6 Week Block 240 Hours

APPE P3 Advanced Community 6 Week Block 240 Hours

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The Roseman University College of Pharmacy *Student Handbook* is hereby incorporated as a part of this manual. The *Experiential Policy Manual* is also hereby incorporated as a part of the *Student Handbook*. The *Student Handbook* and *Experiential Policy Manual* are available on the College of Pharmacy website.

Introduction

The primary goal of the Roseman University of Health Sciences College of Pharmacy (RUCOP) experiential curriculum is to ensure that every student obtains the knowledge, skills, and abilities necessary to practice competently in a variety of pharmacy settings. The early exposure and progression of pharmacy practice experiences is designed to help students make the successful transition from the didactic academic setting to the practice environment via practical application of what the student has learned.

INTRODUCTORY PHARMACY PRACTICE EXPERIENCES

Introductory Pharmacy Practice Experiences (IPPEs) provide opportunities to learn the basic functions of the Pharmacist Patient Care Process. During IPPEs, students expand their knowledge base, practice skills, and develop professional attitudes with direct patient interactions in both community and institutional pharmacy settings. Preceptors are required to supervise all activities undertaken by students.

During their first academic year, students participate in a longitudinal community pharmacy rotation composed of up to 14 IPPE days (IPPE-P1 PHAR 470). During the summer between the first and second academic years, students complete a 4-week community pharmacy block rotation, and a 2-week institutional pharmacy block rotation (IPPE-P2 Summer PHAR 572 and PHAR 573). During the second academic year, students complete a second longitudinal community pharmacy rotation composed of up to 16 IPPE days (IPPE-P2 PHAR 570).

IPPE rotations include required assignments, and each student is required to master a core set of learning and professionalism outcomes for each rotation. Successful completion of all assignments and learning outcomes is required to pass the IPPE and proceed to the next academic level. IPPE educational outcomes are designed to allow student progression across the curriculum and prepare students for Advanced Pharmacy Practice Experiences (APPEs) in the third year.

ADVANCED PHARMACY PRACTICE EXPERIENCES

APPEs are designed to provide students with exposure to a variety of pharmacy practice settings. Students are required to complete a total of thirty-six (36) weeks of APPEs (minimum of 1,440 total intern hours), which include a total of six rotations that are each six weeks in duration. Rotations may occur in any order and include the following:

- **Advanced Community**
- **Adult Acute Care**
- **Ambulatory Care**
- **Institutional/Health Systems**
- **One Patient Care Elective**
- **One Non-Patient Care Elective or a Second Patient Care Elective**

Students enrolled in the Class of 2026 are required to complete 4 elective credits. These credits may be completed as didactic or elective credits. Students in the Class of 2027 and beyond are required to complete 6 didactic elective credits prior to starting their APPE rotations.

Experiential Policies

CORE

RUCOP utilizes CORE ELMS as its rotation management tracking software system. All preceptors are required to complete evaluations of students, verification of student intern hours, and other documentation online. All students are also required to utilize CORE for appropriate documentation and evaluation as directed.

CORE Website Address: https://corehighered.com/login-elms.php

STUDENT REQUIREMENTS FOR PARTICIPATION IN ROTATIONS

General Requirements

To participate in experiential rotations, each student must be in compliance with the *Eligibility for Pharmacy Practice Experiences* requirements as outlined in the *Student Handbook.*

Failure to adhere to the *Eligibility for Pharmacy Practice Experience Requirements Policy* will preclude a student's participation in the experiential component of the program.

By signing the *Acknowledgement of RUCOP Experiential Policies*, the student authorizes the College to release student requirements to practice sites upon request. Students are responsible for any financial expenses associated with experiential requirements.

Transportation & Lodging

Students agree to comply with the RUHS *Transportation Policy,* located on the RUHS policies website. Students are also responsible for the provision of their own lodging for the duration of their experiential rotations, at their own personal expense.

Site Specific Requirements

Some practice sites may have additional requirements which a student must complete, at the student's own expense within designated timeframes. Failure to complete these requirements may result in the cancellation of applicable rotation assignment(s) and possible delay of graduation.

ROTATION PLACEMENTS AND REQUESTS

Students have an opportunity to rank preferences for rotations prior to assignments being made. Rotation requests are not guaranteed. Rotation placements are at the sole discretion of the Experiential Director. Once rotation placements are finalized, student requested changes will not be granted.

Students may have an opportunity to request new sites, in accordance with deadlines and processes communicated by the Experiential Directors. **Students may not approach or contact preceptors or practice site affiliates regarding arranging rotations, increasing availability, or changing a rotation without prior approval of the Experiential Director.**

If the Experiential Director is unable to find appropriate rotation placement due to student inability to meet eligibility requirements, the student may have delayed graduation or be required to withdraw from the program.

Experiential Directors reserve the right to require all remaining out of state rotations be completed in Nevada or Utah following one or more grade(s) of No Pass for any single rotation.

ATTENDANCE POLICY

Students are expected to be present at the practice site as scheduled by RUCOP. **The College expects students to modify all other schedules to allow full attendance during experiential rotations.**

Exceptions to the *Attendance Policy* may be granted **with prior written approval of both the preceptor AND the Experiential Director.**

Rotation blocks
Rotation blocks may not be started earlier or later than the scheduled calendar date, and may not be split, for any reason, unless approved by the Experiential Director. All hours and outcomes must be completed within the designated rotation block.

Minimum required intern hours per rotation block
- PHAR 470 P1 Community Pharmacy Longitudinal Rotation   104 Hours
- PHAR 572 P1 Summer Community Pharmacy 4 Week Rotation   160 Hours
- PHAR 573 P1 Summer Institutional Pharmacy 2 Week Rotation   80 Hours
- PHAR 570 P2 Community Pharmacy Longitudinal Rotation   120 Hours
- PHAR 600-698 P3 APPE Rotations (per rotation block)   240 Hours

Failure to complete the required hours and outcomes within the rotation block, for any reason other than approved leave of absence, will result in a No Pass (NP) for the rotation.

Rotation days
Decisions to modify the schedule are subject to final approval from the Experiential Director.

Minimum required rotation intern hours must be met regardless of scheduled rotation days or approved schedule modifications.

Scheduled days for P1 and P2 Community Pharmacy Longitudinal rotations
The scheduled rotation days are set by RUCOP and are the same for all students. Students are permitted to request a scheduled day change **one** time per longitudinal rotation. Requests must be submitted via an absence request in the Academic Affairs Canvas course at least two weeks in advance and approved by the assigned preceptor.

Scheduled days for APPEs and Summer IPPEs
The scheduled rotation days are communicated to the student at the beginning of the rotation by the preceptor. Any changes to this schedule are required to be requested by the student through the Academic Affairs Canvas course.

Rotation Hours
Students must complete at least 8 hours per day at their rotation site, not inclusive of breaks. Students may not complete more than 10 hours per day without written approval of the Experiential Director. Additional hours beyond those spent at the site may be required in order to complete assignments or other rotation activities.

Leaving a rotation site early
Students may not end their rotation day early for any reason other than those covered under the *Excused Absence Policy.* If a student ends their rotation day early for any reason, the student must submit an absence request via the Academic Affairs Canvas course prior to leaving the site. All rotation hours must be met for successful completion of the rotation.

Excused Absences

Reasons for consideration for excused absences are listed in the Student Handbook. A summary, as it relates to absences for experiential rotations, is provided in the table below:

Absence Type	Deadline to Request	Notes
Student Illness	8:00 AM* on the day of the absence. Submit an absence request on the Academic Affairs Canvas page AND notify preceptor via email or phone. *If the experiential rotation has a start time later than 8:00 AM, the student is expected to submit the absence request no later than the established start time for that rotation day.	**Documentation**: Requires a letter or note signed by a practitioner licensed within the United States (who is not related to the student). Medical documentation must be provided within one day of the absence
Personal or immediate family member emergency	8:00 AM* on the day of the absence. Submit an absence request on the Academic Affairs Canvas page AND notify preceptor via email or phone. *Or as soon as possible following the event for an active emergency	**Immediate family**: Parent, guardian, spouse, child, or sibling **Emergency**: Includes but may not be limited to, hospitalization, or other unforeseen, debilitating events **Documentation**: May be required
Bereavement	8:00 AM on the day of the absence. Submit an absence request on the Academic Affairs Canvas page AND notify preceptor via email or phone. May be approved if funeral is within 5 calendar days of the missed day	**Documentation**: Will be required and must be submitted prior to completing the make-up
Attendance at Pharmacy Professional Meetings and Pharmacy-Related Job Interviews	At least 3 business days prior to the missed day. Submit an absence request on the Academic Affairs Canvas page AND notify preceptor via email or phone.	**Documentation**: When requesting the absence, student must submit a copy of the student's proof of registration for the event
Religious Observance	No later than the end of orientation week for the school year. Submit an absence request on the Academic Affairs Canvas page AND notify preceptor via email or phone.	**Documentation**: May be required
One-time change in IPPE Rotation Day (PHAR 470 & 570)	At least two weeks in advance. Submit an absence request on the Academic Affairs Canvas page AND notify preceptor via email or phone.	See page 3 "Scheduled days for P1 and P2 Community Pharmacy Longitudinal rotations"

Unexcused Absences

Any absence that is not covered under the Excused Absence Policy will result in a No Pass (NP).

VIOLATIONS OF PROFESSIONAL CONDUCT

Violations of professional conduct will be addressed as per *the Student Handbook Policies and Procedures Pertaining to Student Professionalism.*

MISSED DEADLINES FOR STUDENT REQUIREMENTS

Steps of Progression

Initial Deadline

- Provided in writing (i.e., CORE schedule assignment and/or email from Exp Team member) to student stating the requirement for rotation and due date.

1st Missed Deadline

- Experiential staff member informs tardy student via email that they missed the requirement deadline and is provided 1st extension which is due within 3 business days of original due date.
- Campus IPPE/APPE Director is copied on email notification to student.
- Email will explicitly state that the student missed the requirement deadline, which is a requirement for rotation participation and failure to complete requirement within 3 business days will result in a coaching opportunity letter, referral to the Office of Academic Affairs and Assessment, and/or cancelation of rotation.

2nd Missed Deadline

- Experiential staff member notifies IPPE/APPE Director.
- Student is emailed by IPPE/APPE Director that two deadlines have been missed and therefore, the student will be issued a coaching opportunity letter. Associate Dean of Academic Affairs is CC'd on email notification to student.
- Email will explicitly state that the student missed the requirements deadline, and failure to complete requirement within 1 business day will result in cancelation of rotation.
- IPPE/APPE Director follows up with the Associate Dean of Academic Affairs and Assessment to determine sanctions and if deadline is not met the rotation will be canceled.

3rd Missed Deadline

- Experiential staff member notifies IPPE/APPE Director and Associate Dean of Academic Affairs and Assessment.
- Student will be notified by IPPE/APPE Director that their rotation has been canceled. Student and IPPE/APPE Director will work together to reschedule rotation.

CONFIDENTIALITY (HIPAA)

All students are trained annually to abide by HIPAA Policy, including but not limited to specifications of the HIPAA Privacy Rule and how to handle Personal Health Information (as found at the Department of Health and Human Services website). Documentation of HIPAA training can be found in each student's CORE account.

Students are prohibited from taking pictures, video, or audio recording(s) of any patient or confidential information.

Students are prohibited from removing confidential information from HIPAA protected areas.

DRESS CODE

Students must confirm the dress code policy for their site prior to attendance and comply with site specific dress code in order to participate in rotations.

Appropriate Attire

- Clean pressed short white lab jacket (if applicable)
- College-issued identification badge and site identification (if applicable)
- Blouse, sweater, or clean pressed shirt
- Tie (site dependent)
- Business casual pants, dress pants, skirt, or dress (minimum knee length)
- Socks or hosiery and closed toe dress shoes
- All students are expected to practice good personal hygiene (clean and well groomed), dress modestly, and wear professional attire while attending rotations.
- Students should be conservative with respect to hair coloring.
- Students should confirm with the preceptor the acceptability of visible piercings and tattoos.

Inappropriate Attire

- Jeans, denim, camouflage pants, low-rise pants, yoga pants, leggings, sweats, or athletic pants
- Spandex, shorts, miniskirts (above the knee)
- Low cut or backless shirts and blouses (including halter and tank tops)
- T-shirts, sweatshirts, or open midriffs
- Open-toed shoes, high heels, bare legs and feet
- Visible piercings (face, tongue, nose, and navel)
- Artificial nails (acrylic, gel nails and other compounds)
- Visible tattoos
- Cosmetics on compounding rotations
- Strong perfumes

STUDENT RESPONSIBILITIES

Students must adhere to the following responsibilities during every rotation block:

1. Be knowledgeable of and compliant with the material contained in this manual and the *Student Handbook*. If students have any questions regarding any policies related to experiential education, the student must proactively clarify the policy with Experiential Director.
2. Abide by all state and federal laws and regulations that govern pharmacy practice and seek clarification from the preceptor when necessary.
3. Abide by timelines provided for student requirements.
4. Maintain acceptable background check to allow for attendance at the rotation site.
5. Maintain acceptable drug and alcohol screen to allow for attendance at the rotation site.
6. Students who are enrolled at the Henderson, Nevada Campus must maintain a Nevada intern license in good standing for their duration of enrollment. Students who are enrolled at the South Jordan, Utah Campus must maintain a Utah intern license in good standing for their duration of enrollment. Students must maintain additional active intern licenses in good standing for any states in which they have assigned rotations.
7. Contact their assigned preceptor a minimum of 2 weeks prior to the start of the rotation.
8. Inform RUCOP of any changes to address and telephone number via CORE within 7 days of the change taking effect.
9. Only use electronic devices for personal use during a preceptor approved break time.
10. Behave professionally at all times when on rotation. Students are expected to be respectful and courteous at all times.
11. Be proactive with their experiential education, which necessitates active participation and communication.
12. Seek help when necessary, never hesitating to admit that they do not know something.
13. Be willing to learn from one another if paired with another student for rotation experiences.
14. View advice or direction from a preceptor as a learning experience. Students should never publicly question the advice or directions of a preceptor; rather these issues should be discussed in private. Students and preceptors are encouraged to discuss differences or conflicts with the Experiential Director.
15. Take the initiative in communicating with physicians, patients, and other healthcare professionals but only under the direct supervision of their preceptor.
16. Comply with all policies and procedures of the practice site. The stricter policy (site versus Experiential Manual) will apply.
17. Respect practice site property. Inappropriate use of, or damage to, practice site property may result in disciplinary action by the site and the College, and may result in civil or criminal prosecution. Students shall assume the responsibility for the cost of equipment and supplies of practice site that are broken, damaged, or removed by students. Students must return all property to the site upon completion of the rotation. Fines assigned by the site for past due items are the responsibility of the student.
18. As soon as a potential conflict of interest related to an assigned rotation is identified (may include, but not limited to: consensual relationships; immediate family member; or, business or personal relationship with a preceptor or site) the student shall disclose it the appropriate Director.

OUTCOMES & ASSESSMENTS

Students and preceptors are required to formally complete evaluations of student progress in their respective CORE accounts during the rotation block. Assessments are to be completed in CORE by deadlines set. Continuous

and timely feedback regarding student progress is highly encouraged throughout the rotation. Concerns regarding progress should be communicated with both the student and Experiential Director as soon as noted.

Professionalism Outcomes Assessment Rubric

PROFESSIONALISM OUTCOMES		
3	**2**	**1**
Meets Expectations	Student is progressing but does not yet meet expectations. *If selected on FINAL assessment by PRECEPTOR, student will receive a No Pass (NP) for the rotation.*	Student does not meet expectations. *If selected on FINAL assessment by PRECEPTOR, student will receive a No Pass (NP) for the rotation.*

*A student will receive a grade of No Pass (NP) if a single score of 1 or 2 is noted on the final assessment by the preceptor.

Professionalism Outcomes

In preparing students to maintain the highest principles of moral, ethical and legal conduct, professionalism is taught and expected as part of the experiential curriculum.

Students are assessed on the following professional outcomes*:

1. Student is empathetic.
2. Student behaves in an ethical manner.
3. Student is punctual.
4. Student maintains confidentiality.
5. Student is respectful.
6. Student demonstrates accountability.
7. Student accepts and applies constructive criticism.
8. Student wears appropriate attire.
9. Student demonstrates confidence.
10. Student follows through with responsibilities.

*Student Professionalism Outcomes are adapted from the Behavioral Professionalism Assessment Form, Experiential Version (BPAE), developed and validated by Dana Purkerson Hammer at The University of Washington.

General Learning Outcomes Assessment Rubric

GENERAL LEARNING OUTCOMES				
5	**4**	**3**	**2**	**1**
I trust the student completely as an independent practitioner (upon licensure) AND *This student is qualified to give meaningful feedback to other learners for this outcome.*	I trust the student completely as an independent practitioner (upon licensure)	I trust the student, with **limited correction**. AND *The student is self-directed and seeks guidance as necessary.*	I trust the student, with direct supervision and **frequent correction**. AND *The student accepts feedback for performance improvement.* ***If selected on FINAL assessment by PRECEPTOR,** student will receive a No Pass (NP) for the rotation.*	I only trust the student, with **specific direction** and direct supervision. AND *The student requires significant correction for performance improvement.* ***If selected on FINAL assessment by PRECEPTOR,** student will receive a No Pass (NP) for the rotation.*

*A student will receive a grade of No Pass (NP) if a single score of 1 or 2 is noted on the final assessment by the preceptor.

General Learning Outcomes

1. Collect information to necessary to identify patients' medication-related problems and health-related needs.
2. Assess collected information to determine a patient's medication-related problems and health-related needs.
3. Create a care plan in collaboration with the patient, others trusted by the patient, and other health professionals to optimize pharmacologic and nonpharmacologic treatment.
4. Contribute patient specific medication-related expertise as part of an interprofessional care team.
5. Answer medication related questions using scientific literature.
6. Implement a care plan in collaboration with the patient, others trusted by the patient, and other health professionals.
7. Fulfill a medication order.
8. Educate the patient and others trusted by the patient regarding the appropriate use of a medication, device to administer a medication, or self-monitoring test.
9. Monitor and evaluate the safety and effectiveness of a care plan.
10. Report adverse drug events and/or medication errors in accordance with site specific procedures.
11. Deliver medication or health-related education to health professionals or the public.
12. Identify populations at risk for prevalent diseases and preventable adverse medication outcomes.
13. Perform the technical, administrative, and supporting operations of a pharmacy practice site.
14. Demonstrate the knowledge and abilities to function in accordance with pharmacy laws, regulations, and accreditation standards.
15. Apply knowledge from the foundational pharmaceutical and biomedical sciences to the provisions of patient care.

ROTATION RESULTING IN NO PASS OR INCOMPLETE

Preceptors and Experiential Directors have the authority to dismiss a student from the practice site.

Appropriate site employees have the authority to immediately dismiss a student from the practice site without notice or hearing at their sole discretion, because of student violation of practice site's policy or procedure.

Rotation resulting in a grade of No Pass

The grade of No Pass (NP) is due to violation of policy, not due to the preceptor's academic assessment of student performance.

Reasons for a grade of No Pass or on after starting the pharmacy practice experience which will result in a No Pass (NP) include, but are not limited to:

- Violation of the *Attendance Policy*, including arriving to rotation late or leaving rotations early
- Failure to make up excused absences within the designated time frame
- Falsifying any document
- Plagiarism
- HIPAA violations or other breaches of patient confidentiality
- Violation of the site's policies or standards of conduct
- Student behavior that negatively impacts patient care at the site
- Endangering the personal safety or the wellbeing of self or others
- Attending an experiential rotation while impaired or under the influence
- Disruption or interference with the orderly operation of the College, University, practice site, or other institution

Rotation resulting in a grade of Incomplete

A student who does not complete an experiential rotation for reason(s) not leading to a grade of No Pass (NP), after starting the rotation, may receive a grade of Incomplete (I).

SATISFACTORY COMPLETION OF ROTATION REQUIREMENTS

To successfully pass a rotation, **all** of the following must be completed within the assigned rotation block:

- Completion of required number of experiential hours (as verified by preceptor in CORE).
- Achievement of minimum score of 3 for all rotation outcomes on the final preceptor assessment of the student.
- Satisfactory completion of all rotation specific assignments (assigned by either the preceptor or the Experiential Director).

UNSATISFACTORY PERFORMANCE, APPEALS, AND PROGRESSION

Unsatisfactory Performance of Rotation Requirements

A student will receive a grade of No Pass (NP) if a single score of 1 or 2 is noted on the final assessment by the preceptor. A student who does not satisfactorily complete all rotation requirements will receive a grade of No Pass (NP).

Student Appeal of Experiential Grade

Students wishing to appeal the grade of an experiential rotation may do so by following the procedures described in *the Student Handbook.*

Progression

Students who receive a grade of No Pass (NP) for an experiential rotation should consult the *Student Handbook.*

WITHDRAWAL & LEAVE OF ABSENCE

Refer to the *Student Handbook* for policies regarding Withdrawal (W) and Leave of Absence (LOA).

ROTATION REMEDIATION

Students who receive a grade of No Pass (NP) or Incomplete (I) will be required to repeat the same rotation course type. **A student failing any pharmacy practice experience with the same course type twice will be required to withdraw from the program.**

Rotation remediation must be completed in Utah or Nevada. Students remediating rotations may not request new sites and final schedules will be determined by the Experiential Director.

Longitudinal Rotation (PHAR 470 and PHAR 570) Remediation

A student who receives a No Pass (NP) for PHAR 470 or PHAR 570 will be required to remediate the longitudinal rotation over six experiential weeks (three summer IPPE blocks / one APPE block) as per the table in Appendix 1.

Block Rotation (PHAR 572, PHAR 573, and all APPEs) Remediation

Block rotation remediation schedules will be determined by the Experiential Director and are based on rotation experience availability. This may result in a delay of graduation.

All block rotations must be remediated at the end of the academic year. Special requests to remediate during college breaks, weekends, or by completing extended rotation days will not be allowed.

Rotation Remediation Charts

Appendix 2 includes charts that describe how a rotation grade of No Pass (NP) or Incomplete may impact subsequent rotations and graduation date. These charts are for informational purposes only and may not represent all possible combinations of situations.

STUDENT ADMINISTERED IMMUNIZATIONS

Students must be APhA certified in the Pharmacy-Based Immunization Delivery Certificate Program to be eligible to give immunizations. Students must abide by the state laws governing immunizations to practice this skill. These laws may include but are not limited to: supervision of the intern by an APhA certified Pharmacy-Based Immunization Delivery pharmacist; BLS certification; and company-based OSHA training. Students must refer to site protocol and state laws for any additional requirements regarding administration of immunizations. Students must provide a copy of their APhA Immunization Certificate and any other required documents to their preceptor prior to immunizing.

OSHA, NEEDLE STICKS, & POST-EXPOSURE PROPHYLAXIS

If exposure to a contaminated or possibly contaminated needle occurs, the student is required to seek medical care immediately according to the most recent Center for Disease Control guidelines. **An incident report is required to be completed in CORE for all exposure incidents within 24 hours of the exposure.** Students will utilize their primary insurance. If the primary insurance does not cover some or all of the cost, the student can coordinate with Roseman University facilities office to submit a claim to the University's accident insurance.

Students are prohibited from entering patient care areas where signage indicates an N95 (NIOSH approved particulate filtering face-piece respirators) mask is required, unless specific respiratory protection training in accordance with OSHA regulations is provided by the practice site. Documentation of respiratory protection training must be submitted to the Experiential Director prior to respirator use.

COMPENSATION & PAID INTERN EMPLOYMENT

Students may not receive remuneration (payment) while receiving academic credit for intern hours. Students may not receive or request compensation from sites or preceptors for hours, activities, projects or assignments related to any experiential rotation.

Distinction between Experiential Education and Paid Employment

To comply with accreditation requirements and to provide for a more diverse practice experience, Experiential Directors will make an effort to avoid academic experiences similar to those in which a student has current or previous paid experience.

Students may be hired at their place of rotation; however, students may not be compensated for RUCOP experiential hours during which students are earning academic credit. When completing RUCOP experiential hours, students must wear a RUCOP issued name badge and white coat. When completing paid intern hours, students must wear company issued name badge and are prohibited from wearing their RUCOP badge.

STUDENT USE OF CASH REGISTERS

If permitted by the rotation site's policy, students are allowed to operate the cash register at their rotation site, under the supervision and direction of their preceptor. The preceptor is required to fully orient the student to cash register use and policies prior to student use of the cash register. Preceptors or students who have concerns or questions about this policy should contact their local Experiential Director. Please keep in mind that the purpose of rotations is to engage students in direct patient care and students should not be used as staff or technicians at the expense of learning opportunities.

REPORTING OF STUDENT HOURS

Intern hours earned during experiential rotations may be counted towards pharmacist licensure. States differ with regards to the intern hour requirements for licensure eligibility. Students should contact individual State Boards of Pharmacy for specific licensure requirements, especially when considering postgraduate employment and residency opportunities. A listing of State Boards of Pharmacy can be found on the National Associations of State Boards of Pharmacy web site: www.nabp.pharmacy.

The Office of Experiential Education will report the total number of intern hours (IPPE and APPE) earned by students to their local campus Board of Pharmacy (Utah or Nevada) upon successful completion of the experiential component of the PharmD curriculum. Hours will not be reported until all assessments and rotation hours' verification forms are complete.

Students and preceptors are not permitted to self-report any academic experiential hours to any Board of Pharmacy. Documentation of experiential hours must be completed using the Hours Tracking function in CORE.

PRECEPTORS & SITES

If at any time, preceptors or rotation practice sites do not meet eligibility requirements or do not fulfill preceptor responsibilities, students may be reassigned, and preceptor or sites may be inactivated from use. Any questions or concerns regarding preceptor and site selection criteria and responsibilities should be directed to the Experiential Director.

Preceptors are welcome and encouraged to provide feedback regarding student progress, curriculum design, or any other matters related to the PharmD program at RUCOP directly to the Experiential Director.

Students evaluate individual preceptors and sites during each rotation block. Feedback is provided blinded, in aggregate, at the end of the academic year, or as concerns arise. Currently, preceptors can only view evaluation feedback from students once 3 student evaluations are completed. If a preceptor would like feedback when they have precepted less than 3 students, they can contact their respective Experiential Director.

Preceptor Selection Criteria

1. Preceptors must be licensed pharmacists in good standing with the State Board of Pharmacy where the practice site is located, and eligible to serve as a preceptor per their respective local Board of Pharmacy regulations.
2. Preceptors must abide by the laws and regulations that govern pharmacy practice.
3. Preceptors must notify the RUCOP experiential office within 24 hours of pharmacist license probation, revocation, suspension, or any other disciplinary actions by the Board of Pharmacy.
4. Preceptors must complete required documentation on the CORE rotation management system.
5. Preceptors must annually acknowledge reviewing and being knowledgeable of the material contained in the RUCOP *Experiential Policy Manual* and *Student Handbook*.
6. Preceptors must devote adequate time for interacting with the students to assure that progress is communicated and assure opportunities are provided for learning outcomes to be met.

Practice Site Selection Criteria

1. The site maintains an active affiliation agreement or contractual agreement with RUCOP.
2. The site meets all state and federal laws related to the practice of pharmacy.
3. The site provides experiences that meet the goals, objectives, and educational outcomes of the experiential rotation.
4. The site provides a caring and compassionate environment committed to educating pharmacy students.
5. The site has an adequate patient population to accomplish the goals, objectives and educational outcomes of the specific rotation.
6. The site fosters an environment that nurtures and supports professional interactions between students, pharmacists, other healthcare professionals, patients, and their caregivers.
7. The site is devoted to patient-centered care consistent with the Pharmacist Patient Care Process.
8. Sites utilized for core rotations exhibit diverse socioeconomic cultures, medical conditions, gender, and age.
9. The site provides adequate resources to ensure that students receive oversight, professional guidance, and performance feedback from preceptors.
10. The site identifies a primary preceptor for student supervision during the rotation. Additional staff at the facility can participate in educating the student as appropriate.
11. The site has available equipment, technology, informatics, and learning resources needed to support the student training and provide optimal patient care.
12. The site provides student access to patient health information (patient profiles, patient history, medication history, physical examinations, disease states, and laboratory data).
13. The site exhibits a strong commitment to health promotion, disease prevention, population-based health care, and patient safety, as reflected by the services provided.

Preceptor Responsibilities

Preceptors are required to abide by the following responsibilities:

1. Complete necessary documentation on the CORE rotation management system
2. Complete RUCOP orientation prior to accepting students
3. Serve as a positive role model to the student
4. Identify an acceptable replacement (licensed pharmacist) to supervise student during absences
5. Foster an environment of mutual learning
6. Determine student competency by reviewing the student's performance, through discussions, observation, and feedback from others
7. Review and communicate student progress and provide feedback in a timely and appropriate manner
8. When concerns arise, contact the RUCOP Experiential Director
9. Submit assessments by the prescribed due date using CORE, documenting any areas needing improvement
10. Verify the intern hours completed by each student to the College. The hours recorded should reflect those applicable as per State Board of Pharmacy requirements
11. Orient student to the practice site, including:
    a. Contact information, including who to contact on the team if the primary preceptor is absent.
    b. Dress code
    c. Hours of operation
    d. Tour of facility
    e. Staff introductions, assignments, and reporting structure
    f. Student use of electronic devices
    g. Pharmacy department policies and procedures including pharmacist responsibilities: writing in medical records, patient note format, answering questions, documenting interventions, taking verbal prescriptions, patient counseling, etc.
    h. Available clinical resources: drug information references, clinical specialists, etc.
    i. Site forms: adverse drug reaction, drug utilization, formulary requests, prescription notes, etc.
    j. Site resources: photocopier, inter-library loan, computers, internet access, telephones, etc.
    k. Rotation specific expectations
    l. Review of rotation outcomes and experiential manual policies
    m. Preceptor and student goals
    n. Scheduled meetings, conferences and other activities
    o. Preceptor and student daily responsibilities
    p. Projects and presentations
    q. Assessment procedure and timeline
    r. Any additional site policies
12. As soon as a potential conflict of interest related to an assigned rotation is identified (may include, but not limited to: consensual relationships; immediate family member; or, business or personal relationship with a preceptor or site) the preceptor shall disclose it the appropriate Director.

Appendix 1: Rotation Types & Outcomes

ROTATION TYPES

Community Pharmacy Experiential Rotations

PHAR 470 P1 IPPE Community Pharmacy Longitudinal Rotation
PHAR 572 P2 IPPE Community Pharmacy 4 Week Block Rotation (summer)
PHAR 570 P2 IPPE Community Pharmacy Longitudinal Rotation
PHAR 602 P3 APPE Advance Community Pharmacy 6 Week Block Rotation

Institutional Pharmacy Experiential Rotations

PHAR 573 P2 IPPE Institutional Pharmacy 2 Week Block Rotation (summer)
PHAR 604 P3 APPE Institutional/Health Systems 6 Week Block Rotation

Adult Acute Care Pharmacy Experiential Rotation

PHAR 601 P3 APPE Adult Acute Care 6 Week Block Rotation

Ambulatory Care Pharmacy Experiential Rotation

PHAR 603 P3 APPE Ambulatory Care 6 Week Block Rotation

Patient Care Electives 6 Week Block Rotations

Note: Rotation types vary, dependent upon preceptor availability

PHAR 605 Antimicrobial Stewardship	PHAR 631 Infusion	PHAR 657 Psychiatry
PHAR 607 Specialty Pharmacy	PHAR 632 Hospice & Palliative Care	PHAR 658 Pulmonary Management
PHAR 608 Liver Disease/Hepatitis C	PHAR 633 ICU	PHAR 660 Internal Medicine
PHAR 610 Rural Hospital	PHAR 634 Immunization	PHAR 661 Skilled Nursing
PHAR 611 Medication Therapy Management	PHAR 635 Infectious Disease	PHAR 662 Solid Organ Transplant
PHAR 612 Anticoagulation	PHAR 637 Kinetics	PHAR 663 Transplant
PHAR 615 Cardiology	PHAR 638 Lipid Management	PHAR 664 Trauma
PHAR 616 Cardiovascular Care	PHAR 639 Long Term Care	PHAR 665 Women's Health
PHAR 618 Community Practice	PHAR 639 LTC/Consulting	PHAR 668 Transitions of Care
PHAR 620 Critical Care	PHAR 642 Medical/Surgery ICU	PHAR 669 Rehabilitation
PHAR 621 Diabetes Management	PHAR 644 Mental Health	PHAR 670 Neurology
PHAR 624 Emergency Medicine	PHAR 645 Neonatal ICU	PHAR 671 Heart Failure
PHAR 625 Surgery	PHAR 647 Nutrition	PHAR 673 Home Health
PHAR 626 Geriatric Psychiatry	PHAR 648 Pain Management	PHAR 674 Intermediate Care Unit
PHAR 627 Geriatrics	PHAR 649 Patient Counseling/Education	PHAR 675 Long Term Acute Care (LTAC)
PHAR 628 Hematology/Oncology	PHAR 650 Pediatric ICU	PHAR 676 Family Practice
PHAR 629 HIV Management	PHAR 651 Pediatric Oncology	PHAR 678 Coronary Care Unit
PHAR 630 HIV/Infectious Disease	PHAR 652 Pediatrics	PHAR 696 Nephrology

Non-Patient Care Electives 6 Week Block Rotations

Note: Rotation types vary, dependent upon preceptor availability

PHAR 606 Regulatory Affairs	PHAR 622 Drug Information	PHAR 659 Pharmacy Education
PHAR 609 Pharmacoeconomic	PHAR 623 Drug Use Policy	PHAR 653 Pharmaceutical Industry
PHAR 610 Administration - Rural Pharmacy	PHAR 636 Investigational Drug Service	PHAR 654 Pharmacy Admin./Leadership
PHAR 613 App. of Lit. Adult	PHAR 640 Mail Order	PHAR 655 Pharmacy Management
PHAR 614 App. of Lit. Pediatric	PHAR 641 Managed Care	PHAR 656 Professional Organization
PHAR 617 Clinical Research	PHAR 643 Medication Safety	PHAR 672 Pharmacy Informatics
PHAR 619 Compounding	PHAR 646 Nuclear	PHAR 677 Veterinary Medicine

OUTCOMES FOR COMMUNITY PHARMACY ROTATIONS

PHAR 470: P1 IPPE Community Pharmacy Longitudinal
PHAR 572: P2 IPPE Community Pharmacy 4 Week Block (Summer)
PHAR 570: P2 IPPE Community Pharmacy Longitudinal
PHAR 602: P3 APPE Advanced Community 6 Week Block

1. **Collect information to identify patients' medication-related problems and health-related needs.**

470	572	570	602	Bullet points are *examples*
√	√	√	√	• Collect a patient history
	√	√	√	• Use QuEST-SCHOLAR-MAC to collect patient symptoms and medical considerations, and provide appropriate self-care recommendations
		√	√	• Collect at least one patient history for patients with at least three comorbidities and on five or more medications
			√	• Provide appropriate triage to patients depending on their presenting signs and symptoms. • Collect pertinent data from the patient, the caregiver, and the patient profile as needed to provide patient care. • Perform disease-specific physical assessment (if applicable)

2. **Assess collected information to determine a patient's medication-related problems and health-related needs.**

470	572	570	602	Bullet points are *examples*
√	√	√	√	• Assess medication adherence based on information collected in the patient history. • Perform drug utilization review of drug:drug interactions and drug:food interactions, using information collected in the patient history.
	√	√	√	• Determine when a generic medication substitution is not appropriate. • Discuss with preceptor the indications and goals of therapy for each medication for a patient on at least 5 medications.
		√	√	• Analyze prescriptions for appropriate medication based on patient factors. • Determine appropriateness of medication dose. • Evaluate appropriateness of directions for use. • Recognize disease or age-related contraindications.
			√	• Evaluate point-of-care monitoring parameters (e.g., blood glucose, urine chemistry, peak flow analysis, physical assessment parameters) when appropriate. • Participate in direct patient care for disease management of chronic illnesses.

OUTCOMES FOR COMMUNITY PHARMACY ROTATIONS

PHAR 470: P1 IPPE Community Pharmacy Longitudinal
PHAR 572: P2 IPPE Community Pharmacy 4 Week Block (Summer)
PHAR 570: P2 IPPE Community Pharmacy Longitudinal
PHAR 602: P3 APPE Advanced Community 6 Week Block

3. **Create a care plan in collaboration with the patient, others trusted by the patient, and other health professionals to optimize pharmacologic and nonpharmacologic treatment.**

470	572	570	602	Bullet points are *examples*
√	√	√	√	• Discuss findings of the medication adherence assessment with the pharmacist and identify items for intervention. • Discuss findings of the drug utilization review with the pharmacist and items for intervention. • Document findings using an abbreviated SOAP note format.
	√	√	√	• Recommend an alternative medication when a drug/food allergy is present. • Identify a patient on at least 5 medications and prepare a medication schedule describing: when the patient should take each medication; medications that should be spaced out from each other; and other pertinent medication administration considerations.
		√	√	• Use evidenced-based guidelines to determine appropriate patient goals. • Discuss disease state control and preventative health options with the pharmacist and identify items for intervention. • Document the findings using a complete SOAP note format. • Communicate a patient's medication related problems to another health professional.
			√	• Identify and prioritize medical problems in the community setting. • Apply pharmacologic, pharmacokinetic, and therapeutic principles when developing treatment plans. • Utilize evidence-based guidelines to determine appropriateness of patient care plans. • Document interventions (within patient record if permitted) in compliance with site specific policies.

OUTCOMES FOR COMMUNITY PHARMACY ROTATIONS

PHAR 470: P1 IPPE Community Pharmacy Longitudinal
PHAR 572: P2 IPPE Community Pharmacy 4 Week Block (Summer)
PHAR 570: P2 IPPE Community Pharmacy Longitudinal
PHAR 602: P3 APPE Advanced Community 6 Week Block

4. **Contribute patient specific medication-related expertise as part of an interprofessional care team**

470	572	570	602	Bullet points are *examples*
√	√	√	√	• Submit a prior authorization request to the prescriber when requested by the third-party plan. • Obtain a verbal medication order from a prescriber. • Communicate a patient's medication related problems to another health professional.
	√	√	√	• Explain each healthcare team member's role to a patient or preceptor. • Verify the authenticity of a written controlled substance prescription with the physician's office and document appropriately. • Identify ways the pharmacist effectively communicates with other healthcare professionals to ensure proper care for the patient.
		√	√	• Discuss a recommended change in pharmacotherapy with a prescriber. If approved, implement and document the change. Communicate the change to the patient.
			√	• Contribute medication related expertise to the team's work. • Use consensus building strategies to develop a shared plan of action.

5. **Answer medication related questions using scientific literature.**

470	572	570	602	Bullet points are *examples*
√	√	√	√	• Identify resources available at your site to answer patient and health care provider questions. • Utilize appropriate and available resources to prepare answers for basic patient questions regarding OTC products (such questions can include sample questions provided by preceptors). • Use drug information resources at the site to identify drug related problems (drug interactions, duplicate therapies, food interactions). • Determine if a product is therapeutically equivalent for generic substitution.
	√	√	√	• Use appropriate resources to identify an unknown medication. • Answer a minimum of 10 drug information questions provided by your pharmacist using appropriate resources found within your site.
		√	√	• Use drug information resources at the site to prepare for patient counseling sessions. • Identify appropriate clinical practice guidelines used to inform decision making for managing a patient's medical conditions. • Identify if a product has been determined by FDA to be biosimilar to or interchangeable with a reference biological product.
			√	• Critically analyze evidence-based literature (primary or tertiary) related to drugs and diseases to enhance clinical decision making. • Identify and critically analyze risks and benefits of off-label use of medications.

OUTCOMES FOR COMMUNITY PHARMACY ROTATIONS

PHAR 470: P1 IPPE Community Pharmacy Longitudinal
PHAR 572: P2 IPPE Community Pharmacy 4 Week Block (Summer)
PHAR 570: P2 IPPE Community Pharmacy Longitudinal
PHAR 602: P3 APPE Advanced Community 6 Week Block

6. **Implement a care plan in collaboration with the patient, others trusted by the patient, and other health professionals.**

470	572	570	602	Bullet points are *examples*
√	√	√	√	• Discuss the plan portion of the SOAP with the interviewed patient after approval from the pharmacist. If patient is not available, role-play this conversation with the pharmacist.
	√	√	√	• Review medication schedule with the patient after approval of the pharmacist. If patient is not available, role-play this conversation with the pharmacist.
		√	√	• Discuss the plan portion of the SOAP with the interviewed patients after approval from the pharmacist. If patient is not available, role-play this conversation with the pharmacist.
			√	• Communicate recommendations for patient care plans with patients, caregivers and other health care professionals.

7. **Fulfill a medication order.**

470	572	570	602	Bullet points are *examples*
√	√	√	√	• Accurately read and process a written prescription. • Demonstrate basic computer entry knowledge by obtaining and entering into the computer the demographic information, medication, allergy and medical history of a new patient. • Interpret commonly used abbreviations that appear on prescriptions. • Accurately perform calculations needed to safely dispense medications. (i.e. days-supply, correct dosage based on patient weight, etc.) • Input new and refill prescriptions when requested by the patient, caregiver, or physician. • Select the appropriate medication when filling a prescription. • Accurately label and dispense a prescription. • Accurately prepare a medication that requires reconstitution. • Add a third-party plan into the computer system.
	√	√	√	• Accurately perform calculations needed to safely compound medications. • Accurately compound an extemporaneous dosage form. • Accurately document the non-sterile compounding as required by state law. • Demonstrate the steps used when filling the fill-on-arrivals (partial fills) or IOUs. • Discuss the steps required for appropriate order verification final check with the preceptor.
		√	√	• Demonstrate the steps required for appropriate order verification final check with the preceptor (note: only a pharmacist may actually verify a script). • Discuss with the preceptor reasons that orders require rejection at final verification, and the steps to re-route the order back for correction.

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			√	• Identify the reasons that orders require rejection at final verification, and how to re-route orders back for correction. • Articulate the standards, guidelines, best practices, and established processes related to safe and effective medication use. • Identify and utilize continuous quality improvement techniques in the medication use process.

8. **Educate the patient and others trusted by the patient regarding the appropriate use of a medication, device to administer a medication, or self-monitoring test.**

470	572	570	602	Bullet points are *examples*
√	√	√	√	• Demonstrate familiarity with OTC products by counseling patients and caregivers under preceptor supervision. • Given the name of an OTC product used for self-care, identify the therapeutic class in which it falls. • Describe how to use QuEST-SCHOLAR MAC to determine the appropriateness of self-care including when to refer the patient to their provider. • Discuss use of the teach-back method when counseling patients on appropriate use of medications. • Role play counseling on commonly used medications with the pharmacist.
	√	√	√	• Identify home testing devices available at your site. • Discuss pros and cons of home testing devices including the patients who may benefit from using these products. • Analyze patients for appropriateness of self-care including when to refer the patient to their provider. • Communicate effectively with a patient/caregiver, for the purpose of obtaining information, or conveying drug information. • Counsel a patient/caregiver on their prescription in the presence of the preceptor. • Demonstrate the teach-back method when counseling patients on appropriate use of medications.
		√	√	• Counsel a patient on use of home testing devices (i.e., glucometer, home blood pressure machine, drug/pregnancy/cancer/etc. home screening kits). • Discuss strategies the pharmacist has used for recommending lifestyle changes to patients. • Discuss with the preceptor ways that the preceptor has been successful or can improve self-care counseling and education of patients. • In the presence of the preceptor, counsel a patient/caregiver on the proper technique for the following routes of administration: inhaled, injected, oral, ophthalmic, otic, nasal, rectal, topical, and vaginal.
			√	• Educate patients and caregivers on methods for preventing and detecting chronic illness. • Counsel patients and caregivers on appropriate nutritional management strategies as related to their chronic illness.

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				• Discuss with the preceptor ways that the student has been successful or can improve self-care counseling and education of patients. • Develop and deliver a brief educational session regarding medication therapy to health professionals or lay audience. • Consistently demonstrate the teach-back method when counseling patients on appropriate use of medications.

9. **Monitor and evaluate the safety and effectiveness of a care plan.**

470	572	570	602	Bullet points are *examples*
√	√	√	√	• Follow up with the patient 1 month after implementing the care plan. If the patient is not available role play this conversation with your pharmacist.
	√	√	√	• Identify a patient that was recently discharged from the hospital. Discuss with the pharmacist the special considerations for patients undergoing transitions of care and the role that the community pharmacist plays in coordinating continuity of care.
		√	√	• Follow up with each patient after implementing the care plan. If the patient is not available role play this conversation with your pharmacist.
			√	• Collect monitoring data at the appropriate time interval(s). • Evaluate the selected monitoring parameters to determine the therapeutic and adverse effects related to the treatment plan. • Recommend modifications or adjustments to an existing medication therapy regimen based on patient response. • Present a patient case to a colleague during a handoff or transition of care.

OUTCOMES FOR COMMUNITY PHARMACY ROTATIONS

PHAR 470: P1 IPPE Community Pharmacy Longitudinal
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10. **Report adverse drug events and/or medication errors in accordance with site specific procedures.**

470	572	570	602	Bullet points are *examples*
√	√	√	√	• Identify how programs like REMS/VAERS minimize adverse drug events and potential medication errors. • Discuss a method used to report adverse drug events (e.g., MedWatch). • Describe the pharmacy's policies and procedures for handling medication errors. • Explain the process by which medication errors are prevented in a community pharmacy setting.
	√	√	√	• Identify medications that require distribution of a Medication Guide. • Identify how to locate the MedWatch adverse drug reaction form. • Discuss the policies and laws for dispensing emergency medications (i.e., naloxone, epinephrine, inhalers, etc.)
		√	√	• Determine whether a drug-drug interaction is significant and when intervention is necessary. • Demonstrate appropriate initiative when a medication error, contraindication, or allergy is identified. • Demonstrate how to report an adverse drug reaction using the MedWatch program.
			√	• Assist in the identification of underlying system-associated causes of errors. • Report adverse drug events and medication errors to stakeholders. • Identify a patient at risk for opioid overdose and educate on the use of rescue medication (i.e., naloxone).

11. **Deliver medication or health-related education to health professionals or the public.**

470	572	570	602	Bullet points are *examples*
√	√	√	√	• Communicate articulately, i.e., clearly communicates thoughts; use appropriate terminology and vocabulary for intended audience. • Obtain refill authorization for an existing prescription by calling or faxing the physician's office. • Demonstrate appropriate verbal and written communication skills when contacting another pharmacy for a prescription transfer. • Receive and correctly document prescription orders over the phone. • Discuss the use of QuEST-SCHOLAR MAC as a patient evaluation tool for OTC patient self-care.
	√	√	√	• Demonstrate good communication skills when calling physician offices for clarification or verification of a prescription. • Explain to patients and caregivers the policies for third party non-covered medications and the process for prior authorization. • Discuss the use motivational interviewing as a communication tool for behavioral change.
		√	√	• Make a recommendation to a physician when a medication related problems is identified. • Discuss the use of SBAR as a communication tool between healthcare professionals.
			√	• Confidently and safely educate patients and caregivers on efficacy, toxicity, and drug interactions of prescription and over-the-counter medications, and nonpharmacologic therapies.

OUTCOMES FOR COMMUNITY PHARMACY ROTATIONS

PHAR 470: P1 IPPE Community Pharmacy Longitudinal
PHAR 572: P2 IPPE Community Pharmacy 4 Week Block (Summer)
PHAR 570: P2 IPPE Community Pharmacy Longitudinal
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				• Demonstrate the use of appropriate communication strategies, including QuEST-SCHOLAR MAC, Motivational Interviewing, SBAR, and SOAP notes.

12. Identify populations at risk for prevalent diseases and preventable adverse medication outcomes.

470	572	570	602	Bullet points are *examples*
√	√	√	√	• Identify self-care patients that should be referred to their primary care provider based on their comorbidities. • Identify different patient populations the pharmacy serves and the healthcare needs of one or more targeted populations (e.g., geriatric patients, diabetics, pediatric).
	√	√	√	• Discuss with preceptor effective population screening for prevalent diseases, and appropriate patient referral strategies. • Discuss processes utilized to maximize appropriate use of medications the pharmacy serves (i.e., patient care calls, Outcomes, MTM, health coaching, automatic refills, etc.).
		√	√	• Discuss, and when allowed, perform screening assessment (i.e. blood pressure, glucose testing etc.) to identify patients at risk for prevalent diseases in a population. • Perform interventions to increase the appropriate use of medications in a population (i.e., patient care calls, Outcomes, MTM, health coaching, automatic refills, etc.). • Identify indication, efficacy, safety, appropriateness, and compliance/cost/adherence for commonly dispensed medications in the community for common disease states (depression, diabetes, hypertension, hyperlipidemia, etc.).
			√	• Perform screening assessment (i.e., blood pressure, glucose testing etc.) to identify patients at risk for prevalent diseases in a population. • Apply cost-benefit, formulary, and/or epidemiology principles to medication related decisions. • Screen medications for indication, efficacy, safety, cost, and adherence and make appropriate recommendations.

OUTCOMES FOR COMMUNITY PHARMACY ROTATIONS

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13. **Perform the technical, administrative, and supporting operations of a pharmacy practice site.**

470	572	570	602	Bullet points are *examples*
√	√	√	√	• Identify and describe the duties/responsibilities for each of the following pharmacy team members: pharmacist-in charge, staff pharmacist, pharmacy intern, pharmacy technician and pharmacy clerk. • Discuss how your site utilizes technology to improve patient care. • Discuss how your site utilizes technology to improve workflow within the pharmacy. • Perform basic functions within the pharmacy's software system (i.e., entering a new patient into the system; processing a new prescription) without assistance.
	√	√	√	• Demonstrate an understanding of inventory control including the procedures and processes used to reorder inventory and handling of outdated products. • Review and discuss the annual performance evaluation criteria for pharmacy support staff, pharmacy technicians, and pharmacists at the site. • Perform more advanced-level functions within the pharmacy's software system. (split-billing medication, worker's comp medication, etc.)
		√	√	• Discuss how key resources are allotted and managed, including pharmacy staff. • Discuss a time your pharmacist has had to have a difficult conversation with a pharmacy support member. • Identify how your site utilizes technology to improve patient care. • Identify how your site utilizes technology to improve workflow within the pharmacy.
			√	• Discuss how different corporate initiatives impact patient care. • Review performance metrics for the pharmacy (i.e., fill times, prescription metrics, phone wait times, vaccination metrics, correct staffing). • Discuss performance metrics for the pharmacist (employee satisfaction surveys, patient satisfaction surveys, error reporting). • Review unique reporting and inventory management functions available in the pharmacy software system. • Brainstorm a technology or workflow intervention that could improve patient care or efficiency at the site.

OUTCOMES FOR COMMUNITY PHARMACY ROTATIONS

PHAR 470: P1 IPPE Community Pharmacy Longitudinal
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PHAR 570: P2 IPPE Community Pharmacy Longitudinal
PHAR 602: P3 APPE Advanced Community 6 Week Block

14. **Demonstrate the knowledge and abilities to function in accordance with pharmacy laws, regulations, and accreditation standards.**

470	572	570	602	Bullet points are *examples*
√	√	√	√	• Discuss ways the pharmacist determines the legality of a prescription. • Describe reports or databases that the pharmacist reviews to determine the legality and appropriateness of a controlled substance prescription. • Discuss the appropriate action(s) to take when presented with an illegal prescription. • Explain the record keeping requirements for prescription hard copies (noncontrolled & controlled). • List the individuals who are legally authorized to access the pharmacy department. • Demonstrate the legal and ethical behavior required for protecting patient confidentiality, i.e., protected health information.
	√	√	√	• Determine the legality of prescriptions (handwritten, faxed, electronically, and verbally submitted). • Discuss how the pharmacist determines whether a practitioner is legally prescribing within his/her scope of practice. • Complete at least one closing shift and assist with closing duties. • Discuss the steps required to prepare for a Board inspection. • Explain the legal and record keeping requirements for: supplying a prescription medication to a licensed practitioner for office use; partially filling a medication; refusing to fill a medication; dispensing OTC products that are tracked at federal or state level (i.e. pseudoephedrine, codeine, etc.); and, disposal of used sharps-containers.
		√	√	• Perform a Controlled Substance audit count. • Reconcile the records of a CII perpetual inventory when there is a conflict. • Identify whether a practitioner is legally prescribing within his/her scope of practice. • Demonstrate the appropriate action(s) to take when presented with an illegal prescription. • Explain the legal and record keeping requirements for: filling controlled substance prescriptions; ordering controlled substances (DEA 222); transferring a controlled substance to another registered practitioner (DEA 222); destroying of controlled substances (DEA 41); and, loss or theft of a controlled substance (DEA 106).
			√	• Prepare a presentation on any law updates in your state that occurred over the past 24 months. • Identify whether a practitioner is legally prescribing within his/her scope of practice. • Complete mock paperwork required for a Board Inspection. • List all the steps required when a medication is recalled by the manufacturer or distributor. • Complete a Breach of HIPAA form for a mock HIPAA breach and discuss who the form is reported to. • Perform quality control review for appropriate documentation including: at least 5 previous DEA 222 forms; at least 5 CII prescriptions; at least 5 CIII-V prescriptions; and at least 5 legend drug prescriptions • If possible, attend one day of a live State Board of Pharmacy meeting.

OUTCOMES FOR COMMUNITY PHARMACY ROTATIONS

PHAR 470: P1 IPPE Community Pharmacy Longitudinal
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PHAR 602: P3 APPE Advanced Community 6 Week Block

15. **Apply knowledge from the foundational pharmaceutical and biomedical sciences to the provisions of patient care**

470	572	570	602	Bullet points are *examples*
√	√	√	√	• Distinguish between immediate and extended-release formulations of medications and their impact on therapy.
	√	√	√	• Compare formulations of medications (i.e., oral vs injectable) to determine potential impact on patient outcomes.
		√	√	• Describe and consider pharmacokinetics, pharmacodynamics, pharmacogenomics, and therapeutic principles, when evaluating medication order.
			√	• Discuss how pharmacokinetics impact dosage frequency.

OUTCOMES FOR INSTITUTIONAL PHARMACY ROTATIONS

PHAR 573: P2 IPPE Institutional Pharmacy 2 Week Block (Summer)
PHAR 604: P3 APPE Institutional/Health Systems 6 Week Block Rotation

Due to the short duration of PHAR 573 P2 Institutional Pharmacy 2 Week Block Rotation, the following grading rubric will be used. Students must achieve a grade of "acceptable" for all applicable outcomes.

- Acceptable for an introductory rotation
- Not acceptable for an introductory rotation

1. **Collect information necessary to identify patients' medication-related problems and health-related needs.**

573	604	Bullet points are *examples*
√	√	• Extract pertinent patient information from a patient chart, electronic medical record, or nursing notes. • Discuss how various labs and physical assessments are indicative of medication-related and health-related problems.
	√	• Collect pertinent data from the medical chart or other sources (i.e., patient interview) and identify patient medication-related problems and health-related problems.

2. **Assess collected information to determine a patient's medication-related problems and health-related needs.**

573	604	Bullet points are *examples*
√	√	• Identify reports that are used for monitoring therapeutic drug levels and appropriate pharmacokinetic dosing (i.e., renal). • Identify how the pharmacist creates and documents patient centered goals using patient chart notes or electronic medical records.
	√	• Assess for medication appropriateness, medication effectiveness, medication safety, and medication adherence. • Determine appropriateness of medication dosing based on therapeutic drug levels and pharmacokinetic dosing. • Retrieve and critically analyze scientific literature related to drugs and disease to enhance clinical decision making.

3. **Create a care plan in collaboration with the patient, others trusted by the patient, and other health professionals to optimize pharmacologic and nonpharmacologic treatment.**

573	604	Bullet points are *examples*
√	√	• Discuss each healthcare team member's role and responsibilities in an institutional setting. • Describe the pharmacy department's role in relation to other departments in the institution. • Identify and analyze emerging theories, information, and technologies that may impact patient-centered and population-based care. • Articulate reasons for making recommendations outside of evidence-based guidelines.
	√	• Utilize available protocols, medication policies, and clinical practice guidelines in order to recommend appropriate evidence-based and cost-effective treatments.

PHAR 573: P2 IPPE Institutional Pharmacy 2 Week Block (Summer)
PHAR 604: P3 APPE Institutional/Health Systems 6 Week Block Rotation

		- Practice documenting (in the medical record if allowed) using patient chart notes or electronic medical records. - Define clear roles and responsibilities for team members to optimize outcomes for specific patient care encounters. - Explain to a caregiver, patient, or professional colleague each team member's role and responsibilities in an institutional setting. - Make recommendations and/or administer and document CDC-recommended immunizations where appropriate per site protocol.

OUTCOMES FOR INSTITUTIONAL PHARMACY ROTATIONS

PHAR 573: P2 IPPE Institutional Pharmacy 2 Week Block (Summer)
PHAR 604: P3 APPE Institutional/Health Systems 6 Week Block Rotation

4. **Contribute patient specific medication-related expertise as part of an interprofessional care team..**

573	604	Bullet points are *examples*
√	√	• Engage in a discussion regarding social determinants of health with an allied health professional (i.e., social worker, patient advocate, care manager). • Describe how allied health professionals collaborate with pharmacists to empower patients (i.e., accessibility, affordability, education, etc.) in the institutional setting. • Discuss each healthcare team member's role and responsibilities in an institutional setting. • Describe the role of the pharmacy department in relation to other departments in the institution. • Respond to codes and assist per site protocol (i.e., perform basic life support (BLS)) as instructed by preceptor. • Discuss an evidence-based approach that considers the cultural and social determinants of health in a population. • Discuss how patients' beliefs, values, and cultural norms influence patient decision making surrounding health care and identify how they impact appropriate patient use of medications. • Respond to codes and assist per site protocol (i.e., perform basic life support (BLS)) as instructed by preceptor.
	√	• Identify ways that pharmacists can help empower and advocate for patients (i.e., access, affordability, education, etc.) in the institutional setting. • Discuss how social determinants of health can impact therapeutic decision making. • Identify ways that transitions of care (upon discharge from the institutional setting) are impacted by patient lifestyle, education, and financial status. • Define clear roles and responsibilities for team members to optimize outcomes for specific patient care encounters. • Explain to a caregiver, patient, or professional colleague each team member's role and responsibilities in an institutional setting. • Respond to codes and assist per site protocol (i.e., perform basic life support (BLS)) as instructed by preceptor. • Promote evidence-based approach that considers the cultural and social determinants of health in a population. • Identify ways patients' beliefs, values, and cultural norms influence patient decision making surrounding health care and identify how they impact appropriate patient use of medications.

5. **Answer medication related questions using scientific literature**

573	604	Bullet points are *examples*
√	√	• List the resources and databases available at your site to answer drug information questions. • Discuss ways the preceptor utilizes drug information resources on a daily basis. • Utilize the available resources and databases to find correct answers to 2 or more specific drug information questions. • List the resources and databases available at your site to answer drug information questions. • Discuss ways the preceptor utilizes drug information resources on a daily basis. • Utilize the available resources and databases to find correct answers to 2 or more specific drug information questions. • Determine whether a patient is eligible for and has received CDC recommended immunizations.

OUTCOMES FOR INSTITUTIONAL PHARMACY ROTATIONS

PHAR 573: P2 IPPE Institutional Pharmacy 2 Week Block (Summer)
PHAR 604: P3 APPE Institutional/Health Systems 6 Week Block Rotation

√		• Retrieve and critically analyze scientific literature related to drugs and disease to enhance clinical decision making. • Respond to drug information requests under the supervision of the preceptor. • Identify and analyze emerging theories, information, and technologies that may impact patient-centered and population-based care. • Articulate reasons for making recommendations outside of evidence-based guidelines. • Lead a discussion regarding a recently published research manuscript and its application to patient care.

6. **Implement a care plan in collaboration with the patient, others trusted by the patient, and other health professionals.**

573	604	Bullet points are *examples*
√	√	• Discuss common recommendations and interventions made by pharmacists in an institutional setting and how these recommendations are implemented.
	√	• Assist with common recommendations and interventions made by pharmacists in an institutional setting. • Implement these changes with the patient, caregivers, and other health care professionals (i.e., discharge counseling, notifying a doctor, etc.)

7. **Fulfill a medication order**

573	604	Bullet points are *examples*
√	√	• Describe the medication order workflow in a given institution. • Identify equipment utilized in the storage, distribution, and delivery of medications. • Accurately compound sterile and non-sterile medications. • Assist a pharmacy technician in filling medication orders and delivering stock to the floors. • Discuss common reasons pharmacists work with prescribers to modify medication orders. • Accurately repackage medications for unit-of-use. • Appropriately label medications for dispensing and distribution.
	√	• Enter patient and medication specific information into an electronic health or pharmacy record system. • Identify and analyze the key elements of medication orders. • Review medication orders for accuracy, indication, effectiveness, safety, adherence, and cost and make recommendations for modifications to prescribers. • Review medication administration records for appropriate charting and/or documentation. • Calculate dosage based upon body surface area and weight. • Accurately dose a medication using pharmacokinetic calculations. • Discuss the accurate technique for compounding and dispensing hazardous drugs.

8. **Educate the patient and others trusted by the patient regarding the appropriate use of a medication, device to administer a medication, or self-monitoring test.**

OUTCOMES FOR INSTITUTIONAL PHARMACY ROTATIONS

PHAR 573: P2 IPPE Institutional Pharmacy 2 Week Block (Summer)
PHAR 604: P3 APPE Institutional/Health Systems 6 Week Block Rotation

573	604	Bullet points are *examples*
√	√	• Participate in a patient case presentation. • Participate in discharge counseling. • Discuss how a patient's health literacy affects medication usage. • Discuss the challenges of communicating with patients, caregivers, and other health care professionals. • Explain how patient education is documented and communicated at your site. • Provide appropriate administration instructions for medication orders. • Respond to drug information requests under the supervision of the preceptor.
	√	• Implement these changes with the patient, caregivers, and other health care professionals (i.e., discharge counseling, etc.) • Provide appropriate administration instructions for medication orders. • Communicate effectively with patients, caregivers, and other health professionals for the purpose of obtaining information or conveying drug information. • Use appropriate non-verbal language when communicating with patients, caregivers, and other health professionals. • Document patient care activities clearly, concisely, and accurately using appropriate medical terminology. • Use available technology and other media to assist with communication as appropriate. • Provide appropriate education to patients, pharmacists, caregivers, and other healthcare professionals to maximize the appropriate use of medications in a population (e.g., geriatric, diabetic, pediatric, low-literacy patients, etc.).

OUTCOMES FOR INSTITUTIONAL PHARMACY ROTATIONS

PHAR 573: P2 IPPE Institutional Pharmacy 2 Week Block (Summer)
PHAR 604: P3 APPE Institutional/Health Systems 6 Week Block Rotation

9. **Monitor and evaluate the safety and effectiveness of a care plan.**

573	604	Bullet points are *examples*
√	√	• Discuss the role a pharmacist in an institutional setting plays as a patient transitions between healthcare settings. • Discuss the importance of antibiotic dosing intervals. • Discuss the use of the MAR. • Discuss how the hospital complies with CMS guidelines for timely administration of medications. • Identify different patient populations the institution serves, and the healthcare needs of one or more targeted populations (e.g., geriatric patients, diabetics, pediatric.).
	√	• Recommend modifications or adjustments to an existing medication therapy regimen based on patient response. • Interpret therapeutic drug levels in relation to MAR charted dosing. • Apply cost-benefit, formulary, and/or epidemiology principles to medication related decisions. • Participate in population health management by completing a medication use evaluation (MUE).

10. **Report adverse drug events and/or medication errors in accordance with site specific procedures.**

573	604	Bullet points are *examples*
√	√	• Identify advantages and disadvantages of medication distribution and control systems. • Describe safety measures utilized in dispensing medications at a given institution (e.g., look-alike/sound-alike drugs; bar coding; double check; high risk drugs, narrow therapeutic index drugs; pediatric preparations; etc.). • Discuss the role of the pharmacist in impacting the safety and efficacy of patient care within the institution. • Document adverse events using national databases (Vaccine Adverse Event Reporting System (VAERS), MedWatch).
	√	• Identify how the institution utilizes adverse event prevention strategies and technologies. • Identify how pharmacists at the site internally document adverse events (i.e., facility specific software). • Document adverse events using national databases (Vaccine Adverse Event Reporting System (VAERS), MedWatch). • Discuss principles around systems-based error attribution (e.g., root cause analysis, To Err is Human, etc.)

OUTCOMES FOR INSTITUTIONAL PHARMACY ROTATIONS

PHAR 573: P2 IPPE Institutional Pharmacy 2 Week Block (Summer)
PHAR 604: P3 APPE Institutional/Health Systems 6 Week Block Rotation

11. **Deliver medication or health-related education to health professionals or the public.**

573	604	Bullet points are *examples*
√	√	• Participate in a patient case presentation or topic discussion. • Attend a P & T Committee meeting.
	√	• Lead a discussion regarding a recently published research manuscript and its application to patient care. • Use available technology and other media to assist with communication as appropriate. • Develop professional documents pertinent to organizational needs (e.g., monographs, policy documents). • Develop and deliver a brief educational program regarding medication therapy to health professionals or lay audience. • Develop and deliver a brief (less than 1 hour) educational program regarding self-care to patients and caregivers.

12. **Identify populations at risk for prevalent diseases and preventable adverse medication outcomes.**

573	604	Bullet points are *examples*
√	√	• Discuss at least one patient group at risk for prevalent diseases in a population (e.g., hypertension, diabetes, depression). • Discuss how a specific population at risk for prevalent diseases may be affected by an evidence-based approach that considers the cost, care, access, satisfaction, and needs of a targeted population in the hospital. • Discuss the process for identifying immunization-eligible patients in the inpatient setting.
	√	• Discuss the health care status and needs of a targeted patient's population in the pharmacy. • Identify appropriate intervention for groups of specific patients in the hospital (e.g., osteoporosis in older white/Asian women; post-partum depression or TDaP immunization in new moms, etc.). • Investigate an evidence-based approach that considers the cost, care, access, satisfaction, and needs of a targeted population in the hospital (i.e., readmission rates, high-risk, high-cost patients, formulary management, reimbursement, HCAP scores, etc.).

13. **Perform the technical, administrative, and supporting operations of a pharmacy practice site.**

573	604	Bullet points are *examples*
√	√	• Appropriately restock a crash cart (emergency box, crash box). • Accurately fill and access the automated dispensing systems. • Discuss (and apply as applicable) formulary compliance, medication use, drug policy development, drug policy implementation or drug policy analysis. • Describe institutional policies regarding the administration of drugs per protocol. • Describe the process for drug procurement and inventory control.

PHAR 573: P2 IPPE Institutional Pharmacy 2 Week Block (Summer)
PHAR 604: P3 APPE Institutional/Health Systems 6 Week Block Rotation

		• Describe the steps for controlled substance procurement and inventory management. • Describe the institution's policy for handling of cytotoxic agents. • Describe the process for approval of pre-printed medication orders or electronic health record (EHR) Order Sets.
	√	• Describe the role of the pharmacist in impacting the safety and efficacy of each component of a typical medication use system (i.e., procurement, storage, prescribing, transcription, dispensing, administration, monitoring, and documentation). • Utilize technology to optimize the medication use system. • Identify and utilize human, financial, and physical resources to optimize the medication use system. • Discuss benefits and challenges to implementing pharmacy policies and procedures. • Discuss training and evaluation of pharmacy technicians and other support staff. • Identify pharmacy service problems and/or medication safety issues. • Discuss management of a pharmacy budget.

14. **Demonstrate the knowledge and abilities to function in accordance with pharmacy laws, regulations, and accreditation standards.**

573	604	Bullet points are *examples*
√	√	• Describe the National Patient Safety Goals (NPSG) program at a given institution. • Explain the implications of the CMS Core Measures program. • Describe the information contained on a material safety data sheet (MSDS). • Inspect a hospital area for adherence with The Joint Commission (TJC), Det Norske Veritas (DNV), or equivalent standards. • Complete a Breach of HIPAA form for a mock breach of HIPAA and discuss to whom the form is reported. • Discuss site compliance measures for USP 795 (non-sterile), USP 797 (sterile), and USP 800 (hazardous drugs).
	√	• Describe the purpose and role of regulatory agencies in promoting patient safety (CMS, The Joint Commission, DNV, State Board of Pharmacy, etc.). • Interpret pharmacy quality and productivity indicators using continuous quality improvement techniques. • Discuss the process to prepare for regulatory visits and inspections. • Review the results of previous regulatory visits and inspections. • Assist in the preparation for regulatory visits and inspections if appropriate.

15. **Apply knowledge from the foundational pharmaceutical and biomedical sciences to the provisions of patient care.**

573	604	Bullet points are *examples*
√	√	• Distinguish between immediate and extended-release formulations of medications and their impact on therapy.

PHAR 573: P2 IPPE Institutional Pharmacy 2 Week Block (Summer)
PHAR 604: P3 APPE Institutional/Health Systems 6 Week Block Rotation

		• Compare formulations of medications (i.e., oral vs injectable) to determine potential impact on patient outcomes.
	√	• Describe and consider pharmacokinetics, pharmacodynamics, pharmacogenomics, and therapeutic principles, when evaluating medication orders. • Discuss how pharmacokinetics impact dosage frequency.

Outcomes For Adult Acute Care APPE Rotation

1. **Collect information necessary to identify patients' medication-related problems and health-related needs.**
   Bullet points are *examples*

   - Collect pertinent data from the medical chart or other sources (i.e., patient interview) and identify patient medication-related problems and health-related needs.
   - Describe the purpose of the most common diagnostic tests used in adult acute care.
   - Collect thorough patient histories (medication reconciliation) to minimize adverse drug events and medication errors.

2. **Assess collected information to determine a patient's medication-related problems and health related needs.**
   Bullet points are *examples*

   - Assess collected information to prioritize patient needs depending on their presenting signs and symptoms.
   - Interpret an adult patient's results (e.g., vital signs, laboratory results, imaging, microbiology, etc.).
   - Assess and prioritize medical conditions and medication-related problems in the acute care setting to achieve optimal care (i.e., cardiac conditions, neurological conditions).
   - Identify opportunities to optimize drug therapy (i.e., drug interactions, dosage errors, duplications/omissions of therapy, etc.).
   - Perform a comprehensive medication review (CMR) for a patient.
   - Determine whether a patient is eligible for and has received CDC-recommended immunizations.

3. **Create a care plan in collaboration with the patient, others trusted by the patient, and other health professionals to optimize pharmacologic and nonpharmacologic treatment.**
   Bullet points are *examples*

   - Apply pharmacologic, pharmacokinetic, and therapeutic principles when developing treatment plans in the acute care setting.
   - Utilize available protocols, medication policies, and clinical practice guidelines to recommend appropriate evidence-based and cost-effective treatments for acute care patients (vancomycin dosing, renal dose adjustment, IV to PO changes, etc.).
   - Develop a plan for monitoring patient progress based on the treatment plan.
   - Determine the appropriate time intervals to collect monitoring data.
   - Document patient care activities clearly, concisely, and accurately using appropriate medical terminology.
   - Use available technology and other media to assist with communication as appropriate.
   - Develop and provide an evidence-based approach that considers the social determinants of health (i.e., cost, care, access, satisfaction, and needs of a targeted population) in the hospital.

4. **Contribute patient specific medication-related expertise as part of an interprofessional care team.**
   Bullet points are *examples*

   - Describe roles and responsibilities of acute care pharmacists in the institutional setting.
   - Describe how collaborative practice agreements (CPAs)/protocols enable pharmacists to work with providers to provide advanced patient care.
   - Respond to codes and assist per site protocol (i.e., perform basic life support (BLS)) as instructed by preceptor.
   - Assess and recommend referral to additional professionals for patient's social benefit (e.g., translator, social worker, case manager, etc.).

- Demonstrate the ability to recommend changes in drug therapy to patients, pharmacists, and other healthcare providers.

5. **Answer medication related questions using scientific literature.**
   Bullet points are *examples*

   - Retrieve and critically analyze scientific literature related to drugs and disease to enhance clinical decision making.
   - Respond to drug information requests under the supervision of the preceptor.
   - Identify and analyze emerging theories, information, and technologies that may impact patient-centered and population-based care.
   - Articulate reasons for making recommendations outside of evidence-based guidelines.
   - Review data that was used to inform evidence-based guidelines.

6. **Implement a care plan in collaboration with the patient, others trusted by the patient, and other health professionals.**
   Bullet points are *examples*

   - Identify patients who may benefit from intervention regarding the complex healthcare system and make recommendations with the preceptor for ways these patients can be assisted.
   - Ensure patients obtain the resources and care required in an efficient and cost-effective manner (e.g., triage to social and/or other healthcare services).
   - Participate in direct patient care for disease management of acute illnesses as directed by the preceptor.
   - Implement changes to the care plan with the patient, caregivers, and other health care professionals (i.e., patient care rounding, discharge counseling, notifying a doctor, etc.)

7. **Fulfill a medication order.**
   Bullet points are *examples*

   - Demonstrate an understanding of an EHR and how a medication order is processed.
   - Demonstrate an understanding of medication distribution and medication dispensing in an acute care setting.
   - Describe the role of the pharmacist in impacting the safety and efficacy of each component of a typical medication use system (i.e., procurement, storage, prescribing, transcription, dispensing, administrations, monitoring, and documentation).
   - Describe the role of the pharmacist in impacting the safety and efficacy of each component of a typical medication use system (i.e., procurement, storage, prescribing, transcription, dispensing, administrations, monitoring, and documentation).

8. **Educate the patient and others trusted by the patient regarding the appropriate use of a medication, device to administer a medication, or self-monitoring test**
   Bullet points are *examples*

   - Empower patients to take responsibility for, and control of, their health.
   - Demonstrate the ability to coordinate educational efforts with other healthcare providers, when appropriate, to ensure a consistent, comprehensive, and team-based encounter.
   - Discuss the site's policy regarding medications at the patient bedside, and patient self-administered medications.
   - Develop and deliver a brief (less than 1 hour) educational program regarding self-care to patients and caregivers.

- Participate in the gathering of patient medication histories, reconciliation, and discharge counseling.
- Provide appropriate education to patients, caregivers, and/or other healthcare providers.
- Provide appropriate patient education to reduce medication errors and adverse drug events.

9. **Monitor and evaluate the safety and effectiveness of a care plan.**
   Bullet points are *examples*

   - Recommend modifications or adjustments to an existing medication therapy regimen based on patient response.
   - Collect monitoring data at the appropriate time intervals.
   - Review culture results and local antibiograms to determine if antibiotic de-escalation is appropriate.
   - Evaluate the selected monitoring parameters to determine the therapeutic and adverse effects related to the treatment plan.
   - Participate in population health management by completing a medication use evaluation (MUE).

10. **Report adverse drug events and/or medication errors in accordance with site specific procedures.**
    Bullet points are *examples*

    - Assist in the identification of underlying system-associated causes of errors.
    - Assist with adverse drug event reporting and medication errors to stakeholders.
    - Identify how pharmacists at the site internally document adverse events (i.e., facility specific software).
    - Document adverse events using national databases (Vaccine Adverse Event Reporting System (VAERS), MedWatch).
    - Distribute Vaccine Information Sheets (VIS) when immunizing patients.
    - Discuss principles around systems-based error attribution (e.g., root cause analysis, To Err is Human, etc.).

11. **Deliver medication or health-related education to health professionals or the public.**
    Bullet points are *examples*

    - Lead a discussion regarding a recently published research manuscript and its application to patient care.
    - Develop and deliver a brief educational program regarding medication therapy to health professionals or lay audience.
    - Present literature evaluation to an audience of healthcare professionals
    - Provide appropriate education to patients, caregivers, and/or other healthcare providers.
    - Use appropriate non-verbal language when communicating with patients, caregivers, and other health professionals.

12. **Identify populations at risk for prevalent diseases and preventable adverse medication outcomes.**
    Bullet points are *examples*

    - Identify ways that pharmaceutical care in the hospital setting is impacted by patient lifestyle, education, and financial status.
    - Ensure that eligible patients are educated about and offered immunizations for vaccine-preventable diseases.
    - Provide appropriate therapeutic treatment for patient groups at risk for diseases given their co-morbidities (e.g. banana bag for alcoholics, deficiencies for homeless patients).
    - Assess the health care status and needs of a targeted patient population in the hospital.
    - Identify appropriate intervention for groups of specific patients in the hospital (e.g., osteoporosis in older white/Asian women; post-partum depression or TDaP immunization in new moms, etc.).

- Describe systematic preventive care using risk assessment, risk reduction, screening, education, and immunizations.

13. **Perform the technical, administrative, and supporting operations of a pharmacy practice site.**
   Bullet points are *examples*

   - Utilize technology to optimize the medication use system.
   - Discuss benefits and challenges to implementing pharmacy policies and procedures.
   - Discuss training and evaluation of residents, pharmacists, pharmacy technicians and other support staff.
   - Identify pharmacy service problems and/or medication safety issues.
   - Track pharmacy-led interventions to save costs in the hospital (e.g., IV to PO conversions, formulary interchange).

14. **Demonstrate the knowledge and abilities to function in accordance with pharmacy laws, regulations, and accreditation standards**
   Bullet points are *examples*

   - Describe the purpose and role of regulatory agencies in promoting patient safety (CMS, The Joint Commission, State Board of Pharmacy, etc.).
   - Interpret pharmacy quality and productivity indicators using continuous quality improvement techniques.
   - Discuss the process to prepare for regulatory visits and inspections.
   - Review the results of previous regulatory visits and inspections.
   - Assist in the preparation for regulatory visits and inspections if appropriate.

15. **Apply knowledge from the foundational pharmaceutical and biomedical sciences to the provisions of patient care.**
   Bullet points are *examples*

   - Distinguish between immediate and extended-release formulations of medications and their impact on therapy.
   - Compare formulations of medications (i.e., oral vs injectable) to determine potential impact on patient outcomes
   - Describe and consider pharmacokinetics, pharmacodynamics, pharmacogenomics, and therapeutic principles, when evaluating medication order.
   - Discuss how pharmacokinetics impact dosage frequency.

Outcomes For Ambulatory Care APPE Rotation

1. **Collect information necessary to identify patients' medication-related problems and health-related needs.**
   Bullet points are *examples*

   - Collect pertinent data from the medical chart or other sources (i.e., patient interview, clinics, specialists, pharmacies) and identify patient medication-related problems and health-related needs.
   - Perform disease-specific physical assessments (e.g., monofilament foot exams, point-of-care testing), including checking vital signs (e.g., blood pressure, heart rate) relevant to the patient's conditions.
     Describe the role of the most common diagnostic tests used in ambulatory care.
   - Collect thorough patient histories to minimize adverse drug events, drug-drug interactions, drug-disease interactions, and medication errors.
   - Identify social and lifestyle factors impacting patient health outcomes (e.g., smoking, diet, alcohol use, social determinants of health)

2. **Assess collected information to determine a patient's medication-related problems and health-related needs.**
   Bullet points are *examples*

   - Interpret key vital signs (e.g., body temperature, pulse rate, respiration rate, blood pressure) in context with a patient's overall health status.
   - Analyze laboratory test results, correlating with clinical conditions and medication use.
   - Identify potential or existing drug interactions, adverse effects, and contraindications in the patient's medication regimen.
   - Conduct a thorough and comprehensive medication review (CMR) to optimize patient safety and efficacy of therapy.
   - Assess a patient's immunization status and identify any gaps based on CDC recommendations, ensuring necessary vaccines are up to date.
   - Review and identify disease specific screenings (i.e., eye exams, foot exams, DEXA imaging)

3. **Create a care plan in collaboration with the patient, others trusted by the patient, and other health professionals to optimize pharmacologic and nonpharmacologic treatment.**
   Bullet points are *examples*

   - Apply pharmacologic, pharmacokinetic, and therapeutic principles when developing treatment plans in the ambulatory care setting.
   - Utilize available protocols, collaborative practice agreements, medication policies, and clinical practice guidelines in order to recommend appropriate evidence-based and cost-effective treatments for ambulatory care patients.
   - Develop a plan for monitoring patient progress based on the treatment plan.
   - Determine the appropriate time intervals to collect monitoring data and follow-up appointments.
   - Practice documenting (in the medical record if allowed), using patient chart notes or electronic medical records.
   - Document patient care activities clearly, concisely, and accurately using appropriate medical terminology.
   - Use available technology and other media to assist with communication as appropriate.
   - Develop professional documents pertinent to organizational needs (e.g., monographs, policy documents).
   - Perform and develop an evidence-based approach that considers the cultural and social determinants of health in a population

4. **Contribute patient specific medication-related expertise as part of an interprofessional care team.**
   Bullet points are *examples*

   - Identify ways that pharmacists can help empower and advocate for patients (i.e., compliance, education, health coaching, disease state management, etc.) in an ambulatory care setting.
   - Describe the roles and responsibilities of pharmacists in the ambulatory care practice setting.
   - Communicate a patient's medication-related problems to other health professionals.

5. **Answer medication related questions using scientific literature.**
   Bullet points are *examples*

   - Retrieve and critically analyze scientific literature related to medications and diseases to enhance clinical decision making.
   - Respond to medication information requests under the supervision of the preceptor.
   - Identify and analyze emerging theories, information, and technologies that may impact patient-centered and population-based care.
   - Articulate reasons for making recommendations outside of evidence-based guidelines.

6. **Implement a care plan in collaboration with the patient, others trusted by the patient, and other health professionals.**
   Bullet points are *examples*

   - Participate in direct patient care for disease management of chronic illnesses as directed by the preceptor.
   - Demonstrate the ability to recommend changes in drug therapy to patients, pharmacists, and other healthcare providers.
   - Implement these changes with the patient, caregivers, and other health care professionals (i.e., counseling, health coaching, disease state management, etc.)
   - Apply collaborative practice agreements to optimize drug therapy.

7. **Fulfill a medication order.**
   Bullet points are *examples*

   - Describe how medication changes by Ambulatory Care pharmacists will impact order fulfillment and how to communicate these changes to other members of the patient's healthcare team.
   - Facilitate patient needs by evaluating formularies and need for medication prior authorization.

8. **Educate the patient and others trusted by the patient regarding the appropriate use of a medication, device to administer a medication, or self-monitoring test**
   Bullet points are *examples*

   - Demonstrate competency in educating patients, caregivers, and other healthcare providers on medication use, medication devices and technology, and self-care practices.
   - Design and present a brief (less than 1 hour) educational program regarding self-care, proper use of devices and technology, and/or medication and assess audience understanding.
   - Lead a discussion regarding recently published journal articles or updated guidelines and their application to patient care.

9. **Monitor and evaluate the safety and effectiveness of a care plan.**

- Recommend modifications or adjustments to an existing medication therapy regimen based on patient feedback, side effects, or therapeutic response.
- Evaluate and develop a plan for monitoring parameters to determine the therapeutic and adverse effects related to the treatment plan.

10. **Report adverse drug events and/or medication errors in accordance with site specific procedures.**

- Research adverse event attribution strategies (i.e., Naranjo scale) and discuss it with the preceptor.
- Provide appropriate patient education to reduce medication errors and adverse drug events. (i.e., distribute Vaccine Information Sheets (VIS))
- Document adverse events using national databases (Vaccine Adverse Event Reporting System (VAERS), MedWatch).
- Identify how pharmacists at the site internally document adverse events (i.e., facility specific software).

11. **Deliver medication or health-related education to health professionals or the public.**

- Lead a discussion regarding recently published journal articles or updated guidelines and its application to patient care.
- Develop and provide appropriate education (disease state, medication, etc.) to healthcare providers and/or public (i.e., health fairs).
- Conduct and present a Medication-use-Evaluation (MUE) for healthcare team.

12. **Identify populations at risk for prevalent diseases and preventable adverse medication outcomes.**

- Perform screening assessments to identify patients at risk for prevalent diseases in a population (e.g., hypertension, diabetes, depression).
- Provide appropriate therapeutic treatment for patient groups at risk for diseases given their co-morbidities (e.g., banana bag for alcoholics, deficiencies for homeless patients).
- Assess the health care status and needs of a targeted patient's population in the clinic setting.
- Identify appropriate intervention for groups of specific patients in the clinic (e.g., osteoporosis in older white/Asian women; post-partum depression or TDaP immunization in new moms, etc.).
- Develop and provide an evidence-based approach that considers the cost, care, access, satisfaction, and needs of a targeted population in the clinic.
- Implement systematic preventive care using risk assessment, risk reduction, screening, education, and immunizations.

13. **Perform the technical, administrative, and supporting operations of a pharmacy practice site.**

- Utilize technology to optimize the medication use system such as electronic prescribing platforms.
- Discuss benefits and challenges to implementing pharmacy policies and procedures.
- Discuss coordination of pharmacy services in the clinic setting, including personnel and resources involved.
- Recognize and address potential pharmacy service problems or medication safety concerns.

- Understand the process of creating and implementing a collaborative practice agreement.

14. **Demonstrate the knowledge and abilities to function in accordance with pharmacy laws, regulations, and accreditation standards**
Bullet points are *examples*

- Describe the purpose and role of regulatory agencies in promoting patient safety (CMS, The Joint Commission, State Board of Pharmacy, etc.).
- Interpret pharmacy quality and productivity indicators using continuous quality improvement techniques.
- Assist in preparation and review the results for regulatory visits and inspections.

15. **Apply knowledge from the foundational pharmaceutical and biomedical sciences to the provisions of patient care.**
Bullet points are *examples*

- Distinguish between immediate and extended-release formulations of medications and their impact on therapy.
- Compare formulations of medications (i.e., oral vs injectable) to determine potential impact on patient outcomes
- Describe and consider pharmacokinetics, pharmacodynamics, pharmacogenomics, and therapeutic principles, when evaluating medication order.
- Discuss how pharmacokinetics impact dosage frequency.

OUTCOMES FOR PATIENT CARE APPES

Due to the very broad nature of patient care APPEs, these rotations will utilize all General Outcomes and additional rotation-specific outcome.

OUTCOMES FOR NON-PATIENT CARE APPES

Due to the very broad nature of non-patient care APPEs, these rotations will have outcomes specific for each course type.

Appendix 2: Rotation Remediation Charts

IPPE REMEDIATION

Course Receiving No Pass (NP)	Student Situation	P1 Summer Blocks A, B, & C	P1 Summer Blocks D, E, & F	Progression	Delayed graduation?
PHAR 470 Longitudinal IPPE	Any student receiving a No Pass (NP) regardless of summer didactic remediation	PHAR 470	Didactic summer remediation or off	Complete PHAR 570 as a P2 Complete PHAR 572 & PHAR 573 during block 3.1	*Possible*

Course Receiving No Pass (NP)	Student Situation	P3 APPE Block 3.1 (following academic year)	P3 APPE Block 3.2 (following academic year)	Progression	Delayed graduation?
PHAR 572 and/or PHAR 573 Note: This table also applies to students with delayed PHAR 572 and 573 due to PHAR 470 No Pass (NP)	Student **has** successfully completed PHAR 570 and does **not** have P2 didactic summer remediation	PHAR 572 and/or PHAR 573	May be eligible to start APPE rotations	Continue forward in program without delay	*No* *May not have an off block as a P3*
	Student **has** successfully completed PHAR 570 and **has** P2 didactic summer remediation	PHAR 572 and/or PHAR 573	Didactic summer remediation	Block 3.3 May be eligible to start APPE rotations	*May be delayed*
	Student has **not** successfully completed PHAR 570 and does **not** have P2 didactic summer remediation	PHAR 572 and/or PHAR 573	PHAR 570 over a 6-week period	Block 3.3 May be eligible to start APPE rotations	*May be delayed*
	Student has **not** successfully completed PHAR 570 and **has** P2 didactic summer remediation	PHAR 572 and/or PHAR 573	Didactic summer remediation	Block 3.3 PHAR 570 over a 6-week period Block 3.4 May be eligible to start APPE rotations	*Yes*

Course Receiving No Pass (NP)	Student Situation	P3 APPE Block 3.1 (following academic year)	P3 APPE Block 3.2 (following academic year)	Progression	Delayed graduation?
PHAR 570 Longitudinal IPPE	Student **has** successfully completed PHAR 572 and PHAR 573, and does **not** have P2 didactic summer remediation	PHAR 570 over a six-week period	May be eligible to start APPE rotations	Continue forward in program without delay	*No* *Student may not have an off block as a P3*
	Student **has** successfully completed PHAR 572 and PHAR 573, and **has** P2 didactic summer remediation	PHAR 570 over a six-week period	Didactic summer remediation	Block 3.3 May be eligible to start APPE rotations	*May be delayed*
	Student has **not** successfully completed PHAR 572 and/or 573 and does **not** have P2 didactic summer remediation	PHAR 572 and/or PHAR 573	PHAR 570 over a six-week period	Block 3.3 May be eligible to start APPE rotations	*May be delayed*
	Student has **not** successfully completed PHAR 572 and/or 573 and **has** P2 didactic summer remediation	PHAR 572 and/or PHAR 573	Didactic summer remediation	Block 3.3 PHAR 570 over a six-week period Block 3.4 May be eligible to start APPE rotations	*Yes*

APPE REMEDIATION

Due to variability and diversity of scheduling, APPE rotation remediation will be scheduled by the Experiential Director as availability allows. Any students with non-standard progression should discuss their schedule directly with the Experiential Director.