Experiential Policy Manual

Roseman University Of Health Sciences College Of Pharmacy

2026 – 2027

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

ROSEMAN UNIVERSITY
COLLEGE OF PHARMACY
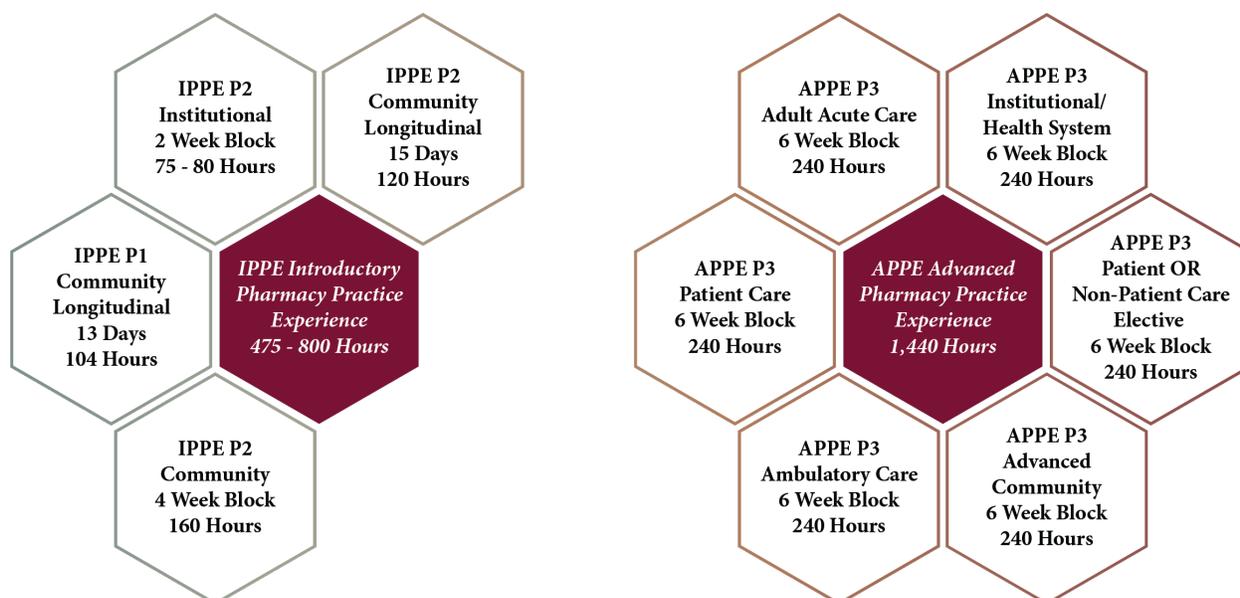
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Summary of Permanent Changes to Experiential Policy for 2026-2027

- Minor updates were made to titles and dates.
- Clarifying language was added throughout.
- The total number of general learning outcomes increased from 15 to 16.
- Language throughout the manual was revised for clarity and conciseness.

Experiential Policy Manual

ROSEMAN UNIVERSITY OF HEALTH SCIENCES COLLEGE OF PHARMACY

2026-2027

IPPE P2 Institutional 2 Week Block 75 - 80 Hours

IPPE P2 Community Longitudinal 15 Days 120 Hours

IPPE P1 Community Longitudinal 13 Days 104 Hours

IPPE Introductory Pharmacy Practice Experience 475 - 800 Hours

IPPE P2 Community 4 Week Block 160 Hours

APPE P3 Adult Acute Care 6 Week Block 240 Hours

APPE P3 Institutional/ Health System 6 Week Block 240 Hours

APPE P3 Patient Care 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

Experiential Education Directors
Henderson Campus │ 11 Sunset Way, Henderson, NV 89014
Ken Kunke, PharmD *Director of Experiential Education* Office: 702.968.2005 Email: kkunke@roseman.edu
South Jordan Campus │ 10920 South River Front Pkwy, South Jordan, UT 84095
Erin Johanson, BS, MEd, EdD *Director of Experiential Education* Office: 801.878.1087 Email: ejohanson@roseman.edu
Experiential Education Administrative Assistant
Sara Fillmore *Administrative Assistant* Office: 702.968.2021 Email: sfillmore@roseman.edu

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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 experiential curriculum at Roseman University College of Pharmacy (RUCOP) is designed to equip students with the knowledge, skills, and abilities needed for competent practice across diverse pharmacy settings. Early and progressive hands-on experiences help students smoothly transition from classroom learning to real-world application.

INTRODUCTORY PHARMACY PRACTICE EXPERIENCES

Introductory Pharmacy Practice Experiences (IPPEs) introduce students to the core functions of the Pharmacist Patient Care Process. Through direct patient interactions in community and institutional settings, students build knowledge, practice skills, and develop professional attitudes. All student activities must be supervised by a preceptor.

In the first academic year, students complete a longitudinal community pharmacy rotation with up to 14 IPPE days (PHAR 470). The following summer, they participate in two block rotations: a 4-week community pharmacy rotation (PHAR 572) and a 2-week institutional pharmacy rotation (PHAR 573). During the second academic year, students engage in another longitudinal community pharmacy rotation with up to 16 IPPE days (PHAR 570).

Each IPPE rotation includes required assignments and core learning and professionalism outcomes that students must master. Successful completion of all assignments and outcomes is necessary to pass the rotation and advance to the next academic level. These outcomes are designed to support student progression throughout the curriculum and prepare them for Advanced Pharmacy Practice Experiences (APPEs) in the third year.

ADVANCED PHARMACY PRACTICE EXPERIENCES

During the third academic year, Advanced Pharmacy Practice Experiences (APPEs) expose students to a range of pharmacy practice settings. Students must complete six rotations, each lasting six weeks, for a total of 36 weeks (minimum 1,440 intern hours).

Rotations may occur in any order and include:

- 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

Experiential Policies

PEOPLEGROVE

RUCOP uses PeopleGrove ELMS to manage rotation tracking and documentation. Preceptors must complete student evaluations, verify intern hours, and submit required documentation through PeopleGrove ELMS. Students are also required to use PeopleGrove ELMS for evaluations and other assigned documentation.

PeopleGrove ELMS Website Address: https://login.peoplegrove.com/login-elms

STUDENT REQUIREMENTS FOR PARTICIPATION IN ROTATIONS

General Requirements

To participate in experiential rotations, students must meet the Eligibility for Pharmacy Practice Experiences requirements outlined in the Student Handbook. Failure to comply with this policy will prevent participation in the experiential component of the program.

By signing the Acknowledgement of RUCOP Experiential Policies, students authorize the College to share required documentation with practice sites upon request. Students are responsible for any costs associated with meeting experiential requirements.

Transportation & Lodging

Students must comply with the RUHS Student Transportation Policy, available on the RUHS policies website. They are also responsible for securing their own lodging during experiential rotations, at their own expense.

Site Specific Requirements

Some practice sites may have additional requirements that students must complete within specified timeframes and at their own expense. Failure to meet these requirements may result in cancellation of rotation assignments and could delay graduation.

ROTATION PLACEMENTS AND REQUESTS

Students may rank rotation preferences prior to assignment, but placements are not guaranteed and are determined solely by the Experiential Director. Once finalized, rotation assignments cannot be changed at the student's request.

Students may request new sites following the deadlines and procedures communicated by the Experiential Directors. Direct contact with preceptors or practice sites to arrange or modify rotations is prohibited without prior approval.

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.

Following a No Pass grade in any rotation, the Experiential Directors may require remaining out-of-state rotations to be completed in Nevada or Utah.

ATTENDANCE POLICY

Students are expected to attend experiential rotations as scheduled by RUCOP and must adjust personal schedules to ensure full participation.

Exceptions to the Attendance Policy require prior written approval from both the preceptor and the Experiential Director.

Rotation blocks

Rotation blocks must begin and end on the scheduled calendar dates and cannot be split or rescheduled without approval from the Experiential Director. All required hours and outcomes must be completed within the assigned 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 required hours and outcomes within the rotation block—unless due to an approved leave of absence—will result in a No Pass (NP) for the rotation.

Rotation days

Schedule modifications require final approval from the Experiential Director.
Minimum intern hour requirements must be met regardless of scheduled rotation days or approved changes.

P1 and P2 Longitudinal Rotations:
Scheduled rotation days are set by RUCOP and apply to all students. One schedule change request is allowed per longitudinal rotation and must be submitted via an absence request in the Academic Affairs Canvas course at least two weeks in advance, with preceptor approval.

APPEs and Summer IPPEs:
Rotation schedules are provided by the preceptor at the start of each rotation. Any changes must be requested through the Academic Affairs Canvas course and approved by the Directors of Experiential Education.

Rotation Hours

Students must complete at least 8 hours per day at their rotation site, excluding breaks. More than 10 hours per day requires written approval from the Experiential Director. Additional time outside of site hours may be needed to complete assignments or rotation activities.

Leaving a rotation site early
Students may not leave early unless covered under the Excused Absence Policy. If early departure is necessary, an absence request must be submitted via the Academic Affairs Canvas course before leaving. All rotation hours must be completed prior to the end of the rotation block dates in the academic calendar to pass the rotation. No hours will be accepted outside of the assigned dates in PeopleGrove.

Excused Absences
Excused absences for experiential rotations are considered based on criteria outlined in the Student Handbook. It is the expectation that the student will notify their preceptor as soon as possible if they are tardy or have an absence in addition to completing the Absence Request in Academic Affairs Canvas Course.

A summary of acceptable reasons 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 not covered under the Excused Absence Policy will result in a No Pass (NP) for the rotation.

Violations of Professional Conduct

Violations of professional conduct will be addressed in accordance with the Student Handbook Policies and Procedures Pertaining to Student Professionalism.

Missed Deadlines for Student Requirements
Steps of Progression

Initial Deadline

Rotation requirements and due dates will be provided in writing, either through the PeopleGrove ELMS schedule assignment, IPPE Assignment Guides, or via email from a member of the Experiential Team.

1st Missed Deadline

If a student misses a rotation requirement deadline, the following steps will be taken:
- An Experiential Team member will notify the student via email and grant a first extension, due within 3 business days of the original deadline.
- The student's Experiential Director will be copied on the email.
- The email will clearly state that the student missed a required deadline for rotation participation. Failure to meet the extended deadline will result in a coaching opportunity letter and may result in cancellation of the rotation.

2nd Missed Deadline

If a student misses two rotation requirement deadlines:
- An Experiential staff member notifies the student's Experiential Director
- The Experiential Director emails the student, with the Associate Dean of Academic Affairs copied, informing them that two deadlines have been missed and a second coaching opportunity letter will be issued.
- Failure to comply with deadlines may result in the rotation being cancelled.

3rd Missed Deadline

If a student fails to meet the extended deadline:
- The Experiential staff member notifies the IPPE/APPE Director and the Associate Dean of Academic Affairs and Assessment.
- The IPPE/APPE Director informs the student via email that their rotation has been canceled.
- The student and IPPE/APPE Director will work together to reschedule the rotation.

CONFIDENTIALITY (HIPAA)

All students receive annual training on HIPAA, including the HIPAA Privacy Rule and proper handling of Personal Health Information, as outlined by the U.S. Department of Health and Human Services. Documentation of HIPAA training is stored in each student's PeopleGrove ELMS account.

Students are strictly prohibited from:
- Taking photos, videos, or audio recordings of any patient or confidential information.
- Removing confidential information from HIPAA-protected areas.

DRESS CODE

Students must confirm and follow the dress code policy specific to their assigned site prior to attendance. Compliance with site-specific dress code requirements is mandatory for participation in rotations. In addition to following site-specific dress code policy, students must also identify themselves as interns on rotation (with a student name badge).

Appropriate Attire

Students must maintain a professional appearance during rotations. Required attire includes:

- Clean, pressed short white lab coat (if applicable)
- College-issued and site-specific ID badges (if applicable)
- Blouse, sweater, or clean, pressed shirt
- Tie (if required by site)
- Business casual or dress pants, skirt, or dress (knee-length or longer)
- Socks or hosiery with closed-toe dress shoes

Additional Expectations:

- Maintain good personal hygiene and grooming
- Dress modestly and professionally
- Confirm with your preceptor whether visible piercings or tattoos are acceptable

Inappropriate Attire

The following items are not permitted during student rotations:

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

STUDENT RESPONSIBILITIES

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

1. Policy Compliance: Understand and follow the Experiential Manual and Student Handbook. Clarify any questions with the Experiential Director.
2. Legal Adherence: Follow all state and federal pharmacy laws; consult preceptors as needed.
3. Timely Completion: Meet all deadlines for student requirements.
4. Eligibility Maintenance: Maintain valid background checks and drug/alcohol screenings.
5. Intern Licensure:
   - Henderson Campus: Maintain Nevada intern license in good standing.
   - South Jordan Campus: Maintain Utah intern license in good standing.
   - Maintain additional licenses for other rotation states.
6. Preceptor Contact: Reach out to assigned preceptor at least 2 weeks before rotation begins.
7. Contact Updates: Report address/phone changes via PeopleGrove within 7 days; must also comply with state law
8. Device Use: Use personal electronics only during preceptor-approved breaks, or as permitted by the preceptor.
9. Professional Conduct: Always be respectful, courteous, and professional.
10. Active Engagement: Participate fully and communicate proactively.
11. Help-Seeking: Ask for help when needed; admit when unsure.
12. Peer Learning: Collaborate and learn from fellow students.
13. Preceptor Guidance: Treat preceptor feedback as a learning opportunity; discuss concerns privately.
14. Supervised Communication: Interact with healthcare professionals only under preceptor supervision.
15. Site Compliance: Follow all site policies; stricter policy (site vs. manual) applies.
16. Property Respect: Use site property appropriately; students are responsible for damages, losses, and fines.
17. Conflict Disclosure: Immediately report potential conflicts of interest (e.g., relationships, family ties, business connections) to the Experiential Director.

OUTCOMES & ASSESSMENTS

- Students and preceptors must complete formal evaluations in PeopleGrove ELMS during each rotation block, by the assigned deadlines.
- Ongoing, timely feedback is strongly encouraged throughout the rotation.
- Any concerns about student progress should be promptly communicated to both the student and the Director of Experiential Education.

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

Professionalism is a core component of the experiential curriculum, designed to uphold the highest standards of moral, ethical, and legal conduct.
Students are assessed on the following Professionalism Outcomes:

1. Demonstrates empathy
2. Behaves ethically
3. Is punctual
4. Maintains confidentiality
5. Shows respect
6. Demonstrates accountability
7. Accepts and applies constructive feedback
8. Wears appropriate attire
9. Displays confidence
10. Follows through on responsibilities

Adapted from the Behavioral Professionalism Assessment Form, Experiential Version (BPAE), developed and validated by Dana Purkerson Hammer, 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.
16. Demonstrate leadership by influencing, motivating, and supporting individuals or teams to achieve shared goals.

ROTATION RESULTING IN NO PASS OR INCOMPLETE

- Preceptors and Directors of Experiential Education have the authority to dismiss a student from a rotation site.
- Site personnel may immediately dismiss a student—without prior notice or hearing—if the student violates site policies or procedures. This decision is at the sole discretion of the site.

Rotation resulting in a grade of No Pass

A grade of No Pass may be issued for violations of policy, regardless of academic performance assessed by the preceptor.

Reasons for an NP grade after starting a rotation may include, but are not limited to:

- Violation of the Attendance Policy (e.g., tardiness or leaving early)
- Failure to make up excused absences within the required timeframe
- Falsification of documents
- Plagiarism
- HIPAA violations or breaches of patient confidentiality
- Violation of site policies or conduct standards
- Behavior that negatively impacts patient care
- Endangering personal safety or the safety of others
- Attending rotation while impaired or under the influence
- Disrupting or interfering with the operations of the College, University, or practice site

Rotation resulting in a grade of Incomplete

A grade of Incomplete (I) may be assigned if a student is unable to complete a rotation for reasons not resulting in a No Pass (NP). This applies only after the rotation has begun. Further information regarding Incomplete grades can be found in the Student Handbook.

Satisfactory Completion of Rotation Requirements

To successfully pass a rotation, students must complete all of the following within the assigned rotation block:

1. Experiential Hours: Complete the required number of hours, confirmed by the preceptor in PeopleGrove.
2. Preceptor Assessment: Achieve a minimum score of 3 on all rotation outcomes in the final evaluation.
3. Assignments: Satisfactorily complete all rotation-specific assignments, as assigned by the preceptor or Director of Experiential Education.

UNSATISFACTORY PERFORMANCE, APPEALS, AND PROGRESSION

Unsatisfactory Performance of Rotation Requirements

A student will receive a No Pass (NP) grade under the following conditions:

- A score of 1 or 2 on any rotation outcome in the final preceptor assessment
- Failure to complete all rotation requirements within the assigned block

Student Appeal of Experiential Grade

Students may appeal an experiential rotation grade by following the procedures outlined in the Student Handbook.

Progression

Students who receive a No Pass (NP) grade for an experiential rotation should consult the Student Handbook for next steps and available support resources.

WITHDRAWAL & LEAVE OF ABSENCE

See the Student Handbook for Withdrawal (W) and Leave of Absence (LOA) policies.

ROTATION REMEDIATION

- Students who receive a No Pass (NP) or Incomplete (I) must repeat the same rotation course type.
- If a student fails the same type of pharmacy practice experience twice, they must withdraw from the program.
- Rotation remediation must take place in Utah or Nevada.
- Students cannot request new sites, and final schedules will be assigned by the Experiential Director.

Longitudinal Rotation (PHAR 470 and PHAR 570) Remediation

- Students who receive a No Pass (NP) in PHAR 470 or PHAR 570 must remediate the longitudinal rotation as scheduled by the Director for Experiential Education.

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

- Block rotation remediation schedules are set by the Experiential Director based on availability and may delay graduation.
- All block rotations must be remediated at the end of the academic year.
- Requests to remediate during breaks, weekends, or through extended rotation days will not be approved.

Rotation Remediation Charts

- Appendix 2 provides charts showing how a No Pass (NP) or Incomplete grade may affect future rotations and graduation timelines.
- These charts are for reference only and do not cover all possible scenarios.
- Rotation remediation schedules and locations will be determined by the Director of Experiential Education.

STUDENT ADMINISTERED IMMUNIZATIONS

To administer immunizations, students must be APhA certified through the Pharmacy-Based Immunization Delivery Program.

They must follow all applicable state laws, which may include:
- Supervision by an APhA-certified pharmacist
- BLS certification
- OSHA training (company-specific)

Students must review site protocols and state regulations for any additional requirements. Before immunizing, students must provide their APhA certificate and BLS certification to their preceptor.

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 payment while earning academic credit for intern hours.
Compensation from sites or preceptors for any rotation-related activities, projects, or assignments is strictly prohibited.

Distinction between Experiential Education and Paid Employment

To support diverse learning experiences, Experiential Directors will avoid assigning rotations similar to a student's current or past paid work.
Students may be hired at their rotation site but cannot be paid for RUCOP experiential hours while earning academic credit.

- During RUCOP experiential hours: wear a RUCOP-issued name badge and white coat.
- During paid intern hours: wear the company-issued badge and do not wear the RUCOP badge.

Student Use of Cash Registers

Cash Register Use at Rotation Sites
- If allowed by site policy, students may operate the cash register under direct supervision of their preceptor.
- Preceptors must provide full orientation before student use.

Note: The primary purpose of rotations is direct patient care. Students should not be used as staff or technicians in ways that limit learning opportunities. Questions or concerns should be directed to the local Experiential Director.

REPORTING OF STUDENT HOURS

Intern Hours and Licensure
- Intern hours earned during experiential rotations may count toward pharmacist licensure.
- Since requirements vary by state, students should contact individual State Boards of Pharmacy for specific licensure information—especially when planning for post-graduate employment or residency.
- A directory of State Boards is available at www.nabp.pharmacy.

Reporting Hours
- The Director for Experiential Education will report total IPPE and APPE hours to the Utah Division of Occupation and Professional Licensing Board of Pharmacy, or Nevada Board of Pharmacy after students successfully complete all experiential requirements.
- Hours will not be reported until all assessments, assignments, and confirmation of hours are complete.

Self-Reporting Prohibited
- Students and preceptors may not self-report academic experiential hours to any Board of Pharmacy.
- All hours must be documented using the Hours Tracking feature in PeopleGrove.

PRECEPTORS & SITES

Preceptor and Site Eligibility

If a preceptor or site fails to meet eligibility requirements or fulfill responsibilities, students may be reassigned, and the site or preceptor may be inactivated. Questions about selection criteria should be directed to the Experiential Director.

Preceptor Feedback

Preceptors are encouraged to share feedback on student progress, curriculum, or other PharmD program matters directly with the Experiential Director.

Student Evaluations

- Students evaluate preceptors and sites during each rotation block.
  Feedback is blinded and shared in aggregate at the end of the academic year or as concerns arise.
- Preceptors can view evaluations only after receiving feedback from at least three students.
- Preceptors who have fewer than three evaluations may request feedback from their Director for Experiential Education.

Preceptor Selection Criteria

1. Must be a licensed pharmacist in good standing with the State Board of Pharmacy and eligible to serve as a preceptor per local regulations.
2. Must comply with all laws and regulations governing pharmacy practice.
3. Must notify the RUCOP Experiential Office within 24 hours of any license probation, suspension, revocation, or disciplinary action.
4. Must complete all required documentation in the PeopleGrove rotation management system.
5. Must annually review and acknowledge the RUCOP Experiential Policy Manual and Student Handbook.
6. Must dedicate sufficient time to student interaction to support progress and achievement of learning outcomes.
7. Must complete the annual acknowledgement for each academic year in which the preceptor is supervising a student.

Rotation Site Requirements

1. Maintains an active affiliation with RUCOP.
2. Complies with all state and federal pharmacy laws.
3. Provides experiences aligned with rotation goals, objectives, and educational outcomes.
4. Offers a caring, student-focused learning environment.
5. Has a sufficient patient population to support learning objectives.
6. Encourages professional interactions among students, pharmacists, healthcare providers, patients, and caregivers.
7. Delivers patient-centered care consistent with the Pharmacist Patient Care Process.
8. Reflects diversity in culture, disease states/health conditions, gender, and age.
9. Provides resources for student oversight, guidance, and feedback.
10. Designates a primary preceptor; additional staff may assist in student education.
11. Equips appropriate technology and learning resources to support training and patient care
12. Grants students access to relevant patient health information.
13. Demonstrates a strong commitment to health promotion, disease prevention, population health, and patient safety.

Preceptor Responsibilities

1. Complete all required documentation in the PeopleGrove rotation management system.
2. Complete RUCOP orientation training before accepting students.
3. Serve as a positive role model.
4. Arrange for a licensed pharmacist to supervise students during any absences.
5. Foster a collaborative learning environment.
6. Assess student competency through observation, discussion, and feedback.
7. Provide timely and constructive feedback on student progress.
8. Contact the Director for Experiential Education if concerns arise.
9. Submit student assessments by the due date via PeopleGrove, noting any areas for improvement.
10. Confirm intern hours completed by students.
11. Comply with State Board of Pharmacy requirements for preceptors.
12. Orient students to the practice site, including:
    - Contact info and backup preceptor
    - Dress code and hours of operation
    - Facility tour and staff introductions
    - Use of electronic devices
    - Pharmacy policies and procedures
    - Clinical and site resources
    - Rotation expectations and outcomes
    - Preceptor/student goals and responsibilities
    - Meetings, projects, presentations, and assessments
    - Any additional site-specific policies
13. Disclose any potential conflicts of interest (e.g., family, personal, or business relationships) to the Director for Experiential Education immediately.

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.

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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.

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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

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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.

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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.

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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.

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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.

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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.

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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.

16. **Demonstrate leadership by influencing, motivating, and supporting individuals or teams to achieve shared goals**

470	572	570	602	Bullet points are *examples*
√	√	√	√	• Supports the delivery of patient care services (e.g., immunizations, MTM, screening) by preparing materials, assisting with patient education, and reinforcing care plans under supervision
	√	√	√	• Identifies and communicates opportunities to improve patient access, workflow efficiency, or medication safety and discusses these observations with the preceptor.
		√	√	• Provides guidance and support to peers, junior students, or pharmacy staff within the scope of training by modeling best practices and assisting with patient care activities.
			√	• Assists in advancing a patient care or public health service (e.g., immunizations, MTM, adherence programs) by contributing ideas, helping coordinate activities, or supporting implementation under preceptor oversight.

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.

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.

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

		• 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.

16. **Demonstrate leadership by influencing, motivating, and supporting individuals or teams to achieve shared goals.**

573	604	Bullet points are *examples*
√	√	• Participates in pharmacy or interdisciplinary activities (e.g., meetings, huddles, projects) by asking questions, sharing observations, or helping gather information related to patient care. • Learns and reinforces pharmacy policies or procedures by following them consistently and helping clarify expectations for patient care tasks when appropriate. Describe the National Patient Safety Goals (NPSG) program at a given institution.
	√	• Recognizes and communicates potential medication safety concerns or process issues to the preceptor or pharmacy team. • Works with pharmacists, technicians, or other learners to support patient care activities and improve day-to-day medication-use processes. Describe the purpose and role of regulatory agencies in promoting patient safety (CMS, The Joint Commission, DNV, State Board of Pharmacy, etc.).

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.

16. **Demonstrate leadership by influencing, motivating, and supporting individuals or teams to achieve shared goals.**
   Bullet points are *examples*

   - Proactively identifies a medication-related issue and advocates for a change during interprofessional rounds.
   - Organizes relevant patient data and guides discussion toward a consensus care plan.
   - Supports nursing or pharmacy colleagues by clarifying medication plans to ensure timely implementation.
   - Encourages adherence to safety protocols (e.g., anticoagulation, antimicrobial stewardship). Distinguish between immediate and extended-release formulations of medications and their impact on therapy.

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.
Bullet points are *examples*

- 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.
Bullet points are *examples*

- 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.
Bullet points are *examples*

- 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.
Bullet points are *examples*

- 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.

16. *Demonstrate leadership by influencing, motivating, and supporting individuals or teams to achieve shared goals.*
   Bullet points are *examples*

   - Motivates patients through shared decision-making to improve adherence or self-management.
   - Identifies workflow gaps and suggests improvements to enhance continuity of care.
   - Leads patient education efforts for chronic disease management. Distinguish between immediate and extended-release formulations of medications and their impact on therapy.

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.

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