CHICAGO STATE UNIVERSITY

College of Pharmacy

Advanced Pharmacy Practice Experience (APPE)
Preceptor and Student Manual
2016-2017

Office of Experiential and Continuing Professional Education (OECPE)
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The Office of Experiential and Continuing Professional Education reserves the right to adjust the Manual as needed. Should changes to the Manual occur students will be notified via email immediately, and will be expected to adhere to the policies as outlined in the revised Manual.

2016-2017 APPE Calendar

APPE Orientation   June 6, 2016 - June 8, 2016

Module 1   June 9, 2016 - July 15, 2016

Module 2   July 18, 2016 - August 26, 2016

Module 3   August 29, 2016 - October 7, 2016

Module 4   October 10, 2016 - November 18, 2016

On Campus/
NAPLEX Review   November 21, 2016 - November 23, 2016

Vacation   November 28, 2016 - January 1, 2017

Module 5   January 2, 2017 - February 10, 2017

Module 6   February 13, 2017 - March 24, 2017

Capstone Poster Session   April 29, 2017 (2-5 pm)

Module 7   March 27, 2017 - May 5, 2017

MPJE Review/On Campus	May 8, 2017 - May 9, 2017
Hooding Ceremony	May 10, 2017 (tentative)
Graduation	May 11, 2017 (tentative)

Students will return to campus at 9am (or pre-announced time) on the last Friday of each module to turn in evaluation forms, participate in mandatory case conferences/assessments and other activities. Attendance at all end of module meetings are mandatory.

The dates are as follows:

July 15, 2016; August 26, 2016; October 7, 2016; November 18, 2016; February 10, 2017; March 24, 2017; May 5, 2017.

Unless given an "excused absence" by the APPE Director, failure to attend and/or extreme tardiness (e.g., >30 minutes) for the end of module meetings, will result in an action that could include a one letter grade reduction for that module, at the discretion of the Director.

Contact Information

Chicago State University College of Pharmacy

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Chicago State University College of Pharmacy

Vision Statement:

The Chicago State University College of Pharmacy will be recognized for its impact on the health care needs of diverse populations through its contributions in education, training, scholarship, service and research. The College will serve an integral role within the University by providing a culturally diverse and intellectually stimulated community of scholars engaged in the collective creation and dissemination of knowledge.

Mission Statement:

The mission of Chicago State University College of Pharmacy (CSU-COP) is the development of student and faculty scholars who will impact the health care needs of people in the region, state and the nation. The College will provide a strong foundation in the knowledge, integration and application of the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences, resulting in practitioners who are committed to humanistic service, capable of providing patient-centered care and leaders in advancing the pharmacy profession. The College embraces the mission of the University to educate individuals from economically or educationally disadvantaged backgrounds to strengthen the simultaneous provision of culturally competent care and reduction of health care disparities.

To accomplish its mission, the College of Pharmacy is committed to:

- Recruiting, retaining and graduating student pharmacists from diverse populations;

- Recruiting, hiring and retaining qualified faculty from diverse populations who will be engaged as teachers, scholars, researchers, service providers, mentors and leaders;

- Recruiting, hiring and retaining staff dedicated to supporting the educational mission;

- Offering a curriculum that cultivates analytical thinking, ethical reasoning and decision-making, intellectual curiosity, multidisciplinary and inter-professional collaboration, professionalism and service;
- Enabling students and faculty to provide patient-centered care to diverse patient populations through the safe, evidence-based and cost-beneficial use of medications;
- Fostering an environment for student engagement which encourages leadership in campus, public and professional communities;
- Refining programmatic and curricular goals, policies and procedures through ongoing assessment and evaluation;
- Establishing and enhancing community, educational and professional partnerships;

- Expanding institutional resource capabilities through active pursuit of extramural funding support;
- Developing and strengthening post-graduate education and training opportunities; and
- Providing programs and services that promote a supportive atmosphere for life-long learning and continued personal and professional development for students, alumni, faculty and staff.

CSU-COP PROFESSIONAL PROGRAM COMPETENCIES:

Pharmacy graduates of the CSU-COP will be able to demonstrate the following competencies:

1. **Provide Patient Care:** Provide patient-centered care through the design, implementation, monitoring, evaluation, and adjustment of pharmacy care plans that are patient-specific, address health literacy, cultural diversity, and behavioral psychosocial issues; and are evidence-based.

    a. Formulate a new or revised patient-centered care plan (design, implement, monitor, evaluate, recommend modifications in drug therapy) to ensure safe, effective and economical drug therapy in collaboration with other health care professionals, patients, and/or their caregivers.

    b. Evaluate medication orders and/or prescriptions, accurately and safely prepare in appropriate dosage forms, package and dispense accurately.

    c. Recommend and monitor a patient's use of nonprescription drugs, diagnostic agents, self-monitoring tools/supplies and non-drug therapy.

2. **Provide Patient Care:** Provide patient-centered care through the ability to manage a successful patient-centered practice (including establishing, marketing, and being compensated for medication therapy management and patient care services rendered).

    a. Develop population-specific, evidence-based disease management programs.

3. **Provide Population-Based Care:** Provide population-based care through the ability to develop and implement population-specific, evidence-based disease management programs and protocols based upon analysis of epidemiologic and pharmacoeconomic data, medication-use criteria, medication use review, knowledge of health care systems, and risk-reduction strategies.

4. **Manage Resources:** Manage human, physical, medical, informational, and technological resources, to ensure efficient, cost-effective use of these resources in the provision of patient care.

    a. Manage pharmacy operations

        i. Manage systems for storage, preparation, dispensing, and administration of medication.

        ii. Manage systems for medication distribution and control.

        iii. Apply knowledge of personnel management and fiscal management for efficient and effective operation of a pharmacy.

        iv. Apply technological advancements to pharmacy practice.

5. **Manage Medication Systems:** Manage medication use systems through the application of patient- and population-specific data, quality improvement strategies, medication safety and error reduction programs, and research processes to minimize drug misadventures and optimize

   patient outcomes; to participate in the development of drug use and health policy; and to help design pharmacy benefits.

   a. Apply principles of outcomes research and quality assessment methods to the evaluation of pharmaceutical care.

6. **Promote Disease Prevention and Health Promotion:** Promote the availability of effective health and disease prevention services and health policy through the application of population-specific data, quality improvement strategies, informatics, and research processes to identify and address public health problems and to help develop health policy.

7. **Communicate Effectively:** Communicate and collaborate (verbally, non-verbally and in writing), with patients, care givers, physicians, nurses, other health care providers, policy makers, members of the community, and administrative and support personnel to engender a team approach to patient care.

8. **Manage Literature and Information Effectively:** Retrieve, analyze, and interpret the professional, lay, and scientific literature to provide drug information and counseling to patients, their families or care givers, and other involved health care providers.

9. **Demonstrate Expertise in Informatics.**

10. **Demonstrate Moral Reasoning, Clinical Ethics, Professional and Legal Responsibility:** Carry out duties in accordance with legal, ethical, social, economic, and professional guidelines.

    a. Apply legal, ethical, social, economic and professional principles pertaining to pharmacy practice.

11. **Demonstrate Self-Directed and Lifelong Learning Skills:** Maintain professional competence by identifying and analyzing emerging issues, products, and services.

    a. Maintain professional competency by committing oneself to being an independent, self-initiated life-long learner.

    b. Provide leadership in professional, community and governance affairs.

OVERVIEW OF THE CSU-COP PROFESSIONAL PRACTICE PROGRAM CURRICULUM

The CSU-COP Professional Practice Curriculum consists of introductory, intermediate, and advanced level experiences commencing the first professional semester of the curriculum.

During the first professional (P-1) semester, students begin Professional Practice I (Introduction to Pharmacy Practice, Lecture and Community Pharmacy Practicum), which allows students to explore factors that influence contemporary pharmacy practice, roles, responsibilities and expectations. Through in-class lectures and a weekly 4-hour practicum in a community pharmacy, it is expected that students develop an understanding and appreciation of the role of the pharmacist; become socialized to the profession; develop effective communication skills, and utilize self-assessment as a tool in the continual quest for life-long learning.

During the second semester of the P-1 year, students complete Professional Practice II, which focuses on public health policy, disease prevention and health promotion via in class lectures and a practicum in a community-based public health site.

During the second professional (P-2) year, students complete Professional Practice III & IV which expose students to the medication use process in an institutional/hospital setting with an emphasis on technology, patient safety, pharmaceutical compounding and basic operations. Professional Practice III, conducted between the fall and spring semesters, is comprised of a (40 hour) weeklong course and a 16 contact hour orientation to the site. Professional Practice IV conducted as an eight- hour weekly practicum in the spring semester at the same site, subsequently follows this intense orientation.

During the third professional (P-3) year, the Professional Practice V and Professional Practice VI practicum allows student application of patient-centered care principles including the development of pharmaceutical care plans. Professional Practice V is a longitudinal practicum (40 contact hours) conducted throughout the spring semester of the P-3 year in primarily non-acute care patient care settings. Professional Practice VI is conducted at the end of the spring semester and this 80 -hour practicum places students in primarily acute patient care settings.

The fourth professional (P-4) year is composed entirely of advanced pharmacy practice experiences (APPEs), which augment the student pharmacist's education by providing professional experiences in many areas of contemporary pharmacy practice. The purpose of the APPE year is to facilitate the student's transition from a didactic learner to a competent, caring professional who provides optimal patient care and maximizes positive patient outcomes. During this transition, the student is expected to refine the knowledge, skills, attitudes, and values that are important to provide patient care and prepare to assume a vital role as a member of the pharmacy profession. Guided and evaluated by preceptors (faculty and adjunct faculty members), students will complete a total of 7 modules of 6 weeks in duration. The four required modules include community practice, hospital practice, acute care general medicine, and ambulatory care practice. Unless otherwise arranged, these modules will be completed in Illinois or contiguous border localities. The three additional elective modules include both direct and non-direct patient care experiences completed in a variety of pharmacy practice settings. At least one of the elective modules must be completed in a direct patient care setting.

OECPE POLICIES AND PROCEDURES

Attendance

Attendance is **MANDATORY**. Any **UNEXCUSED** absence can result in a failing grade.

Advanced pharmacy practice experiences are a full-time commitment. Students are expected to be at their assigned practice site for a minimum of 40 contact hours per week (240 hours or more during the 6 week rotation) in order to complete the 1,680 hours of advanced pharmacy experience contact hours required for graduation. Students are to report to their assigned practice site as scheduled and be punctual. Chronic tardiness, as documented by the preceptor, may result in failure of the APPE course. Depending on the discretion of the preceptor, the student and preceptor may agree to later arrival times or the rotation may include variable schedules (e.g., evenings, nights, weekends, holidays, etc.) on the assigned days. However, the student is responsible for adhering to the schedule as arranged by the preceptor. Additionally, there may be situations in which rotation days may extend beyond the required 8 hours for the student's overall educational benefit.

Students will return to campus at 9am (or pre-announced time) on the last Friday of each module to turn in evaluation forms, participate in mandatory case conferences/assessments and other activities. Attendance at all end of module meetings is mandatory.

Absences

To guarantee achievement of rotation goals and objectives, it is advised that students avoid taking time away from their rotations. In general students will make up the time for any days missed during a rotation. However, it is recognized that students may need time off for illness, job/residency interviews, or other emergent issues. The following guidelines address situations dealing with "time off":

What is an "excused absence?"

Over the course of the year, there may be instances where students will need to be excused from their APPE activities. These instances include, but are not limited to, illness, job or residency interviews, personal emergencies, religious observances, professional activities, etc. In case of an emergency or illness, it is the responsibility of the student to contact the preceptor and the APPE Director promptly (at the beginning of the rotation day) via telephone, e-mail, or a voice-mail message. Documentation from a physician in cases where a student is absent due to illness more than 2 days is required. Any rotation hours missed must be made up at the discretion of the preceptor and/or APPE Director. Students are required to arrange approval for any absences not due to an emergency or illness. These requests must be discussed with the preceptor AND the APPE Director in advance of the absence for approval. Please note that the preceptor maintains any and all rights to **DENY** a student's request for absence, based on the workflow situation and/or patient care requirements (in other words, students cannot expect that they will automatically get the day they want "off"). An "Absence Request and Approval Form" (obtained from the CSU-COP Office of Student Affairs) must be completed, signed by the preceptor, and submitted to the OECPE for final signature prior to the planned absence. Requests to attend national meetings should be submitted no less than 10 business days in advance and all student travel approval policies/procedures must be followed. Any unexcused absence can result in a failing grade for the rotation.

Exceptions to the above requirements to make up missed time at the practice site are site approved holidays, the Career Fair, mandatory class meetings, core rotation assessments, and/or related occurrences.

How many absences are allowed?
There are no sick days or personal days built into rotations. A student will be permitted a maximum of 10 days of excused absences during the entire academic year. If a student misses more than 5 days during any given module, he/she may be withdrawn from the rotation and required to register for an equivalent module at the beginning of the next APPE rotation year. Exceptions to this rule will be handled on a case-by-case basis. An excused day off is a privilege and not a right. As such, it is not expected that a student will utilize all of the days during the year as if they are "paid time off (PTO)". These days are reserved to cover emergent needs. Making up all work missed, regardless of the reason for the excused absence, is expected.

How do I make up the work?
For any absence (1 day or more), it is still the student's responsibility to complete ALL required APPE assignments and/or activities before the final grade is issued. It may be necessary for the student to make up all absences or work missed by working evening and/or weekends at the discretion of the preceptor (in consultation with the OECPE as appropriate).

At the conclusion of the rotation module, preceptors will verify that required hours were completed by the student on the designated section of the APPE Student Rotation Evaluation Form.

What About Inclement Weather?
In the event of inclement weather, the student must adhere to the instructions of the preceptor and site (not CSU). Absences due to inclement weather (as approved by the preceptor) must be made up prior to the end of the APPE.

Professional Conduct and Dress Code

All students are expected to continue to adhere to the "Code of Conduct" (as listed in Chicago State University College of Pharmacy Student Handbook) and Dress Code of the College. Failure to comply with the conduct rules will result in disciplinary action that could include failure of the rotation or dismissal from the program.

The following Dress Code is mandatory and must be adhered to by **ALL** students:

1. All students must wear a neat, clean, pressed, short white lab jacket with the College of Pharmacy insignia embroidery as well as their CSU-COP nametag.

2. Female students must wear skirts, dresses, or dress slacks with appropriate hosiery and shoes (no tennis shoes or open-toed shoes).

3. Male students must wear dress slacks, dress shirts and ties, socks and appropriate shoes (no tennis shoes or open-toed shoes).

4. Jeans, shorts, athletic shoes, flip-flops, T-shirts, athletic outfits, spandex, halter-tops or other revealing clothing, hospital scrubs (unless indicated) are not acceptable and are not allowed.
5. Jewelry, sunglasses, perfumes, etc. should be minimized.

6. All students must maintain good personal hygiene at all times.

Each site may have additional dress requirements that must be followed. Each student should check with their preceptor at least three weeks before reporting for the first day of the experience to determine the place and time to report as well as become familiar with any special requirements.

No personal calls are permitted on site telephones. Pay phones may be available for student use. Students' private cell phones, pagers and other communication devices must be turned off (or on silent/vibrate mode) while at the site.

Compliance with Practice Site Policies and Procedures

Students must comply with all policies, procedures, rules, laws and regulations that relate to the practice site, including, but not limited to, confidentiality, infection control and safety.

Parking and Transportation

Parking arrangements are site-dependent. Students should check with their preceptors prior to the start of the experience for additional information. Any costs associated with parking or transportation are the responsibility of the student.

Students are expected to provide their own transportation to and from the site. This may include, but is not limited to, the use of public transportation. Students are encouraged to organize car pools with other students, if feasible.

Students are responsible for their own housing accommodations during the APPE year, with some limited exceptions. For sites located outside of the Chicago metropolitan area, the OEE may be able to assist with obtaining housing, but the student is responsible for the cost and other requirements.

Non-Compensation of Students

A student is not an employee of the practice site and therefore should not be financially compensated for the any rotation activities. Violation of this policy will result in removal of the student from the practice site and may result in immediate failure of the rotation. Housing and food, when provided by the site, are allowed.

Student Employment & Student/Preceptor Relationship

Students may not work during scheduled APPE hours. To avoid circumstances or relationships that could adversely affect the student/preceptor relationship, students are prohibited from completing a practice experience at a practice site (including a company) in which they are currently employed without approval from the Assistant Dean of OECPE. Exceptions would include the selection of a direct patient care APPE in an area where they will not have substantial daily contact with their usual assigned work area (e.g., student employees of a medical center central pharmacy may not select the Hospital Practice APPE but may select a Critical Care APPE at that location; student employees of a community pharmacy site may not select the Community Practice APPE but may select an Administrative APPE with the company, etc.). Violation of this policy will result in removal of the student from the practice site and may result in immediate failure of the rotation.

Additionally, students are prohibited from completing a practice experience with a preceptor with whom they have ever worked with as a pharmacy technician or ancillary pharmacy staff, are currently working with, or are currently related to in any way without approval from the Assistant Dean of OECPE. Violation of this policy will result in removal of the student from the practice site and may result in immediate failure of the rotation.

Professional Liability Insurance

Chicago State University College of Pharmacy provides and maintains comprehensive professional liability insurance for students.

Health Insurance

It is a requirement and responsibility of the individual student to secure and maintain current health insurance coverage. In the event that a student does not possess private health insurance, students may enroll in a comprehensive health insurance program provided for students through Chicago State University. The College does not cover treatment for injuries that students may sustain or health conditions they may contract while participating in the experiential education program. Any other insurance coverage (i.e., life, auto, etc.) is the responsibility of the individual student.

IDFPR Student Pharmacist-Pharmacy Technician Registration

Prior to beginning any pharmacy practice experience academic coursework, students must possess a current and valid pharmacy technician (P-1) or student pharmacist-pharmacy technician (P-2 through P-4) license issued by the Illinois Department of Financial and Professional Regulation (IDFPR). The license must remain in good standing throughout the entire tenure at the College and students should carry proof of licensure at all times. The license must

be renewed annually, by March 31st . This may be done by going online to the Illinois Department of Financial & Professional Regulation website, http://www.idfpr.com, where the renewal process can be completed. The box indicating "pharmacy student" should be checked prior to submission and a verification of "student in good standing status" will need to be submitted from the Office of Student Affairs. Once received, a copy of the license must be turned in to the Office of Student Affairs. Violation of this policy will result in removal from the practice site with the possibility for immediate failure of the rotation. [Note: If you have moved since your last renewal, you must inform the IDFPR of your new address. Failure to do this may cause your license to lapse, as your renewal notice will NOT be forwarded.]

On the first day of the rotation, students MUST present a copy of their IDFPR student pharmacist-pharmacy technician license to their preceptor. Students not presenting their IDFPR student pharmacy technician license to their preceptor on the first day may be prohibited from starting the rotation.

For students completing rotations outside of the State of Illinois:

All core APPE rotations will be completed in the State of Illinois or neighboring border-states (with the prior arrangement/approval of the APPE Director). For rotations completed outside of Illinois, proof of compliance with that state's technician or student internship licensure requirements/regulations is required prior to beginning the rotation. Verification must be submitted to the APPE Director at least 30 days prior to the start date of the rotation. Proof of licensure should be carried at all times during the rotation.

Criminal Background Checking and Drug Screening

Chicago State University College of Pharmacy requires criminal background checks of all students enrolled in the Doctor of Pharmacy program. Background checks will be initially completed during the first semester of the Doctor of Pharmacy program and each subsequent fall semester of professional years 2 and 3. The final criminal background check will be completed prior to beginning the advanced pharmacy practice experience (APPE) in the summer of the 4th-professional year. However, the College-initiated criminal background checks do not preclude any experiential education site from conducting their own criminal background check process (including fingerprinting) based on their operational policy. Additional criminal background checks may be required as dictated by changes in experiential education site requirements.

The Chicago State University College of Pharmacy is committed to educating student professionals who are free from alcohol abuse or the use of illegal drugs (Illegal drugs include any substance which is not legally obtainable or which may be obtainable but has not been legally obtained or which is used in a manner or for a purpose other than as prescribed in compliance with applicable state and federal laws). Students may not report to the College or experiential education sites under the influence of drugs or alcohol nor consume alcoholic

beverages or take illegal drugs while at the College or at any experiential education site. Drug screenings will be initially run during the first semester of the Doctor of Pharmacy program and each subsequent fall semester of professional years 2 and 3. The final drug screen will be completed prior to beginning the advanced pharmacy practice experience (APPE) in the summer of the 4th professional year.

Immunizations and Physical Exam

Prior to beginning any rotations, the student must have current immunizations and show proof of immunity (quantitative titers), at a minimum, for the following:

- Measles (Rubeola)
- Mumps
- Rubella
- Varicella
- Hepatitis B
- Tetanus Diphtheria (updated every 10 years)

Additionally, students must annually obtain and show proof of either a negative tuberculosis skin test or, if the skin test is positive or has been positive in the past, a chest x-ray showing lack of active disease within the last 2 years (or as required by the experiential education site). A two-step tuberculin skin test or QFT-G blood test, based on the infection control policies of the experiential education site, may be required.

Likewise, an annual seasonal flu vaccination is required for all students at Chicago State University. Some experiential education sites may require additional immunizations as well as documentation of more frequent screenings.

Students are required to keep a copy of their proof of immunizations with them while on APPE rotations. If there are special health circumstances preventing the receipt of the above immunizations, a letter from a personal physician must be submitted to explain these circumstances.

Blood Borne Pathogens Exposure and Needle-Stick Policy

Universal Precautions:

Precautions must be observed when dealing with body fluids of any type and amounts. All students performing tasks with educational exposure shall practice universal precautions. As such, all human blood or other potentially infectious materials (OPIM) shall be considered to be infectious for HIV, HBV, HCV, and other bloodborne pathogens (BBP), regardless of the perceived status of the source individual. All students performing tasks with a potential for educational exposure shall perform such tasks in a manner consistent with universal precautions.

Exposure Incident:

"Exposure incident" means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that results from the performance of a student's duties. An individual who sustains an exposure incident shall immediately conduct first aid. When such an exposure (or "needle-stick") occurs, the following steps must be followed:

1. The exposure site should first be thoroughly washed with soap and water and/or irrigated for 15 minutes.
2. The student should <u>immediately</u> report the incident to the supervising faculty member or preceptor.
3. A Blood Fluid/Needle Stick Incident Exposure Report Form **must** be completed on what happened. The contact information of all involved parties should be obtained as part of this document.
4. The student should seek immediate evaluation at one of the following locations (as applicable):
   - During regular business hours: Chicago State University Wellness Center, ADM 131. 773/995-2010
   - After regular business hours: Advocate Trinity Hospital, 2320 East 93rd Street, Chicago, IL 60617, 773/967-2000, or the closest hospital emergency room.

   a. Identify yourself as a CSU College of Pharmacy student and that you have just experienced an exposure to possible blood borne pathogens.
   b. You will be referred to a special team of professionals trained to handle this situation. It is possible that some facilities may insist that you follow their procedures and seek treatment in their institution. The student should seek guidance from the supervising faculty member or preceptor on what to do.
   c. The student should have a post-exposure evaluation completed. A post-exposure evaluation (PEP) should include a risk assessment of the potential for HIV transmission based on the type of body substance involved, as well as the route and severity of the exposure.
   d. For incidents that involve a specific patient, arrangements should be made to evaluate the person whose blood or body fluid was the source of the exposure. That patient should be asked to accompany the student to or report on her/his own to a Hospital Emergency Department for evaluation as well (at no cost to the patient). This is generally done through established institutional protocols that will be initiated by the health care provider evaluating your exposure, and may include serological assessment of hepatitis B, hepatitis C, and HIV infection. In the absence of known-source HIV status, clinical information about the source, if known, will be used to suggest or rule out possible HIV infection. The risk assessment of both the severity of the exposure and the HIV status of the source will help determine whether post-exposure prophylaxis (PEP) for HIV is recommended. If indicated, PEP should be initiated as soon as possible after an exposure (i.e., within a few hours). It is important that the post-exposure evaluation be completed as soon as possible. If HIV PEP is initiated, then medical follow up, further lab studies, and additional counseling should occur.
   e. The student will generally undergo baseline testing for susceptibility to BBP at the time of the exposure including the antibody to HIV. The need for and

appropriate interval for follow-up testing will depend to some degree on the source patient's test results as well as the student's baseline status. It is important to note that there is no recommended post-exposure prophylaxis for hepatitis C, which is a more prevalent blood borne pathogen than HIV. Thus, follow-up testing after an exposure to a source infected with hepatitis C is extremely important.

5. The supervising faculty member or preceptor **must** submit the Blood Fluid/Needle Stick Incident Exposure Report Form and the student must report in detail all subsequent actions taken to the Office of Experiential Education (OEE) within 24 hours. The OEE will notify the Director of the Wellness Center and the CSU Life Safety Specialist of the incident.

6. Students should cooperate with the evaluation, treatment, and follow-up recommendations made at the time of their exposure assessment.

7. Students are responsible for all expenses incurred in the management/treatment of these exposures and should seek payment/reimbursement through their health insurance company.

Questions regarding the Blood Borne Pathogen policy and procedures should be directed to the Assistant Dean of OECPE, Dr. Charisse Johnson (773/821-2587), the Director of the Wellness Center, Dr. Lisa Young (773/995-2011), or the CSU Life Safety Specialist Mr. Fred Williams (773/995-3675). For further information, consult the CSU Bloodborne Pathogen Exposure Control Plan.

Confidentiality

During the rotations, students will have access to privileged information, such as (but not limited to) patients' health and medical conditions, insurance information and financial information. Students may also have access to site-related information, such as (but not limited to) business operations and/or trade secrets. Such confidential information may be verbal, on paper, contained in software, visible on screen displays, in computer readable form, or otherwise. Students are strictly prohibited from accessing, using, removing, disclosing, copying, releasing, selling, loaning, altering or destroying any confidential information except as authorized by the preceptor and/or facility. Breach of confidentiality will result in immediate failure of rotation and may also result in criminal prosecution under appropriate state and federal laws (i.e., HIPAA). Students will not discuss patient care or patient cases with anyone, including other healthcare providers, who are not participating in the patient's care, except for permissible communication on behalf of the patient's continuity of care or for permissible educational purposes. Prior to starting the first introductory pharmacy practicum, all students have signed the CSU Confidentiality Agreement. The site may also request that the student sign a site-specific confidentiality of information document.

Violation of Experiential Education Policies

Contact the OECPE Assistant Dean to report verbally and/or in writing violation of experiential education program policies. Incidents concerning alleged ethical and legal violations

of the practice of pharmacy, alleged sexual harassment, verbal abuse, inappropriate and/or offensive physical contact and all forms of discrimination should **NOT** be reported on the evaluation forms at the end of the practicum. These incidents should be reported immediately through e-mail or telephone to the Director of Experiential Education in order to ensure the appropriate action will be taken in accordance with University/College guidelines.

Academic Honesty

Academic honesty and integrity are expected of all students throughout their course of study at Chicago State University College of Pharmacy. Any violation is considered to be a serious academic violation and may result in a written warning, reprimand, academic and/or disciplinary probation, suspension, or dismissal. Academic dishonesty constitutes a breach of academic integrity that violates the academic foundation of an institution and compromises the integrity and well being of the educational program.

The policies on students' academic and professional responsibilities are included in the Chicago State University College of Pharmacy Student Handbook.
http://www.csu.edu/collegeofpharmacy/studentaffairs/documents/StudentHandbook.pdf

*RxPreceptor Software**
The RxPreceptor is the online data management system utilized by the CSU-COP to administer and manage the professional practice program. RxPreceptor permits student selection of practice sites and submission of assignments. It also allows preceptors to access student-specific data and submit evaluations and grades. All students and preceptors are issued USER IDs and passwords to access RxPreceptor. Students and preceptors can do the following:

- Update student contact information throughout the year
    1. Address change – IMPORTANT NOTE: A primary/current address is required. Upon initial login you will want to update this information as it will say "unknown". You can also add/update your permanent address if it differs from your primary.
    2. A current cell phone number is required.
    3. Adding additional email addresses are acceptable.

- View assigned sites and site information

- Access preceptor and site contact information

- Access student contact information

- Complete student evaluations

- Complete preceptor/practice site evaluations

- Verify student rotation hours

The RX PRECEPTOR website can be accessed at the following link:
http://academicsuiterx.com/experientiallogin.php
The user will be prompted to login. For first time users, the username was sent via email from RxPreceptor. After logging in you will be able to change your user name and password.

RxPreceptor may also be accessed from the CSU-COP Office of Experiential Education home page:
http://www.csu.edu/collegeofpharmacyexperientialeducation/index.htm

Please remember your password for future use as your username and password will follow you throughout your academic career; it is not course-specific.

For RxPreceptor login and password information, please contact Dana Blanton, Program Specialist, in the OECPE at 773-821-2152 or via email at dblanton@csu.edu.

*Software program used and functions to be completed within the software program are subject to change throughout the APPE year. Students and preceptors will be notified as soon as possible should such changes occur.

APPE CLINICAL INTERVENTIONS/OUTCOMES DOCUMENTATION

An important component of providing clinical pharmacy services is the documentation of the services provided. This not only occurs in the completion of a SOAP note as a written communication for other health care professionals engaged in the care of the patient but also can include an intervention documentation form that categorizes and further analyzes the type of intervention provided as its resultant outcomes. This type of documentation is also included as an element in the justification of provided services, utilizing cost-avoidance calculations described in the pharmacy and medical literature. Thus, student pharmacists are required to complete an APPE Clinical Intervention/Outcomes Documentation Form for each clinical intervention performed during an APPE rotation.

Students should record all interventions for which they were directly responsible for at the site as it relates to the identification and/or resolution of drug related problems. Intervention types include: identification and/or resolution of untreated indication, duplicative therapy, allergies, subtherapeutic dosage, overdosage, adverse drug reactions, medication errors, and contraindications. The student should submit the form to the preceptor for review, feedback and approval signature. In lieu of the APPE Clinical Interventions/Outcome Documentation form, the student may use another form (electronic, etc) as approved by the preceptor.

APPE Site Changes

Final placement and registration of all fourth-year students is solely the responsibility of the OECPE. Under NO circumstances may students arrange for their own preceptors. If students have a suggestion for a new site or a request for a change of schedule, the OECPE should be contacted...NOT the preceptor. After the conclusion of the registration process, a student may submit a request for a change in their assignment within the guidelines below. The process is as follows:

1. Student assignment site change requests will be addressed on a case-by-case basis depending on the nature of the request. Example reasons include (but are not limited to) the following:
    a. Preceptor leaving rotation site or no longer able to take a student
    b. Personal health issues
    c. Family emergent issues
    d. Other programmatic issues

2. The student will not contact the preceptor directly to request an assignment site change. Failure to comply with this will automatically prevent approval of the request.

3. Students may view preceptor availabilities through RxPreceptor at any given time. Please remember that these numbers can and will change throughout the year and because the preceptor seems available in the system does not necessarily mean that they are still available. Likewise, a new site could open up during the year which was previously not available. Announcements of such sites will be made as program needs dictate.

4. Students should submit their request through RxPreceptor (as applicable). Students will also be notified if a need to make an assignment change occurs. All changes in APPE assignments after the completion of registration must be handled through the OEE. In reassigning a rotation site, the student will be included in the selection of an alternative. However, the final placement is the responsibility of the OEE.

EVALUATIONS

During each rotation, the student and preceptor will complete evaluation tools to monitor the student's progress through the educational experience. All forms are available on-line in the RxPreceptor system.

Student Self-Assessment

> The student completes an initial assessment, using the APPE Student Rotation Evaluation Form, at the beginning of each rotation. This allows the student to initially assess his/her skills and competency prior to the start of the rotation and gauge his/her knowledge and skills growth at the end of the rotation. This assessment also assists the student to be more actively involved in their own learning process to enhance independent thinking and life-long learning.

Student Portfolio

> All students must complete and maintain an APPE Portfolio throughout the academic year. This portfolio will serve to enhance associations between existing, current knowledge, longitudinal educational and professional accomplishments, and future

learning needs. The portfolio will also enable preceptors to get a "snapshot" of the student's skills and abilities, completed projects and presentations, and other areas of progress throughout the rotations. Initially, all students must enter information into RxPortfolio for preceptor access prior to the beginning of the APPE year. This software serves as an "electronic resume and/or CV" repository. Information and instruction on additional information/items required for inclusion will be forthcoming. A combination of software tools (e.g., RxOutcomes, LiveText, etc.) may be utilized. It is expected that students will allow preceptor access to relevant areas of their portfolios. Students will not be required to share evaluations from previous APPE rotations with current/future preceptors unless by personal choice. However, sharing previous personal self-assessment information with current/future preceptors may be helpful in facilitating longitudinal growth and professional development.

Preceptor/Practice-Site Evaluation

The student must submit a Preceptor/Practice-Site Evaluation at the end of each rotation. The information and comments submitted on this form are considered confidential and a composite of the information is shared with the preceptor only after all rotations have ended. The evaluation form also provides the student with an opportunity to nominate a preceptor for the "Preceptor of the Year" award in recognition of their contributions to the student's experience.

Preceptor Evaluation of the Student

Mid-module (formative)

The preceptor completes a mid-module student evaluation (approximately 3 weeks into the rotation) using the APPE student evaluation form. A mid-module conference between the preceptor and student must be scheduled and used to discuss the student's progress. Unsatisfactory student progress should be reported to the OEE.

Final (summative)

The preceptor completes a final student evaluation during the final week of the rotation. The preceptor will evaluate the student's overall performance during the rotation. The preceptor will then issue a grade for the student, make a copy for the student and submit the evaluation either manually (in a signed, sealed envelope given to the student to bring to the class meeting on the final day of the rotation) or electronically to the OEE no later than 3 days after the completion of the rotation. The student must also complete a final self-assessment that will be discussed with the preceptor and retained in the student's portfolio.

Preceptor Evaluation of the Experiential Education Program

To help ensure that the Office of Experiential and Continuing Professional Education provides the support (e.g., information, communication, supplies, etc.) that is essential for preceptor success, a component of the College's experiential program quality assurance process includes the preceptor completing an evaluation of the experiential education program. There will be an annual evaluation submission by each preceptor and a more comprehensive periodic evaluation (American Association of Colleges of Pharmacy-AACP) provided for this purpose.

PRECEPTORS

Preceptors are critical to the success of our program by providing learning experiences that help ensure the transition of student pharmacists into effective and responsible pharmacy practitioners. Thus, preceptors have key responsibilities in the success of the experiential program.

Preceptor and Practice Site Criteria and Selection

The College obtains information about the preceptor and practice site to ensure a quality educational experience for the student. Information requested of the preceptor includes contact information, site name, highest professional degree obtained, pharmacy school graduated and year, other degrees, residency training, states licensed, and other related information. Site information includes the type of rotation offered, site description, clinical specialties offered, and other site-specific information. The preceptor's name, contact information, site description, rotation description, and pertinent information about the preceptor/site is published in RxPreceptor to allow the student to obtain the necessary information to help determine site/preceptor selection and facilitate communication.

The following are the criteria used to select preceptors for CSU-COP professional practice experiences:

- The preceptor must be licensed and in good standing by the respective Board of Pharmacy as required by the practice environment;
- The preceptor must have at least one year of pharmacy practice experience as a pharmacist with at least six months of experience at the respective practice site;
- The preceptor must complete the CSU-COP Preceptor Orientation module;
- The preceptor should be willing to attend University and/or College sponsored educational and training programs aimed to expand the knowledge base in effective teaching strategies, pedagogical theories and application, and other techniques to facilitate student learning;
- If not having prior served as a preceptor, the preceptor must complete the appropriate Preceptor 101 track module which focuses on general and introductory concepts of effective teaching in a professional practice setting;
- The preceptor must complete a Preceptor Application Form; and
- The preceptor must adhere to a philosophy of education that is consistent with the educational mission of CSU-COP and adhere to all guidelines of the program.

The following are the criteria used to select a practice site for CSU-COP professional practice experiences:

- The practice site must be licensed and in good standing by the respective Board of Pharmacy and other applicable regulatory entities as required by the practice environment;

- The practice site must, in conjunction with CSU-COP, fully execute and abide by all conditions and requirements as contained within the "Affiliation Agreement for Student Placements in a Practice Setting" or other agreement as mutually agreed upon by the practice site and CSU-COP;
- The practice site must submit a "Pharmacy Practice Experience Site Profile" to the Office of Experiential Education;
- The practice site must exhibit a commitment to the education of student pharmacists by fostering an environment that nurtures student learning, encourages adequate and meaningful interactions with patients and staff, and possess the appropriate technology and resources to support student pharmacist training; and
- The practice site must be devoted to providing patient-centered care consistent with contemporary pharmacy practice.

Preceptor Expectations and Responsibilities

General Provisions

Preceptors are critical to the success of our program and therefore, have key responsibilities. Preceptors are encouraged to become familiar with the APPE materials prior to the student's arrival. Preceptors should also develop a schedule of activities for the students; however sample schedules and activities will be provided (as applicable) in the practicum materials.

When the student arrives, preceptors should conduct an orientation with the student as soon as possible, which should include a tour, detailed explanation of the workflow, introductions to staff, and overview of policies and procedures.

Throughout the APPE, the preceptor should monitor the student's progress toward achievement of the learning objectives, required hours, and assignments. Preceptors should communicate their expectations clearly, interact with the student at regular intervals, be readily available to the student, encourage self-directed learning, and provide on-going feedback. Preceptors are encouraged to assess student progress at regular intervals and share those observations with the students in a private and appropriate manner.

At mid-module, preceptors should complete a formal evaluation of the student's achievement of the learning objectives using the APPE student rotation evaluation form. This form is not required to be submitted to the OEE (unless there are areas of significant concern) but should serve as a formative assessment tool to assist in the identifying of student strengths and areas needing improvement. Student progress can be discussed with the OECPE at anytime during the module. At the conclusion of the APPE, preceptors should conduct a final (summative) evaluation and submit all required documents.

If a difficult situation with a student arises, the preceptor should discuss the situation with the student immediately and maintain detailed documentation of the situation. Consultation with the APPE Director is encouraged for input regarding the situation. Preceptors should also contact the OECPE Assistant Dean to report verbally and/or in writing violations of experiential education program policies. Incidents concerning alleged ethical and legal violations

of the practice of pharmacy, alleged sexual harassment, verbal abuse, inappropriate and offensive physical contact and all forms of discrimination should NOT be reported on the evaluation forms at the end of the practicum. These incidents should be reported immediately through e-mail or telephone in order to ensure the appropriate action will be taken in accordance with University/College guidelines.

Experiential Site Expectations:

- Meets all state and federal laws related to the practice of pharmacy
- Provides adequate patient population information based on the learning objectives for the rotation
- Provides patient care services for diverse populations (as applicable)
- Provides access to library and learning resources (as applicable) sufficient to support the rotation objectives and expectations
- Demonstrated commitment to the education of student pharmacists
- Reinforces ethical behavior related to the practice of pharmacy
- Supports professional staff involvement in the education of student pharmacists
- Nurtures and supports pharmacist and student pharmacist interactions with patients (as applicable) in the practice environment
- Provides daily contact with the preceptor or a qualified designee to ensure that students receive feedback and have opportunities to ask questions
- Provides adequate technology in support of the rotation objectives and expectations
- Encourages pharmacists' participation with multidisciplinary/interdisciplinary health care professionals

Preceptor Benefits

Adjunct Appointment/Accessing CSU Library Remotely

The College realizes the time and resources preceptors dedicate to our students. Therefore, all preceptors will be granted an adjunct appointment to the University.

The adjunct appointment affords preceptors certain benefits and privileges, such as a CSU e-mail account for communication with the University community, access to faculty development opportunities, and remote Internet access to the University Library. Your USER name, password (which are also used to access remote library services) and email address will be mailed to you by the CSU Information Technology Division. If you do not receive your USER name, password and e-mail account, please contact the Office of Experiential Education at 773-821-2152 or at OEE@csu.edu.

To access pharmacy specific databases from the Library, visit http://library.csu.edu; under "Information" click "Journals via databases" and then under "Subject List of Databases" click "Pharmacy"; you will be prompted to enter your USER name and password.

Access to College and University Events

Preceptors also receive invitations to and recognition during special events held by the College, in College-published newsletters, receive reduced fees for attendance at selected College and/or University-sponsored education events, and have access to University athletic facilities (with a University-issued ID card).

Preceptor Education and Training Program (Faculty Development)

The College offers programming designed to ensure that preceptors have the knowledge and tools necessary to be effective teachers by providing various seminars focusing on topics such as educational methodologies, preceptor roles and responsibilities, and continuing professional development. More information can be found by visiting the following website:

http://www.csu.edu/collegeofpharmacy/experientialeducation/preceptored.htm

Chicago State University has also joined the Pharmacist's Letter Preceptor Training and Resource Network (PTRN) and is excited to provide access to this resource to preceptors. The PTRN offers preceptors access to:

- Information about precepting students at schools/colleges of pharmacy
- Preceptor training continuing education courses
- Pharmacist's Letter journal club handouts and preceptor materials
- Preceptors Education Toolbox (syllabi, grading and evaluation, assignments, exams)
- Preceptor Interact discussion groups

Pharmacist's Letter may be accessed via the following link:
http://www.pharmacistsletter.com/?refer=chicagostate/ptrn

Preceptor Pearls[1]

- Whenever possible, the preceptor should set aside "interruption free" time with the student to help facilitate communication throughout the practicum. This interruption free time is particularly important at the beginning of the practicum so that clear expectations can be set.

- Remember that students are vulnerable and sometime hesitant to ask questions. Preceptors should encourage open dialogue so that the preceptor and student can get the most of the experience.

- Although some shadowing and observation will be necessary especially at the beginning of a practicum and with junior students, preceptors should encourage and promote active student participation. Incorporate students into daily activities as allowable and appropriate.

- Preceptors naturally serve as professional role models for students, so preceptors should demonstrate by example utilizing their various skills and talents.

- Preceptors should facilitate student achievement of the goals, objectives and minimal competencies as set out by the College.
- When appropriate and as needed, preceptors should give constructive feedback. Conversely,

recognize achievements and encourage your student.

1. Lourdes M Cuellar, Dianne B Ginsburg. Preceptor's Handbook for Pharmacists. American Society of Health-System Pharmacist. 2005

College Responsibilities

General Provisions

The Office of Experiential and Continuing Professional Education (OECPE) will ensure that the students and preceptors are provided with the necessary resources and materials. The OECPE will also ensure that both students and preceptors adhere to the guidelines for the program.

APPE PROGRAM (Performance Standards and Learning Outcomes)

Course Descriptions
The advanced pharmacy practice experiences provide full-time experiences with a variety of patients and disease states that pharmacists are likely to encounter in practice. The APPE consists of seven 6-week rotation cycles; comprised of 4 required and 3 elective rotations. During the APPE year, each student is expected to refine the knowledge, skills, professional attitudes and behaviors necessary to become a competent pharmacist practitioner. The required advanced pharmacy practice experiences emphasize the need for continuity of care throughout the health care delivery system. Pharmacy practice experiences include direct interaction with diverse patient populations in a variety of practice settings and involve collaboration with other health care professionals.

The student, under the direction of the faculty preceptors, will integrate his/her knowledge of physical assessment, pharmacology, pharmacotherapy, pathophysiology, pharmaceutics, pharmacokinetics, and pharmacodynamics in assessing therapeutic plans and in evaluating as well as recommending (participate in the decision-making process of) the drug therapy regimen for patients. At each practice site, the student is expected to become a functioning component of the ongoing patient care services through preceptor instruction and self-learning. In addition, a number of assignments and/or activities designed to reinforce the education being acquired in the practice setting (e.g., patient case presentations, projects, journal clubs, health care professional and/or community presentations, etc.) are required to be completed relative to the practice site and rotation type.

PERFORMANCE STANDARDS:

To successfully complete the APPE rotation sequence, the student must accomplish the following:

1. Complete four (4) required APPEs meeting all learning objectives and site-specific responsibilities and/or activities in accordance with the course syllabi and receive a final grade of C or higher. The (4) required APPEs are: Ambulatory Care (PHAR 6422), Community (PHAR 6423); Institutional (PHAR 6424); and General Medicine (PHAR 6425);
2. Complete three (3) elective APPEs meeting all specific learning objectives and site-specific responsibilities and/or activities in accordance with the course syllabi and receive a final grade of C or higher. At least one of the APPE electives must be a direct-patient care APPE;
3. Complete the required number of patient care skills embedded in each of the required APPEs in accordance with the general skills practice checklist;
4. Attend at least one professional meeting and submit the "APPE Student Professional Meeting Documentation Form"
5. Complete the APPE Capstone research project including developing and implementing the project, and creating a research poster and manuscript suitable for publication; and
6. Complete the Student Portfolio.

APPE Student Learning Outcomes (Competencies):

Upon completion of each required and elective direct patient-care APPE, the student should be able to:

1. Utilize a systematic problem-solving approach to patient care.

2. Utilize the acquired knowledge base to assess the patient and formulate a therapeutic plan.
3. Demonstrate proficiency in recommending and implementing a therapeutic plan.
4. Identify and evaluate the current literature and apply this information to patient care.
5. Effectively communicate, both verbally and in writing, with patients and other healthcare providers.
6. Demonstrate self-learning and self-assessment abilities and habits.
7. Demonstrate leadership abilities.
8. Demonstrate professionalism and professional ethics.
9. Demonstrate proficiency in the role of the pharmacy practitioner, as a member of the healthcare team, in provision of quality patient care.
10. Demonstrate ability to conduct further research and/or improving pharmacy services.

Upon completion of each elective <u>non-patient care</u> APPE, the student should be able to:

1. Utilize a systematic approach to make rational and responsible decisions to complete site-specific tasks.
2. Utilize a systematic approach to make rational and responsible decisions to answer questions and/or solve problems appropriate to the practice setting.
3. Effectively communicate, both verbally and in writing, with other professionals.
4. Retrieve and evaluate medical information and literature appropriate to the practice site.
5. Apply sound management principles to all aspects of practice setting operations.
6. Demonstrate ability to improve services and conduct research.
7. Demonstrate self-learning and self-assessment abilities and habits.
8. Demonstrate leadership abilities.
9. Demonstrate professionalism and professional ethics.

Academic Standards for Advanced Pharmacy Practice Experiences

If a student fails to earn a grade of C or better on an advanced pharmacy practice experience, he/she must repeat the same type of experience. After consideration of the circumstances, the Academic Standing Committee may grant the re-take with additional requirements which can include:

1. the student to undergo a period of directed independent study to correct knowledge deficiencies
2. the student being placed on a leave of absence before repeating the experience

Actions of the Academic Standing Committee are not limited to the above and decisions will be determined on a case-by-case basis. The time of the repeat will be as early as possible once the student has satisfied the Committee's requirements and is subject to availability of experiential sites as determined by the Office of Experiential Education. The repeat, if granted, must be completed within 12 calendar months. Students are allowed only one repeat of an advanced pharmacy practice experience while enrolled at CSU-COP. Failure to earn a C or better on a second advanced pharmacy practice experience may result in a recommendation for dismissal.

PHAR 6422-Ambulatory Care Pharmacy Syllabus

Course Title: ADVANCED PHARMACY PRACTICE EXPERIENCE (REQUIRED): Ambulatory Care

Course Number: PHAR 6422

Course Credit: 5 credit hours

Meeting Times and Location: Students are expected to be at their assigned practice sites for a minimum of 40 contact hrs per week (240 contact hours for the 6 week APPE). Depending on the discretion of the preceptor, the student may agree to later arrival times and/or the APPE may include variable schedules (e.g., evenings, nights, weekends, holidays, etc).

Course Coordinator: Dr Charisse Johnson, Assistant Dean; DH 203-C, 773-821-2587; c-johnson@csu.edu; office hours are by appointment only.

Course Instructors: Faculty and Preceptors for Chicago State University College of Pharmacy

Prerequisite(s): Completion of PHAR 6421 or consent of instructor and fourth professional year standing.

Course Description: During this 6 week APPE, students will be responsible for the provision of direct patient care in a general or specialized outpatient setting. Students will: obtain and review medication histories, perform patient medication counseling and disease-specific education, address drug interactions, adverse effects and adherence issues, collaboratively work with the healthcare team, and

provide therapeutic recommendations to ensure positive patient outcomes. The focus will be to provide patient-specific, evidence-based pharmacotherapy and to develop the essential skills necessary to promote appropriate and safe drug utilization and management in an ambulatory care setting.

Course Learning Objectives: By the end of this APPE, the student should be able to:

 1. Describe the roles and responsibilities of pharmacists in an ambulatory care practice setting

 2. Participate in the daily patient care activities as directed by the preceptor

 3. Explain the pathophysiology, clinical presentation/symptomology, diagnosis and therapies of the most common disease states encountered in an ambulatory care setting

 4. Explain the mechanism of action, pharmacokinetics, dosing/administration, adverse reactions, precautions/contraindications, and other related information of medications used to treat the most common disease states encountered in an ambulatory care setting

 5. Utilize a systematic problem-solving approach to gather and assess patient data

- Gather, interpret and integrate subjective and objective information in the drug therapy decision making process
- Develop a pharmacy care plan including adjustments in drug, dose, regimen, patient education, lifestyle modification and follow-up monitoring to resolve identified problems and achieve desired outcomes

6. Identify drug-related problems

- Identify parameters to monitor for the desired therapeutic outcome and for detection and prevention of adverse effects
- Identify and report medication errors and adverse drug reactions in accordance with site-specific procedures

7. Design (or select), recommend, implement, monitor and document patient-specific drug therapy plans using evidence based medicine

- Define appropriate therapeutic goal(s) and determine whether desired outcomes have been achieved
- Identify a patient and present a formal case presentation

8. Communicate with other health care professionals

9. Communicate with patients/caregivers

- Obtain patient medication histories
- Counsel patients regarding nonprescription medications, dietary supplements, diet, nutrition, traditional non-drug therapies, and alternative therapies as appropriate

10. Retrieve and evaluate drug information and literature

- Critically assess a journal article from the primary literature and formally present the findings
- Use clinical and scientific publications to develop pharmacy care plans
- Provide accurate and appropriate drug information to patients and other health professionals

11. Demonstrate self-learning and self-assessment abilities and habits

12. Demonstrate professionalism and professional ethics

13. Appraise and discuss practice management issues pertaining to the site (e.g. formulary, collaborative practice agreements, provider reimbursements, access to medications)

14. **Course Assessment:**

APPE Assignments: By the end of this APPE, the student should complete the following assignments (*all topics to be approved by preceptor*)

1. Formal Patient Case Presentation
2. Formal Drug Information Consult
3. Formal Journal Club Presentation
4. APPE General Skills Checklist: Ambulatory Care

Course Grade Scale: The student's overall performance during the APPE will be evaluated using the "CSU-COP Student Evaluation Form (Direct-Patient Care)" which will constitute 60% of the overall final course grade. Additionally, APPE assignments will constitute 30% of the final course grade and the APPE Case Conference Assessment will constitute 10% of the overall final course grade.

Final course grades for this APPE will be assigned based upon the following:

A:≥4.3

B: 3.3- 4.2

C:2.2-3.2

F: ≤2.1

Failure to submit the APPE General Skills Checklist to the APPE Director at the conclusion of the APPE end of module meeting , or attend the mandatory case conference will automatically <u>result in a grade of "incomplete (I)" for the Module until this requirement is satisfied.</u>

Required Text and Materials: CSU-COP APPE Preceptor and Student Manual

Cell Phones, Pagers and other Communication Devices: Refer to OECPE Policies and Procedures.

Dress Code: Refer to OECPE Policies and Procedures.

Attendance and Participation: Refer to OECPE Policies and Procedures.

Important Dates: Refer to OECPE Policies and Procedures.

CHICAGO STATE UNIVERSITY

COLLEGE OF PHARMACY

APPE General Skills Checklist: Ambulatory Care

The following activities have been identified as requirements for completion of the ambulatory care APPE at CSU-COP.

Preceptor: Please check off the following activities for submission at the end of the APPE. The student should minimally complete the following activities:

- 10 medication history consultations
- 10 medication counseling consultations per week (new prescriptions, refills, self-care/OTC, etc.)
- 5 physical assessments (*as applicable and appropriate to the practice site*): blood pressure, pulse, temperature, and/or respiratory rate, etc.
- 5 documented clinical interventions utilizing the *APPE Clinical Interventions/Outcomes Documentation Form" (or other acceptable form as approved by the preceptor)*

Student Name (printed):

Student Signature:

Module #:

Preceptor name (printed):

Preceptor Signature:

Date:

PHAR 6423-Community Pharmacy Syllabus

Course Title: ADVANCED PHARMACY PRACTICE EXPERIENCE (REQUIRED): Community

Course Number: PHAR 6423

Course Credit: 5 credit hours

Meeting Times and Location: Students are expected to be at their assigned practice sites for a minimum of 40 contact hrs per week (240 contact hours for the 6 week APPE). Depending on the discretion of the preceptor, the student may agree to later arrival times and/or the APPE may include variable schedules (e.g., evenings, nights, weekends, holidays, etc).

Course Coordinator: Dr Charisse Johnson, Assistant Dean; DH 203-C, 773-821-2587; c-johnson@csu.edu; office hours are by appointment only.

Course Instructors: Faculty and Preceptors for Chicago State University College of Pharmacy

Prerequisite(s): Completion of PHAR 6421 or consent of instructor and fourth professional year standing.

Course Description: During this 6 week Advanced Pharmacy Practice Experience (APPE), students will be responsible for the provision of direct patient care on patients with a wide variety of acute and chronic illnesses. Students will actively participate in the daily operations of a community pharmacy, including medication dispensing and distribution, counseling, provision of patient-centered pharmacy care services, inventory control, and workflow. Students will consult with physicians and other health care professionals, routinely monitor patients, and provide therapeutic recommendations to ensure positive patient outcomes. The focus will be to develop the essential skills necessary to effectively and efficiently manage a community pharmacy ensuring appropriate, safe, and cost-effective drug utilization and management.

Course Learning Objectives: By the end of this APPE, the student should be able to:

1. Describe the roles and responsibilities of pharmacists in the community pharmacy setting.
2. Participate in the patient-centered pharmacy care services offered at the practice site, including health promotion and disease prevention activities.
3. Explain the pathophysiology, clinical presentation, diagnosis, and therapies of the most common disease states encountered at the practice site.
4. Explain the mechanism of action, pharmacokinetics, dosing/administration, adverse reactions, precautions/contraindications, and other related information of medications used to treat the most common disease states encountered at the practice site.
5. Utilize a systematic problem-solving approach to gather and assess patient data.

- Collect pertinent information from the patient/caregiver, pharmacy records, and prescriber
- Perform necessary patient assessment techniques/tools

6. Accurately obtain verbal prescription orders from physicians and their representatives.

7. Assess prescription orders for completeness, authenticity, appropriateness, and accuracy.

8. Identify, examine, and resolve drug-related problems.

9. Process and fill prescription orders accurately in accordance with local, state, and federal laws and labeling requirements.

10. Utilize appropriate compounding procedures/techniques to accurately compound medications.

11. Identify, report, and resolve medication errors.

12. Design (or select), recommend, implement, monitor, and document patient-specific drug therapy plans using evidence-based medicine.
    - Evaluate point-of-care monitoring parameters, such as, blood glucose, peak flow, and blood pressure, as appropriate

13. Effectively communicate with other health care professionals.

14. Effectively communicate with patients/caregivers.
    - Obtain patient medication histories
    - Counsel patients on prescription medications and medical devices and verify their understanding
    - Assess patient symptoms and make recommendations for self-care products

15. Effectively retrieve and evaluate drug information and literature.
    - Retrieve and analyze literature and utilize reputable references to answer drug information questions from patients/caregivers and health care providers

16. Participate in inventory control, personnel management, and fiscal activities to gain knowledge and skills on how to effectively and efficiently manage a community pharmacy.

17. Incorporate cultural competency in the delivery of patient care.

18. Demonstrate self-learning and self-assessment abilities and habits.

19. Demonstrate professionalism and professional ethics.

Course Assessment:

APPE Assignments: By the end of this APPE, the student should complete the following assignments (*all topics to be approved by preceptor*)

1. Formal In-Service to Pharmacy Staff
2. Formal Medication Counseling Session
3. Formulation of a patient education pamphlet on a medical condition or topic relevant to the surrounding community
4. APPE Community Pharmacy General Skills Checklist

Course Grade Scale:

The student's overall performance during the APPE will be evaluated using the "CSU-COP Student Evaluation Form (Direct-Patient Care)" which will constitute 60% of the overall final course grade. Additionally, APPE assignments will constitute 30% of the final course grade and the APPE Case Conferences Assessment will constitute 10%.

Final course grades for this APPPE will be assigned based upon the following:
 A: ≥4.3
 B: 3.3- 4.2
 C: 2.2-3.2
F: ≤2.1

Failure to submit the "APPE Clinical Interventions/Outcomes Documentation Forms "or the APPE General Skills Checklist to the APPE Director at the conclusion of the APPE end of module meeting will automatically result in a grade of "incomplete (I)" for the Module until this requirement is satisfied.

Required Text and Materials: APPE Preceptor and Student Manual

Cell Phones, Pagers and other Communication Devices: Refer to OEE Policies and Procedures.

Dress Code: Refer to OECPE Policies and Procedures.

Attendance and Participation: Refer to OECPE Policies and Procedures.

Important Dates: Refer to OECPE Policies and Procedures.

CHICAGO STATE UNIVERSITY

COLLEGE OF PHARMACY

APPE General Skills Checklist: Community Pharmacy

The following activities have been identified as requirements for completion of community pharmacy APPE at CSU-COP.

Preceptor: Please check off the following activities for submission at end of the APPE. The student should minimally complete the following activities:

- 10 medication history consultations per week
- 10 medication counseling consultations per week (new prescriptions, refills, self-care/OTC, etc)
- 5 physical assessments (*as applicable and appropriate to the practice site*): blood pressure, pulse, temperature, and/or respiratory rate, etc.
- Clarify with prescriber the accuracy, completeness and overall appropriateness of therapy for 10 prescriptions
- Appropriately screen and/or administer vaccinations for 6 patients
- Provide patient education as it relates to point-of-care testing (blood pressure, blood glucose, etc) for 2 patients
- 5 documented clinical interventions utilizing the "*APPE Clinical Interventions/Outcomes Documentation Form*"

Student Name (printed):

Student Signature:

Module #:

Preceptor name (printed):

Preceptor Signature:

Date:

PHAR 6424-Institutional Pharmacy

Course Title: ADVANCED PHARMACY PRACTICE EXPERIENCE (REQUIRED): INSTITUTIONAL

Course Number: PHAR 6424

Course Credit: 5 credit hours

Meeting Times and Location: Students are expected to be at their assigned practice sites for a minimum of 40 contact hrs per week (240 contact hours for the 6 week APPE). Depending on the discretion of the preceptor, the student may agree to later arrival times and/or the APPE may include variable schedules (e.g., evenings, nights, weekends, holidays, etc).

Course Coordinator: Dr Charisse Johnson, Assistant Dean; DH 203-C, 773-821-2587; c-johnson@csu.edu; office hours are by appointment only.

Course Instructors: Faculty and Preceptors for Chicago State University College of Pharmacy

Prerequisite(s): Completion of PHAR 6421 or consent of instructor and fourth professional year standing.

Course Description: During this 6 week APPE, students will be responsible for the provision of direct patient care as it relates to institutional pharmacy operations (medication preparation, dispensing, distribution, etc). Students will: evaluate medication orders for appropriateness, provide drug information and therapeutic recommendations to physicians and other healthcare professionals and participate in quality assessment strategies utilized at the site to improved medication use.

Course Learning Objectives: By the end of this APPE, the student should be able to:

 1. Describe the roles and responsibilities of pharmacists in an institutional pharmacy practice setting as well as the services offered by the department of pharmacy

 2. Participate in the daily patient care activities as directed by the preceptor

 3. Explain the mechanism of action, pharmacokinetics, dosing/administration, adverse reactions, precautions/contraindications, and other related information of medications commonly dispensed

 4. Utilize a systematic problem-solving approach to gather and assess patient data

- Gather, interpret and integrate patient subjective and objective information in the drug therapy decision making process

- Evaluate patient records for allergies, potential interactions, therapeutic duplications and overall appropriateness of therapy prior to medication dispensing

 5. Identify drug-related problems

 6. Design (or select), recommend, implement, monitor and document patient-specific drug therapy plans using evidence based medicine

- Evaluate medication orders for proper indication, dose, dosage form, safety, efficacy, accuracy, completeness and overall appropriateness of therapy
- Solve pharmaceutical calculations as it relates to determining proper medication dosage
- Interpret drug serum concentrations and perform pharmacokinetic calculations to recommend dosage adjustments as appropriate

7. Effectively communicate with other health care professionals

- Communicate therapeutic recommendations to other health care professionals
- Prepare a formal in-service to pharmacy staff

8. Effectively communicate with patients/caregivers

- Obtain patient medication histories and perform medication reconciliation of patients admitted
- Conduct patient discharge counseling

9. Effectively retrieve and evaluate drug information and literature

- Develop concise, applicable, comprehensive and timely responses for drug information requests
- Complete a formal drug information consult

10. Participate in the various medication usage and delivery systems

- Demonstrate competency and accuracy in the preparation of compounded sterile products and other extemporaneous preparations according to site policies and established guidelines (e.g. USP 797)
- Prepare, dispense and compound medications (including topical preparations, reconstituted medications, etc) for dispensing in consideration of local, state and federal laws as well as site specific policies and procedures
- Accurately repackage medications for unit-of -use
- Utilize automation and point-of-care dispensing (Sure Med, Pyxis, Omnicell, pneumatic tube, etc) technology to appropriately deliver medications from the pharmacy to patient-care areas
- Utilize and adhere to site- specific policies and procedures as it relates to medication procurement, storage and security
- Identify and report medication errors according to the site's policies and procedures
- Discuss the management and investigational drugs

11. Apply sound management principles to all aspects of operations

- Utilize the site's formulary in drug decision making
- Attend pharmacy-related meetings (Pharmacy and Therapeutics, Patient Safety, etc)
- Discuss the role of human resource management, medication resource management, pharmacy data management systems and financial performance as it relates to the department of pharmacy
- Describe the intra-institutional relationship of pharmacy services with other departments and/or services

12. Demonstrate self-learning and self-assessment abilities and habits

explain and apply legal and ethical guidelines for protecting the confidentiality of patient information

14. Discuss the handling, distribution and security of controlled substances as it relates to state and federal laws and regulations as well as site specific policies and procedures

15. Discuss the role of various accrediting bodies (Joint Commission, etc) and professional standards in the practice if pharmacy in an institutional setting

Course Assessment:

APPE Assignments: By the end of this APPE, the student should complete the following assignments (*all topics to be approved by preceptor*)

1. Formal In-Service to Pharmacy Staff
2. Formal Drug Information Consult
3. Formal Journal Club Presentation
4. APPE General Skills Checklist: Institutional

Course Grade Scale:

The student's overall performance during the APPE will be evaluated using the "CSU-COP Student Evaluation Form (Direct-Patient Care)" which will constitute 60% of the overall final course grade. Additionally, APPE assignments will constitute 30% of the final course grade and the APPE Case Conferences Assessment will constitute 10%.

Final course grades for this APPPE will be assigned based upon the following:
A: ≥4.3
B: 3.3- 4.2
C: 2.2-3.2
F: ≤2.1

Failure to submit the "APPE Clinical Interventions/Outcomes Documentation Forms" or the APPE General Skills Checklist to the APPE Director at the conclusion of the APPE end of module meeting will automatically result in a grade of "incomplete (I)" for the Module until this requirement is satisfied.

Required Text and Materials: APPE Preceptor and Student Manual

Cell Phones, Pagers and other Communication Devices: Refer to OECPE Policies and procedures.

Dress Code: Refer to OECPE Policies and Procedures.

CHICAGO STATE UNIVERSITY

COLLEGE OF PHARMACY

APPE General Skills Checklist: Institutional Pharmacy

The following activities have been identified as requirements for completion of the institutional APPE at CSU-COP.

Preceptor: Please check off the following activities for submission at end of the APPE. The student should minimally complete the following activities:

- Evaluate at least 30 medication orders for accuracy, completeness, and overall appropriateness of therapy prior to dispensing
- Dispense (and check) at least 30 medication orders after they have been evaluated for accuracy, completeness and overall appropriateness of therapy
- Provide responses to at least 10 drug information inquiries from patients, patient caregivers or health care professionals
- Attend at least two inter-departmental meeting (i.e., P and T Committee, Patient Safety Committee, etc.)
- Demonstrate proper aseptic technique by preparing at least 20 IV piggybacks (IVPB) and 20 large volume parenterals
- 5 documented clinical interventions utilizing the "*APPE Clinical Interventions/Outcomes Documentation Form"*

Student Name (printed):

Student Signature:

Module #:

Preceptor name (printed):

Preceptor Signature:

Date:

PHAR 6425-General Medicine Pharmacy Syllabus

Course Title: ADVANCED PHARMACY PRACTICE EXPERIENCE (REQUIRED): General Medicine

Course Number: PHAR 6425

Course Credit: 5 credit hours

Meeting Times and Location: Students are expected to be at their assigned practice sites for a minimum of 40 contact hrs per week (240 contact hours for the 6 week APPE). Depending on the discretion of the preceptor, the student may agree to later arrival times and/or the APPE may include variable schedules (e.g., evenings, nights, weekends, holidays, etc).

Course Coordinator: Dr Charisse Johnson, Assistant Dean; DH 203-C, 773-821-2587; c-johnson@csu.edu; office hours are by appointment only.

Course Instructors: Faculty and Preceptors for Chicago State University College of Pharmacy

Prerequisite(s): Completion of PHAR 6421 or consent of instructor and fourth professional year standing.

Course Description: During this 6 week APPE, students will be responsible for the provision of direct patient care for adult patients with a wide variety of acute and chronic illnesses. Students will: actively participate in daily patient rounds, consult with physicians and other healthcare professionals, routinely monitor patients and provide therapeutic recommendations to ensure positive patient outcomes. The

focus will be to provide patient-specific, evidence-based, pharmacotherapy and to develop the essential skills necessary to promote appropriate and safe drug utilization and management in a general medicine (or specialty) setting

Course Learning Objectives: By the end of this APPE, the student should be able to:
 1. Describe the roles and responsibilities of pharmacists in a general medicine (or specialty) practice setting
 2. Participate in the daily patient care activities as directed by the preceptor
 3. Explain the pathophysiology, clinical presentation/symptomlogy, diagnosis, and therapies of the most common disease states encountered at the practice site
   • Deliver a formal pharmacotherapy-related in-service to health care professionals
 4. Explain the mechanism of action, pharmacokinetics, dosing/administration, adverse reactions, precautions/contraindications, and other related information of medications used to treat the most common disease states encountered at the practice site
 5. Utilize a systematic problem-solving approach to gather and assess patient data

- Gather, interpret and integrate patient subjective and objective information in the drug therapy decision making process

6. Identify drug-related problems

7. Design (or select), recommend, implement, monitor and document patient-specific drug therapy plans using evidence based medicine

- Perform ongoing and daily drug therapy monitoring for a minimum of five patients
- Present a formal patient-case presentation

9. Effectively communicate with other health care professionals

10. Effectively communicate with patients/caregivers

- Obtain patient medication histories
- Conduct patient discharge counseling

11. Effectively retrieve and evaluate drug information and literature

- Critically assess a journal article from the primary literature and formally present the findings
- Complete a formal drug information consult

12. Demonstrate self-assessment abilities and exhibit self-learning habits consistent with professional growth and development

13. Demonstrate professionalism and professional ethics

Course Assessment:

APPE Assignments: By the end of this APPE, the student should complete the following assignments (*all topics to be approved by preceptor*)

1. Formal Patient Case Presentation
2. Formal Drug Information Consult
3. Formal Journal Club Presentation Note: The assignments above (equally weighted) will constitute 30% of the final course grade.
4. General Skills Checklist: APPE General Medicine

Course Grade Scale:

The student's overall performance during the APPE will be evaluated using the "CSU-COP Student Evaluation Form (Direct-Patient Care)" which will constitute 60% of the overall final course grade. Additionally, APPE assignments will constitute 30% of the final course grade and the APPE Case Conferences Assessment will constitute 10%.

Final course grades for this APPE will be assigned based upon the following:

A: ≥4.3

B: 3.3- 4.2

C: 2.2-3.2

F: ≤2.1

Failure to submit the "APPE Clinical Interventions/Outcomes Documentation Forms" , APPE General Skills Checklist to the APPE Director at the conclusion of the APPE end of module meeting , or attend the mandatory case conference will automatically <u>result in a grade of "incomplete (I)" for the Module until this requirement is satisfied.</u>

Required Text and Materials: APPE Preceptor and Student Manual

Cell Phones, Pagers and other Communication Devices: Refer to OEE Policies and Procedures.

Dress Code: Refer to OEE Policies and Procedures.

Attendance and Participation: Refer to OECPE Policies and Procedures.

Important Dates: Refer to OECPE Policies and Procedures.

CHICAGO STATE UNIVERSITY

COLLEGE OF PHARMACY
APPE General Skills Checklist: General Medicine

The following activities have been identified as requirements for completion of general medicine APPE at CSU-COP.

Preceptor: Please check off the following activities for submission at end of the APPE. The student should minimally complete the following activities:

- 2 pharmacokinetic evaluations and notes
- 1 nutrition evaluation with appropriate SOAP note.
- 10 medication history consultations and/or medication reconciliation consultations with appropriate SOAP note.
- 10 discharge counseling notes
- 5 documented clinical interventions utilizing the "*APPE Clinical Interventions/Outcomes Documentation Form*"

Student Name (printed):

Student Signature:

Module #:

Preceptor name (printed):

Preceptor Signature:

Date:

APPE Electives-Direct Patient Care Syllabus

Course Title: ADVANCED PHARMACY PRACTICE EXPERIENCE (Elective): *See Course Titles and Corresponding Course Number Below*

Course Number: PHAR 6426 (Advanced Ambulatory Care); PHAR 6427 (Advanced Community); PHAR 6428(Advanced Medicine); PHAR 6429(Critical Care); PHAR 6431 (Geriatrics); PHAR 6432 (Pharmacokinetics); PHAR 6433 (Nutrition); PHAR 6434 (Pediatrics); PHAR 6435 (Psychiatry); PHAR 6436(Surgery); PHAR 6437 (Home Health); PHAR 6445 (Veterinary Pharmacy Elective); PHAR 6446 (Nuclear Pharmacy); PHAR 6447 (Infectious Disease); and PHAR 6448 (Oncology).

Course Credit: 5 credit hours

Meeting Times and Location: Students are expected to be at their assigned practice sites for a minimum of 40 contact hours per week (240 contact hours for the 6 week APPE). Depending on the discretion of the preceptor, the student may agree to later arrival times and/or the APPE may include variable schedules (e.g., evenings, nights, weekends, holidays, etc).

Course Coordinator: Dr Charisse Johnson, Assistant Dean; DH 203-C, 773-821-2587; c-johnson@csu.edu; office hours are by appointment only.

Course Instructors: Faculty and Preceptors for Chicago State University College of Pharmacy

Prerequisite(s): Completion of PHAR 6421 or consent of instructor and fourth professional year standing.

Course Description: During this 6 week APPE, students will be responsible for the provision of direct patient care as it relates to a variety of disease states and patient populations, allowing students to hone skills in patient assessment, pharmacotherapeutic decision making and monitoring processes. Students will: evaluate appropriateness of therapy, provide drug information and therapeutic recommendations to physicians and other healthcare professionals; develop and implement services; and be involved in other activities as assigned based upon the advanced direct patient-care elective.

Course Learning Objectives: By the end of this APPE, the student should be able to:

 1. Describe the roles and responsibilities of pharmacists at the assigned practice site as well as the services offered by the department of pharmacy
 2. Participate in the daily patient care activities as directed by the preceptor

3. Explain the mechanism of action, pharmacokinetics, dosing/administration, adverse reactions, precautions/contraindications, and other related information of medications commonly dispensed

4. Utilize a systematic problem-solving approach to gather and assess patient data

5. Identify drug-related problems

6. Design (or select), recommend, implement, monitor and document patient-specific drug therapy plans using evidence based medicine

7. Effectively communicate with other health care professionals

8. Effectively communicate with patients/caregivers

9. Effectively retrieve and evaluate drug information and literature

10. Participate in the various medication usage and delivery systems

11. Apply sound management principles to all aspects of operations

12. Demonstrate self-learning and self-assessment abilities and habits

13. Demonstrate professionalism and professional ethics

Course Assessment:

APPE Assignments: By the end of this APPE, the student should complete _at least two_ the following assignments (*all projects and topics to be approved by preceptor*)

1. Formal In-Service or General Topic Presentation to Pharmacy Staff
2. Formal Drug Information Consult
3. Formal Journal Club Presentation
4. Formal Patient Case Presentation
5. Formal Project Development

Note: The assignments above (equally weighted) will constitute 30% of the final course grade.

Course Grade Scale:

The student's overall performance during the APPE will be evaluated using the "CSU-COP Student Evaluation Form (Direct-Patient Care)" which will constitute 60% of the overall final course grade. Additionally, APPE assignments will constitute 30% of the final course grade and the APPE Case Conferences Assessment will constitute 10%.

Final course grades for this APPE will be assigned based upon the following:
A: ≥4.3
B: 3.3- 4.2
C: 2.2-3.2
F: ≤2.1

Required Text and Materials: APPE Preceptor and Student Manual

Cell Phones, Pagers and other Communication Devices: Refer to OECPE Policies/Procedures.

Dress Code: Refer to OECPE Policies and Procedures.

Attendance and Participation: Refer to OECPE Policies and Procedures.

APPE Electives: Non-Direct Patient Care Electives Syllabus

Course Title: ADVANCED PHARMACY PRACTICE EXPERIENCE (Elective): *See Course Titles and Corresponding Course Number Below*

Course Number: PHAR 6430 (Drug Information); PHAR 6438 (Advanced Specialty); PHAR 6439 (Administrative); PHAR 6442 (Research Elective); PHAR 6443 (Regulatory Elective); and PHAR 6444 (Academia Elective).

Course Credit: 5 credit hours

Meeting Times and Location: Students are expected to be at their assigned practice sites for a minimum of 40 contact hours per week (240 contact hours for the 6 week APPE). Depending on the discretion of the preceptor, the student may agree to later arrival times and/or the APPE may include variable schedules (e.g., evenings, nights, weekends, holidays, etc).

Course Coordinator: Dr Charisse Johnson, Assistant Dean; DH 203-C, 773-821-2587; c-johnson@csu.edu; office hours are by appointment only.

Course Instructors: Faculty and Preceptors for Chicago State University College of Pharmacy

Prerequisite(s): Completion of PHAR 6421 or consent of instructor and fourth professional year standing.

Course Description: During this 6 week APPE, students will be responsible for participating in focused activities as determined by the preceptor, practice site and the type of non-direct patient care elective. Students will hone skills in rational decision making, problem solving, and communication.

Course Learning Objectives: By the end of this APPE, the student should be able to:

 1.   Describe the roles and responsibilities of pharmacists at the assigned practice site as well as the services offered by the department of pharmacy

 2.   Participate in the daily activities as directed by the preceptor

 3.   Utilize a systematic problem-solving approach to make rational and responsible decisions to complete practice site specific tasks

 4.   Utilize a systematic problem-solving approach to make rational and responsible decisions to answer questions and/or solve problems appropriate to the practice site

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5. Effectively communicate with other health care professionals

6. Effectively retrieve and evaluate drug information and literature appropriate to the practice site

7. Apply sound management principles to all aspects of operations

8. Demonstrate self-learning and self-assessment abilities and habits

9. Demonstrate professionalism and professional ethics

Course Assessment:

APPE Assignments: By the end of this APPE, the student should complete _at least two_ the following assignments (*all projects and topics to be approved by preceptor*)

1. Formal In-Service or General Topic Presentation to Pharmacy Staff
2. Formal Drug Information Consult
3. Formal Journal Club Presentation
4. Formal Project Development

Course Grade Scale:

The student's overall performance during the APPE will be evaluated using the "CSU-COP Student Evaluation Form (Direct-Patient Care)" which will constitute 60% of the overall final course grade. Additionally, APPE assignments will constitute 30% of the final course grade and the APPE Case Conferences Assessment will constitute 10%.

Final course grades for this APPE will be assigned based upon the following:
A: ≥4.3
B: 3.3- 4.2
C: 2.2-3.2
F: ≤2.1

Required Text and Materials: APPE Preceptor and Student Manual

Cell Phones, Pagers and other Communication Devices: Refer to OEE Policies and Procedures.

Dress Code: Refer to OEE Policies and Procedures.

Attendance and Participation: Refer to OEE Policies and Procedures.

Important Dates: Refer to OEE Policies and Procedures.

APPE APPENDICES: FORMS AND DOCUMENTS

APPE Practice Guidelines for Students

APPE Forms (General)

APPENDICES

Formal Case Presentation

INSTRUCTIONS: In general, the case presentation is 45-50 minutes in length and may be presented at the APPE site or to faculty and students on campus. The case presentation will provide students an opportunity to strengthen their communication skills.

The case presentation should be focused on a patient the student has been following during the APPE and should consist of a discussion of patient information, drug therapy, and a summation that critiques therapy and provides a conclusion (***final patient and topic selection will be approved by preceptor***). Discussion of one to two primary literature articles should be included to support one aspect of selected therapy pertaining to the patient case presented. The student must provide a handout that allows the audience the ability to follow the discussion. The handout must include a reference list. The case presentation will be evaluated using the **"Formal Patient Case Evaluation Form" (see following section).**

I   **Patient Information**

- Information presented should include:

  o Demographic date such as age, sex, race, weight (including ideal body weight) o Chief complaint (CC) including the reason for the patient's admission

  o History of present illness (HPI). This consists of a brief list of all illnesses, surgical procedures, and previous hospitalizations that have a direct effect on the present illness

  o Social history (SH). This should summarize relevant or contributory social history. o Family history (FH). This should summarize relevant or contributory family history. o Medications (MEDS) and allergies (ALL) of adverse drug reactions (ADRs). This should include the length of treatment and any allergic or adverse drug reactions.

  o Review of Systems (ROS) and pertinent physical examination (PE) data. This should set the stage for the discussion of the patient's problem(s). Report pertinent physical

findings utilized to monitor the illness(es). For example, an abnormal examination in a patient with congestive heart failure may include the presence of 3+ ankle edema, +hepatojugular venous distention, and the presence of rales in both lung fields. Pertinent negatives such as a normal rate and rhythm in a patient admitted to rule out myocardial infarction should be included.

o Pertinent laboratory values (LABS). For example, in a patient with anemia, the data may include hemoglobin, hematocrit, mean cell volume, the hemoglobin concentration, serum iron, and total iron binding capacity. In addition, pertinent negatives should be included. Be sure to include normal value ranges and the creatinine clearance and liver function test assessments.

o Problem list. This includes the reasons for admission.

o Progress notes. This includes a brief chronological listing of the events that transpired while the patient was in the hospital. Mention those signs and symptoms, diagnostic and laboratory tests which indicate improvement or deterioration of the patient's condition. Indicate when drug therapy was initiated or discontinued and mention appropriate monitoring parameters for drug therapy.

I   **Discussion of Disease State**

- Purpose: This is a general discussion of the disease process and should contain the underlying pathologic and physiologic changes. It will be the foundation for discussion drug therapy and monitoring parameters of both efficacy and toxicity.

- Components: State the cause of the disease, risk factors, symptoms, physical and laboratory findings of a typical case.

    o Discuss the diagnosis and prognosis of the disease state.

    o State the possible complications of the disease.

I   **Discussion of Drug Therapy**

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

- Components: State the objectives of drug therapy for the disease, including selection of drugs, mechanisms of action, dosages, routes of administration, and duration of therapy.

- Discuss common and serious side effects for each medication. The relative importance and frequency of these reactions should be stressed.

- Describe and outline the monitoring parameters to evaluate response o therapy, including therapeutic endpoints.

- Define potentially clinically significant drug-drug, drug-laboratory, or drug-food interactions.

- Describe factors that could modify choice of drug, dose, or route of administration. Be sure to include methods for modifying a dosage when necessary for patients with compromised renal or hepatic function. Include appropriate pharmacokinetic calculations.

- Define problems likely to be encountered during the administration of medications including adherence problems.

- Describe non-drug treatment modalities (e.g., diet instructions, physical therapy, occupational therapy, respiratory therapy, home/self- monitoring, etc.)

- Answer any questions related to rationale and discussion of drug therapy.

III.   **Critique of therapy and conclusions**

- Purpose: This is an inclusion of the scientific literature to support (or refute) an aspect of the discussed therapy and a summary of the entire case presentation that focused on the following questions:

  - How closely does the specific patient and treatments fit the "classic" case? What are the differences or similarities?

  - Did any adverse reactions occur? Were these contributory to the patient's health problems? Could they have been avoided? If so, how?

  - Do you agree with the therapy used? If not, what would have done differently and why? (see below)

  - What medications were given at the time of discharge? What would you tell the patient? Is medication adherence a potential problem? If so, how would you address it?

  - What were the most important therapeutic principles you learned and how will you apply them in the future for your patients?

- Components: review one – two primary literature studies in which a related medication therapy was utilized.

  o Discuss the diagnosis and prognosis of the disease state(s).

  o Describe the study design and state the primary and secondary endpoints of the study.

  o State the inclusion and exclusion factors utilized in the study.

  o Discuss the methods, results, and conclusions of the study.

  o Relate student findings to the patient's case being presented.

IV.   **References**

- The handout must include a reference list that includes the journal articles used.
- References must be cited correctly using the appropriate format.

FORMAL IN-SERVICE PRESENTATION (or GENERAL TOPIC PRESENTATION)

The ability to prepare and deliver effective presentations to other health professionals as well as patients is an important practice skill. Public speaking skills and the ability to convey information in a concise manner are key developmental areas for the student pharmacist especially during the APPEs.

INSTRUCTIONS: In-service presentations are oral presentations, typically 30 minutes in length, and are given to health care professional and/or ancillary staff at the APPE site on a defined topic usually pertaining to a drug-related topic. Such topics may include (but not limited to) the overview of a new drug; new indications for an existing drug; pharmacotherapy management of a disease in a defined patient population; or novel approaches in pharmacotherapy. Other topics may be focused less on pharmacotherapy management; examples include (but not limited to) the utilization of new technologies in patient care or patient safety.

When developing an in-service presentation or a general topic presentation:

- students must prepare a handout (e.g. power point slides) to accompany the oral presentation
- the presentation should generally include: introduction, objectives (or what will be presented during the presentation); background information, the presentation content, and summary/conclusions
- the topic of the in-service or general topic presentation must be approved in advance by the preceptor
- references should be included and cited appropriately

The presentation and handout will be evaluated using the "**Formal In-Service/General Topic Presentation Evaluation Form**" which is included in the following section.

FORMAL JOURNAL CLUB PRESENTATION

 INSTRUCTIONS: Students will choose a recent journal article (*final journal article selection to be approved by preceptor*) for presentation to students and preceptors at their APPE site. The article should be an original research paper, not a case report or review article. The presentation should be 15-20 minutes in length. There should also be time for questions and discussion at the conclusion of the presentation. The **"Formal Journal Club Presentation Evaluation Form"** will be used to evaluate the student's presentation and is included on the following page.

The student should provide background information regarding the selected topic and summarize key points from the article including study design, methodology, results and the author's conclusions. The student should critique the article by noting the following:

- Published in a reputable journal? Peer reviewed? Any biases? Does funding source have a stake in the study outcome?

- Are the important objectives clearly stated, specific, and measurable?
- Are the methods appropriate? Study design; patient selection (inclusion/exclusion criteria); treatment regimen review; blinding; data collection; expected effects vs. adverse effects discussed?

- Are the statistics appropriate? Are the results statistically significant? Are the results clinically significant?

- Do the results make sense? Do the results agree with the figures, graphs and tables? Is there an explanation for missing data? Are dropouts accounted for?

- What are the overall strengths and/or deficiencies of the study?

- How may the article affect current standards of practice?

FORMAL DRUG INFORMATION CONSULT

The ability to provide drug information to patients and other health professionals is an important clinical practice skill. Responses to requests for drug information can be provided verbally or in a written format. Each pharmacist ultimately develops his/her own style built upon general guidelines for providing drug information.

INSTRUCTIONS: The following general guidelines are presented as that, only guidelines, since a standardized approach to providing drug information to all questions in every situation does not exist. Although drug information is continuously provided as part of pharmacy practice, the "Formal Drug Information Consult" will be evaluated as an APPE assignment (see "Formal Drug Information Consult Evaluation Form" in the following section. The required written assignment should be double-spaced and about 4-6 pages in length, but could be longer or shorter depending on the topic, available of quality literature, and preceptor preference.

When formulating a verbal or written response to a drug information request, the student should:

1. Develop a search strategy: Search tertiary, secondary and primary literature using key terms. MEDLINE search is a must. Use current textbooks and other references.

2. Restate question or request: include a brief statement of the problem or issue and circumstances under which it has occurred.

3. Provide introductory statements (background): Certain requests can be more clearly defined if a brief
    introductory or background section is included. This section can also serve to clarify any terminology that will be discussed in the consult.

4. Describe literature support (body): Based on the tertiary, secondary, and primary literature searched, describe pertinent information to answer the request. The body of the response should contain a **concise, unbiased, and accurate summary** of your findings. When reporting data from clinical trials and/or case reports, remember to include information regarding number of subjects, treatment protocols, outcomes of therapy, adverse effects, and any deficiencies in study design. Also, tables, charts or graphs may be helpful in clarifying your literature. Be certain to include a critique of the articles that are cited in your paper.

5. Formulate an appropriate conclusion: This section should include a brief overall summary of the
    information presented. Any recommendations for the management of the requestor's problems should also be noted (e.g. what would you recommend for the patient in question?). Your conclusion should answer the question posed in your introduction and reflect the information presented in the body of your consult.

6.   List cited references: Any and all significant statements in the body of the consult should be referenced. References are numbered in the order in which they are utilized. When listing references, refer to the Uniform Requirements for Manuscripts Reference Styles of the National Library of Medicine (examples attached to this manual). **Failure to properly reference information constitutes plagiarism and may result in a failing grade on the paper and/or failure of the course.** A minimum of 5 reference sources should be cited.

STATEMENT ON PLAGIARISM[1]

"In plagiarism, an author passes off as her or her own the ideas, language, data, graphics, or even scientific protocols created by someone else, whether published or unpublished. Plagiarism of published work violates copyright laws as well as standards of honesty and collegial trust and may be subject to penalty imposed by a court should the holders of the copyright bring suit. Four common kinds of plagiarism have been identified: (1) direct verbatim lifting of passages, (2) rewording ideas from the original in the purported author's own style, (3) paraphrasing the original work without attribution, and (4) noting the original source of only some of what is borrowed."

[1]: Iverson C (Chair), Dan B, Glitman P, King L, et.al., ed. **The American Medical Association Manual of Style, 8th Ed.** Baltimore, MD. Williams & Wilkins, 1989.

Please note that plagiarism will result in failure of the assignment in which the plagiarism occurred and may also result in failure of the APPE.

UNFORM REQUIREMENTS FOR MANUSCRIPTS REFERENCE STYLES

1) References should be numbered consecutively in the order in which they are first mentioned in the text. 2) Use the reference style of the National Library of Medicine, including the abbreviations of journal titles. 3) Provide complete data for each reference. 4) Ensure that URL's used as references are active and available (the references should include the date on which the author accessed the URL). 5) Do not use ibid. or op cit.

The sample references below conform to the style specified by the Uniform Requirements agreement.

Articles in Journals

1. Standard journal article

List the first six authors followed by et al.

Vega KJ, Pina I, Krevsky B. Heart transplantation is associated with an increased risk for pancreatobiliary disease. Ann Intern Med 1996 Jun 1;124 (11):980-3.

As an option, if a journal carries continuous pagination throughout a volume (as many medical journals do) the month and issue number may be omitted.

Vega KJ, Pina I, Krevsky B. Heart transplantation is associated with an increased risk for pancreatobiliary disease. Ann Intern Med 1996;124:980-3.

More than six authors:

Parkin DM, Clayton D, Black RJ, Masuyer E, Friedl HP, Ivanov E, et al. Childhood leukaemia in Europe after Chernobyl: 5 year follow-up. Br J Cancer 1996;73:1006- 12.

2. Organization as author

The Cardiac Society of Australia and New Zealand. Clinical exercise stress testing. Safety and performance guidelines. Med J Aust 1996; 164: 282-4.

3. No author given

Cancer in South Africa [editorial]. S Afr Med J 1994;84:15.

4. Volume with supplement

Shen HM, Zhang QF. Risk assessment of nickel carcinogenicity and occupational lung cancer. Environ Health Perspect 1994;102 Suppl 1:275-82.

5. Issue with supplement

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6. Volume with part

Ozben T, Nacitarhan S, Tuncer N. Plasma and urine sialic acid in non-insulin dependent diabetes mellitus. Ann Clin Biochem 1995;32(Pt 3):303-6.

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1. Personal author(s)

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2. Editor(s), compiler(s) as author

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3. Organization as author and publisher

Institute of Medicine (US). Looking at the future of the Medicaid program. Washington: The Institute; 1992.

4. Chapter in a book

Phillips SJ, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, editors. Hypertension: pathophysiology, diagnosis, and management. 2nd ed. New York: Raven Press; 1995. p. 465-78.

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Kimura J, Shibasaki H, editors. Recent advances in clinical neurophysiology. Proceedings of the 10th International Congress of EMG and Clinical Neurophysiology; 1995 Oct 15-19; Kyoto, Japan. Amsterdam: Elsevier; 1996.

6. Conference paper

Bengtsson S, Solheim BG. Enforcement of data protection, privacy and security in medical informatics. In: Lun KC, Degoulet P, Piemme TE, Rienhoff O, editors. MEDINFO 92. Proceedings of the 7th World Congress on Medical Informatics; 1992 Sep 6-10; Geneva, Switzerland. Amsterdam: North-Holland; 1992. p. 1561-5.

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2. Dictionary and similar references

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 2. Monograph in electronic format

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A complete version of this excerpted document may be copied and distributed without charge for not-for-profit, educational purposes. A digital version is available at the ICMJE web site (www.icmje.org).

FORMAL PROJECT DEVELOPMENT

INSTRUCTIONS: Throughout the APPEs, students may be assigned special projects by preceptors. These projects may include, but are not limited to, the creation of patient educational materials, newsletter articles or review articles; the development of a new program or service; or a poster presentation.

These projects will be evaluated using the "**Formal Project Development Evaluation Form"** which is included in the following section.

FORMAL MEDICATION COUNSELING

A professional responsibility of the pharmacist is to provide clear, concise, accurate and useful information to patients regarding their drug therapy regimens. This responsibility is one that requires effective communication between the pharmacist and the patient.

INSTRUCTIONS: Student pharmacists will be responsible for providing medication counseling throughout the APPEs (regardless of pharmacy practice setting). When providing medication counseling, the student pharmacist must remember that communication takes the form of both verbal and non-verbal messages.

Verbal

Verbal messages need to be conveyed in:

1. Patient oriented language (use words to which the patient can attach meaning)

2. A clear and concise format (provide information that can be easily interpreted and followed)

3. Accurate terms (limit the ambiguity of your message)

4. An appropriate volume and tone (encourage trust; demonstrate confidence)

Non-Verbal

Audiovisual aids (enhance the spoken word; supplement demonstration of techniques; assist in explaining complicated regimens; address specific non-compliant behaviors)

When preparing for the medication counseling session, the student pharmacist should provide the following information during the consultation:

• Name of medication

• Strength of medication

- Indication for medication

- Directions for use and administration techniques

- Storage requirements

- Common side effects

- Self-monitoring techniques

- Importance of adherence to regimen

- Directions for follow-up

- Review of any written information concurrently distributed

- Refill information (if applicable)

Medication counseling sessions will be evaluated using the "**Formal Medication Counseling Evaluation Form**, which is included in the following section.

Documenting Pharmacotherapeutic Interventions: SOAP Note Writing

INSTRUCTIONS: Student pharmacists will be responsible for documenting pharmacotherapeutic interventions throughout the APPEs (regardless of pharmacy practice setting). Although policies vary from institution to institution regarding the inclusion progress notes written by student pharmacists, students will need to develop progress notes as described in the "General Skills List" for select APPEs. The following information provides guidelines that the student pharmacist should consider (and that the preceptor will use to assess student progress notes) when developing a progress note.

A "Progress Note" is a note recorded in the medical chart by a health care professional that documents the clinical status or achievements during the course of a hospitalization or during a patient encounter in an ambulatory care setting. Progress notes are written in the SOAP note format.

The "SOAP note" is a succinct, yet complete method of documentation utilized to describe a patient encounter with a health care professional. The SOAP note is placed into the patient record.

The components of the SOAP note are as follows:

"S" Subjective: Issues that the patient or caregiver verbalizes to the health care provider. The patient's or caregiver's concern may range from expressing symptoms he/she may be experiencing or merely presenting for a follow-up visit. The health care provider uses this information to gain insight on the patient's condition or reason for visit.

"O" Objective: Measurements that are observed for laboratory, physical, or diagnostic exams.

"A" Assessment: A prioritized list of assessed patient conditions/drug related problems. This may consist of the level of control, differentials, potential confounders to control, pertinent positive or negative signs and symptoms related to the condition. Each patient problem is evaluated; the appropriateness of drug therapy is assessed, along with the need for monitoring and/or education.

"P" Plan: The specific action steps that the health care provider listed in a prioritized fashion.

Additionally, student pharmacists should consider the following when developing their SOAP notes:

Subjective

- Include all information in a logical order; information should be triaged by discussing the most important problem first and finishing with the least important; when reporting a series of events, they should be written in chronological order

- Quotes should be used to designate something as directly quoted from the patient

- Any information that the patient/caregiver provides is considered subjective. (i.e. medication list directly from the patient)

Objective

- Include all labs/vitals; when reporting labs, include the date the lab was done

- Any information that is obtained a source other than the patient/caregiver is considered objective (i.e. medication list obtain from medical chart, printout from pharmacy, etc).

Assessment

- Identification of actual drug related problem(s). Multiple issues must be prioritized

- For each problem, there should be a generalized recommendation

- Specific therapeutic endpoints should be listed if applicable

Plan

- Document everything that occurred with patient encounter in chronological order or by problem; use concise descriptions of what was told to the patient, using terms such as "reviewed", "discussed", or "advised".

- Drug regimens, monitoring plans, and patient education should be very specific

- For ambulatory visits, students should document follow-up items (i.e. next visits, lab appointments, etc)

- When making a recommendation to another health care provider, the student use terms such as "consider" or "suggest" prior to making recommendations.

- Sign and print their names (if illegible) and credentials

SOAP NOTE FORMAT (Example)

S:_____ y/o M/F presents to the _____ Hospital/Clinic for _____

PMH: _____ x _____ years, etc.

FmHx: Grandparents, parents, siblings, as applicable

SocHx:

EtOH: yes/no, how often, how many, what kind (beer/wine/liquor)

Smoking: yes/no, how many per day, how long, or how long not smoking

Drugs: yes/no, what kind

Diet: Low fat, DASH, 2000 calorie ADA, etc.

Exercise: yes/no, what kind

Allergies: include presence or absence of allergies, symptoms, interventions, and significance (if allergy present)

Current Medications (as the patient takes them); for each medication (prescription and OTC) include the brand and/or generic name, indication, dose, route of administration, regimen, duration of therapy, any complications, and time of last dose (when appropriate)

Patient Complaints/Wellness: Communicate what you discussed with the patient about their disease state(s) include efficacy, side effects, and adherence

O: BP /_____ (R/L arm, sitting/standing, large/small cuff); P_____ Wt _____

Pertinent physical exam findings: Labs: SMBG, Peak flow, other

Diagnostics: CXR, EKG, etc.

A: Number each assessment. Assess severity, potential causes, and goals of therapy, if applicable.

1.

2.

P: Number each plan. Include your current recommendations based on the patient's clinical course and previous drug regimens.

1.

2.

Alternative format for Assessment (A) and Plan (P)

A/P: Number each assessment. Assess severity, potential causes, and goals of therapy, if applicable. Bullet point (or otherwise designate) your current recommendations, underneath the assessment , based on the patient's clinical course and previous drug regimens.

Conducting a Medication History

INSTRUCTIONS: The following checklist should serve as a guide in obtaining medication histories:

☐ **Introduce yourself to the patient/caregiver**
Review the chart before you meet with the patient
Have an open, friendly expression; smile

Greet the patient by name, referring to the chart and using the appropriate title (Mr., Ms.) before introducing
yourself

Introduce any colleagues who may accompany you

☐ **State what type of interview and why the interview is being conducted**

☐ **Nonverbal cues**
    Are you maintaining appropriate eye contact with the patient/caregiver?
    Is your posture and/or body language appropriate?

☐ **Communication skills**
    Are you easy to hear and understand?
    Are you easy to follow? Is your rate of communication appropriate?

☐ **Interview Technique**
    Are you utilizing open ended questions used appropriately?
    Probing questions used appropriately?
    Are you utilizing closed ended questions when appropriate?

☐ **Medication History**
    Name of each medication
        Prescription
        Herbal/Over the Counter
        Vaccinations
    Dose of each medication
    Indication of each medication

    Timing of each medication (includes when patient is taking, how often patient is taking, with meals, etc.)
    Assess adherence and missed doses (including what the patient does if they miss doses and why the
    patient misses doses)

    Adverse reactions (side effects experienced by the patient)
    Allergies and associated reaction (s)

☐ **Close interview appropriately**
    Answer any last questions from the patient
    Let the patient know when you will follow-up (as appropriate)

PHARMACEUTICAL CARE PLAN

Student Name:_____

Patient Demographics and History: Patient Initials

Age_____Race_____Sex_____Ht_____Actual Wt_____IBW_____Adj.BW_____Allergies_____
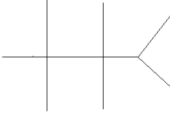
CC_____ Date of Admission_____

HPI_____
_____
_____

PMH_____
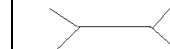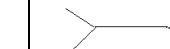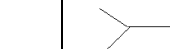_____

SH_____

Drug History PTA (i.e. Rx: scheduled or prn; OTC; ETOH, Tob; Illicit Drugs)	Active Problem List (Supporting Labs)
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.

Current Drug Therapy					
Date Start	Date D/C	Drug/Dose/Interval	Desired Outcome	Monitoring Parameters/Precautions	Therapeutic Outcome Achieved	A

A Medication Related Problem 1 Untreated Indication 2 Improper drug selection 3 Subtherapeutic dosage 4 Failure to receive drug 5 Overdosage (toxic) 6 Adverse Drug Reaction 7 Drug Int 8 Drug Use without indication 9 Other (explain) 10 None Identified

VITAL SIGNS AND LABORATORY DATA

Date	Wt	Temp	BP	Pulse	RR	Phos	TProt	Alb	AST	ALT	LDH	T bili	Alk Phos	Pt/INR	CrCl						

Date Time							
BMP							
CBC							

Date	Site	Gram Stain	Organism Cultured

Amp	Oxac	Cfaz	Ctri	Cfp	P/T	Clin	Rif	Tetra	T/S	Levo	Gent	Tob	Amik	Vanco

Amp	Oxac	Cfaz	Ctri	Cfp	P/T	Clin	Rif	Tetra	T/S	Levo	Gent	Tob	Amik	Vanco

Amp	Oxac	Cfaz	Ctri	Cfp	P/T	Clin	Rif	Tetra	T/S	Levo	Gent	Tob	Amik	Vanco

PATIENT NOTES:

Date:	
A:	
P:	

Advanced Pharmacy Practice Experience (APPE) Student Rotation Evaluation Form
Chicago State University College of Pharmacy

Student Name:_____   Rotation Type & Site:_____

Preceptor Name:_____   Dates of Experience: _____

Instructions: Read each question under the sections of the evaluation form carefully and evaluate the student in only those sections that apply to the activities performed by the student at your site. Please check each applicable box preceding the Examples of Performance that were evaluated within the Desired Outcomes. Then, using the scale described below, indicate the student's overall level of performance during the practice experience. Students should be assessed based on the expected level of performance given the student's current practice experience. If an **entire section** is not applicable to your rotation, please select the **"N/A"** (*Not Applicable: Student did not have the opportunity to address this objective*) for that section. Evaluate the student at the experience midpoint (~ 3 weeks) to provide formative feedback. Complete the form again at the end of the rotation (6 weeks) to provide the final (summative) evaluation and assign a rotation grade. The student's final grade should be based only on the final evaluation. Submit the final evaluation to the OECPE within 3 business days after the student has completed the rotation. ***Any final grade of "1" or less in any of the competencies will result in an "F" for the rotation.***

1	2	3	4	5
Unacceptable Performance	**Performance Needs Significant Development**	**Performance Needs Development**	**Good Performance**	**Excellent Performance**
Student is unable to complete basic and routine patient care activities despite extensive questioning/intervention. The preceptor must complete most tasks.	*Student requires guidance/extensive directed questioning to complete some or all basic and routine patient care activities; unable to complete complex activities.*	*Student requires guidance/directed questioning to complete most or all complex patient care activities; Independently completes all basic and routine activities.*	*Student requires limited guidance/prompting to complete some complex patient care activities; consistently, independently completes basic and routine activities.*	*Student consistently, independently and efficiently completes all basic/routine and most complex patient care activities.*

SECTION A

Desired Outcomes & Examples of Performance	Midpoint Evaluation	Final Evaluation	Midpoint and Final Evaluation Comments
Provide Patient Care			
1. Utilize a systematic problem-solving approach to gather and assess patient data **(1.b,1.c,7,9)** ☐ Obtain a complete medication history for assigned patients by collecting relevant information ☐ Obtain information from medical record, lab/test databases ☐ Obtain information from patient, patient's family, and other health professionals	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A	

(including prescription and OTC/herbal medications) ☐ Perform relevant physical assessment ☐ Evaluate the data to identify drug therapy-related problems			
2. Evaluate patient specific drug therapy and therapeutic problems **(1.a,1.b)** ☐ Perform prospective drug regiment review ☐ Assess prescription orders for accuracy and completeness ☐ Assess appropriateness of current therapy ☐ Assess adherence (medication and non-drug therapy) ☐ Assess contraindications and allergies ☐ Identify and assess actual and potential adverse drug reactions(ADRs) ☐ Identify and assess actual and potential drug interactions ☐ Develop a prioritized and complete problem list ☐ Identify clinical status of patient and severity of illness	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A	
3. Select and recommend a drug therapy plan **(1.a,1.b,1.c,10)** ☐ Develop and recommend a comprehensive, logical (sensible and practical), complete, ☐ drug therapy plan ☐ Incorporate pharmacologic, pharmacokinetic, and pathophysiologic principles to select the optimal drug doses and regimens ☐ Explain rationale for drug therapy recommendations (e.g., knows and/or considers alternative therapies) ☐ Justify recommendations with supporting evidence ☐ Identify need for non-drug therapy ☐ Integrate disease prevention and health promotion strategies into recommendations ☐ Incorporate relevant behavioral, cultural, social, economic, and pharmacoeconomic considerations ☐ Involve the patient in the therapy decision-making process when possible ☐ Identify therapeutic endpoints and measurable patient outcomes	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A	
4. Participate in various medication usage and delivery systems **(1.b,4,5,9,10)** ☐ Enter medication orders into the computer system ☐ Fill medications (prescription and OTC/herbal) accurately observing all legal and statutory requirements ☐ Utilize sterile compounding procedures/techniques to compound parenteral therapy(e.g., USP Chapter <797> requirements) ☐ Participate in cart fill and/or electronic/automated medication delivery systems	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A	
5. Monitor drug therapy **(1.b,1.c,3,5,9)** ☐ Has an organized monitoring system which allows for easy collection and retrieval of information ☐ Select appropriate monitoring parameters and follows them at appropriate intervals/frequencies ☐ Assesses the effectiveness of the patient care plan and revises as necessary ☐ Recognizes and addresses actual drug interactions	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A	

☐ Recognizes and addresses actual adverse drug reactions (ADRs) ☐ Identifies need for additional drug therapy (including prescription and OTC/herbal medications) ☐ Address adherence (medication and non-drug therapy) ☐ Identifies need for referral when appropriate		

Communication			
6. Effectively communicate verbally with other health care providers (6,7,8,9,10) ☐ Verbally communicates all important information in an organized, complete, ☐ clear, concise, accurate and timely manner ☐ Articulates recommendations confidently and tactfully ☐ Uses appropriate non-verbal communication skills ☐ Provide references or other supporting evidence as appropriate	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A	

7. Effectively communicate in writing with other health care providers (6,7,8,9,10)
☐ Writes organized, complete, concise, logical, legible, accurate and organized chart notes in a timely manner (manual and electronic)
   ○ SOAP format
   ○ Complete recommendations
	☐ 1
	☐ 2
	☐ 3
	☐ 4
	☐ 5
	☐ N/A
		☐ 1
		☐ 2
		☐ 3
		☐ 4
		☐ 5
		☐ N/A	

8. Effectively communicate, verbally and in writing with patients (5,6,7,8,9,10) ☐ Conducts medication history/patient interviews effectively ☐ Uses appropriate verbal and non-verbal communication skills ☐ Counsels patients on disease states ☐ Counsels patients completely including instructions on medication dosage, side effects and cautions, problem resolution and importance of strategies for adherence (prescription and OTC/herbal medication) ☐ Instructs patients on use of devices, diagnostic products and self-monitoring ☐ Promote effective disease prevention and health promotion strategies to patients ☐ Confirms patient understanding, clarifies as necessary ☐ Writes complete prescriptions (where appropriate) observing all legal and statutory requirements	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A	

Utilization of Medical Information			
9. Retrieves and evaluates drug information and literature (8,9,11) ☐ Retrieves and evaluates drug information in a complete, correct and timely manner (manually and electronically) ☐ Applies new information to the current clinical setting and situation, using evidence-based medicine principles ☐ Consults primary, secondary and tertiary literature appropriately ☐ Identifies and clarifies drug information questions. ☐ Literature search is thorough with sources identified. ☐ Synthesizes response from available sources and accurately conveys information.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A	
Management of the Pharmacy Practice			

10. Apply sound management principles to all aspects of pharmacy operations (4,5,9) ☐ Manage systems for preparation, dispensing and administration of medications ☐ Supervise supportive personnel (e.g.,technicians,clerks,etc.) ☐ Manage systems for control and distribution of medications (e.g., inventory control, storage, security, controlled substances, investigational drugs, etc.) ☐ Incorporate relevant pricing structures and third-party payment/reimbursement factors (e.g., governmental and non-governmental) into decision-making ☐ Analyze personnel management and other fiscal factors into operational decision-making (e.g., hiring strategies, performance evaluations, benefits, drug budgets, cash flow/profit margins, etc.) ☐ Apply medication usage (e.g., P & T, formulary committees), medication safety and accreditation (e.g., Joint Commission, OSHA, NIOSH) policy and procedures 9into decision-making	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A	
11. Demonstrate ability to improve pharmacy services and conduct research (2,3,5,8,9,11) ☐ Identifies methods to enhance pharmacy services ☐ Manage a patient-centered practice (including establishing, marketing, and compensation for patient care services) ☐ Pursues answers to research questions to improve patient care ☐ Recognizes the importance of research and the role of the pharmacist in research	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A	
Self-Direction and Lifelong Learning Skills			
12. Demonstrates self-learning and self-assessment abilities and habits (9,10,11) ☐ Manages time effectively and efficiently ☐ Is prepared when meeting with preceptor ☐ Anticipates future activities/responsibilities needs ☐ Reviews topics relevant to patient care activities to enhance knowledge base ☐ Exhibits intellectual curiosity (e.g., asks questions, seeks new knowledge, etc.) to ensure ongoing professional competency ☐ Displays assertiveness and independence in carrying out responsibilities/tasks ☐ Understands the need for, and development of, lifelong learning habits to maintain professional competence and personal growth ☐ Regularly self-assess learning needs (i.e., assesses own strengths and weaknesses) and engages in self-imposed learning activities to further his/her ongoing personal/professional growth	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A	
Professionalism and Ethics			
13. Demonstrate professionalism and professional ethics (10,11) ☐ Demonstrates professional behavior, positive attitude, interest and motivation, and shows respect towards others ☐ Exhibits a conscientious approach to patient care (e.g., diligent follow-up, accept responsibility for patient outcomes, etc.) ☐ Accurately completes assignments in a timely manner ☐ Maintains patient confidentiality ☐ Knows and adheres to pharmacy legal and statutory regulations ☐ Attends and is punctual for patient care activities, rounds, meetings,	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A	

	Assignment	Total Points	Numerical Percentage	Rating Scale Number (1-5)
	conferences, etc. ☐ Works appropriate hours to assure that all responsibilities are completed ☐ Is professionally groomed and dressed ☐ Responds maturely to constructive criticism and feedback			
	Total Points(Add total points from all domains above)			
	Total number of domains evaluated			
	Point Average(Total points ÷ by total domains evaluated)			

SECTION B

Other Assignments:

✓	Assignment	Total Points	Numerical Percentage	Rating Scale Number (1-5)
	Journal Club			
	Drug Consult			
	Project			
	Formal Case Presentation			
	Informal Case Presentation			
	In-Service Presentation/Seminars			
	Community Presentation			
	Manuscript for publication (e.g., journal, newsletter, etc.)			
	Other (please describe)			
	Total Points(Add total points from all domains above)			
	Total number of domains evaluated			
	Point Average(Total points ÷ by total domains evaluated)			

Grade Point Calculation:

Section A Point Total ___ (0.6) + Section B Point Total ___ (0.3) + Case Conference Point Total ____(0.1) = ____ Total Score

A: Student averages scores of >4.3 (Student continually exceeds expectations and applies skills and knowledge in an independent manner. MAKE SURE YOU MAKE THE COURSE GRADE CHANGES HERE!

B: Student averages scores of 3.3- 4.2 (Student may have outlying scores, but overall requires little development and/or refinement of skills and/or knowledge.)

C: Student averages scores of 2.2-3.2 (Student may have outlying scores, but overall requires more development and/or refinement of skills and/or knowledge.)

F: Student averages scores of <2.1 (Student may have outlying scores, but overall lacks skills and/or knowledge to complete tasks.)

Overall Performance (Circle Grade)			
A	B	C	F (Fail)

Please list at least 2 specific strengths of the student noted during the rotation:_____

_____

Please list specific areas needing improvement which future preceptors can focus on during subsequent experiences:

_____

Additional Comments:

Midpoint Evaluation: Preceptor Signature_____ Date_____ Student Signature_____

Final Evaluation: Preceptor Signature_____ Date_____ Student Signature_____

❑ **YES, I have reviewed the Student's Professional Portfolio and Self-Evaluation   Number of Days Missed on the Experience: _____ (attach excused absence form)**

❑ **YES, I certify that the student has successfully completed the applicable APPE General Skills Checklist. (Required APPEs only)**

❑ **YES, I certify that the student has completed at least 240 contact hours at the practice site in accordance with the course syllabus and OEE policies and procedures.**

Advanced Pharmacy Practice Experience (APPE) Student Rotation Non-Patient Care Evaluation Form
Chicago State University College of Pharmacy

Student Name:_____ Rotation Type & Site:_____

Preceptor Name:_____ Dates of Experience: _____

Instructions: Read each question under the sections of the evaluation form carefully and evaluate the student in only those sections that apply to the activities performed by the student at your site. Please check each applicable box preceding the Examples of Performance that were evaluated within the Desired Outcomes. Then, using the scale described below, indicate the student's overall level of performance during the practice experience. Students should be assessed based on the expected level of performance given the student's current practice experience. If an **entire section** is not applicable to your rotation, please select the **"N/A"** (*Not Applicable: Student did not have the opportunity to address this objective*) for that section. Evaluate the student at the experience midpoint (~ 3 weeks) to provide formative feedback. Complete the form again at the end of the rotation (6 weeks) to provide the final (summative) evaluation and assign a rotation grade. The student's final grade should be based only on the final evaluation. Submit the final evaluation to the OECPE within 3 business days after the student has completed the rotation. ***Any final grade of "1" or less in any of the competencies will result in an "F" for the rotation.***

1	2	3	4	5
Unacceptable Performance *Student is unable to complete basic and routine activities despite extensive questioning/intervention. The preceptor must complete most tasks.*	**Performance Needs Significant Development** *Student requires guidance/extensive directed questioning to complete some or all basic and routine activities; unable to complete complex activities.*	**Performance Needs Development** *Student requires guidance/directed questioning to complete most or all complex activities; Independently completes all basic and routine activities.*	**Good Performance** *Student requires limited guidance/prompting to complete some complex activities; consistently, independently completes basic and routine activities.*	**Excellent Performance** *Student consistently, independently and efficiently completes all basic/routine and most complex activities.*

SECTION A

Desired Outcomes & Examples of Performance	Midpoint Evaluation	Final Evaluation	Midpoint and Final Evaluation Comments
Thinking and Decision Making			
1. Utilize a systematic approach to make rational and responsible decisions to complete site-specific tasks. (4,5,7,9,11) ☐ Identifies, interprets, analyzes, evaluates and synthesizes information appropriate to the practice setting. ☐ Demonstrates an understanding of the tasks to be completed. ☐ Obtains information from other professionals. ☐ Retrieves pertinent background information from appropriate and various sources. ☐ Develops a comprehensive, logical, and practical approach to completing tasks. ☐ Demonstrates an ability to prioritize tasks based on urgency and/or other	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A	

organizational goals/needs. ☐ Justifies the decisions made with supporting evidence. ☐ Re-evaluates and modifies decisions when presented with new evidence. ☐ Completes tasks in a timely manner. ☐ Documents task completion efficiently and effectively. ☐ Demonstrates an understanding of the practice setting and the pharmacist's role.			
2. Utilize a systematic approach to make rational and responsible decisions to answer questions and/or solve problems appropriate to the practice setting. (4,5,8,9,10,11) ☐ Identifies, interprets, analyzes, evaluates and synthesizes information appropriate to the practice setting. ☐ Demonstrates an understanding of the question/problem to be solved by accurately defining and/or clarifying it. ☐ Obtains information from other professionals. ☐ Retrieves pertinent background information from appropriate and various sources. ☐ Develops a comprehensive, logical, and practical resolution in an organized manner. ☐ Demonstrates an ability to prioritize problem solving based on urgency and/or other organizational goals/needs. ☐ Justifies the decisions made with supporting evidence. ☐ Re-evaluates and modifies decisions when presented with new evidence. ☐ Facilitates the timely receipt of needed information through effective follow-up. ☐ Documents task completion efficiently and effectively. ☐ Demonstrates an understanding of the practice setting and the pharmacist's role.	❏ 1 ❏ 2 ❏ 3 ❏ 4 ❏ 5 ❏ N/A	❏ 1 ❏ 2 ❏ 3 ❏ 4 ❏ 5 ❏ N/A	
Communication			
3. Effectively communicate verbally with other professionals (6,7,8,9,10) ☐ Verbally communicates all important information in an organized, complete, clear, concise, accurate and timely manner. ☐ Articulates recommendations confidently and tactfully. ☐ Effectively accommodates the audience with the speaking style. ☐ Uses appropriate non-verbal communication skills. ☐ Provide references or other supporting evidence as appropriate.	❏ 1 ❏ 2 ❏ 3 ❏ 4 ❏ 5 ❏ N/A	❏ 1 ❏ 2 ❏ 3 ❏ 4 ❏ 5 ❏ N/A	

4. Effectively communicate in writing with other professionals (6,7,8,9,10)
☐ Writes organized, complete, concise, logical, legible, accurate and organized responses in a timely manner (manual and electronic)
   o Correct grammar, punctuation, spelling, sentence structure
   o Complete recommendations
   o Accommodates the audience with the writing style
☐ Provide references or other supporting evidence as appropriate
	❏ 1
	❏ 2
	❏ 3
	❏ 4
	❏ 5
	❏ N/A
		❏ 1
		❏ 2
		❏ 3
		❏ 4
		❏ 5
		❏ N/A	

Utilization of Medical Information			

5. Retrieves and evaluates medical information and literature appropriate to the practice site (8,9,11)
   ☐ Retrieves and evaluates medical information in a complete, correct and timely manner (manually and electronically)
   ☐ Applies new information to the current clinical setting and situation, using evidence-based medicine principles
   ☐ Consults primary, secondary and tertiary literature appropriately
   ☐ Identifies and clarifies information questions.
   ☐ Literature search is thorough with sources identified.
   ☐ Synthesizes response from available sources and accurately conveys information.
	❑ 1
	❑ 2
	❑ 3
	❑ 4
	❑ 5
	❑ N/A
		❑ 1
		❑ 2
		❑ 3
		❑ 4
		❑ 5
		❑ N/A	

Management of the Practice			

6. Apply sound management principles to all aspects of practice setting operations (4,5,9)
   ☐ Demonstrates an understanding of the practice setting and the pharmacist's role.
   ☐ Supervise supportive personnel (e.g.,technicians,clerks,etc.)
   ☐ Manage operations and systems to achieve organizational goals, maintain control and ensure security
   ☐ Analyze personnel management and other fiscal factors into operational decision-making (e.g., hiring strategies, performance evaluations, benefits, drug budgets, cash flow/profit margins, etc.)
   ☐ Apply medication usage (e.g., P & T, formulary committees), medication safety, accreditation (e.g., Joint Commission, OSHA, NIOSH), licensure/certification policy and procedures into decision-making (as applicable)
	❑ 1
	❑ 2
	❑ 3
	❑ 4
	❑ 5
	❑ N/A
		❑ 1
		❑ 2
		❑ 3
		❑ 4
		❑ 5
		❑ N/A	

7. Demonstrate ability to improve services and conduct research (2,3,5,8,9,11)
   ☐ Identifies methods to enhance services
   ☐ Manage a practice (including establishing, marketing, and compensation for services)
   ☐ Pursues answers to research questions to improve service provision
   ☐ Recognizes the importance of research and the role of the pharmacist in research
	❑ 1
	❑ 2
	❑ 3
	❑ 4
	❑ 5
	❑ N/A
		❑ 1
		❑ 2
		❑ 3
		❑ 4
		❑ 5
		❑ N/A	

Self-Direction and Lifelong Learning Skills			

8. Demonstrates self-learning and self-assessment abilities and habits (9,10,11)
   ☐ Manages time effectively and efficiently
   ☐ Is prepared when meeting with preceptor
   ☐ Anticipates future activities/responsibilities needs
   ☐ Reviews topics relevant to patient care activities to enhance knowledge base
   ☐ Exhibits intellectual curiosity (e.g., asks questions, seeks new knowledge, etc.) to ensure ongoing professional competency
   ☐ Displays assertiveness and independence in carrying out responsibilities/tasks
   ☐ Understands the need for, and development of, lifelong learning habits to maintain professional competence and personal growth
   ☐ Regularly self-assess learning needs (i.e., assesses own strengths and weaknesses) and engages in self-imposed learning activities to further his/her
	❑ 1
	❑ 2
	❑ 3
	❑ 4
	❑ 5
	❑ N/A
		❑ 1
		❑ 2
		❑ 3
		❑ 4
		❑ 5
		❑ N/A	

	ongoing personal/professional growth			

Professionalism and Ethics

9. Demonstrate professionalism and professional ethics (10,11) ☐ Demonstrates professional behavior, positive attitude, interest and motivation, and shows respect towards others ☐ Exhibits a conscientious approach to patient care (e.g., diligent follow-up, accept responsibility for patient outcomes, etc.) ☐ Accurately completes assignments in a timely manner ☐ Maintains patient confidentiality ☐ Knows and adheres to pharmacy legal and statutory regulations ☐ Attends and is punctual for patient care activities, rounds, meetings, conferences, etc. ☐ Works appropriate hours to assure that all responsibilities are completed ☐ Is professionally groomed and dressed ☐ Responds maturely to constructive criticism and feedback	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A		
Total Points(Add total points from all domains above)				
Total number of domains evaluated				
Point Average(Total points ÷ by total domains evaluated)				

SECTION B

Other Assignments:

✓	Assignment	Total Points	Numerical Percentage	Rating Scale Number (1-5)
	Journal Club			
	Drug Consult			
	Project			
	Formal Case Presentation			
	Informal Case Presentation			
	In-Service Presentation/Seminars			
	Community Presentation			
	Manuscript for publication (e.g., journal, newsletter, etc.)			
	Other (please describe)			
	Total Points(Add total points from all domains above)			
	Total number of domains evaluated			
	Point Average(Total points ÷ by total domains evaluated)			

Grade Point Calculation:

90

Section A Point Total ___ (0.6) + Section B Point Total ___ (0.3) + Case Conference Point Total ____(0.1) = ____ Total Score

A: Student averages scores of >4.3 (Student continually exceeds expectations and applies skills and knowledge in an independent manner. (MAKE SURE YOU MAKE THE CHANGES IN THE COURSE GRADE SCALE HERE)

B: Student averages scores of 3.3- 4.2 (Student may have outlying scores, but overall requires little development and/or refinement of skills and/or knowledge.)

C: Student averages scores of 2.2-3.2 (Student may have outlying scores, but overall requires more development and/or refinement of skills and/or knowledge.)

F: Student averages scores of <2.1 (Student may have outlying scores, but overall lacks skills and/or knowledge to complete task.

Overall Performance (Circle Grade)			
A	B	C	F (Fail)

Please list at least 2 specific strengths of the student noted during the rotation:_____

_____

Please list specific areas needing improvement which future preceptors can focus on during subsequent experiences:
_____

Additional Comments:

Midpoint Evaluation: Preceptor Signature_____ Date_____ Student Signature_____

Final Evaluation: Preceptor Signature_____ Date_____ Student Signature_____

❑   **YES, I have reviewed the Student's Professional Portfolio and Self-Evaluation   Number of Days Missed on the Experience: _____ (attach excused absence form)**

❑   **YES, I certify that the student has completed at least 240 contact hours at the practice site in accordance with the course syllabus and OEE policies and procedures.**

APPE Patient Case Presentation Grading Rubric

Note: Check the box that best reflects the student's performance on the following rubric evaluation form.

Student Name: _____   Date:_____

Faculty Evaluator: _____   Module#:_____

	Better than Expected Performance Exceeds Target (5)	Average Performance Level Acceptable (4)	Poorer than Anticipated Performance Level Below Target (3)	Score
Presentation Style	❑ Overall, the pace of delivery is appropriate.	❑ Overall, the pace of delivery is adequate;	❑ Overall, the pace of delivery was inappropriate.	
	❑ Presents in a self-assured manner (good eye contact/talks to the audience/limited use of notes).	❑ Appears apprehensive (some eye contact/reads some sections from the handout/notes/slides)	❑ Minimal-no eye contact and/or reads from a prepared manuscript (handout/notes/slides).	
	❑ Spoke in an enthusiastic, clear and authoritative voice.	❑ Occasionally spoke in an inaudible manner or too loudly/some use of "ums" or "ands".	❑ Uses a very soft-spoken voice that does not project/ significant use of "ums" and "ands".	
	❑ Uses professional language and acceptable medical terminology.	❑ Uses professional language the majority of time, occasionally uses unprofessional language or unacceptable medical terminology.	❑ Rarely use professional language or significant use of unacceptable medical terminology.	
	❑ Uses good expressive gestures to emphasize points	❑ Occasionally uses distractive gestures	❑ Displays many distractive gestures	_____ / 25
Organization, Time	❑ Overall, presentation was well organized	❑ Overall, presentation was adequately organized but could use improvement	❑ Presentation was disorganized.	
	❑ Used allotted time appropriately (Used ≥90% of allotted time)	❑ Marginal use of time (Used 60-90% of allotted time)	❑ Did not use time appropriately (Used <60% or >100% of allotted time)	
	❑ Handout / slides were appropriate in length, organization & appearance. No or rare grammatical and/or spelling errors.	❑ Handout / slides were adequate in length, organization & appearance. Some grammatical and/or spelling errors.	❑ Handout / slides were inappropriate in length , organization & appearance. Numerous grammatical and/or spelling errors.	
	❑ Explained issues clearly & concisely, easy to understand and follow.	❑ Usually explained issues clearly & concisely, usually easy to understand & follow, but occasionally was difficult to follow.	❑ Explained issues in an unclear manner, difficult to understand and follow.	
	❑ Student is well prepared.	❑ Student is reasonably prepared.	❑ Student is not prepared.	_____ / 25
Clinical Approach & Evidence-Based Medicine Evaluation	❑ Identifies all drug related problems.	❑ Identifies most drug related problems.	❑ Does not identify most of drug related problems, focuses on irrelevant issues, or inaccurately identifies problems that are not really drug-related.	
	❑ Prioritizes and addresses clinical issues in order of most acute condition.	❑ Addresses clinical issues, with some level of prioritization.	❑ Does not address most relevant clinical issues and/or addresses them in an disorganized manner. ❑	

		Better than Expected Performance Exceeds Target (5)	Average Performance Level Acceptable (4)	Poorer than Anticipated Performance Level Below Target (3)	Score
	☐ Presents adequate & pertinent background patient information in an organized manner; all information correct and relevant.	☐ Presents adequate background patient information in an organized manner, but includes some extraneous information or omits necessary information.	☐ Does not present adequate background patient information; presents in an disorganized manner; included extraneous information and omissions.	
	☐ Appropriately identifies all of the patient's health care needs.	☐ Identifies most of the patient's health care needs, but includes/identifies some unnecessary or irrational health care needs.	☐ Is unable to identify the patient's health care needs, or mostly identifies unnecessary or irrational health care needs.	
	☐ Presents & discusses relevant clinical findings.	☐ Presents & discusses relevant clinical findings, but includes some extraneous findings or omits some necessary information.	☐ Does not present or discuss relevant clinical findings.	
	☐ Thoroughly & concisely summarizes an appropriate treatment plan including rationale and therapeutic indication. Treatment plan is tailored based on patient specific factors. Discussed patient-specific recommendations for alterations in prescribed regimen(s).	☐ Presents an appropriate treatment plan, but the treatment plan but is not concise, or presents a 'gold standard' textbook treatment plan that does not include patient specific factors. Provides an adequate discussion of therapeutic rationale or indications. Discussed the need (in general) to adjust dosing regimen(s).	☐ Presents a treatment plan that does not treat the disease state, or presents a plan that can cause significant harm to a patient or place the patient at risk for a drug misadventure. Stated the prescribed regimen(s) only with no discussion of rationale or therapeutic indications.	
	☐ Is able to concisely and appropriately defend clinical rationale using evidence based medicine and patient specific factors.	☐ Is able to defend clinical rationale using some evidence based medicine and patient specific factors, however occasionally provides information that does little to support rationale.	☐ Is unable to defend clinical rationale or defends clinical rationale with incorrect information.	
	☐ Answers questions appropriately & precisely. Required no prompting.	☐ Answers most questions but lacks thoroughness. Required minimal prompting.	☐ Is unable to answer basic questions or required significant prompting.	
	☐ Literature article is thoroughly discussed, appropriately applies to assigned patient and clinical question posed, article summary is complete and accurate, included a clinical significance discussion.	☐ Literature article is adequately discussed, mostly applies to assigned patient and clinical question posed, and article summary is mostly complete and accurate. Clinical significance is adequately discussed.	☐ Literature article is superficially or not discussed, does not apply to assigned patient, article summary is not complete or accurate; clinical significance of article findings not discussed.	
	☐ Appropriately references citations.	☐ Usually references citations appropriately.	☐ Does not reference citations appropriately.	_____ / 50
				Total Score:	/100
				Deductions:	
				Final Score (add above scores and divide by 20):	/5

Student is dressed professionally: _____Yes _____No (if no, please deduct 5 points from the total score).

Tardy to presentation: _____Yes _____No (if yes, please deduct 5 points from the total score).

Additional Comments:

CHICAGO STATE UNIVERSITY

College of Pharmacy
Formal In-Service/General Topic Presentation Evaluation Form

Student Name_____ Article/Topic_____

Evaluator_____ Module/Date_____

Instructions: Evaluate the presentation on a scale of 1 (poor) to 5 (excellent).

Content						Comments
Appropriate information was included in the presentation	1	2	3	4	5	
The subject matter was covered sufficiently in breadth and depth	1	2	3	4	5	
Appropriately prepared in order to convey information well and answer questions	1	2	3	4	5	
Handout includes accurate information	1	2	3	4	5	
References are appropriately cited	1	2	3	4	5	
Presentation Style						
Maintained eye contact with audience; clear and audible voice tone with an appropriate pace of delivery	1	2	3	4	5	
Professional language utilized throughout and avoidance of distracting mannerisms and/or gestures	1	2	3	4	5	
Format and Organization						
Allotted time used appropriately	1	2	3	4	5	
Content organized and in a logical sequence	1	2	3	4	5	
***TOTAL POINTS (add all points from above)**						_____ pts
***Divide TOTAL POINTS by 9 for final assignment of points**						_____pts

Student Signature_____ Date _____

Preceptor Signature_____Date_____

CHICAGO ST🌲TE UNIVERSITY

College of Pharmacy
Formal Journal Club Presentation Evaluation Form

Student Name_____Article/Topic_____

Evaluator_____Module/Date_____

Instructions: Evaluate the journal club presentation on a scale of 1 (poor) to 5 (excellent).

Journal Club Content						Comments
Thorough review of article was provided with appropriate quantity of data presented	1	2	3	4	5	
Critique of study was appropriate (study strengths and weaknesses were identified)	1	2	3	4	5	
Clinical relevance and applications discussed, including identification of important subpopulations	1	2	3	4	5	
Appropriately prepared in order to convey information well and answer questions	1	2	3	4	5	
Presentation Style						
Maintained eye contact with audience; clear and audible voice tone with an appropriate pace of delivery	1	2	3	4	5	
Professional language utilized throughout and avoidance of distracting mannerisms and/or gestures	1	2	3	4	5	
Format and Organization						
Allotted time used appropriately	1	2	3	4	5	
Content organized and in a logical sequence	1	2	3	4	5	
*TOTAL POINTS (add all points from above)						_____pts
*Divide TOTAL POINTS by 8 for final assignment of points						_____pts

Student Signature_____ Date _____

Preceptor Signature_____Date_____

CHICAGO STATE UNIVERSITY

College of Pharmacy
Formal Drug Information Consult Evaluation Form

Student Name_____Article/Topic_____

Evaluator_____Module/Date_____

Instructions: Evaluate the drug information consult on a scale of 1 (poor) to 5 (excellent).

Drug Information Content						Comments
Appropriate search strategy used to obtain appropriate number of articles that are current and of good quality	1	2	3	4	5	
Adequately addressed background data, epidemiology, pathophysiology, pharmacokinetics, and therapeutics	1	2	3	4	5	
Appropriate conclusions were made regarding the quality and usefulness of the studies	1	2	3	4	5	
Fully answers question, and answer reasonable based on data/patient presented	1	2	3	4	5	
Presentation						
Consult is rational, direct, concise and complete	1	2	3	4	5	
Correct grammar and spelling	1	2	3	4	5	
Format and Organization						
Formatted as outlined APPE assignment instructions, including introduction, restatement of question, description of literature support, and conclusion	1	2	3	4	5	
Content organized and written in a logical sequence	1	2	3	4	5	
References are appropriately cited	1	2	3	4	5	
*TOTAL POINTS (add all points from above)						_____pts
*Divide TOTAL POINTS by 9 for final assignment of points						_____pts

Student Signature_____ Date _____

Preceptor Signature_____Date_____

CHICAGO ST🌲TE UNIVERSITY

College of Pharmacy
Formal Project Development Evaluation Form

Student Name_____Article/Topic_____

Evaluator_____Module/Date_____

Instructions: The preceptor should develop at least 4 specific objectives or criteria for which the student will be evaluated. The objectives and criteria should be provided to the student at the onset of the development of the project. Once the project is completed, the preceptor should evaluate the presentation on a scale of 1 (poor) to 5 (excellent).

Project Objectives/Criterion						**Comments**
Objective/Criterion 1:	1	2	3	4	5	
Objective/Criterion 2:	1	2	3	4	5	
Objective/Criterion 3:	1	2	3	4	5	
Objective/Criterion 4:	1	2	3	4	5	
*TOTAL POINTS (add all points from above)						_____pts
*Divide TOTAL POINTS by the number of objectives/criteria for final assignment of points						_____pts

Student Signature_____ Date _____

Preceptor Signature_____Date_____

CHICAGO STATE UNIVERSITY

College of Pharmacy
Formal Medication Counseling Evaluation Form

Student Name_____ Medication Counseling Session Number_____

Evaluator_____Module/Date_____

Instructions: Evaluate the medication counseling session on a scale of 1 (poor) to 5 (excellent).

Counseling Session						Comments
Identifies self and the patient or patient's agent	1	2	3	4	5	
Explains the purpose of the counseling session	1	2	3	4	5	
Makes appropriate use of the patient profile	1	2	3	4	5	
Assesses patient understanding of the reason(s) for therapy	1	2	3	4	5	
Uses open-ended questions	1	2	3	4	5	
Conveys complete information to the patient	1	2	3	4	5	
Verifies patient understanding via feedback	1	2	3	4	5	
Summarizes by emphasizing key points of information, provides closure and opportunity for follow-up	1	2	3	4	5	
General Technique						
Presents facts and concepts in a logical order	1	2	3	4	5	
Provides accurate information	1	2	3	4	5	
Uses language the patient is likely to understand	1	2	3	4	5	
Displays effective nonverbal behaviors (eye contact, body language, gestures	1	2	3	4	5	
Identifies and appropriately addresses any real or anticipated concerns or problems of importance	1	2	3	4	5	
Uses understanding empathetic responses	1	2	3	4	5	
Maintains control and direction of the counseling session	1	2	3	4	5	

CHICAGO STATE UNIVERSITY

COLLEGE OF PHARMACY

APPE STUDENT PROFESSIONAL MEETING DOCUMENTATION FORM

As part of the APPE program, students are required to attend at least one professional association meeting. This form is used to document student attendance at a professional association meeting. The following are some examples of approved professional association meetings: APhA, ICHP, IPhA, ASHP Annual/Midyear, AACP, ASCP, AMCP, NACDS, etc. Students are not required to travel out of state or out of the Chicago metropolitan area to complete this requirement. All costs associated with attendance are the sole responsibility of the student.

Student Name: _____ Date: _____

Name of Professional Meeting: _____

Location and Address of Meeting: _____

_____

Date(s) of Meeting: _____

Topics and/or Description (attach a copy of the handout or syllabus if applicable): _____

_____

_____   _____

Student's Signature   Date

Printed Name of an Official Representative of the Association: _____

_____   _____

Official Representative of the Association Signature   Date

Submit this form to the APPE Coordinator at the conclusion of the APPE module in which the meeting was attended. **Failure to submit this form to the APPE Director by the conclusion of APPE Module 7 at the end of the module meeting will result in automatic failure of APPE Module 7.**

CHICAGO STATE UNIVERSITY

College of Pharmacy
Blood Borne Pathogen/Needle Stick Incident Exposure Report Form

INSTRUCTIONS: This form is to be used to report needle stick/sharps injuries/body fluid exposures to Chicago State University College of Pharmacy faculty, staff and students. Complete this form and return it to the OECPE Assistant Dean or the Pharmacy Practice Department Chair (if faculty or staff) **within 24 hours of the injury or exposure**.

Name of person exposed/injured: _____ Gender: _____
University ID#: _____ Contact #: _____
Address:_____
Email address: _____ Today's date: _____

EXPOSURE:
Date of exposure: _____ Time of exposure: _____
Location of exposure: _____
Activity being engaged in at the time of the exposure: _____
_____
Original intended use of sharp:_____
Did the device have engineered sharps injury protection? _____Yes ___No;
If yes, were the protective mechanisms activated and did the exposure incident occur before, during, or after activation of the protective mechanism? _____Yes ____No
Brief description of exposure: _____
_____
_____

TYPE OF INJURY/EXPOSURE:
_____Needle / Brand name: _____
_____Lancet / Brand name: _____
_____Glass
_____Blood or other body fluid (specify body fluid type): _____
_____Other (specify): _____

INFORMATION ABOUT PERSON EXPOSED:
Was the injured person wearing gloves at the time of the injury? _____ Yes _____No
Did the injured person have the completed hepatitis B vaccination series? _____Yes _____No
Was a sharps container readily available for disposal of the sharp? _____Yes _____No
Did the injured person receive blood borne pathogen/exposure control training
during the 12 months prior to the incident? _____Yes _____No
LOCATION WHEN EXPOSURE OCCURRED:
_____Patient's home/residence

_____Community health fair or other event (specify): _____

_____Experiential site (specify): _____

_____Other (specify): _____

INVOLVED BODY PART (student; faculty; staff member):

_____Arm (but not hand)   _____Hand

_____Face/head/neck   _____Torso (front or back)

_____Leg/foot   _____Other (specify): _____

Medical Provider (student; faculty; staff member): _____

Date provider seen: _____

Patient/Source Information Name: _____ Gender: _____

Source's Address: _____

Source's Telephone #:_____

Source's Medical Provider:_____

Address of Source's Medical Provider: _____

Procedure for post-exposure medical evaluation and follow-up (see COP Body Fluid Exposure/Needle Stick Policy and Procedure for complete instructions)

1. Immediately cleanse the wound or mucus membranes with soap and water or if contract is the eye(s), flush with water for several minutes
2. Contact the appropriate CSU-COP personnel:
   a. Director of Experiential Programs; Director of CSU Wellness Center; Pharmacy Practice Department Chair
   b. Preceptor
   c. Organizational Faculty Advisor (if applicable)

Note: If the exposure involves a known HIV positive source, seek immediate medical attention since, if indicated, post-exposure prophylaxis should begin within 2 hours of exposure.

3. Seek medical attention
   a. Seek evaluation through the institution's employee health center or other employee sponsored sites or, if directed by the site, seek evaluation at your physician of choice or the nearest urgent care center or emergency department
4. When you arrive for care post exposure, inform the provider of the exposure to
   a. potential blood borne pathogens(s). All care received (lab testing, prophylactic
   b. medications, if indicated, etc.) will be billed through your personal insurance and you may be responsible for any co-pays or other out of pocket expenses
5. Source testing (testing of the patient) will be requested by the health care provider.

Acknowledgements: Policy adapted (with permission) from Texas A & M Rangel College of Pharmacy

Chicago State University College of Pharmacy APPE Clinical Intervention/Outcomes Documentation Form

Directions: Complete each section (A-G). Identify and document **one** drug-related problem (**one per document**) choosing from one of the seven categories listed under Drug-Related Problem (DRP) Classification. Document the following: Intervention, Intervention Specifics, Results, Actual Time Involved and Expected Outcomes. The Patient Reference Number will be the student's initials followed by the number of the interventions (numbered sequentially). For example: patient #1 would be referenced as (Student Initials XY# 1), patient #2 as (Student Initials XY#2) etc. your preceptor will review and sign the DRP Documentation Form. **NOTE**: To assure HIPAA compliance for patients 80 and older use **>80** for age instead of actual age.   (Adapted [with permission] from Texas A & M HSC Rangel College of Pharmacy)

Patient Reference Number_____ Age _____ Gender ____   Student Name:_____   Preceptor Signature_____

Intervention Date:_____   Module #___   Circle APPE Type: **Medicine   Amb Care   Community   Institutional**

A. DRUG AND/OR DISEASE INVOLVED

Drug Name_____

Disease:_____

B. DRUG RELATED PROBLEM (DRP) CLASSIFICATION

Choose only ONE problem

1. Adverse Drug Reaction
_____A) Toxicity
_____B) Allergic reaction
_____C) Side effect

2. Drug Choice
_____A) Drug needed not prescribed
_____B) Drug prescribed not needed
_____C) Drug duplication
_____D) Cost of therapy
_____E) Contraindication
_____F) Inappropriate drug
_____G) Inappropriate dosage form

3. Dosing
_____A) Dose too low or frequency not enough
_____B) Dose too high or frequency too often
_____C) Duration inappropriate

4. Drug Use
_____A) Wrong dose taken/administered
_____B) Wrong drug taken/administered
_____C) Drug not taken
_____D) Incorrect storage
_____E) Incorrect administration

5. Interaction
_____A) Drug-drug interaction
_____B) Drug-disease interaction
_____C) Drug-food interaction

6. Patient/Provider
_____A) Drug product not available
_____B) Patient doesn't understand instructions
_____C) Patient misuse (over-use/under-use)
_____D) Non-adherence
_____E) Prescription/Transcription

7. Patient Comprehension
_____A) Health Promotion
_____B) Disease Prevention

C. INTERVENTIONS

CHECK ALL that apply.

1. Drug
_____A) Discontinue therapy
_____B) Change medication
_____C) Add medication (Rx)
_____D) Add medication (OTC)
_____E) Change dose
_____F) Change dosage form
_____G) Change dosing interval
_____H) Therapeutic drug monitoring

2. Prescriber
_____A) Collaborative practice
_____B) Prescriber contacted
_____C) Consult left recommendation

3. Prescriber Drug Information
_____A) Adverse effect
_____B) Compatibility/stability
_____C) Compounding
_____D) Dosing/administration
_____E) Herbal products
_____F) Pharmacology/pharmacokinetics
_____G) Pregnancy/lactation
_____H) Use or Indication

4. Patient
_____A) Refer patient
_____B) Disease management program
_____C) Drug regimen review
_____D) Patient contacted
_____E) Payer contacted
_____F) Pharmacy contacted

5. Patient Education
_____A) Diabetes
_____B) Hypertension
_____C) Osteoporosis
_____D) Cholesterol
_____E) Asthma
_____F) Anticoagulation
_____G) Medication adherence
_____H) Discharge counseling
_____I) Other_____

C. INTERVENTIONS continued

6. Patient Training
_____A) Insulin pump
_____B) Insulin administration
_____C) Blood glucose meter
_____D) Blood pressure monitoring
_____E) Inhaler
_____F) Adherence device
_____G) Other_____

7. Life Style Changes
_____A) Diet
_____B) Exercise
_____C) Smoking cessation
_____D) Alcohol moderation

8. Screenings
_____A) Hypertension
_____B) Diabetes
_____C) Osteoporosis
_____D) Cholesterol

Complete the INTERVENTION SPECIFICS COLUMN ⟶

D. RESULTS of RECOMMENDATION

CHECK ALL that apply.

_____A) Accepted by prescriber
_____B) Accepted by consult team
_____C) Accepted by patient
_____D) Not accepted by _____
_____E) Unknown
_____F) Other (describe)

E. ACTUAL TIME INVOLVED

_____A) 5 minutes or less
_____B) 6-15 minutes
_____C) 16-29 minutes
_____D) 30-59 minutes
_____E) over 60 minutes

F. EXPECTED OUTCOMES

_____A) Improved efficacy
_____B) Improved safety
_____C) Improved adherence
_____D) Cost saving (institution)
_____E) Cost saving (patient)

G. INTERVENTION SPECIFICS

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Chicago State University College of Pharmacy APPE Forms/Documents Submission Flowchart

Document/Form Title	Who Completes?	Need to submit, retain or both?	Who Submits?	Submit To?	When to Submit?
Evaluation Forms					
APPE Student Evaluation Form: Direct Patient Care	Student	both	Student	Preceptor	Beginning/end of rotation for self-evaluation; retain for portfolio
	Preceptor	both	Preceptor	OECPE	Final evaluation at end of APPE module
APPE Student Evaluation Form: Non-Direct Patient Care	Student	both	Student	Preceptor	Beginning/end of rotation for self-evaluation; retain for portfolio
	Preceptor	both	Preceptor	OECPE	Final evaluation at end of APPE module
APPE General Skills Checklists (Core Rotation)	Preceptor and Student	both	Preceptor and Student	OECPE	Note: Preceptor to indicate satisfaction of requirement on final evaluation form; give copy to student for submission to OEE
Formal Patient Case Presentation	Preceptor	both	Preceptor	OECPE	Note: also include score on final evaluation form; give copy to student
Formal In-Service Presentation/General Topic Presentation	Preceptor	both	Preceptor	OECPE	Note: also include score on final evaluation form; give copy to student
Formal Journal Club Presentation	Preceptor	both	Preceptor	OECPE	Note: also include score on final evaluation form; give copy to student
Formal Drug Information Consult	Preceptor	both	Preceptor	OECPE	Note: also include score on final evaluation form; give copy to student
Formal Project Development	Preceptor	both	Preceptor	OECPE	Note: also include score on final evaluation form; give copy to student
Formal Medication Counseling	Preceptor	both	Preceptor	OECPE	Note: also include score on final evaluation form; give copy to student
APPE Preceptor/Site Evaluation Form	Student	submit	Student	OECPE	End of APPE module
APPE Forms (General)					
Preceptor Proof of Completion Form, APPE Manual	Preceptor	submit	Preceptor	OECPE	After review of the APPE manual-submitted via RxPreceptor
APPE Student Professional Meeting Attendance Documentation Form	Student	both	Student	Preceptor OECPE	Preceptor signs; student submits to OEE at end of APPE module; retain for portfolio
APPE Clinical Interventions/Outcomes Documentation	Student	both	Student	Preceptor OECPE	Preceptor signs; student submits to OEE at end of APPE module; retain for portfolio

Note: All forms will be available in paper and electronic format.