



## PHCY 472-484

# Required Advanced Community Advanced Pharmacy Practice Experience (APPE)

(Revision Date: 2-01-16)

### PRECEPTOR/SITE INFORMATION

See preceptor's abbreviated syllabus.

### SCHOOL FACULTY

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### COURSE CREDIT AND EXPERIENTIAL HOURS

4.0 credit hours and 160 experiential hours

### COURSE SECTION NUMBER

Section 956

### SITE DESCRIPTION

See preceptor's abbreviated syllabus.

### COURSE DESCRIPTION

The goal of the Advanced Community Pharmacy Practice Experience (APPE) is to provide opportunities for students to build upon knowledge and skills acquired through didactic education and Introductory Pharmacy Practice Experiences (IPPEs) and apply them in direct patient care activities in a community pharmacy setting.

### PREREQUISITES

Students must successfully complete PY1, PY2 and PY3 didactic courses.

## DESIRED COURSE OUTCOMES AND OBJECTIVES:

Upon completion of this advanced community experiential course, the student pharmacist will be able to:

1. Collect and organize essential patient information by establishing a collaborative pharmacist-patient relationship.
2. Identify, analyze, and prioritize medication-related problems.
3. Design a patient-centered, evidence-based therapeutic plan for a patient's medication and/or non-medication health improvement, wellness, and/or disease prevention regimen that effectively evaluates achievement of the patient-specific goals.
4. Document patient care interventions.
5. Perform systematic literature/reference searches and reviews to provide pharmacotherapy/drug information to healthcare practitioners verbally and/or in writing.
  - Obtain, appraise and apply information from primary and secondary drug and health resources
  - Discriminate between the requesters' statement of need and the actual drug information need by asking for appropriate additional information
6. Prioritize the work load, organize the work flow, and verify the accuracy of work of pharmacy technical and clerical personnel involved in all community pharmacy services
7. Demonstrate effective communication skills, in verbal and written form, to healthcare practitioners and patients.
  - Educate the public and professional associates regarding health and wellness, treatment and prevention of diseases and medical conditions, and use of medications, medical devices, natural products and nutritional supplements
8. Demonstrate an understanding of the pathophysiology and pharmacotherapy of the most common acute and chronic disease states encountered in the outpatient setting.
9. Create and sustain therapeutic and ethically sound relationships with patient
10. Demonstrate mature and professional attitudes, habits, values and behaviors.

## SITE-SPECIFIC OBJECTIVES

See preceptor's abbreviated syllabus.

## DESCRIPTION OF TEACHING/LEARNING METHODS

- Experiential learning: applying knowledge, skills and attitudes learned in the classroom to patient care practice.
- Self-directed learning: students will engage with course content by independent work and selected course assignments.

## RECOMMENDED LEARNING RESOURCES

- Students must have internet access and a UNC email account
- *The Experiential Education Manual* available at <http://faopharmacy.unc.edu/student-admin/oeo/manual/>
- Nemire R. and Kier K. *Pharmacy Student Survival Guide, 2<sup>nd</sup> edition*, McGraw-Hill Companies, 2009, ISBN: 0-07-136195-2.

## REQUIRED MATERIALS

- Short lab coat with UNC name badge
- *RxPreceptor* at [www.rxpreceptor.com](http://www.rxpreceptor.com) is the rotation management software system that will be used by OEE to track all pharmacy rotations and associated information.
- Preceptors may require and/or recommend additional materials for their rotations. Students are expected to communicate with the preceptor regarding such requirements prior to the rotation start date.

## **EXPECTATIONS FOR STUDENT ENGAGEMENT**

- To receive full credit for this course, students are expected to attend and participate in all scheduled rotation activities; arrive on time; and remain until required activities have been completed or they are dismissed by their preceptor. It is expected that students will come to the rotation site with an open mind and respectful demeanor.
- Student preparedness for topic discussions, patient case discussions, etc. is a critical element in this course.
- The faculty and staff consider the preceptor-student relationship as collegial and respectful. As more experienced, professional colleagues, preceptors generally view themselves as mentors in the student's professional development. Students should expect preceptors to communicate expectations and instructions clearly and concisely. Students should also expect preceptors to provide them with relevant resources, activities, experiences and feedback to facilitate success in the curriculum and in practice. Preceptors are fully committed to fulfilling this responsibility and will work to ensure that each student has the opportunity to be successful. In return, preceptors expect students to behave in a professional, responsible, and ethical manner; demonstrate a positive attitude, enthusiasm for learning, and respect for themselves and others; be prepared for each session; be flexible and be accountable for their assigned responsibilities.

## **OFFICE OF EXPERIENTIAL EDUCATION AND SITE SPECIFIC POLICIES**

Students and preceptors are expected to comply with the OEE policies and procedures published in the Experiential Education Manual at <http://faopharmacy.unc.edu/student-admin/oe/manual/>. Preceptors may require and/or recommend additional site specific policies for their rotations. Students are expected to communicate with the preceptor regarding such requirements prior to the rotation start date. Site specific forms and requirements may be listed for individual sites in RxPreceptor.

## **SPECIAL NEEDS**

The UNC Eshelman School of Pharmacy is committed to providing reasonable accommodations for all persons with documented disabilities or accessibility concerns in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. If you have a medical condition, disability, or accessibility concern that may impact your ability to meet the academic demands or requirements of the course, please contact the appropriate office on your campus. Students are required to self-identify for disability/accessibility support.

- Chapel Hill based students, contact Accessibility Resources and Services in person at the Student and Academic Services Building (SASB) Suite 2126, by email at [accessibility@unc.edu](mailto:accessibility@unc.edu) or via their website at <http://accessibility.unc.edu>.
- Asheville based students, please contact Disability Services in person at 258 Brown Hall, by phone at (828) 232-5050, or by email at [disabilityservices@unca.edu](mailto:disabilityservices@unca.edu).

## **STUDENT ACTIVITIES AND ASSIGNMENTS**

Students will work with preceptors to complete activities and assignments which will enable them to accomplish the objectives by the end of the rotation. Student projects are to be detailed by the preceptor, but it is expected that during the rotation the student will complete at least one formal presentation, one journal club style presentation and one patient care presentation. Several disease state and/or drug discussions that are student and/or preceptor led should also be conducted.

## **DESCRIPTION OF REQUIRED ASSIGNMENTS/PROJECTS**

See preceptor's abbreviated syllabus.

## **LATE ASSIGNMENT POLICY**

All assignments must be submitted by the designated deadline. Ramifications for late assignments will be at the discretion of the preceptor.

## **ASSESSMENT AND GRADING**

The student will be assessed by the preceptor on performance and professionalism at the midpoint and at the end of the rotation. Please see experiential course assessment tools at the end of the syllabus. The

midpoint evaluation will NOT be used in the calculation of the student's grade however it will provide a basis for feedback regarding the student's progress, including action items where necessary for the rest of the rotation. Additionally, it is the student's responsibility to assure a midpoint evaluation is completed by the preceptor. Within one week of rotation midpoint, students not receiving a midpoint evaluation that is documented in RxPreceptor should notify the Office of Experiential Education.

Grading Scale: Honors: 93.0 - 100% Pass: 70.0 – 92.9% Fail: <70.0%

## GRADE ADJUSTMENT POLICY

Students who wish to appeal a rotation grade should follow the progression guidelines described at <http://faopharmacy.unc.edu/student-admin/office-of-student-affairs/student-handbook/>

## REMIEDIATION POLICY

Remediation is not offered.

## INCOMPLETE GRADE POLICY

- Incomplete grades will be assigned when rotation assignments are not completed due to extenuating circumstances (i.e. prolonged illness, unexpected medical procedure required, family emergencies, etc.) but the student is capable/competent of passing the rotation. A preceptor should contact the Office of Experiential Education before the conclusion of the rotation to notify of "incomplete" status and provide rationale.
- Incomplete grades must be resolved within the first 8 weeks of the following semester.
- All incompletes must be resolved prior to being cleared for graduation.

## COURSE FAILURE

- A non-passing rotation grade will require a "make-up" rotation that is scheduled by the Office of Experiential Education. A "make-up" rotation will be scheduled at a different practice site and with a different preceptor. The failing grade is not removed from the student's transcript.
- Despite this course being Honors/Pass/Fail, a failing grade in this course will be incorporated in the GPA (4 hr credit).

## PRECEPTOR ASSESSMENT / EXPERIENTIAL COURSE EVALUATION

Students are **required** to complete the course/rotation evaluation in RxPreceptor one week following the completion of the rotation. *Those not completing the evaluation will receive an "incomplete" grade for the course/rotation.* This is a course requirement and a responsibility of all students completing a course. Student feedback is essential and highly valued in the School's efforts to continually improve the quality of courses and the effectiveness of our faculty as educators. As a faculty, we can assure you that your feedback is reviewed in detail. The evaluations are taken very seriously by course directors and the School. In 2011, the School implemented new policies and procedures for course evaluations, which include specific guidance on how the findings are used by the School as a means of continued quality improvement. Students not completing the rotation evaluation in RxPreceptor within one week following the completion of the rotation will receive an "incomplete" grade for the course/rotation. All course evaluations are confidential and anonymous.

## ATTENDANCE POLICY

Preceptors acknowledge that extenuating circumstances occasionally occur that prevent attendance during rotation. At the discretion of the preceptor, an excused absence during one rotation period will be allowed as long as the objectives of the rotation are met. Any unexcused absence during the course of a rotation month must be made up in a way that meets with the preceptor's approval. Failure to make up missed work will result in a grade of incomplete.

**Excused absences:** Planned or unplanned absences are excused only under the following circumstances, which are beyond the control of the student:

- Medical necessity refers to unpredictable or serious illness of the student or an immediate family member. Documentation, such as a physician letter, may be required at the request of the preceptor. Routine medical or dental visits **do not meet** this criterion. Students should schedule routine medical or dental visits at the end of the day to avoid missing a full day of rotation.
- **Bereavement Policy:** An absence may be excused due to the death of a student's immediate family member (parent, child, spouse, grandparent, or sibling). Absences should not exceed a total

of 4 absences during the rotation month. Excused absences do not have to be made up; however, if the preceptor determines that the objectives of the rotation cannot be met as a result of the excused absences, the student should work out a way to make up missed time at the preceptor's convenience.

- Participation in a pre-approved professional activity (i.e. activities of the School, local, state, or national pharmacy organizations) constitutes an excused absence provided the student informs the preceptor of the planned absence at the beginning of the rotation. Documentation of the professional activity is required. Work as an employee does NOT constitute participation in a professional activity. Events that PY4 students are encouraged to attend include the NCAP Annual Convention in October, Career Day which is typically scheduled in early November and the School's Student Research Symposium in late spring.
- **Participation in Residency Interviews:** It is understandable that students seeking residency training may have many interview dates from mid-January to the first week of March, with the majority occurring in February. The student must inform the preceptor of any planned interview(s) upon first contact with the preceptor prior to the start of the rotation, if at all possible, or immediately at the time the interview is scheduled if during the course of a rotation month. When possible, especially if more than 2 interviews are anticipated, students are encouraged to schedule interviews to occur over several rotations, so that the February rotation is not the only affected experience. For interviews during the same rotation month, students should attempt when possible to consolidate interview days and combine/arrange travel to minimize time away from rotation (for example, departing **after** the workday on rotation). Two days' absence in one rotation month will be allowed without need for make-up time. Any additional days taken for residency interviews may have to be made up at the discretion of the preceptor. Documentation of scheduled interviews is required; this should be at least but is not limited to, per the preceptor's prerogative, an email to the preceptor copied to the regional faculty member noting the location and dates required for the interview. Students cannot exceed a total of six days' absence for residency interviews during a rotation month without prior approval from their local experiential faculty. Thus, in summary: up to 2 days absence/rotation for interviews will be excused; 3-6 days absence/rotation will be made up at the discretion of the preceptor; and more than 6 days absence/rotation need to be approved by the local experiential faculty member.
- Other extenuating circumstances: The preceptor may, at his/her discretion, approve a request for an excused absence for other reasons. When possible, such requests should be made in writing at the beginning of the practice experience.
- **Excused absences for religious reasons:** The Schools follows the University's policy on excused absences for religious reasons (the policy can be found in the UNC Eshelman School of Pharmacy Student Handbook at <http://faopharmacy.unc.edu/student-admin/office-of-student-affairs/student-handbook/#details-2-0>).

**Unexcused absences** are absences from rotation for any reason not listed above.

**Absence Notification Policy:** The student must contact the preceptor of an anticipated absence as early as possible prior to the absence. If circumstances prevent the student from providing prior notification, the student or his/her designate should contact the preceptor by phone first thing in the morning of the absence. Messages should include the student's name, a brief summary of reason for absence, and anticipated date of return. The preceptor will determine whether the absence is excused or unexcused.

### **Inclement Weather Policy**

In the event of adverse weather, student pharmacists should call their preceptor and follow the instructions of their preceptor. If there is concern about the preceptor's instructions, student pharmacists should contact their local experiential faculty member immediately. If a student pharmacist does not feel that it is safe to travel, the preceptor should allow them to make up the time missed.

## **PLAGIARISM AND REFERENCING**

You are encouraged to use a variety of information resources to support your assignments, but you must give credit for any and all ideas that are not originally your own. In addition to citing published works, you must also reference any ideas derived from the Internet, lectures or seminars, or personal correspondence. More information on referencing can be found in the UNC Eshelman School of Pharmacy Student Handbook: <http://faopharmacy.unc.edu/student-admin/office-of-student-affairs/student-handbook/#pane-0-6>.

## **ACADEMIC INTEGRITY / HONOR CODE**

The principles of academic honesty, integrity, and responsible citizenship govern the performance of all academic work and student conduct at the University as they have during the long life of this institution. Your acceptance of enrollment in the University presupposes a commitment to the principles embodied in the Code of Student Conduct and a respect for this most significant Carolina tradition. Your participation in this course comes with the expectation that your work will be completed in full observance of the Honor Code. Academic dishonesty in any form is unacceptable. If a violation is suspected, it may be reported to the Student Attorney General's Office. If you have any questions about your responsibility or the responsibility of faculty members under the Honor Code, please visit the Office of Student Conduct web site (<http://studentconduct.unc.edu>), consult the Graduate and Professional Student Attorney General ([gpsag@unc.edu](mailto:gpsag@unc.edu)), or contact a representative within the UNC Eshelman School of Pharmacy.

## **SYLLABUS CHANGES**

Issues not addressed here or in other official course documents will be resolved according to the discretion of the preceptor. The course director or primary preceptor reserves the right to make changes to the syllabus, including project due dates and test dates, when unforeseen circumstances occur. These changes will be announced as early as possible so that students can adjust their schedules.

## **SAMPLE ROTATION SYLLABUS**

See preceptor's abbreviated syllabus.

**Preceptor's Evaluation of Student at Midpoint and Final  
Community Required APPE  
(To be completed in RxPreceptor)**

Student Name \_\_\_\_\_ Preceptor Name \_\_\_\_\_

List others who precepted this student and provided evaluation feedback: \_\_\_\_\_

Student Performance	Description of Performance				
<b>Goal 1: The student demonstrates an acceptable level of professionalism . Students must earn a 3,4 or 5 on all items in Professionalism Goal #1 to pass the rotation. Rotation failure will result if a student earns a 1 or 2 on any professionalism item.</b> <b>SECTION WEIGHT: 15%</b>					
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>A. Responsibility</b>	Never takes initiative and assumes full responsibility for own learning. Never punctual. Never assumes full responsibility for patient. Never presents self in professional manner. <input type="checkbox"/>	Rarely takes initiative and assumes full responsibility for own learning. Rarely punctual. Rarely assumes full responsibility for patient. Rarely presents self in professional manner. <input type="checkbox"/>	Occasionally takes initiative and assumes full responsibility for own learning. Occasionally punctual. Occasionally assumes full responsibility for patient. Occasionally presents self in professional manner. <input type="checkbox"/>	Usually takes initiative and assumes full responsibility for own learning. Usually punctual. Usually assumes full responsibility for patient. Usually presents self in professional manner. <input type="checkbox"/>	Always takes initiative and assumes full responsibility for own learning. Always punctual. Always assumes full responsibility for patient. Always presents self in professional manner. <input type="checkbox"/>
<b>B. Commitment to Excellence</b>	Never participates in discussions. Never inquisitive. Never aware of personal limitations. Completes some tasks to best ability. Never committed to continued professional development. Never demonstrates positive attitude. Never learns/grows from experiences. <input type="checkbox"/>	Rarely participates in discussions. Rarely inquisitive. Rarely aware of personal limitations. Completes some tasks to best ability. Rarely committed to continued professional development. Rarely demonstrates positive attitude. Rarely learns/grows from experiences. <input type="checkbox"/>	Occasionally participates in discussions. Occasionally inquisitive. Occasionally aware of personal limitations. Completes some tasks to best ability. Occasionally committed to continued professional development. Occasionally demonstrates positive attitude. Occasionally learns/grows from experiences. <input type="checkbox"/>	Usually participates in discussions. Usually inquisitive. Usually aware of personal limitations. Completes most tasks to best ability. Usually committed to continued professional development. Usually demonstrates positive attitude. Usually learns/grows from experiences. <input type="checkbox"/>	Always participates in discussions. Always inquisitive. Always aware of personal limitations. Completes all tasks to best ability. Always committed to continued professional development. Always demonstrates positive attitude. Always learns/grows from experiences. <input type="checkbox"/>
<b>C. Respect for Others</b>	Never respects the religion and culture of others. Never respects patients' confidentiality and privacy. Never respects peers and instructors. Never treats others personal property with respect. Never listens carefully and respectfully. Never fully present and attentive in all	Rarely respects the religion and culture of others. Rarely respects patients' confidentiality and privacy. Rarely respects peers and instructors. Rarely treats others personal property with respect. Rarely listens carefully and respectfully. Rarely fully present and attentive in all	Occasionally respects the religion and culture of others. Occasionally respects patients' confidentiality and privacy. Occasionally respects peers and instructors. Occasionally treats others personal property with respect. Occasionally listens carefully and respectfully.	Usually respects the religion and culture of others. Usually respects patients' confidentiality and privacy. Usually respects peers and instructors. Usually treats others personal property with respect. Usually listens carefully and respectfully. Usually fully present and attentive in all	Always respects the religion and culture of others. Always respects patients' confidentiality and privacy. Always respects peers and instructors. Always treats others personal property with respect. Always listens carefully and respectfully. Always fully present and attentive in all

	activities and interactions. <input type="checkbox"/>	activities and interactions. <input type="checkbox"/>	Occasionally fully present and attentive in all activities and interactions. <input type="checkbox"/>	activities and interactions. <input type="checkbox"/>	activities and interactions. <input type="checkbox"/>
<b>D. Honesty and Integrity</b>	Never accountable for actions. Never abuses special privileges. Never truthful. Never challenges and acts on inappropriate behavior from others. Never abides by Honor Code or other rules. <input type="checkbox"/>	Rarely accountable for actions. Usually abuses special privileges. Rarely truthful. Rarely challenges and acts on inappropriate behavior from others. Rarely abides by Honor Code or other rules. <input type="checkbox"/>	Occasionally accountable for actions. Occasionally abuses special privileges. Occasionally truthful. Occasionally challenges and acts on inappropriate behavior from others. Occasionally abides by Honor Code or other rules. <input type="checkbox"/>	Usually accountable for actions. Rarely abuses special privileges. Usually truthful. Usually challenges and acts on inappropriate behavior from others. Usually abides by Honor Code or other rules. <input type="checkbox"/>	Always accountable for actions. Never abuses special privileges. Always truthful. Always challenges and acts on inappropriate behavior from others. Always abides by Honor Code or other rules. <input type="checkbox"/>
<b>E. Care and Compassion</b>	Never actively listens to, is patient with, and shows compassion for patients/caregivers, peers, and instructors. Never thoughtful, respectful, and follows through with responsibilities. Never helps others in need. <input type="checkbox"/>	Rarely actively listens to, is patient with, and shows compassion for patients/caregivers, peers, and instructors. Rarely thoughtful, respectful, and follows through with responsibilities. Rarely helps others in need. <input type="checkbox"/>	Occasionally actively listens to, is patient with, and shows compassion for patients/caregivers, peers, and instructors. Occasionally thoughtful, respectful, and follows through with responsibilities. Occasionally helps others in need. <input type="checkbox"/>	Usually actively listens to, is patient with, and shows compassion for patients/caregivers, peers, and instructors. Usually thoughtful, respectful, and follows through with responsibilities. Usually helps others in need. <input type="checkbox"/>	Always actively listens to, is patient with, and shows compassion for patients/caregivers, peers, and instructors. Always thoughtful, respectful, and follows through with responsibilities. Always helps others in need. <input type="checkbox"/>
<b>F. Clerkship Responsibilities</b>	Consistently disorganized. Fails to meet many deadlines and does not follow through with requests. Very poor problem-solving and decision making skills. One unexcused absence or consistently tardy to activities <input type="checkbox"/>	Occasionally unorganized and unprepared. Assignments done on time but poor problem-solving and decision making skills. Fails to follow through on several requests. Occasionally tardy to activities <input type="checkbox"/>	Regularly attends all activities and work completed on time.. Sufficient problem-solving and decision making skills. Usually follows through on requests <input type="checkbox"/>	Demonstrates advanced planning and/or completes some projects ahead of time. Well organized and punctual. Good problem-solving and decision making skills. Follows through on all requests <input type="checkbox"/>	Consistently initiates activities; uses spare time wisely. Arrives early and stays late if necessary. Extremely organized. Completes all assignments in advance. Strong problem-solving and decision making skills. Follows through on all requests <input type="checkbox"/>
<b>G. Relationships with Members of the Healthcare Team</b>	Consistently observes only; refuses to participate <input type="checkbox"/>	Has difficulty establishing relationships; avoids confrontation <input type="checkbox"/>	Establishes adequate relationships; participates if directed <input type="checkbox"/>	Establishes good relationships; actively participates; team player <input type="checkbox"/>	Establishes working relationships and proactively participates as an integral member; appropriately assertive <input type="checkbox"/>
<b>Comments:</b>					



**Goal 2: The student demonstrates the ability to conduct a systematic, efficient, and thorough drug information search and derives concise and accurate responses to drug information requests.**

**SECTION WEIGHT: 10%**

<b>A. Data Collection</b>	Consistently fails to obtain proper information from requestor <input type="checkbox"/>	Collects some data, but omits several basic details <input type="checkbox"/>	Usually collects obvious data with some detailed information from requestor <input type="checkbox"/>	Usually collects obvious and also detailed data from requestor <input type="checkbox"/>	Effectively obtains complete data for each problem <input type="checkbox"/>
<b>B. Literature Retrieval/ Appropriate Use of Resources</b>	Consistently fails to perform systematic search, fails to identify appropriate resources <input type="checkbox"/>	Sometimes performs systematic search and/or identify appropriate resources <input type="checkbox"/>	Usually performs systematic search and identifies appropriate resources <input type="checkbox"/>	Performs systematic search and identifies appropriate resources most of the time <input type="checkbox"/>	Effectively uses a variety of sources. Always designs effective, thorough search strategy. <input type="checkbox"/>
<b>C. Literature Evaluation</b>	Unable to evaluate basic medical literature <input type="checkbox"/>	Sometimes able to evaluate basic medical literature <input type="checkbox"/>	Usually able to evaluate basic medical literature <input type="checkbox"/>	Usually able to evaluate literature with moderate depth <input type="checkbox"/>	Able to evaluate literature with sophistication and depth <input type="checkbox"/>
<b>D. Answers Drug Information Questions</b>	Rarely applies the obtained information to appropriately answer the specific DI question <input type="checkbox"/>	Occasionally applies the obtained information to appropriately answer the specific DI question <input type="checkbox"/>	Usually applies the obtained information to appropriately answer the specific DI question <input type="checkbox"/>	Applies the obtained information to appropriately answer the specific DI question most of the time <input type="checkbox"/>	Always applies the obtained information to appropriately answer the specific DI question <input type="checkbox"/>
<b>E. Documentation</b>	Rarely documents drug information responses and the search strategies utilized <input type="checkbox"/>	Occasionally documents drug information responses and the search strategies utilized <input type="checkbox"/>	Usually documents drug information responses and the search strategies utilized <input type="checkbox"/>	Documents drug information responses and search strategies utilized most of the time <input type="checkbox"/>	Always documents drug information responses and the search strategies utilized <input type="checkbox"/>

**Comments:**

**Goal 3: The student displays both verbal and written communication skills appropriate to this practice setting.**

**SECTION WEIGHT: 10%**

<b>A. Verbal Communication with Preceptor and Other Healthcare Professionals</b>	Appears arrogant; use of unclear language, incorrect info, offensive tone, slang or cursing; insensitive to surroundings <input type="checkbox"/>	Impersonal and abrupt; generally provides correct info; does not always respect surroundings <input type="checkbox"/>	Maintains a good proactive dialogue; respectful of surroundings <input type="checkbox"/>	Directs conversation; allows others to easily provide or receive info; respectful of surroundings <input type="checkbox"/>	Effective communication with all interactions; uses clear and correct language; sensitive to surroundings <input type="checkbox"/>
<b>B. Written Communication</b>	Assignments late, illegible and with grammatical spelling and organizational errors <input type="checkbox"/>	Assignments completed on time but inarticulate, poorly cited; with some grammatical or spelling errors <input type="checkbox"/>	Well-cited info; rare grammatical or spelling errors <input type="checkbox"/>	Well-cited info with articulation; no writing or spelling errors <input type="checkbox"/>	Critically presented, well-cited info with articulation, clarity and insight <input type="checkbox"/>
<b>C. Medical Notes (e.g. SOAP, FARM, pharmacokinetic note)</b>	Disorganized; omits pertinent info; numerous grammatical or spelling errors; uses first person; appears <input type="checkbox"/>	Occasionally unorganized; often difficult to understand and follow; provides irrelevant details; <input type="checkbox"/>	Generally organized and focused with few grammatical or spelling errors; avoids bias <input type="checkbox"/>	Well-organized; summarizes info appropriately & precisely; occasional grammatical or spelling errors; <input type="checkbox"/>	Completely organized; no grammatical or spelling errors; includes all pertinent info; note follows <input type="checkbox"/>

	biased <input type="checkbox"/>	several grammatical or spelling errors <input type="checkbox"/>		avoids bias <input type="checkbox"/>	logical sequence; thorough yet concise; avoids bias <input type="checkbox"/>
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Comments:

**Goal 4: The student exhibits a solid foundation of pharmacotherapeutic knowledge. SECTION WEIGHT: 20%**

<b>A. Pathophysiology of Common Disease States</b>	Major deficits in knowledge and retention of basic principles of common pathophysiology ; unable to assimilate new information <input type="checkbox"/>	Usually unable to explain basic principles of common pathophysiology and unable to assimilate new information <input type="checkbox"/>	Able to explain basic principles with relative consistency; able to assimilate new information <input type="checkbox"/>	Able to explain principles & details with moderate depth with infrequent or rare intervention; able to assimilate new information <input type="checkbox"/>	Able to explain principles and details with sophistication and depth with no intervention; knowledge-based consistently exceeds expectations <input type="checkbox"/>
<b>B. Pharmacology and Pharmacokinetic Principles</b>	Major deficits in knowledge and retention of drug mechanisms and pharmacokinetic principles of common therapies and drug classes; unable to assimilate new information <input type="checkbox"/>	Usually unable to explain drug mechanisms and pharmacokinetic principles of common therapies and drug classes; unable able to assimilate new information <input type="checkbox"/>	Able to explain drug mechanisms and pharmacokinetic principles of common therapies and drug classes with relative consistency; able to assimilate new information <input type="checkbox"/>	Able to explain drug mechanisms and pharmacokinetic principles with moderate depth and infrequent or rare intervention; able to assimilate new information <input type="checkbox"/>	Able to explain drug mechanisms and pharmacokinetic principles of common therapies and drug classes with sophistication and depth with no intervention; knowledge-based consistently exceeds expectations <input type="checkbox"/>
<b>C. Essential Therapeutic Principles</b>	Major deficits in knowledge of medication regimens and approaches to treatments of common disease states; unable to assimilate new information <input type="checkbox"/>	Usually unable to explain medication regimens and approaches to treatments of common disease states; unable to assimilate new information <input type="checkbox"/>	Able to explain medication regimens and approaches to treatments of common disease states with relative consistency; able to assimilate new information <input type="checkbox"/>	Able to explain medication regimens and approaches to treatment details with moderate depth and infrequent or rare intervention; able to assimilate new information <input type="checkbox"/>	Able to explain medication regimen rationales and approaches to treatment details with sophistication and no intervention; consistently exceeds expectations <input type="checkbox"/>

Comments:

**Goal 5: The student demonstrates the ability to provide patient-centered care by assuming responsibility for patient outcomes. SECTION WEIGHT: 25%**

<b>A. Complies with Legal Requirements</b>	Unable to identify basic issues with legality or apply state and federal regulations properly in filling prescription orders <input type="checkbox"/>	Usually unable to identify basic issues with legality or apply state and federal regulations properly in filling prescription orders <input type="checkbox"/>	Able to identify major issues with legality; usually able to apply state and federal regulations properly in filling prescription orders <input type="checkbox"/>	Usually able to verify each prescription order for legality, and applies state and federal regulations properly in filling prescription orders <input type="checkbox"/>	Able to verify each prescription order for legality, and applies state and federal regulations properly in filling prescription orders <input type="checkbox"/>
<b>B. Interprets and Dispenses Prescription</b>	Unable to correctly interpret prescription orders for amount per dose, frequency, duration of therapy, interactions, or <input type="checkbox"/>	Usually unable to verify prescription orders for amount per dose, frequency, duration of therapy, interactions, or allergies. Does not <input type="checkbox"/>	Frequently needs help to correctly interpret prescription orders for amount per dose, frequency, duration of therapy, <input type="checkbox"/>	Correctly receives, interprets, and clarifies prescription orders for amount per dose, appropriate route, frequency, duration <input type="checkbox"/>	Always correctly receives, interprets, and clarifies prescription orders for amount per dose, appropriate route, frequency, <input type="checkbox"/>

	allergies. Unable to select proper drug. Inaccurately labels product <input type="checkbox"/>	usually select proper drug or accurately label product <input type="checkbox"/>	interactions, and allergies. Usually selects proper drug and accurately labels product <input type="checkbox"/>	of therapy, interactions, and allergies most of the time. Selects proper drug and accurately labels product <input type="checkbox"/>	duration of therapy, interactions, and allergies. Selects proper drug and accurately labels product <input type="checkbox"/>
<b>C. Dispensing Controlled Substances</b>	Cannot explain the theory and policies of inventory control measures for controlled substances. Does not understand the processes of disposal and discrepancy reconciliation <input type="checkbox"/>	Usually unable to explain the theory and policies of inventory control measures for controlled substances. Does not understand the processes of disposal and discrepancy reconciliation <input type="checkbox"/>	Minimally explains the theory and policies of inventory control measures for controlled substances but needs prompting for details. Basic understanding of disposal and discrepancy reconciliation <input type="checkbox"/>	Explains the theory and policies of inventory control measures for controlled substances in reasonable detail. Understands the processes of disposal discrepancy reconciliation <input type="checkbox"/>	Explains the theory and policies of inventory control measures for controlled substances. Understands the processes of disposal and discrepancy reconciliation <input type="checkbox"/>
<b>D. Nonprescription Medications</b>	Unable to use knowledge of conditions that can be treated with OTC meds and select appropriate agent; identifies symptoms in patients that require referral to a physician; needs extensive preceptor intervention <input type="checkbox"/>	Sometimes able to use knowledge of conditions that can be treated with OTC meds and selects appropriate agent; identifies symptoms in patients that require referral to a physician; needs consistent intervention <input type="checkbox"/>	Usually able to use knowledge of conditions that can be treated with OTC meds and selects appropriate agent; identifies symptoms in patients that require referral to a physician; requires occasional preceptor intervention <input type="checkbox"/>	Almost always able to use knowledge of conditions that can be treated with OTC meds and selects appropriate agent; usually identifies symptoms in patients that require referral to a physician; performs within expectations <input type="checkbox"/>	Always able to use knowledge of conditions that can be treated with OTC meds and selects appropriate agent; identifies symptoms in patients that require referral to a physician; consistently performs above expectations <input type="checkbox"/>
<b>Comments:</b>					

**Goal 6: The student is able to identify medication related problems, establish appropriate patient pharmacotherapeutic goals, and can design and implement workable treatment plans.**

**SECTION WEIGHT: 15%**

<p><b>A. Evaluation of Current Drug Therapy</b></p>	<p>Major knowledge deficits; Unable to collect vital patient data, recognize drug related problems, determine monitoring parameters needed for assessment and unable to integrate /assimilates new information <input type="checkbox"/></p>	<p>Usually unable to collect vital patient data, recognize drug related problems, determine monitoring parameters needed for assessment and not able to integrate /assimilate new information <input type="checkbox"/></p>	<p>Able to collect vital patient data, recognize drug related problems, determine monitoring parameters needed for assessment and integrates /assimilates new information <input type="checkbox"/></p>	<p>With moderate depth and infrequent intervention, able to collect vital patient data, recognize drug related problems, determine monitoring parameters needed for assessment and integrates /assimilates new information <input type="checkbox"/></p>	
<p><b>B. Development of optimal drug therapy plan</b></p>	<p>Unable to appropriately formulate optimal drug therapy plans with appropriate monitoring parameters No evidence based medicine approaches considered <input type="checkbox"/></p>	<p>Usually unable to appropriately formulate optimal drug therapy plans with appropriate monitoring parameters, using evidence based medicine approaches <input type="checkbox"/></p>	<p>Able to appropriately formulate optimal drug therapy plans with appropriate monitoring parameters, using evidence based medicine approaches <input type="checkbox"/></p>	<p>With infrequent intervention, able to formulate the optimal drug therapy plans with appropriate monitoring parameters, using evidence based medicine approaches <input type="checkbox"/></p>	
<p><b>Comments:</b></p>					

**Goal 7: The student is able to complete the clerkship specific goals and objectives.**

**SECTION WEIGHT: 20%**

<p><b>A. Prioritize the workload, organize the work flow and verify the accuracy of the work of pharmacy technical and clerical personnel</b></p>	<p>Falls unacceptably below expectations. Unable to satisfactorily complete basic, routine tasks despite directed questioning. The preceptor must complete the task <input type="checkbox"/></p>	<p>Falls below expectations. Requires guidance and directed questioning to complete basic, routine tasks. Performs below the level of an average 4<sup>th</sup> year pharmacy student <input type="checkbox"/></p>	<p>Meets expectations. Requires guidance and directed questioning to complete complex tasks. Independently completes basic, routine tasks. Performs at the level of an average 4<sup>th</sup> year pharmacy student <input type="checkbox"/></p>	<p>Occasionally exceeds expectations. Requires limited prompting to complete complex tasks. Independently completes basic, routine tasks. Performs at the level of an advanced 4<sup>th</sup> year pharmacy student <input type="checkbox"/></p>	<p>Consistently exceeds expectations. Independently completes most complex tasks and all basic, routine tasks. Performs at the level of a practicing pharmacist <input type="checkbox"/></p>
<p><b>B. Educate public &amp; professional associates regarding health &amp; wellness, treatment &amp; prevention of diseases &amp; medical conditions, use of medications, medical devices, natural products &amp; nutritional supplements</b></p>	<p>Falls unacceptably below expectations. Unable to satisfactorily complete basic, routine tasks despite directed questioning. The preceptor must complete the task <input type="checkbox"/></p>	<p>Falls below expectations. Requires guidance and directed questioning to complete basic, routine tasks. Performs below the level of an average 4<sup>th</sup> year pharmacy student <input type="checkbox"/></p>	<p>Meets expectations. Requires guidance and directed questioning to complete complex tasks. Independently completes basic, routine tasks. Performs at the level of an average 4<sup>th</sup> year pharmacy student <input type="checkbox"/></p>	<p>Occasionally exceeds expectations. Requires limited prompting to complete complex tasks. Independently completes basic, routine tasks. Performs at the level of an advanced 4<sup>th</sup> year pharmacy student <input type="checkbox"/></p>	<p>Consistently exceeds expectations. Independently completes most complex tasks and all basic, routine tasks. Performs at the level of a practicing pharmacist <input type="checkbox"/></p>

<p><b>C. Optional Site Specific Objective #1</b></p>	<p>Falls unacceptably below expectations. Unable to satisfactorily complete basic, routine tasks despite directed questioning. The preceptor must complete the task</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>Falls below expectations. Requires guidance and directed questioning to complete basic, routine tasks. Performs below the level of an average 4<sup>th</sup> year pharmacy student</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>Meets expectations. Requires guidance and directed questioning to complete complex tasks. Independently completes basic, routine tasks. Performs at the level of an average 4<sup>th</sup> year pharmacy student</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>Occasionally exceeds expectations. Requires limited prompting to complete complex tasks. Independently completes basic, routine tasks. Performs at the level of an advanced 4<sup>th</sup> year pharmacy student</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>Consistently exceeds expectations. Independently completes most complex tasks and all basic, routine tasks. Performs at the level of a practicing pharmacist</p> <p style="text-align: center;"><input type="checkbox"/></p>
<p><b>D. Optional Site Specific Objective #2</b></p>	<p>Falls unacceptably below expectations. Unable to satisfactorily complete basic, routine tasks despite directed questioning. The preceptor must complete the task</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>Falls below expectations. Requires guidance and directed questioning to complete basic, routine tasks. Performs below the level of an average 4<sup>th</sup> year pharmacy student</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>Meets expectations. Requires guidance and directed questioning to complete complex tasks. Independently completes basic, routine tasks. Performs at the level of an average 4<sup>th</sup> year pharmacy student</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>Occasionally exceeds expectations. Requires limited prompting to complete complex tasks. Independently completes basic, routine tasks. Performs at the level of an advanced 4<sup>th</sup> year pharmacy student</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>Consistently exceeds expectations. Independently completes most complex tasks and all basic, routine tasks. Performs at the level of a practicing pharmacist</p> <p style="text-align: center;"><input type="checkbox"/></p>

Examples of Site Specific Objectives:

- Journal club or journal article review
- Construct patient education handouts that take into consideration level of understanding, depth of detail and compliance techniques.
- Demonstrate the ability to present one 15-30 minute education inservice to health care professionals using concise, proper handout format and resource selection.
- Identify and evaluate an area of quality improvement and construct a written summary and presentation of the results or student's participation.
- Demonstrate proper documentation of medication/disease state/discharge counseling.
- Demonstrate the ability to construct a complete and concise response to a drug information request using evidence based medicine and appropriate resources.
- The student is able to pass (as defined by preceptor) a final exam at the end of the rotation.