

**University of North Carolina
Eshelman School of Pharmacy
Professional Experience Program**



**PHCY 471
Community Introductory
Pharmacy Practice
Experience (C-IPPE)
2014 Syllabus**



PHCY 471

Community Introductory Pharmacy Practice Experience (C-IPPE)

2014 Syllabus

PRECEPTOR /SITE INFORMATION

Students may use RxPreceptor for preceptor and site contact information.

CAMPUS FACULTY

Philip Rodgers, PharmD, FCCP

Assistant Dean of Pharmacy Practice Partnerships

Office: UNC Eshelman School of Pharmacy, CB# 7566, Beard 109L, Chapel Hill, NC 27599

Telephone: 919-966-1705 Fax: 919-966-9730

Email: prodgers@unc.edu Office Hours: by appointment

Kim Leadon, M.Ed.

Director, Office of Experiential Education (OEE)

Office: UNC Eshelman School of Pharmacy, CB# 7566, Beard 109F
Chapel Hill, NC 27599

Telephone: 919-966-3023 Fax: 919-966-9730

Email: kim_leadon@unc.edu Office Hours: by appointment

COURSE CREDIT AND EXPERIENTIAL HOURS

4.0 credit hours and 160 experiential hours

COURSE SECTION NUMBER

Section 956

COURSE DESCRIPTION

The primary intent of the Community IPPE is to facilitate students' continuing professional development in the context of the community pharmacy practice setting. Through structured activities and assignments, students will build upon knowledge and skills developed in the first two years of the didactic curriculum and the introductory hospital pharmacy practice experience. Students will continue to explore the concepts of professionalism and shared accountabilities for health care outcomes; formulate a personal philosophy of and approach to professional practice; expand drug and disease knowledge; and develop practical, critical thinking and life-long learning skills. This experience seeks to provide students with direct exposure to the dynamics of the community pharmacy workplace and to guide them to a realistic assessment of the challenges and opportunities that exist therein.

PREREQUISITES

Students must complete and receive a passing grade in PHCY 403 and PHCY 404, the second year pharmaceutical care lab (PCL) courses and PHCY 452 Nonprescription Drugs and Self-Care in order to progress to practice experiences. Non-passing course grades must be resolved before the student may progress to practice experiences.

DESIRED COURSE OUTCOMES AND OBJECTIVES:

Activities of the community IPPE focus on clarifying distinguishing characteristics of community pharmacy practice and developing fundamental skills necessary to practice effectively in the community pharmacy setting. This experience will emphasize

- Understanding the scope of community pharmacy practice meeting individual patient needs and public health needs of the community
- Understanding and applying legal and ethical principles important to community pharmacy practice
- Gathering, storing and managing patient information in the community pharmacy setting
- Participating in and managing medication use and medication therapy management (MTM) systems
- Communicating with professional colleagues and patients regarding the selection and/or use of non-prescription or prescription medications and medical devices and
- Understanding and managing operational aspects of the practice
- Demonstrating mature and professional attitudes, habits and behaviors

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 on the school's website at <http://pharmacy.unc.edu/programs/the-pharmd/office-of-experiential-education/experiential-education-manual>.
- Nemire R. and Kier K. *Pharmacy Student Survival Guide, 2nd edition*, McGraw-Hill Companies, 2009, ISBN: 0-07-136195-2.

REQUIRED MATERIALS

- Short lab coat with UNC name badge
- *RxPreceptor* at 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://pharmacy.unc.edu/programs/the-pharmd/office-of-experiential-education/experiential-education-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 or via their website at <http://accessibility.unc.edu>.
- Elizabeth City based students, please contact the Disability Services Office in person at 121 Ridley Student Center or by phone at (252) 335-3273.
- 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.

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. Preceptors may utilize a learning contract and rotation calendar to organize the experience, to clearly communicate expectations, and to account for student requirements. Student projects are to be detailed by the preceptor, but it is expected that during the rotation the student will complete the activities described on the preceptor checklist / sign-off beginning on page 6.

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://pharmacy.unc.edu/programs/the-pharmd/current-students/student-handbook/academic-guidelines/progression-c4c8>

REMEDIATION 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 (4.5 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. More information about the policy and insight into how we use your feedback, can be found here: <http://pharmacy.unc.edu/about-us/school-organization/office-of-strategic-planning-and-assessment/course-evaluations>. 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 UNC SOP, 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.
- 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.

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.

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), 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.

PRECEPTOR CHECKLIST /SIGN-OFF PHCY 471 Community IPPE

Student Name _____

Supervising Preceptor Name(s) _____

INSTRUCTIONS The following table outlines the primary learning goals and activities for the Community IPPE. Each student should successfully complete all items on checklist by the end of the community IPPE. The student should maintain the checklist and the preceptor should review the checklist at the beginning of the rotation and regularly thereafter (at least weekly). When a student successfully completes an item on the checklist, the preceptor should initial and date the item. **DO NOT wait until the last week of the rotation to begin having items checked off. Student to submit a hard copy of completed checklist to the OEE and satellite campus course liaisons at the beginning of the fall semester.**

| | Preceptor Initials* | Date Completed |
|--|------------------------|-------------------|
| Objective 1.1: Describe the scope of the practice and the functions, roles and accountabilities of its personnel as they relate to pharmacy services and practice management. | | |
| <p>1. Observe and discuss the following with the preceptor (ideally during week #1):</p> <ul style="list-style-type: none"> • Number, roles and accountabilities of (functions performed and skills needed by) pharmacists, technicians and other personnel • Reporting relationships within the site and company • Services offered by the practice • Workload (e.g. numbers of prescriptions filled per day, impact of third party plans) and work processes | | |
| <p>2. Descriptive Essay (Ideally during week #1) Write a brief essay addressing both parts A and B and utilizing appropriate references. Any references cited should be included in the 2-page limit. Submit a hard copy only to your preceptor for review. A scoring rubric is not provided.</p> <p>A. Describe the pharmacy practice setting to which you are assigned, including the following:</p> <ul style="list-style-type: none"> • The physical setting and types of activities that occur regularly in the practice. • The title of your supervisor and describe his/her primary roles, functions and accountabilities. What unique education, certifications or skills does he/she have? • The employees supervised by the pharmacist(s). What level of education, training and skills do these individuals possess? <p>B. Briefly summarize the demographics of the patient base and surrounding community. Reflect upon the following questions: <i>How well matched are the services of the practice to the needs of the patient base? What additional patient care / public health services would be appropriate or desirable for this site? What are the barriers to providing these services?</i></p> <p><u>References:</u> utilize county demographic statistics available on the web to back up statements in essay regarding demographics of the patient base. See URLs below.</p> <p>http://quickfacts.census.gov/qfd/states/37000.html http://www.osbm.state.nc.us/ncosbm/facts_and_figures/socioeconomic_data/population_estimates.shtm</p> | | |

* Please mark N/A for any element not available at your practice site

| | Preceptor Initials* | Date Completed |
|--|---------------------|----------------|
| Objective 1.2: Relate the characteristics of the patient base and population of the surrounding community to the provision of and need for pharmacist-provided services. | | |
| 1. Discuss with the preceptor the patient-centered pharmacist-patient relationship (ideally during week #1) <ul style="list-style-type: none"> • Appropriate sharing of power and responsibility between the pharmacist, patient and caregivers • Importance of open and honest communication between pharmacist and patient • Influence of age, cultural competence, health literacy and respect for the patient's individuality, emotional needs, values, and life issues in achieving an effective pharmacist-patient relationship, both in gathering information and in achieving patient adherence to prescribed therapy and/or prevention and health promotion strategies • Relationship of the community pharmacy approach to the establishment of the pharmacist-patient relationship, continuity of care, and health promotion and disease prevention | | |
| 2. Observe and discuss with the preceptor community demographics and the patient base at this site, including age range, ethnicities, level of education, predominant occupations, socio-economic status, and predominant disease states (ideally during week #1 or #2) | | |
| Objective 2.1: Describe and apply legal regulations and workflow, policies, and procedures used to ensure the provision of safe and effective drug products. (Activities below may be completed at any time during rotation) | | |
| 1. Review and discuss with the preceptor the legal requirements for dispensing prescription medications, including those for controlled substances | | |
| 2. Review and discuss with the preceptor the legal and ethical principles governing the maintenance and communication of patient information / medical records. | | |
| 3. Outline the legally required components of OBRA '90 regulations for patient counseling. Observe and describe how these components are utilized at practice site. Discuss observed strengths and weaknesses of patient counseling at the site with the preceptor. | | |
| 4. Observe pharmacists and pharmacy technicians through their daily activities then review and discuss with the preceptor the policies and workflow processes used in the practice to <ul style="list-style-type: none"> • order and manage inventory of medications • store medications • verify prescription authenticity and accuracy • to maximize efficiencies and minimize medication-related errors when dispensing prescriptions | | |
| 5. Identify five (5) medications used in the practice that are NOT stored at room temperature and five (5) medications given by a non-oral route of administration List the specific storage requirements for the 5 medications not stored at room temperature and describe why these are necessary. For 5 medications not taken by mouth, identify the route of administration and reason(s) why the medication is administered by a non-oral route as well as proper patient counseling for those medications. | | |
| 6. Discuss with preceptor the policies and procedures (workflow, checks and balances) used to ensure provision of appropriate, safe and effective drug products to patients. Include in your discussion how the responsibilities and liabilities differ for pharmacists and technicians in the medication use system as well as the attitudes or behaviors that can contribute to unsafe practices. | | |

* Please mark N/A for any element not available at your practice site

| | | |
|---|--|--|
| Objective 2.2: Participate in the appropriate acquisition, storage and inventory management of prescription and non-prescription medications. (Activities below may be completed at any time during rotation) | | |
| 1. Participate in the process of ordering medications from a wholesaler or other supplier. Where possible, this should include completion of forms necessary to acquire controlled substances | | |
| 2. Participate in the process of checking in and storing products delivered to the practice site. | | |
| 3. Fill out a DEA 222 form | | |
| 4. Follow company's protocol to perform inventory on CII substances. | | |
| 5. Review how to document discrepancies in controlled substances. | | |
| 6. Discuss with preceptor how to handle employee theft of controlled substances or any medication. | | |
| Objective 2.3: Process and dispense prescription medications in accordance with legal regulations and policies and procedures of the practice. (Activities below may be completed at any time during rotation) | | |
| 1. Follow at least five (5) new and five (5) refill prescriptions from intake through the steps necessary to appropriately dispense that prescription. Where possible, these should include at least one each of the following <ul style="list-style-type: none"> • controlled substance prescription • compounded prescription • receive prescription phoned in by physician's office • request for clarifying information and/or prescription refill approval from a physician's office | | |
| 2. Perform calculations necessary to compound, dispense a prescription, or deliver a medication dose for a minimum of five (5) prescriptions | | |
| 3. Where available, demonstrate appropriate compounding technique. We recognize that some sites do not provide this service. | | |
| 4. Check prescriptions filled by pharmacy technicians on <u>at least five</u> (5) occasions | | |
| Objective 3.1: Conduct Patient Interviews (Activities below may be completed at any time during rotation) | | |
| 1. Interview a <u>minimum of two</u> patients to obtain patient specific information necessary for the appropriate dispensing and use of medications. One interview should be with a patient filling a new prescription and a second to assess compliance with and effectiveness and safety of a current medication at the time of refill. | | |
| 2. Conduct appropriate patient and physical assessment to assess need for or response to drug therapy (e.g. observation of patient appearance / behavior, pulse, blood pressure) for a <u>minimum of two</u> patients (may be the same patients for whom interview is conducted). | | |
| Objective 3.2: Identify and Resolve Drug Related Problems ¹ (Activities below may be completed at any time during rotation) | | |
| 1. Discuss with the preceptor ways in which data are systematically collected and analyzed to identify and address drug-related problems | | |
| 2. Discuss with the preceptor how automated alerts for drug interactions or duplication of therapy are handled in the practice. | | |
| 3. With the preceptor, communicate with patients and/or review of patient medication records to identify a <u>minimum of five (5)</u> actual or potential drug-related problems | | |

¹ DRPs may include compliance issue (over or underuse); adverse drug reaction (actual or potential); drug selection problem (no drug for identified condition, drug with no identified condition, inappropriate / suboptimal drug selection); drug regimen problem (inappropriate dose, dosage form or route of administration); drug-drug, drug-disease, or drug-food interaction (actual or potential).

| | | |
|---|--|--|
| Objective 3.3: Evaluate and respond to drug information inquiries (Ideally completed during week #3 but must be completed by last day of rotation). | | |
| 1. Clarify, research and respond to a <u>minimum of 2 drug information questions</u> including the identification of appropriate references. With preceptor guidance, identify two drug information questions; one from a patient and one from a health care provider and <ul style="list-style-type: none"> • outline an appropriate search strategy for each • identify appropriate resources • evaluate literature resources • prepare and submit a written response using DI documentation form | | |
| Objective 4.1: Provide patient counseling for the use of prescription medications and related drug delivery or self-monitoring devices (Note: if you don't see a patient like this, talk to your preceptor about a preceptor-led demonstration. Activities below may be completed at any time during rotation). | | |
| 1. Provide prescription medication use counseling, consistent with OBRA '90 requirements, for a <u>minimum of 5 patients</u> | | |
| 2. Teach patients to use drug delivery or self-monitoring devices, including (where possible) but not limited to <ol style="list-style-type: none"> a. Subcutaneous injections (e.g. measuring, mixing, and injecting insulin products) b. Metered-dose and dry powder inhalers c. Blood glucose meters d. Peak flow meters | | |
| Objective 4.2: Consult with Patients Regarding Non-prescription Product Selection and Use (Activities below may be completed at any time during rotation) | | |
| 1. Walk the OTC drug aisles and review OTC products. | | |
| 2. Conduct triage and provide self-care recommendations for a <u>minimum of 4</u> patients. Document your interactions using the Self-Care Documentation Form and provide copies to your preceptor to review. | | |
| Objective 5.0: Document pharmacist's activities, interactions and interventions with patients. | | |
| 1. Use inventory / information management tools to document the acquisition and distribution of prescription and non-prescription medications and devices <u>at least once</u> . | | |
| 2. Use prescription processing / dispensing software system to maintain accurate of patient information and dispensing records for a <u>minimum of five (5) patient encounters</u> . | | |
| 3. Adjudicate third-party payment claims for a <u>minimum of five (5) prescriptions or patient care services</u> . | | |
| 4. Identify and document a minimum of five actual or potential drug-related problems identified through review of patient medication records and any corrective actions taken. | | |
| 5. Document patient-pharmacist self-care (OTC) communications, interventions and recommendations, using the SOAP format, for a <u>minimum of one (1) patient</u> . This may include write-up of observed recommendations made by a pharmacist in the practice or recommendations made by the student. Refer to SOAP note scoring rubric. | | |
| 6. Document patient-pharmacist MTM communications, interventions and recommendations, using the SOAP format, for a <u>minimum of one (1) patient</u> . This may include write-up of observed recommendations made by a pharmacist in the practice or recommendations made by the student. Refer to SOAP Primer and SOAP scoring rubric (posted to Blackboard). <p>Guidelines:</p> <ul style="list-style-type: none"> • Patient must be human • Must include face-to-face interaction with patient • Include the reason for the patient's visit (i.e. chief complaint, cost, quality of life, convenience) • Patients must be taking a minimum of four (4) chronic medications (prescription and/or OTC) or has a clear drug related problem • Patient must have a minimum of 2 disease states | | |

| | | |
|---|--|--|
| Objective 6.0: Promote public health and disease prevention (activities below may be completed at any time during rotation) | | |
| 1. Assigned Reading Read "Using Health Observances to Promote Wellness in Community Pharmacies" (<i>J Am Pharm Assoc.</i> 2003, 43:61-68). Discuss with preceptor opportunities to promote patients' health through education and screenings as well as obstacles that may be encountered. Discuss with preceptor your plans for a future event (community outreach or education offering) that can be incorporated into community pharmacy. | | |
| 2. Discuss with the preceptor the current efforts of the practice to promote population-based health maintenance and disease prevention. | | |
| 3. Identify and research at least five (5) community resources/agencies in your AHEC or region that pharmacists might interact with (i.e. Meals on Wheels, Medicaid Office, SHIP Office. Other examples specific to the Southern Regional AHEC include CARE Clinic, Health Department, CCMAP, Better Health of Cumberland County, Cumberland County Coordinating Council for Older Adults). For each agency, provide contact information, a brief summary of what they do and how they help patients. | | |
| Objective 7.0: Demonstrate mature and professional attitudes, habits and behaviors (activities below may be completed at any time during rotation) | | |
| 1. Assigned Reading Review again the professionalism white paper (Pharmacotherapy 2009;29(6):749–756) and print a copy for your preceptor. Discuss with preceptor opportunities to promote professionalism at your practice site as well as obstacles that may be encountered. | | |
| 2. Review the preceptor sign-off / checklist with preceptor on the first day of the rotation and weekly thereafter. Make sure all items are checked off by the last day of the rotation. | | |

**SOAP Note Scoring Rubric
(for 1 OTC Intervention & 1 MTM Intervention)**

| | | NOT ACCEPTABLE (0 points) | NEEDS IMPROVEMENT (3 points) | COMPETENT (4 points) | EXCELLENT (5 points) | Score | Weight | Value | Comments |
|-----------------------|--|--|---|---|---|--------------|---------------|--------------|-----------------|
| S | Subjective Information | Not addressed, grossly incomplete and/or inaccurate. | Poorly organized and/or limited summary of pertinent information (50%-80%); information other than "S" provided. | Well organized; partial but accurate summary of pertinent information (>80%). | Complete and concise summary of pertinent information. | | 2 | | |
| | Objective Information | Not addressed, grossly incomplete and/or inaccurate. | Poorly organized and/or limited summary of pertinent information (50%-80%); information other than "O" provided. | Partial but accurate summary of pertinent information (>80%). | Complete and concise summary of pertinent information. | | 2 | | |
| A | Problem Identification and Prioritization | Few problems identified, main problem missed, problems not prioritized and/or identified nonexistent problems. | Some problems are identified (50%-80%); incomplete or inappropriate problem prioritization; includes nonexistent problems or extraneous information included. | Most problems are identified and rationally prioritized, including the "main" problem for the case (>80%). | Complete problem list generated and rationally prioritized; no extraneous information or issues listed. | | 2 | | |
| | Treatment Goals | Not addressed or inappropriate therapeutic goals. | Appropriate therapeutic goals for a few identified problems (50%-80%). | Appropriate therapeutic goals for most identified problems (>80%). | Appropriate therapeutic goals for each identified problem. | | 3 | | |
| | Current Medical Condition(s) & Medication Therapy | No assessment of current medical condition(s) or medication therapy. | Partial assessment of current medical condition(s) and/or medication therapy for a few identified problems (50%-80%). | Assessment of current medication therapy for most identified problems (>80%). | Thorough assessment of current medical condition(s) & medication therapy for each identified problem. | | 3 | | |
| P | Treatment Plan | Inappropriate or omitted for some identified problems. | Partially complete and/or inappropriate for a few identified problems (50%-80%); information other than "P" provided. | Mostly complete and appropriate for each identified problem (>80%). | Specific, appropriate and justified recommendations (including drug name, strength, route, frequency, and duration of therapy) for each identified problem. | | 5 | | |
| | Counseling, Referral, Monitoring & Follow-up | Not addressed or inappropriate counseling, monitoring, referral and/or follow-up plan. | Patient education points, monitoring parameters, follow-up plan and referral plan (where applicable) for a few identified problems (50%-80%). | Patient education points, monitoring parameters, follow-up plan and referral plan (where applicable) for >80% of identified problems. | Specific patient education points, monitoring parameters, follow-up plan and (where applicable) referral plan for each identified problem. | | 3 | | |
| Header & Format | Header includes: date; course (for modules student PID and TA name) OR IPPE/APPE clinical site; patient initials; sex; age; and reason for visit; Format: length does not exceed 1 page (10-point font; 1-inch margins) | | | | | 1 point only | | | |
| Total Possible Points | | | | | | | | | /101 |

DRUG INFORMATION DOCUMENTATION FORM

Adapted from Albany College of Pharmacy DI Request Form

Date Received: _____ Student Pharmacist: _____ Time Received: _____

Site: _____ Need Response By: _____ Requestor Name: _____

Requestor Title: _____ Requestor Phone Number: _____

Requestor Type (check below)

| | | | | | |
|----------------------------------|---|-------------------------------------|-------------------------------------|---------------------------------------|------------------------------|
| <input type="checkbox"/> Patient | <input type="checkbox"/> Family/caregiver | <input type="checkbox"/> Technician | <input type="checkbox"/> MD | <input type="checkbox"/> DMD | <input type="checkbox"/> DVM |
| <input type="checkbox"/> RN | <input type="checkbox"/> NP | <input type="checkbox"/> PA | <input type="checkbox"/> RPh/PharmD | <input type="checkbox"/> Other: _____ | |

Actual Question:

Background Info (Include sources that requestor has already checked):

Does the request relate to a specific patient? Yes No

Category (Check all that apply): Prescription OTC Dietary Supplement Disease State Supplement

Classification (Check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Adverse Effects | <input type="checkbox"/> Availability | <input type="checkbox"/> Compounding |
| <input type="checkbox"/> Cost Analysis | <input type="checkbox"/> Dosage/Administration | <input type="checkbox"/> Drug-Drug Interaction |
| <input type="checkbox"/> Drug-Nutrient Interaction | <input type="checkbox"/> Off-label Use | <input type="checkbox"/> Patient Education |
| <input type="checkbox"/> Toxicity/Poisoning | <input type="checkbox"/> Pharmacotherapy | <input type="checkbox"/> Pill Identification |
| <input type="checkbox"/> Pregnancy/Lactation | <input type="checkbox"/> Stability/Storage | <input type="checkbox"/> Other _____ |

1

Response to Inquirer:

Written Material Supplied? Yes (attach copy) No

Response Made To: _____ Response Date: _____

Time Spent on Request: _____ (minutes)

DRUG INFORMATION DOCUMENTATION FORM

| References Used: | |
|--|---|
| <input type="checkbox"/> Drug Info Handbook | <input type="checkbox"/> Pharmacists Letter- Detail Document # _____(if used) |
| <input type="checkbox"/> Facts and Comparisons | <input type="checkbox"/> DiPiro's Pharmacotherapy |
| <input type="checkbox"/> USPDI | <input type="checkbox"/> AHFS |
| <input type="checkbox"/> Merck Manual | <input type="checkbox"/> Website _____ |
| <input type="checkbox"/> Clinical Pharmacology | <input type="checkbox"/> Thenaturalpharmacist.com |
| <input type="checkbox"/> Micromedex | <input type="checkbox"/> Harrison's Internal Medicine |
| <input type="checkbox"/> Literature search(attach), keywords _____ | <input type="checkbox"/> Manufacturer Drug Information Center |
| <input type="checkbox"/> Package insert | <input type="checkbox"/> Other _____ |

SELF-CARE DOCUMENTATION FORM

SUBMIT A HARD COPY TO YOUR PRECEPTOR.

Adapted from APhA OTC Advisor: *Advancing Patient Self-Care Certificate Training Program and Am J Pharm Ed* 2006;70(6):Article 142.

Student Pharmacist: _____

Date: _____

Location: _____

Time: _____

PATIENT INFORMATION (S/O)

Initials: _____ Male Female Pregnant Breastfeeding

Patient age: <2 years 2-17 years 18-64 years ≥65 years

Chief complaint:

Therapeutic area of chief complaint:

Allergy Cold Constipation Cough Dermatology
 Diarrhea Headache Heartburn Fever Ophthalmic
 Otic Tobacco cessation _____ _____ _____

QUICKLY AND ACCURATELY ASSESS THE PATIENT (S/O)

Symptoms: What are the main and associated symptoms?

Characteristics: What is the situation like? Is it changing?

History: What has been done so far? Have you had this before?

Onset: When did it start?

Location: Where is the problem?

Aggravating factors: What makes it worse?

SELF-CARE DOCUMENTATION FORM

Remitting factors: What makes it better?

Medications: Are you using any other prescription, nonprescription, herbal products or dietary supplements?

Allergies: Do you have any allergies to foods or medications?

Coexisting conditions: Do you have any medical conditions or health problems?

ESTABLISH THAT THE PATIENT IS AN APPROPRIATE SELF-CARE CANDIDATE (A)

Self-care issues identified (problem list):

Assessment of current medication therapy (if applicable):

Assessment of current medical condition:

Treatment goals:

Patient is a self-care candidate

Refer patient to _____ because _____

SELF-CARE DOCUMENTATION FORM

SUGGEST APPROPRIATE SELF-CARE STRATEGIES (A)

General care measures:

Nonprescription medications (state all options and justification for these options):

TALK WITH THE PATIENT (P)

General care measures recommended:

Nonprescription medications recommended (include name, strength, route, frequency, and duration of therapy):

Patient education provided (i.e. medication administration, adverse effects, what to expect, monitoring):

FOLLOW-UP INFORMATION (P)

Name: _____

Phone: _____

Date / time of planned follow-up: _____

Was patient contacted? Yes No

Result of follow-up: _____

Pharmacist signature: _____

Preceptor's Evaluation of Student at Midpoint and Final

(To be submitted in RxPreceptor)

Community IPPE

Student Pharmacist _____ Preceptor Name _____

List others who precepted this student and provided evaluation feedback: _____

| Student Performance | Description of Performance | | | | |
|--|---|---|---|---|--|
| <p>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. <u>Rotation failure</u> will result if a student earns a 1 or 2 on any professionalism item.</p> <p>SECTION WEIGHT: 25%</p> | | | | | |
| | 1 | 2 | 3 | 4 | 5 |
| <p>A1. Responsibility: Initiative</p> | <p>Never takes initiative and assumes full responsibility for own learning. Never assumes full responsibility for patient. Never presents self in professional manner.</p> <p style="text-align: center;"><input type="checkbox"/></p> | <p>Rarely takes initiative and assumes full responsibility for own learning. Rarely assumes full responsibility for patient. Rarely presents self in professional manner.</p> <p style="text-align: center;"><input type="checkbox"/></p> | <p>Occasionally takes initiative and assumes full responsibility for own learning. Occasionally assumes full responsibility for patient. Occasionally presents self in professional manner.</p> <p style="text-align: center;"><input type="checkbox"/></p> | <p>Usually takes initiative and assumes full responsibility for own learning. Usually assumes full responsibility for patient. Usually presents self in professional manner.</p> <p style="text-align: center;"><input type="checkbox"/></p> | <p>Always takes initiative and assumes full responsibility for own learning. Always assumes full responsibility for patient. Always presents self in professional manner.</p> <p style="text-align: center;"><input type="checkbox"/></p> |
| <p>A2. Responsibility: Punctuality</p> | <p>Never punctual.</p> <p style="text-align: center;"><input type="checkbox"/></p> | <p>Rarely punctual.</p> <p style="text-align: center;"><input type="checkbox"/></p> | <p>Occasionally punctual.</p> <p style="text-align: center;"><input type="checkbox"/></p> | <p>Usually punctual.</p> <p style="text-align: center;"><input type="checkbox"/></p> | <p>Always punctual.</p> <p style="text-align: center;"><input type="checkbox"/></p> |
| <p>B. Commitment to Excellence</p> | <p>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.</p> <p style="text-align: center;"><input type="checkbox"/></p> | <p>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.</p> <p style="text-align: center;"><input type="checkbox"/></p> | <p>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.</p> <p style="text-align: center;"><input type="checkbox"/></p> | <p>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.</p> <p style="text-align: center;"><input type="checkbox"/></p> | <p>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.</p> <p style="text-align: center;"><input type="checkbox"/></p> |
| <p>C. Respect for Others</p> | <p>Never respects the religion and culture of others. Never respects patients' confidentiality and privacy. Never</p> | <p>Rarely respects the religion and culture of others. Rarely respects patients' confidentiality and privacy. Rarely</p> | <p>Occasionally respects the religion and culture of others. Occasionally respects patients' confidentiality and</p> | <p>Usually respects the religion and culture of others. Usually respects patients' confidentiality and privacy. Usually</p> | <p>Always respects the religion and culture of others. Always respects patients' confidentiality and privacy. Always</p> |

| | | | | | |
|--|---|--|---|---|--|
| | <p>respects peers and instructors. Never treats others personal property with respect. Never listens carefully and respectfully. Never fully present and attentive in all activities and interactions.</p> <p><input type="checkbox"/></p> | <p>respects peers and instructors. Rarely treats others personal property with respect. Rarely listens carefully and respectfully. Rarely fully present and attentive in all activities and interactions.</p> <p><input type="checkbox"/></p> | <p>privacy. Occasionally respects peers and instructors. Occasionally treats others personal property with respect. Occasionally listens carefully and respectfully. Occasionally fully present and attentive in all activities and interactions.</p> <p><input type="checkbox"/></p> | <p>respects peers and instructors. Usually treats others personal property with respect. Usually listens carefully and respectfully. Usually fully present and attentive in all activities and interactions.</p> <p><input type="checkbox"/></p> | <p>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.</p> <p><input type="checkbox"/></p> |
| D. Honesty and Integrity | <p>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.</p> <p><input type="checkbox"/></p> | <p>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.</p> <p><input type="checkbox"/></p> | <p>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.</p> <p><input type="checkbox"/></p> | <p>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.</p> <p><input type="checkbox"/></p> | <p>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.</p> <p><input type="checkbox"/></p> |
| E. Care and Compassion | <p>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.</p> <p><input type="checkbox"/></p> | <p>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.</p> <p><input type="checkbox"/></p> | <p>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.</p> <p><input type="checkbox"/></p> | <p>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.</p> <p><input type="checkbox"/></p> | <p>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.</p> <p><input type="checkbox"/></p> |
| F1. Clerkship Responsibilities: Deadlines | <p>Consistently disorganized. Fails to meet many deadlines and does not follow through with requests.</p> <p><input type="checkbox"/></p> | <p>Occasionally unorganized and unprepared. Assignments done on time. Sometimes follows through on requests.</p> <p><input type="checkbox"/></p> | <p>All work completed on time. Usually follows through on requests.</p> <p><input type="checkbox"/></p> | <p>Demonstrates advanced planning and/or completes some assignments ahead of time. Well organized. Follows through on all requests.</p> <p><input type="checkbox"/></p> | <p>Consistently initiates activities; uses spare time wisely. Arrives early and stays late if necessary. Extremely organized. Completes all assignments in advance. Follows through on all requests.</p> <p><input type="checkbox"/></p> |
| F2. Clerkship Responsibilities: Problem Solving | <p>Consistently very poor problem-solving and decision</p> | <p>Poor problem-solving and decision making skills.</p> <p><input type="checkbox"/></p> | <p>Sufficient problem-solving and decision making skills.</p> | <p>Good problem-solving and decision making skills.</p> | <p>Strong problem-solving and decision making skills.</p> |

| | | | | | |
|--|--|--|--------------------------|--------------------------|--------------------------|
| | making skills. <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--|--|--------------------------|--------------------------|--------------------------|

| | | | | | |
|---|--|--|---|--|---|
| F3. Clerkship Responsibilities: Timeliness | One unexcused absence or consistently tardy to activities <input type="checkbox"/> | Occasionally tardy to activities <input type="checkbox"/> | Regularly attends all activities and work completed on time. <input type="checkbox"/> | Demonstrates advanced planning and/or completes some projects ahead of time. Is punctual. <input type="checkbox"/> | Consistently arrives early and stays late if necessary. Completes all assignments in advance. <input type="checkbox"/> |
| G. Relationships with Members of the Healthcare Team | 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"/> |
| Comments: | | | | | |
| 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% | | | | | |
| A. Data Collection | 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. Literature Retrieval/ Appropriate Use of Resources | 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"/> |
| C. Literature Evaluation | 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"/> |
| D. Answers Drug Information Questions | 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"/> |
| E. Documentation | 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% | | | | | |
| A. Verbal Communication with Preceptor and Other Healthcare Professionals | 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. Written Communication | 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"/> |
| C. Feedback | Makes excuses; displaces blame; resists feedback; appears defensive <input type="checkbox"/> | Does not admit error; does not incorporate feedback <input type="checkbox"/> | Admits errors; usually incorporates feedback <input type="checkbox"/> | Admits errors; incorporates feedback <input type="checkbox"/> | Self-evaluates; seeks and incorporates feedback <input type="checkbox"/> |
| Comments: | | | | | |
| Goal 4: The student exhibits foundational pharmacotherapeutic knowledge. | | | | | |
| SECTION WEIGHT: 10% | | | | | |
| A. Pathophysiology of Common Disease States | 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 base consistently exceeds expectations <input type="checkbox"/> |
| B. Pharmacology and Pharmacokinetic Principles | 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"/> |
| C. Essential Therapeutic Principles | 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 will demonstrate the ability to provide patient-centered care by assuming responsibility for patient outcomes. SECTION WEIGHT: 25%

| | | | | | |
|--|--|--|---|---|---|
| <p>A. Complies with Legal Requirements</p> | <p>Unable to identify basic issues with legality or apply state and federal regulations properly in filling prescription orders <input type="checkbox"/></p> | <p>Usually unable to identify basic issues with legality or apply state and federal regulations properly in filling prescription orders <input type="checkbox"/></p> | <p>Able to identify major issues with legality; usually able to apply state and federal regulations properly in filling prescription orders <input type="checkbox"/></p> | <p>Usually able to verify each prescription order for legality, and applies state and federal regulations properly in filling prescription orders <input type="checkbox"/></p> | <p>Able to verify each prescription order for legality, and applies state and federal regulations properly in filling prescription orders <input type="checkbox"/></p> |
| <p>B. Interprets and Dispenses Prescription</p> | <p>Unable to correctly interpret prescription orders for amount per dose, frequency, duration of therapy, interactions, or allergies. Unable to select proper drug. Inaccurately labels product <input type="checkbox"/></p> | <p>Usually unable to verify prescription orders for amount per dose, frequency, duration of therapy, interactions, or allergies. Does not usually select proper drug or accurately label product <input type="checkbox"/></p> | <p>Frequently needs help to correctly interpret prescription orders for amount per dose, frequency, duration of therapy, interactions, and allergies. Usually selects proper drug and accurately labels product <input type="checkbox"/></p> | <p>Correctly receives, interprets, and clarifies prescription orders for amount per dose, appropriate route, frequency, duration of therapy, interactions, and allergies most of the time. Selects proper drug and accurately labels product <input type="checkbox"/></p> | <p>Always correctly receives, interprets, and clarifies prescription orders for amount per dose, appropriate route, frequency, duration of therapy, interactions, and allergies. Selects proper drug and accurately labels product <input type="checkbox"/></p> |
| <p>C. Dispensing Controlled Substances</p> | <p>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"/></p> | <p>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"/></p> | <p>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"/></p> | <p>Explains the theory and policies of inventory control measures for controlled substances in reasonable detail. Understands the processes of disposal and discrepancy reconciliation <input type="checkbox"/></p> | <p>Explains the theory and policies of inventory control measures for controlled substances. Understands the processes of disposal and discrepancy reconciliation <input type="checkbox"/></p> |
| <p>D. Nonprescription Medications</p> | <p>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"/></p> | <p>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"/></p> | <p>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"/></p> | <p>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"/></p> | <p>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"/></p> |
| <p>Comments:</p> | | | | | |

Goal 6: The student is able to complete the clerkship specific goals and objectives.

SECTION WEIGHT: 20%

| | | | | | |
|---|--|---|---|---|--|
| <p>A. Required Activity Checklist</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 rising 3rd 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 rising 3rd 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 rising 3rd 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. IPPE Specific Objective: Descriptive Essay</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 rising 3rd 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 rising 3rd 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 rising 3rd 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>C. IPPE Specific Objective: SOAP Notes</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 rising 3rd 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 rising 3rd 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 rising 3rd 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>D. Site Specific Project or Other Objective</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 rising 3rd 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 rising 3rd 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 rising 3rd 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> |

