

**UAMS COLLEGE OF PHARMACY  
DEPARTMENT OF PHARMACY PRACTICE**

**Advanced Pharmacy Practice  
Experiences Manual  
2024-2025**



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# **Advanced Pharmacy Practice Experiences - General Rotation Course Syllabus\***

## **PHPR 74004 Course Series**

**PHPR 74004: Acute Care DPC\*\***

**PHPR 74004: Ambulatory Care DPC**

**PHPR 74004: Community- Enhanced Pharmacy Services DPC**

### **PHPR 74004: Direct Patient Care (DPC) SELECTIVE**

1. Acute Care DPC -or-
2. Ambulatory Care DPC -or-
3. Community- Enhanced Pharmacy Services DPC

**PHPR 74004: Health-System Management**

**PHPR 74004: Pharmacy Practice Elective**

*\*This syllabus serves as a general outline for APPE experiences. Information is subject to change.*

*\*\* DPC = Direct Patient Care rotations*

## **Experiential Education Contact Information\*\*\***

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*\*\*\*Concerns, questions, or procedural matters related to Experiential Education should be addressed beginning with the preceptor. If a resolution cannot be reached, please contact the Experiential Education Office for further assistance.*

## **UAMS College of Pharmacy Experiential Program**

The primary goal of the Experiential Education program is to provide students with structured, practical and closely supervised, professional experiences that allow students to develop and apply skills from formal classroom instruction to better assess their future role as a competent pharmacist. Each student is expected to apply their basic science and clinical knowledge into the real setting under a preceptor’s guidance and instruction. This includes giving the student the opportunity to further refine professional judgment, practice competency, and technical skills. The P1 Community IPPE occurs at the end of the first professional year. The P2 Institutional IPPE occurs at the end of the second professional year. The P3 Longitudinal IPPE is completed over approximately one year (completion of P2 Spring through April of P3 Spring) excluding the month during the assigned P2 Institutional IPPE. The final year of the program is spent in advanced pharmacy practice experiences (APPEs).

### **Introductory Pharmacy Practice Experiences (IPPEs)**

First-, second-, and third-year students spend 300+ hours in introductory experiences during their first three years of the professional program. During the Community (P1) and Institutional (P2) experiences, students observe and discuss the role of community and health-system pharmacists. Through utilization of select community and health-system pharmacies and competency-based objectives, students gain a greater appreciation for the profession of pharmacy and develop professional attitudes, judgment and technical skills needed to function in these settings. The IPPE of the third professional year is a longitudinal, self-directed experience designed to provide multiple opportunities to perform patient-centered care activities in a variety of settings. Each student is responsible for accumulating 40 hours of IPPE credit over a one-year period including the summer prior to and throughout the P3 year, excluding time spent in the Institutional P2 IPPE. The P3 IPPE provides students an opportunity to explore and develop personal interests, as well as broaden their perspective of pharmacy practice. These exposures expand on experience gained in previously completed Community and Institutional IPPEs. A summary of the types and timing of UAMS IPPEs and the number of contact hours provided during each is outlined below.

<b>Experience</b>	<b>Location</b>	<b>Timing</b>	<b>Hours</b>
Community P1	Community retail pharmacy – independent or chain	3 weeks in May or June following P1 Spring semester	120
Institutional P2	Hospital or Health-system pharmacy	May, June, or July during summer between P2 and P3 years	160
Longitudinal P3	Health screenings, shadowing experiences, free clinics, IPE clinic, MTM/medication reviews, etc.	May (P2 Spring) through April (P3 Spring) excluding P2 IPPE assignment	40
<b>Total IPPE hours</b>			<b>320</b>

### **Advanced Pharmacy Practice Experiences (APPEs)**

The APPE program consists of (10) ten one-month experiences (minimum 160 hours each) for seniors and is designed to guide the student in the process of integrating basic pharmacy-related concepts to patient care in specific areas of pharmacy practice. The four required rotation types are (1) Acute Care, (1) Ambulatory Care, one (1) Community Enhanced Pharmacy Services (EPS), and (1) Health-System Administration. The six (6) remaining rotations may be a mix of four (4) Direct Patient Care SELECTIVES (any combination of Acute Care, Ambulatory Care or Community EPS) experiences and two (2) Elective rotations student preference based on their interests. Elective rotations also may be Direct

Patient Care rotations (Acute, Ambulatory, or Community EPS), but placement in Direct Patient Care rotations for elective months may be limited by availability. Students are precepted by pharmacists in a 1-2:1 ratio of student to preceptor. Using an educator/practitioner as a role model, emphasis is placed on contributions a pharmacist can make toward patient care with < 50% of the student's time spent in dispensing/technical activities for Direct Patient Care experiences. The goals for Direct Patient Care and Indirect Patient Care APPEs can be found on the following page.

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### DIRECT PATIENT CARE GOALS

- Optimize patient-specific rational pharmacotherapy that is based on the best available evidence in patient care environments.
- Demonstrate effective communication as it relates to the patient and health care team with accompanying documentation exercises.
- Demonstrate the retrieval, evaluation, and application of professional literature as it relates to patient centered care.
- Demonstrate professional and ethical behavior as it relates to patient-centered care and interdisciplinary interactions.

### INDIRECT PATIENT CARE GOALS

- Manage and administrate a professional practice.
- Demonstrate knowledge of the various components and complexities of the health care system.
- Demonstrate knowledge of the various components and issues dealing with population-based health.
- Retrieve, evaluate, and manage professional information and literature.
- Understand and apply information technologies to support distribution management and clinical services.
- Identify, assess, and solve problems to provide a professional judgment for specific situations.
- Communicate and collaborate with other healthcare professionals, policy makers, and patients regarding medication management.

During the senior year, students complete (10) ten rotations for a total of 1600 hours. Students are to complete a minimum of 160 hours per rotation. A summary of the types of UAMS APPEs and the number of contact hours provided by each rotation are as follows:

<b>Experience</b>	<b>Total Required</b>	<b>Hours</b>
<b>DIRECT PATIENT CARE EXPERIENCES</b>		
Health-System	<ul style="list-style-type: none"> <li>○ One (1) Acute Care</li> <li>○ One (1) Ambulatory Care</li> </ul>	320
Community EPS	<ul style="list-style-type: none"> <li>○ One (1) Community Enhanced Pharmacy Services</li> </ul>	160
SELECTIVES	<ul style="list-style-type: none"> <li>○ Four (4) DPC SELECTIVES                             <ul style="list-style-type: none"> <li>○ Acute Care</li> <li>○ Ambulatory Care</li> <li>○ Community Enhanced Pharmacy Services</li> </ul> </li> </ul>	640

<b>MIXED DIRECT PATIENT CARE AND/OR INDIRECT CARE EXPERIENCES</b>		
Electives	<ul style="list-style-type: none"> <li>○ Two (2) Electives (<b>May be Direct or Indirect Patient Care rotations</b>)</li> <li>○ Approved electives include:               <ul style="list-style-type: none"> <li>○ Acute Care, Ambulatory Care, Community EPS, Academic/Administrative (Student Affairs, Experiential Education, Academic Affairs); Chemotherapy; Compounding; Home Infusion; Indian Health System; Infectious Disease; Informatics; Legislative/Regulatory; Long-term Care; Managed Care; Management; Medication Reconciliation; Medication Therapy Services; Nuclear; Nursing Home Consultant; Public Health; Research; Specialty; Toxicology; Community Management/Ownership.</li> </ul> </li> </ul>	320
<b>INDIRECT PATIENT CARE EXPERIENCES</b>		
Health-System	<ul style="list-style-type: none"> <li>○ One (1) Health-System Management</li> </ul>	160
<b>Total APPE hours</b>		<b>1600</b>

**PhPr 74004: Acute Care DPC**

Students will apply their knowledge of pathophysiology, pharmacology, and pharmacokinetics to optimize patient care in a hospital setting.

**PhPr 74004: Ambulatory Care DPC**

Students will have the opportunity to provide clinical pharmacy services in an outpatient setting.

**PhPr 74004: Direct Patient Care SELECTIVES**

1. **Acute Care:** Students will apply their knowledge of pathophysiology, pharmacology, and pharmacokinetics to optimize patient care in a hospital setting.
2. **Ambulatory Care:** Students will have the opportunity to provide clinical pharmacy services in an outpatient setting.
3. **Community EPS:** Students will have the opportunity to engage in the practice and delivery of Enhanced Pharmacy Services to provide direct patient-centered care in a community pharmacy setting.

**PhPr 74004: Community - Enhanced Pharmacy Services DPC**

Students will have the opportunity to engage in the practice and delivery of Enhanced Pharmacy Services to provide direct patient-centered care in a community pharmacy setting.

**PhPr 74004: Health-System Management**

This experience occurs in a hospital or institutional health-system setting and concentrates on resource management, drug distribution, regulatory bodies, and communication with patients and healthcare professionals.

## **PhPr 74004: Pharmacy Practice – Electives**

These experiences allow students the opportunity to practice pharmacy in a variety of specialty settings. Students can focus on specific areas of interest including nuclear pharmacy, compounding, regulatory, professional associations, industry, etc.

### **UAMS Interprofessional Education Requirements During the APPE Year** **IPE Competence Phase Practice Activity Reflection** **IPE Competence Phase Student Educator Activity Reflection**

#### **UAMS and Interprofessional Education**

All colleges and schools at UAMS are required to participate in the UAMS IPE curriculum as a graduation requirement. Each APPE student should have completed the IPE Exposure phase in the P1 year and the IPE Immersion phase in either the P2 or P3 years. The final phase of the IPE curriculum is the IPE Competence phase. There are two IPE Competence assignments that you are required to complete during your APPE year.

1. IPE Competence Practice Activity Reflection Assignment
2. IPE Competence Student Educator Reflection Assignment

Both assignments and instructions for successful completion are located in the IPE Blackboard course you have already been assigned to by the office of IPE. Navigate to “IPE Overview and Resources” and then click on “My Communities” to review the requirements of the Practice and Student Educator Activities.

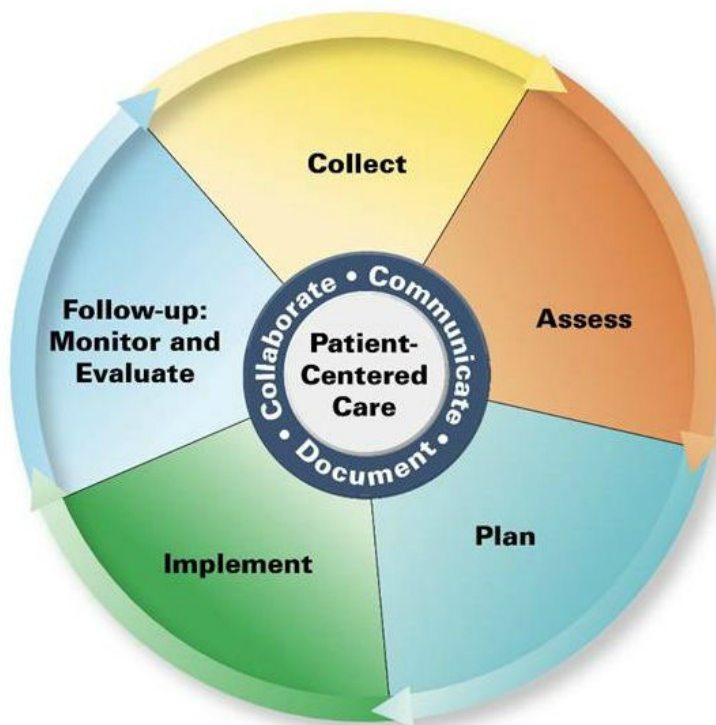
It is up to you to identify opportunities during your APPE year that qualify for these assignments. Generally, Acute Care rotations or Ambulatory Care rotations are good choices since you will be working with other health professions and other students. Health-system Administration rotations may be a suitable alternative.

Remember, it takes two or more professions/professional students involved in each of these activities to qualify as IPE.

**Note:** These assignments are **NOT** from the Office of Experiential Education and are not part of the APPE curriculum. We will not be monitoring when you complete these assignments, the Office of IPE will. If you have questions about these assignments, please direct your questions to the Office of Interprofessional Education.

Once you have completed the activities and the required documentation you will need to upload your reflection to the Blackboard Community Course – IPE Competence Student Educator Activity and IPE Competence Practice Activity Blackboard sites. If you need assistance, please contact **Mrs. Misty Besancon** at [MLBesancon@uams.edu](mailto:MLBesancon@uams.edu).

## JCCP Pharmacists' Patient Care Process



Source: [http://www.pharmacist.com/sites/default/files/JCPP\\_Pharmacists\\_Patient\\_Care\\_Process.pdf](http://www.pharmacist.com/sites/default/files/JCPP_Pharmacists_Patient_Care_Process.pdf)

### Pharmacists' Patient Care Process

Pharmacists use a patient-centered approach in collaboration with other providers on the health care team to optimize patient health and medication outcomes.

Using principles of evidence-based practice, pharmacists:

#### Collect

The pharmacist assures the collection of the necessary subjective and objective information about the patient in order to understand the relevant medical/ medication history and clinical status of the patient.

#### Assess

The pharmacist assesses the information collected and analyzes the clinical effects of the patient's therapy in the context of the patient's overall health goals in order to identify and prioritize problems and achieve optimal care.

#### Plan

The pharmacist develops an individualized patient-centered care plan, in collaboration with other health care professionals and the patient or caregiver that is evidence-based and cost-effective.

#### Implement

The pharmacist implements the care plan in collaboration with other health care professionals and the patient or caregiver.

#### Follow-up: Monitor and Evaluate

The pharmacist monitors and evaluates the effectiveness of the care plan and modifies the plan in collaboration with other health care professionals and the patient or caregiver as needed.

The pharmacists' patient care process is a tool used within the College of Pharmacy and on rotations to help the student properly learn the process to provide patient centered care. Students must be able to collect information from the patient, assess the information collected and analyze the information, then create an individualized plan for that specific patient, implement the plan, and then monitor and evaluate the effectiveness of the plan. This process should be practiced throughout rotations with preceptors to identify any areas where the student needs improvement. For example, the student may be able to collect all the necessary information, but unable able to access it properly to be able to form a plan. This process is used on midpoint and final evaluations as well.



# UAMS College of Pharmacy's Vision, Mission, and Core Values

## Vision Statement

Transforming healthcare throughout Arkansas and beyond

## Mission Statement

The UAMS COP mission is to improve health of culturally diverse populations by

- Educating pharmacy leaders to address community health needs
- Advancing scientific discovery to produce innovations in healthcare
- Fostering progressive pharmacy practice through service to the profession

## UAMS Core Values

- **Integrity** – We foster, encourage and expect honesty and the highest ethical standards in all that we do.
- **Respect** – We embrace a culture of professionalism with respect for the dignity of all persons, honoring the unique contributions provided by a diversity of perspectives and cultures.
- **Diversity and Health Equity** – We are committed to the importance of the diversity of UAMS leadership, faculty, staff and learners in order to enhance the education of our learners, reduce health disparities in our state, and honor the unique contributions provided by a diversity of values, beliefs, and cultures.
- **Teamwork** – We seek to create interdisciplinary, synergistic and collegial relationships characterized by collaboration, inclusiveness, and flexibility.
- **Creativity** – We encourage and support innovation, imagination, ingenuity, resourcefulness, and vision.
- **Excellence** – We strive to achieve, through continuous improvement and adherence to institutional policies and best practices, the highest quality and standards in all our endeavors.
- **Safety** – We commit to protecting the health and safety of all who we serve through our mission: our patients, our learners, our colleagues and our neighbors in the community, state, nation and in the world. By sustaining a culture of safety, our daily work and our strategic planning promote better health care outcomes, the creation of health equity for all and a sense of joy in our work.

UAMS College of Pharmacy proudly maintains a reputation for providing quality experiential learning opportunities that fulfill the standards established by the Accreditation Council for Pharmacy Education (ACPE) and prepare graduates to serve as ambassadors for the profession of pharmacy in Arkansas and abroad. The educational outcomes of the ACPE and the Center for the Advancement of Pharmaceutical Education (CAPE) were used in the development of the College's educational outcome performance goals.

The ACPE Professional Competencies and Outcome Expectations that must be achieved through the professional degree program include the ability to:

- “Provide patient care in cooperation with patients, prescribers, and other members of an interprofessional health care team based upon sound therapeutic principles and evidence-based data, taking into account relevant legal, ethical, social, cultural, economic, and professional issues, emerging technologies, and evolving biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences that may impact therapeutic outcomes.”
- “Manage and use resources of the health care system, in cooperation with patients, prescribers, other health care providers, and administrative and supportive personnel, to promote health; to provide, assess, and coordinate safe, accurate, and time-sensitive medication distribution; and to improve therapeutic outcomes of medication use.”

- “Promote health improvement, wellness, and disease prevention in cooperation with patients, communities, at-risk populations, and other members of an interprofessional team of health care providers.”

The full version of the Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree, Version 2.0 is available at <https://www.acpe-accredit.org/pdf/Standards2016FINAL.pdf>

# UAMS College of Pharmacy Competency Statements

Approved 12-18-06, revised 04-10-2012 & 10-06-2015

## Domain 1: Patient Care-Ensuring Appropriate Pharmacotherapy and Therapeutic Outcomes

**The graduate will provide patient-centered care through shared decision making with patients, prescribers, and other members of an interprofessional health care team based upon sound pharmacotherapy principles and evidence incorporating social and cultural factors.**

- 1.1 Evaluate patient data and make an assessment:
  - a. Identify and collect information from profiles, pharmacy and medical records, and patient (caretaker) history that will influence optimal drug choice and dosage,
  - b. Obtain a medical history (e.g., chief complaint, medical, medication management, financial, social, cultural, review of systems),
  - c. Conduct physical assessment, and
  - d. Assess patient's quality of life.
  
- 1.2 Conduct a systematic review of the patient prior to recommending any drug or non-drug therapy:
  - a. Identify drug-related problems including adverse drug reactions, drug interactions, and/or suboptimal treatment,
  - b. Recognize common signs or symptoms indicative of disease control issues or drug-related problems
  - c. Ascertain levels of chronic disease control
  - d. Assess and address barriers to health care, and
  - e. Collaborate with the patient or patient advocate to prioritize problems.
  
- 1.3 Design and implement an individual patient-centered treatment plan to maximize desired effects and minimize undesired effects:
  - a. Conduct a focused evidence-based review of the necessary literature to determine the best evidence to support pharmacotherapy recommendations, applying pharmaceutical science principles,
  - b. Select prescription or non-prescription medications (including doses and dosage schedules),
  - c. applying both pharmaceutical science and therapeutic principles,
  - d. Evaluate and address patient factors that are relevant to developing a treatment plan (e.g., sex, age, race, ethnicity, culture, literacy, sexual orientation, disability, health beliefs, health literacy, and genetics),
  - e. Define treatment goals and plan to monitor pharmacotherapy for safety and effectiveness,
  - f. Consider non-drug therapy, therapeutic lifestyle changes, and preventive care issues,
  - g. Conduct patient education including verification of patient understanding of the treatment plan,
  - h. Implement interventions to prevent or remedy non-adherence, and
  - i. Implement interventions to resolve drug-related problems and unintended drug consequences.
  
- 1.4 Document patient care activities:
  - a. Document assessment and pharmacotherapy plan for individual patient encounters,
  - b. Record actions taken to achieve desired therapeutic outcomes, and
  - c. Document patient and provider education activities.

## **Domain 2: Dispensing and Pharmacy Resource Management**

**The graduate will manage and use resources of the healthcare system, through shared decision making with patients, prescribers, other members of an interprofessional health care team, and administrative and supportive personnel to promote health and to provide, assess, and coordinate safe, accurate, and time-sensitive medication distribution.**

2.1 Demonstrate accurate, safe, and time-sensitive preparation, dispensing, and administration of pharmaceuticals:

- a. Accurately transcribe verbal and written prescriptions and ensure appropriateness of these drug orders,
- b. Accurately and safely compound and package drugs for distribution in appropriate dosage forms,
- c. Select appropriate drug product, with respect to patient preference, manufacturing source, generic availability, and third-party reimbursement, and
- d. Apply appropriate labeling, including patient-specific auxiliary labels.

2.2 Manage pharmacy resources to optimize pharmacotherapy outcomes for individual patients and/or populations:

- a. Employ principles of personnel management to the operation of a pharmacy
- b. Use principles of fiscal resource management,
- c. Employ medication distribution and control systems to operate the pharmacy efficiently, and
- d. Evaluate and use appropriate automation and information technology to optimize medication dispensing and patient care.

2.3 Educate patients and health care providers about requirements for effective therapy:

- a. Establish rapport with patients and other health care professionals to promote a team approach to patient care,
- b. Counsel patients regarding purposes of their medications, potential adverse drug reactions, and other required information, and
- c. Provide medication information to patients and health care providers to promote rational drug therapy.

## **Domain 3: Health Improvement, Wellness, & Disease Prevention**

**The graduate will promote improved health, wellness, and disease prevention for individual patients and/or populations through shared decision making with patients, prescribers, and other members of an interprofessional health care team.**

3.1 Demonstrate skills needed to participate in or provide preventive services:

- a. Participate in disease prevention,
- b. Provide lifestyle and wellness counseling,
- c. Provide drug--therapy evaluation and monitor for medication safety,
- d. Participate in public health education programs, and
- e. Neutralize social and cultural barriers to provide effective application of skills in preventive services.

3.2 Apply research processes to inform pharmaceutical policy:

- a. Demonstrate the ability to conduct drug literature evaluations,
- b. Design quality improvement projects to improve medication use,

- c. Apply evidence-based principles when making pharmaceutical policy recommendations, including drug benefit design recommendations, and
- d. Apply principles of Pharmacoeconomics and outcome assessment.

## **Domain 4: Personal and Professional Development**

**The graduate will demonstrate commitment to self-awareness, leadership, innovation and entrepreneurship, and professionalism.**

- 4.1 Examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth.
- 4.2 Demonstrate responsibility for creating and achieving shared goals, regardless of position.
- 4.3 Engage in innovative activities by using creative thinking to envision better ways of accomplishing goals.
- 4.4 To demonstrate professional citizenship in the delivery of patient care, distribution of medications, and promotion of wellness and disease prevention:
  - a. Collaborate with patients, providers, personnel, and other stakeholders to obtain and share pertinent patient information and pharmacotherapy recommendations, provide accurate and safe medication dispensing and resource management, and advance public health issues and pharmaceutical policy,
  - b. Perform duties in accordance with legal, ethical, social, economic, and professional guidelines, and,
  - c. Maintain professional competence by identifying and analyzing emerging issues, products, and services that may impact patient care, medication distribution and the pharmacy business, and may improve disease prevention and wellness and inform pharmaceutical policies.

## UAMS College of Pharmacy Policies and Procedures

All Pharmacy students in the experiential program at any practice site must accept and adhere to the Policies and Procedures of that site. This may include, but is not limited to, random drug testing and background checks. According to the policies of the UAMS College of Pharmacy, all students must fulfill each of the following criteria for experiential activities:

1. The student must have a valid and current *Intern License* issued by the Arkansas State Board of Pharmacy. If the student participates in an experience outside of Arkansas, the student must comply with intern license requirements from that state as well.
2. The student is required to have a current health insurance policy.
3. The student must hold a current professional liability insurance policy (minimum insurance limits of \$1,000,000/\$3,000,000). Insurance is provided through Pharmacists Mutual insurance and is paid by student fees collected at Fall registration.
4. The student must possess a current American Heart Association (AHA) Healthcare Provider Cardiopulmonary Resuscitation (CPR) Certification. A copy of the CPR card must be on file with the Office of Experiential Education.
5. Students are required to complete Occupational Health and Safety Bloodborne Pathogens training. An annual update is also required.
6. The student must have a current immunization record on file with UAMS Employee Health/Student Preventive Health Services (EH/SPHS). The following vaccinations, history of illness, and/or titers are required for enrollment: Tetanus-diphtheria-pertussis (Tdap), Measles-Mumps-Rubella (MMR), Hepatitis B, Varicella, and annual Influenza. Students may be required to provide their current immunization records depending on the experiential site. Copies may be obtained by calling the Health Center at (501) 686-6565.
7. The student must adhere to the guidelines of the College of Pharmacy and to the assigned experiential site as to dress, responsibility, confidentiality, and conduct.
8. The student may not receive monetary compensation from any Preceptor or Experiential Site.
9. The student must have evidence they are in compliance with UAMS and CDC TB screening protocols and have a TB Skin Test on file with UAMS SEHS. In addition, students must adhere to the UAMS TB monitoring and screening requirements.
10. Students who receive needle stick or other sharp injuries or certain body fluid exposures will, on many occasions, need laboratory monitoring for a period of time. Additionally, the student may be offered appropriate medication therapy as in the case of HIV exposure. The cost of this monitoring will be paid by the institution and student insurance, not the student. This monitoring and the appropriate billing will be handled through SPHS. Students should contact SPHS immediately after such an injury occurs (or contact the Emergency Room if SPHS is not open). The Incident/Injury Reporting policy is available in CORE on your home screen.
11. The use or possession of any illicit drug by any student while on University property or on a University affiliated assignment will not be tolerated as described by the campus drug-free workplace policy.<sup>1</sup> Any College of Pharmacy student who illegally uses, gives, sells or in any way transfers a controlled substance to another person, or manufacturers a controlled substance while involved in an Experiential Program rotation will be subject to immediate dismissal from the rotation and may also result in additional disciplinary action as deemed necessary by the College of Pharmacy. In some cases, rotation sites may require random and/or mandatory drug screening. Students should anticipate that requests for participation in site-specific screening may be made, and students on rotation at those sites will be expected to comply.
12. Students must participate in an orientation process prior to the initiation of IPPEs/APPEs to outline the purpose, organization, and assessment of the experience; to explain the achievement-based assessment process; and to review the procedure by which academic progress will be monitored.

**Failure to comply with these policies can result in dismissal from the College of Pharmacy.**

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<sup>1</sup> University of Arkansas for Medical Sciences Administrative Guide Policy on the Drug Free Workplace (4.4.05)

## **Health Insurance Portability and Accountability Act (HIPAA)**

Training of all UAMS employees and students on the HIPAA regulations and related policies and procedures to protect the confidentiality of patient information is mandatory. Students are required to complete an online module with a post-test on the regulations and related policies. An annual update of HIPAA training is also required. Various experiential sites may also require site-specific HIPAA training to be completed at each individual location.

## **Code Black**

In the event of a violent occurrence on Campus, special procedures are needed to ensure maximum safety and prevention of injury/loss of life. As a result, multiple responses are necessitated by all components of UAMS. Law enforcement is paramount in securing the situation, but the rest of the campus must work to ensure patient, student, visitor, and staff safety. Violent actions on campus could include an active shooter, hostage situation, terroristic threatening and other scenarios not depicted here. While this is primarily a law enforcement operation, incident management, sheltering in place and crisis communications are integral to the safety and security of the Campus. The UAMS Code Black Plan is outlined in the COP Catalog and Student Handbook. During orientation to an experiential site, students should make every effort to be informed as to site-specific policies and procedures regarding violent events.

## **CORE**

The Experiential Education Office uses CORE ELMS, the Experiential Learning Management System to track students' experiences throughout their academic careers. CORE allows our office to manage student and preceptor placement, monitor evaluations and other reports, as well as track site requirements, immunizations, and certifications. In addition, we use the system as a tool to communicate with our students and preceptors. CORE can be accessed at <https://www.corehighered.com/login-elms.php>. If you have misplaced your login information or need your password reset, please contact Karin Walker, [kawalker2@uams.edu](mailto:kawalker2@uams.edu).

## **CORE Readiness**

The Experiential Education Office uses CORE Readiness (CR) as an online independent learning and assessment system via customizable Learning Paths for experiential students. CR Learning Paths contain individual video or slide set modules that must be watched prior to taking the assessment. You must pass each assessment for every module to complete the CR Learning Path.

CR Learning Paths may be assigned by the Experiential Office or by individual preceptors. CR Learning Paths assigned by the Experiential Office must be completed prior to starting the APPE year (or IPPE experience). Any CR Learning Paths assigned by specific preceptors must be completed prior to starting their rotation. Failure to complete any assigned CR Learning Paths may result in the cancelation of rotation, loss of an off month, or delayed graduation.

## **Policy for Interaction**

Students should contact the Preceptor via their office phone or email. If unable to reach the individual, students should contact the Experiential Office for assistance. Any concerns, questions, or procedural matters related to this course should be addressed in the following order of progression: the Preceptor, Experiential Course Coordinator or Associate Dean for Experiential Education (ADEE), and finally the Dean's office.

## **Attendance**

There are **no excused absences** or **recognized student holidays** for experiential course work. In some instances, experiential hours will be scheduled to conform to site activities (e.g., weekends, early morning and late afternoon). In the event a student is ill, **the student must: a) call the Dean's Office (501) 686-5557, AND b) call the preceptor as early as possible on the day that will be missed.** If a student anticipates a request to be absent from the experience on a specific date (e.g., job/residency interview, college sponsored

meeting/function during rotation hours, etc.), he or she must make arrangements with the preceptor at the beginning of the rotation, preferably on the first day of rotation. A *minimum* of 160 hours is required for each APPE rotation; therefore, it is the student's responsibility to reschedule hours missed with the preceptor's approval. If a student is sick or absent for more than one fourth of any rotation, he or she may complete the rotation only with permission of the preceptor and the Associate Dean of Experiential Education.

### **Inclement Weather**

During inclement weather conditions (regardless of activation of the UAMS inclement weather policy), the student should contact their assigned experiential preceptor to receive information about site hours of operation and function. If the student is unable to travel during inclement weather, any absence requires that the student contact their preceptor and the Experiential Education Office.

### **Emergency**

In the case of an emergency, the student should **call** the Associate Dean of Experiential Education immediately at (501) 551-8193. This does not include absence for routine illness, job interviews, flat tires, etc. These matters are addressed in the Attendance policy on the previous page.

### **Grading**

The preceptor is a member of the faculty of the College of Pharmacy (COP). Preceptors are expected to assess student performance of the outlined practice competencies using the COP Introductory and Advanced Pharmacy Practice Experience Evaluation Rubrics. **At the middle and end of each experience, the preceptor will use the evaluation rubric in the CORE online grading system to assess the student's performance. Mid-way through the rotation, deficiencies are to be discussed with the student. Every effort should be made to correct any deficiencies before a student completes the assigned experience. Evaluation rubrics will be automatically emailed to preceptors by CORE and become available in CORE at the appropriate times.** The preceptor's evaluation constitutes 100% of the assessment of competency.

### **Experiential Proficiency Scores**

Please refer to the comprehensive academic rules in the student handbook for the official version of the experiential academic rules and other information.

**5** – Exceeds expectations

**4** – Meets expectations

**3** – Progressing

**2** – Needs significant improvement

**1** – Does not meet expectations

**0** – Though opportunities existed, student did not engage in requirement; therefore, not able to assess

**NA** – Not applicable to experience or not observed

#### **Global Assessment** (overall performance):

[ ] Clear Pass

[ ] Borderline Pass

[ ] Clear Failure

Students must achieve a target competency score of 4 or higher on each item on the achievement-based assessment, fulfill the course requirements as outlined in the course syllabus/manual, and complete all other required documentation prior to receiving credit for the APPE program. The Experiential Education Office or Dean's designee will formally review the achievement-based assessments for each student after the final assessments are submitted. **Students must achieve a score of 4 on each item on the APPE achievement-based assessment.** Following achieving competence (4 or more) on any competency item, **a student who**



**achieves lower than a 4 on a final evaluation during multiple clerkships may be contacted by the Associate Dean of Experiential Education and be required to have a Consultation or Formal Planning Conference.**

A student may fail (“Clear Failure”) an APPE for reasons including violation of patient confidentiality, tardiness or failure to show up for a rotation, cheating on exams, quizzes or other assignments, plagiarism, or other action which, in the opinion of the preceptor and the Experiential Director and/or ADEE, is unprofessional conduct damaging to the reputation of the College and/or the experiential site.

### **Incomplete Grade**

A grade of “I” (incomplete) is assigned when a student, for reasons sufficient to the preceptor, has not been able to complete some vital portion of the assigned APPE experience. The student must finish the requirements of the experience at the same practice site and at the discretion of the preceptor. If the work is not completed by the designated time, the grade will become a “Clear Failure” unless the Dean, in conjunction with the preceptor and the appropriate experiential course coordinator, grants an extension of time. APPEs must be successfully completed within no more than two calendar years.

### **Failing Grade**

Students will fail an experience if a preceptor indicates “Clear Failure” at the end of an experience. He or she must repeat and pass that type of experience (e.g., Acute care, Ambulatory care, etc.). No experience may be attempted more than twice. In the event that a student receives a “Clear Failure” at the end of an APPE, **the Associate Dean for Experiential Education may develop and assign an Individualized Educational Plan (IEP)\* and forward it to the Scholastic Standing Committee.** The Scholastic Standing Committee will review the IEP. The student may address the committee regarding the IEP. **The student must successfully pass the IEP as well as repeat and pass another rotation of that experience type before moving forward in the curriculum.**

**\*Individualized Educational Plan (IEP):** IEPs may involve the completion of activities to develop knowledge, skills, and/or attitudes and may incorporate the completion of additional experiential clerkships. Clerkship IEPs must be successfully completed prior to attempting a repeat “for credit” APPE clerkship. IEPs are customized experiences designed to improve student performance and are NOT eligible to count as credit for APPE clerkships.

### **Borderline Pass**

Students who receive a “Borderline Pass” and/or competency score of 0,1, or 2 at the end of an APPE clerkship, may be required to attend a Formal Planning Conference with the ADEE. Students who receive multiple borderline passes in the same competency area/domain (i.e. patient care, communication, professionalism, etc.) may be required to complete an IEP to improve their skills in that identified area/domain.

### **Withdrawal**

1. Preceptors may request that a student be removed from a practice site as a result of behavior or performance. Students who are removed from a site at the request of a preceptor will receive a “Clear Failure” and will be required to undergo remediation prior to reentering experiential coursework. Remediation may include the completion of an **IEP\*** prior to repeating the failed experience.
2. A student who withdraws at any time during an APPE experience and is failing at the time of the withdrawal as judged by the preceptor will be given a “Clear Failure”. If the student receives a second “Clear Failure” in any experience, he/she will be dismissed from the College of Pharmacy. A student may repeat only one withdrawn experience to remove a grade of “Clear Failure”.
3. If a student withdraws at any time during an APPE experience and at that time has a passing grade as judged by the preceptor, he/she will receive a grade of “WP” (withdraw passing). At the discretion of the ADEE the

student may complete the experience (partial clerkship or a repeat clerkship) in which the “WP” was received, or another similar experience so long as the student meets the experiential requirements for graduation.

### **Remediation of a Free-Standing Experience**

For remediation of a “Clear Failure” of an experience, the following rules will be applied:

1. A student who fails an experience will be required to complete the same type of experience (e.g. Acute care, Ambulatory care, Community EPS, etc.). The practice site and scheduled time for the repeat experience will be based on preceptor and site availability and determined by the Associate Dean of Experiential Education.
2. APPEs must be successfully completed within no more than two calendar years.
3. Tuition may be charged for additional or repeated APPE courses and/or remediation.

### **Programmatic Monitoring**

Between the fifth and seventh month of the APPE curriculum, students who have not achieved a performance level of 4 or have not had the opportunity to demonstrate competency on an APPE rubric item will be contacted by the Experiential Education Office for a **Consultation or Formal Planning Conference**. The student may be asked to comment on specific performance for competency items and/or to submit a plan to achieve expected levels of performance on those competencies. The student will be advised of the procedure that will be followed if competency has not been demonstrated by the end of the final APPE. The Experiential Education Office will monitor students who participate in a Formal Planning Conference regularly. The Experiential Education Office will provide College administrators with an updated progress report on those students participating in a consultation or planning conference.

At the conclusions of the APPE year, the Experiential Education Office will review students’ performance assessments to determine whether competency requirements have been met (score of 4 on each item on the APPE achievement-based assessment). In the event that a student does not achieve the expected competency requirements, the Associate Dean for Experiential Education in consultation with college administrators will make a recommendation to the Scholastic Standing Committee to determine whether credit will be granted for the 9 rotation APPE program or if a programmatic IEP should be developed and assigned. The student may address the committee regarding the programmatic IEP. Credit will be granted for the 9 rotation APPE program if the committee determines that the student has demonstrated competency in the identified items. If the committee determines that the student has not yet demonstrated competency, an IEP will be developed and forwarded to the Associate Dean for Academic Affairs and Associate Dean for Experiential Education. For an APPE programmatic IEP, the student must pass the programmatic IEP in order to receive credit for the 9 rotation APPE program and graduate.

### **Academic Integrity**

Students are expected to abide by the Pledge of Professionalism and Honor Code. These documents can be found in Appendix A of the Student Handbook at [https://pharmacy.uams.edu/wp-content/uploads/2023/08/COP-Student-Handbook-2023-2024\\_FINAL.pdf](https://pharmacy.uams.edu/wp-content/uploads/2023/08/COP-Student-Handbook-2023-2024_FINAL.pdf) -. Students who commit academic dishonesty or professional misconduct during an IPPE/APPE may be removed and given an “F” for the experience in which the violation occurred. Examples of academic dishonesty include, but are not limited to, plagiarism or cheating as described in the student handbook.

The **Scholastic Rules for Experiential Course Work** are outlined in the UAMS College of Pharmacy Catalog and Student Handbook. This document is available at [https://pharmacy.uams.edu/wp-content/uploads/2023/08/COP-Student-Handbook-2023-2024\\_FINAL.pdf](https://pharmacy.uams.edu/wp-content/uploads/2023/08/COP-Student-Handbook-2023-2024_FINAL.pdf) Students are encouraged to review the full handbook available on the COP website for additional information.

## Professionalism in the Experiential Learning Environment

Preceptors offer their pharmacy and time to teach students how to practice pharmacy. During the time the student is in the pharmacy, patients and other healthcare professionals will recognize him or her as a member of that pharmacy. The student's conduct and actions will reflect upon the pharmacy. Students are expected to conduct themselves as professionals. Students will respect and follow operating procedures of the site and instructions of the preceptor.

### Professional Attire

Students must be neat in appearance and maintain professional decorum while on rotation. The student is required to be professionally dressed at all times while on site, including a name tag, required identification and his or her UAMS pharmacy white coat, unless instructed otherwise by the preceptor. Although the term "professionally dressed" can be interpreted differently, the following guidelines should be followed:

- When contacting the preceptor prior to beginning the experience (1 week prior for UAMS rotations; 2 weeks prior for non-UAMS rotations), students should ask if there is a dress code. If the site has a specific dress code, students are expected to abide by it. If a student does not abide by the site's dress code, the preceptor may require the student to leave and change into more professional attire before returning. The student is expected to make up any time lost. If there is not a specific dress code at the site, the student should use the preceptor's attire as a guide.
- If uncertain about a site's dress code (e.g. the first day), a safe attire would be slacks, dress shirt, and necktie for males and dress or slacks/skirt and appropriate blouse for females.
- Clothing should always be neat and clean.

### Social Media

Social Media sites such as Facebook, Twitter, Instagram, Snapchat etc., are great places to share "the human experience" with friends and family. Some professors and preceptors in the College also enjoy using these media sites; however, there are situations where student pharmacists can get into big trouble, which include:

- Posting patient information. It is easy to make a mistake and release identifiable patient information even when you don't think you are doing so. Posting that someone picked up a particular medication at a certain pharmacy during a certain period of time may be enough to identify the patient. Date of service is legally a "patient identifier" under HIPAA, as is the city the patient lives in, the name of the patient's employer, and other data elements that you may not realize. Putting patient information on any media site is grounds for dismissal from the College and possible criminal prosecution.
- Do not post unprofessional material. Many employers will take a list of applicants and search each one on Facebook to see if there is anything unprofessional. Remember, pharmacy is a small world.
- Social media posts that are disparaging in nature to UAMS, the COP, faculty, rotation sites or preceptors can result in disciplinary action.

### **Confidentiality: THE PHARMACY or ROTATION SITE**

The student will learn certain aspects of the pharmacy that should be kept confidential including pricing procedures and other aspects of operation. The preceptor is placing significant trust in the student by taking him or her into their pharmacy. During this time, the student should feel as a part of the organization. **Violation of these confidences is grounds for immediate dismissal from the Experiential Program and may also result in additional disciplinary action as deemed necessary by the College.** (See the College of Pharmacy Catalog and Student Handbook- UAMS Confidentiality Policy for more details.)

### **Confidentiality: THE PATIENT**

The student must keep confidential all information pertaining to the patient's health and any other information of a personal nature, which may be learned in the externship program. Discussion of any patient-specific information must only be done in a professional manner and in an appropriate environment. **Violation of patient confidentiality is grounds for immediate dismissal from the Experiential Program and may also result in additional disciplinary action as deemed necessary by the College.** (See the College of Pharmacy Catalog and Student Handbook- UAMS Confidentiality Policy for more details.)

### **Guidelines for Students**

1. All students must attend the required orientations offered by the Experiential Education Office prior to beginning the Introductory and Advanced Pharmacy Practice Experiences.
2. Students are responsible for regularly monitoring their UAMS email. Students are responsible for maintaining a current UAMS email password throughout their academic experiences. If the password expires, the student must call the UAMS Technical Support Center at 501-686-8555.
3. If a student believes there is a personality conflict with the preceptor, or other problems with the experience which could affect the final grade, he or she should contact the Experiential Education Office immediately.
4. **Students are responsible** for getting all evaluations and grades from the preceptor, including the mid-term evaluation by the preceptor.
5. Students may be placed in an IPPE or APPE in a pharmacy where they are or were employed as long as their experiential education and employee roles are clearly differentiated and do not overlap. For example, a student may be employed by a health system in a specific capacity and/or in one area of the facility and be assigned to an IPPE or APPE in a clearly distinct capacity or area of the health system.
6. The general policy of the UAMS College of Pharmacy is for students to complete all rotations within the State of Arkansas. Out-of-state rotations may be done only with approval from the Experiential Education Office. Students participating in out-of-state rotations must have, and are responsible for obtaining, an intern license from that state. Students should apply for the out-of-state intern license at least 6 months before the start of the rotation. Students are responsible for all expenses (travel, lodging, additional rotation fees, etc.) for any rotation site, unless provided for by the rotation site (e.g., UAMS Regional Centers housing, I.H.S. rotations).
7. Students who observe or are asked to do something that is ethically **questionable** should immediately contact the Experiential Education Office for guidance. If it is in fact unethical, the Office will have the student contact the Arkansas State Board of Pharmacy. Students who observe or are asked to do something that is **illegal** or has the potential to cause **immediate patient harm**, have a responsibility to directly contact the Arkansas State Board of Pharmacy immediately.

### **Student Requirements**

Students are required to complete **Midpoint and Final self-assessments** using the **IPPE/APPE Evaluation Rubric**. Students must complete the **Preceptor and Site Evaluation** located in CORE as the items relate to the individual preceptor and experiential site. It is important that this evaluation be completed within **five** business days of the last day of participation in the experience. **Failure** to submit a completed evaluation within five business days may result in a grade of **Incomplete (see Incomplete Grade)**. Results from preceptor and site evaluations will be aggregated and forwarded to preceptors at the end of the academic year without individual identification. In addition to meeting the expectations set forth in this manual, students must comply with the College of Pharmacy Policies and Procedures Governing Students in the Experiential Program.

## Practice Site Guidelines

*Practice sites, in general, should fulfill these criteria and responsibilities:*

1. Be clean, organized, and well managed.
2. Meet all state and federal laws related to the practice of pharmacy.
3. Conduct patient care and business in an ethical manner.
4. Possess sufficient work volume to facilitate learning.
5. Provide an adequate patient population to support the learning objectives for the rotation.
6. Display a commitment to the education of pharmacy students.
7. Display a commitment by management that is supportive of staff involvement in educational activities offered at the site.
8. Ensure support staff are receptive and cooperative in interactions with students.
9. Enable student activities and experiences that meet the learning objectives of the IPPE and/or APPE courses.
10. Allow access to appropriate medical, nursing, and pharmacy records to support the learning objectives and activities for the rotation.
11. Provide access to resources and conditions that support accomplishment of the behavioral and knowledge objectives of the rotation.
12. Ensure the student has daily contact with the preceptor or a qualified designee to receive feedback and have opportunities to ask questions.
13. Provide technology needed to reflect contemporary practice and to support learning objectives.
14. Ensure the student does not receive monetary compensation for academic requirements completed at the site.
15. Execute a written affiliation agreement with the UAMS College of Pharmacy.

**All experiential practice sites must be approved by the Experiential Education Office.**

### **Guidelines for Preceptors**

The preceptor is an essential and vital part of the educational experience. In assuming the responsibility for training and educating students, the preceptor displays to the public, his or her peers, and other health professionals, a commitment to the advancement of the profession through the provision of quality pharmaceutical care. In assuming this role of teacher/mentor, the preceptor must foster the development of a strong sense of mutual admiration and professional courtesy. While working on a one-to-one basis, the preceptor assumes much more than a teacher or pharmacist role model. The preceptor must identify the student's strengths and weaknesses, while also providing an atmosphere whereby the student may grow intellectually as well as professionally. The preceptor must recognize the student's greatest deficiency is inexperience, while the preceptor's greatest asset is knowledge through experience. The student may be able to share with the preceptor newly acquired clinical and scientific knowledge and, in turn, the preceptor will guide the student through the application of that knowledge to daily professional practice. The preceptor may therefore not only teach but learn as well.

Matching the student's duties with their education and experience is an important task for both learning and public safety. Depending on the student's knowledge and experience, competencies may range from technical to highly professional functions. For the purpose of supervision and instruction of the experiential portion of the UAMS COP curriculum, the range of learning activities/responsibilities is divided into **basic, intermediate, and advanced**. Preceptors should arrange learning experiences systematically into these levels as listed. Care should be taken to avoid assignment of complex practice tasks to the beginning student. Conversely, inhibiting

the systematic progress based on previous accomplishments and demonstrated competencies from one level to the next are contradictory to good education practice. **The levels of competency represent a conceptual framework and serve as guidelines to the preceptor and are not meant as finite categories. For IPPEs it is expected, at minimum, that students perform at an expected level for basic activities/responsibilities with exposure to the intermediate level. For APPEs, students are expected to achieve competency appropriate for an entry-level pharmacist for all advanced practice competency items.** The goal of the experiential program is to allow each student to perform at the highest level they are capable throughout the entire program.

*Preceptors should, in general, fulfill these criteria and responsibilities:*

1. Possess current pharmacist license in good standing.
2. Maintain professional competency, observe the law, uphold the dignity and honor of the profession, and accept its moral and ethical principles.
3. Demonstrate excellent character and an attitude appropriate to the presence of students.
4. Display a desire to educate patients, caregivers, pharmacy learners, and other health care professionals.
5. Have a minimum of one year of practice experience in their specific area.
6. Provide a high-quality practice that is well received by other health care professionals and patients.
7. Employ clinical and scientific literature to support an evidence-based practice.
8. Participate in preceptor training programs supported by UAMS.
9. Be committed to the profession through organization membership.
10. Communicate effectively with students including delivery of constructive criticism in a professional manner as well as praise for outstanding achievements.
11. Contribute to the mission of UAMS College of Pharmacy.
12. Organize the student's experiences and plan one-on-one time with the student.
13. Not enter into any personal or professional relationship with a student that would jeopardize or interfere with objectivity or effective teaching.
14. Not reimburse the student for services rendered, either directly or indirectly.
15. Prepare for a student's contact one month prior to the start of the rotation to:
  - a. Introduce themselves.
  - b. Identify any documentation and/or processes required to begin the first day of the rotation (drug screen, background check, health insurance, immunization requirements, etc.).
  - c. Obtain specific instructions for the first day of the rotation (dress code, arrival time, meeting location, etc.).
16. On the first day of each rotation the preceptor will:
  - a. Orient the student to the site, practice, and staff and review, in detail, expectations for the student with respect to appearance, attitude, site-specific processes of medication processing, and patient care responsibilities. (The primary preceptor may delegate some of these responsibilities to other qualified persons.)
  - b. Review the learning objectives and activities for the rotation.
  - c. Review the student's work, IPPE and/or APPE experiences, as applicable, and rotation syllabus, in order to adapt the experience to the student's needs, interests, and experiences to date where possible.
  - d. Review a planned schedule of rotation hours with the student and discuss expectations and due dates for special projects, reports, presentations, meetings, etc.
  - e. Identify an alternate supervisor for instances when the primary preceptor is unavailable.

17. Throughout the rotation the preceptor will:
  - a. Allow adequate time for communication and be willing to discuss all aspects of professional practice in accordance with ethical, moral, and legal standards.
  - b. Provide support systems to allow an atmosphere of maximal/optimal learning for the student.
  - c. Provide ongoing feedback to identify activities and skills that are performed successfully and those that need improvement.
  - d. Supervise the student's recommendations.
  - e. Ensure that the minimum requirement of experiential hours for the rotation is completed as guided by the Preceptor's due diligence and the school's attendance policies.
18. Complete formal evaluations of the student's performance guided by the IPPE/APPE rubric, as applicable, at the midpoint and end of the rotation.
19. Require the student to complete midpoint and final self-evaluations of their performance for incorporation into the midpoint and end of rotation evaluation discussions.
20. Meet with the student to discuss the midpoint and final evaluations of the student and the student's self-evaluations and make recommendations for the student's continuing development of competencies and professionalism.
21. Submit the completed midpoint and final evaluations in CORE within requested timeline parameters. All assessments should be documented by the last day of the experience.
22. If a difficult situation with a student arises, the preceptor will:
  - a. Discuss the situation with the student immediately.
  - b. Maintain detailed documentation.
  - c. Contact the Office of Experiential Education for consultation if needed.

### ***Preceptor Requirements – New Preceptors***

All new preceptors should complete preceptor training prior to accepting students at their practice site. Experienced preceptors are encouraged to participate in preceptor training opportunities as well. Preceptor training supports the development of a consistent approach to delivery of learning experiences and supports development of the preceptor's teaching and evaluation skills. Preceptor training includes:

1. Orientation to the UAMS College of Pharmacy mission statement, goals, and values.
2. Outcomes expected of students, preceptors, and the school.
3. Learning objectives and activities for experiential coursework.
4. Methods and resources to support evaluation of student knowledge, behaviors, and performance.
5. Review of the UAMS Longitudinal Achievement Based Assessment process and evaluation forms.
6. UAMS policies, procedures, and resources available to preceptors.

### **Specific Requirements for New Preceptors includes:**

- Membership in at least one (1) professional organization
- Practice experience of at least one (1) year in the practice setting
- Pharmacist license in good standing

The Office of Experiential Education will determine which course aligns with the activities the student will experience with the preceptor as determined from the Preceptor Information Form and quality assurance

documentation completed by the Office of Experiential Education in coordination with preceptor input and site review. Please contact the Office of Experiential Education at 501-686-6494 with any questions.

### ***Preceptor Requirements – Ongoing Requirements***

- Completion of one hour of continuing education focused on preceptor development annually. Programs that meet this requirement are available online through the Collaborative Education Institute website and the Pharmacist's Letter Preceptor Training and Resource Network. Annual live programming is delivered at the Arkansas Pharmacists Association Annual Meeting and the Arkansas Association of Health-System Pharmacists Fall Seminar. Additional preceptor development opportunities are available through the UAMS College of Pharmacy Continuing Education Department and APhA, ASHP, and other professional organization regional and national meetings.
- Membership in at least one (1) professional organization
- Pharmacist license in good standing

### **Professional Practice Benefits for Preceptors**

- 1. Faculty Recognition** - Preceptors can be formally recognized for their contributions to pharmacy experiential education through designations by the appropriate academic rank modified by the prefix *Clinical*. These designations are designed to recognize individual pharmacists' contributions to pharmacy education. The appropriate title will be determined by the Dean and the Chairman of the Department of Pharmacy Practice on an annual basis.
- 2. Program materials** - The College of Pharmacy Catalog and Student Handbook details information for the professional program and is available on the College's website at <https://pharmacy.uams.edu/current-students/academic-programs/policies-procedures/>. Preceptors will receive the Pharmacy Practice Experience Manual annually.
- 3. Collaborative Education Institute (CEI)** - CEI is easy to access from the CORE website (<https://www.corehighered.com/login-elms.php>). Once logged in to CORE, click on the "External Resources" icon located on the bottom left-hand side of the screen. Below the External Resource Tab, choose "CEI" then click the "Go to CEI Site" tab on the bottom right-hand side to be directed to the CEI website. Participants will need to complete an individual profile before registering for a CE including selecting the college(s) with which the preceptor is affiliated. After registering for a CE, periodic announcements regarding upcoming programming available are sent to participants directly. If you have any issues logging into CEI please do not hesitate to contact Karin Walker ([kawalker2@uams.edu](mailto:kawalker2@uams.edu)).
- 4. Continuing Education: APPE Student CE Program** - The College is pleased to support the efforts of its volunteer preceptors who seek to enhance their practice skills through continuing pharmacist education (CPE). During the 2023-2024 academic year, active rotation sites are eligible to sponsor student delivered ACPE CE programs. We are also able to offer accredited physician (MD/DO) and nursing (RN only) CE, which means that if you feel the CE is pertinent to physicians or nurses at your facility, you can invite them, and they will get accredited CE for their respective profession. Preceptors will work with their APPE student(s) to develop and refine the CE program to a maximum of 1 hour per month per student. The UAMS CE office will review and approve all CE programs. Please have your students contact Karin Walker ([kawalker2@uams.edu](mailto:kawalker2@uams.edu)) during the first week of the rotation so she can notify the UAMS CE office and provide instructions and timelines for your students.



5. **Library Access** - Preceptors have access to the UAMS library. This package expands preceptor access to UAMS library's on-line resources including PubMed with full-text articles from journals in the library's collection and information databases such as Lexi-Comp on-line access and DynaMed.

- **Procedure**

Please fill out the "Non-Employee Information Sheet" found on the UAMS Experiential website at <https://pharmacy.uams.edu/current-students/Non-employee-form-Exp-Edu.pdf> or found on Core under Document library. Then fill out the Confidentiality Agreement at <https://apps.uams.edu/confidentialityagreement/InternalForms/>. For the Confidentiality Agreement, put Seth Heldenbrand as the supervisor with 501-686-6494 as the phone number. **Save both forms** and email them to Experiential Education at [kawalker2@uams.edu](mailto:kawalker2@uams.edu). Contact IT at 501-686-8555 for help setting up a login and password. Preceptors must maintain an active Preceptor Agreement and Availability Form with the Office of Experiential Education to utilize this resource.

- **UAMS Regional Health Education Centers (AHECs/RHECs)**

All health care professionals are eligible to use the collections of the UAMS Regional Centers and to request interlibrary loans of articles for journals not located in their Regional Center's library. Check with the UAMS Regional Center library for the terms for interlibrary loans as some provide this service without charge for health care professionals and students.

- **Free Assistance and Training from the UAMS Librarians**

The UAMS librarians will provide assistance via phone, email, in person, and/or meet with groups of five or more health care professionals and provide training at no charge. Preceptors are encouraged to utilize the expertise available for questions that arise at their practice site. Preceptors are invited to be active participants in the educational program and share ideas at every opportunity.

6. **UAMS Preceptor Development Conference** – This informative conference is available to all UAMS preceptors free of charge. Lodging and meals during the meeting are provided by the UAMS College of pharmacy for all preceptors. Education will include discussions on feedback and assessment, innovative approaches to using students at your practice site, any changes to the upcoming rotations year and also tips to enhance professional development as an educator. This conference is usually offered in the Spring and is a knowledge based ACPE activity that offers **free CE hours**.

For further information or questions regarding Preceptor requirements or benefits, please contact:

Karin Walker  
Education Coordinator  
Office of Experiential Education  
Phone: (501) 686-6494  
Fax: (501) 686-8104  
[Kawalker2@uams.edu](mailto:Kawalker2@uams.edu)

**Advanced Pharmacy Practice Experiences -  
Community  
Direct Patient Care**

**Advanced Community - Enhanced Pharmacy Services  
(EPS)**

## **PhPr 74004 DPC COMMUNITY - ENHANCED PHARMACY SERVICES (EPS)**

### **Purpose**

The purpose of the Enhanced Pharmacy Services is to integrate the APPE student into the enhanced pharmacy services that are provided by the site. Examples of enhanced pharmacy services include medication therapy management (MTM), focused OTC recommendations and counseling, providing immunizations, point of care testing, adherence interventions, disease state management, specialty medication dispensing/counseling, and transitions of care facilitation. During this course, the pharmacy student will be given opportunities to demonstrate competence in offered enhanced pharmacy services and to provide direct patient care in a community pharmacy setting.

- Adherence Assessment and/or Adherence Packaging
- Collection of Vital Signs
- Compounding (sterile/non-sterile)
- Comprehensive Medication Reviews/MTM
- Medication Synchronization Program and/or Clinical Med Sync
- Point of Care Testing (A1C, Strep, Flu, Hep C)
- Specialty Medications (HIV, Hep C, Oncology, etc.)
- Home Visits/Delivery
- Naloxone Dispensing
- Disease State Management and Education Programs
- Immunization screening and administration (standard or travel vaccines)
- Transitions of Care/Medication Reconciliation
- Durable Medical Equipment (DME)
- Care plan development/reinforcement
- Pharmacogenomics Testing
- Intensive Patient Counseling Services
  - Smoking cessation
  - Nutritional
  - Medication Adherence
  - Specialty medications

### **Requirements**

Each student will be required to research and learn about various aspects of these community services. It is up to the pharmacy student to gain as much information about these services as possible. While no formal assignment will be necessary, it is important to complete any assignments that your preceptor deems important to promote learning of these pharmacy services provided in the community setting. These services are a great way to expand upon duties in a community setting and allow pharmacists in the community setting to optimize their patients' drug therapy in an innovative way.

### **Goals and Objectives**

- Demonstrate accurate, safe, and time-sensitive preparation, dispensing, and administration of pharmaceuticals.
- Manage pharmacy resources to optimize pharmacotherapy outcomes by applying principles of personnel management, fiscal resource management, medication distribution and control systems to the operation of a pharmacy
- Demonstrate professional citizenship in the distribution of medications and delivery of patient care by communicating with patients, healthcare professionals, and other stakeholders.

- Educate patients and health care providers about requirements for effective therapy.
- Demonstrate ability to document actions taken to achieve desired outcomes.
- Optimize patient specific rational pharmacotherapy based on the best available evidence.
- Demonstrate effective communication skills with the patient and health care team and in accompanying documentation exercises.
- Demonstrate the retrieval, evaluation, and application of professional literature as it relates to patient centered care.
- Demonstrate professional and ethical behaviors related to patient centered care and interdisciplinary respect.

**Advanced Pharmacy Practice Experiences -  
Required Health-System/Hospital  
Direct Patient Care**

**Ambulatory Care**

## **PhPr 74004 AMBULATORY CARE (DPC)**

### **Purpose**

The provision of patient centered care is integral to professional pharmacy practice in outpatient health-system practice sites. The APPE-DPC - Ambulatory Care experiences provide the student with opportunities to apply knowledge of pathophysiology, pharmacology, pharmacokinetics, and communication to individual patients in ambulatory care settings and to be directly involved in the care of these patients. When applicable, these experiences also identify unique barriers within a private institution or specialized clinical practice and give students the resources and experience necessary to overcome those challenges.

The Ambulatory Care APPEs provide exposures to clinical pharmacy practice and increase the student's awareness of the variety of practice settings, differences in practitioner philosophies and problem-solving skills, importance of effective communication between pharmacists and other health care providers, roles and responsibilities of a health-system or ambulatory care pharmacist, and importance of monitoring patient specific outcomes. The student also gains an appreciation of the impact of clinical pharmacy services on the health care system and public health and an appreciation of patient education on health and drug-related matters.

### **Goals and Objectives**

- Optimize patient specific rational pharmacotherapy that is based on the best available evidence.
- Demonstrate effective communication skills with the patient and health care team and in accompanying documentation exercises.
- Demonstrate the retrieval, evaluation, and application of professional literature as it relates to patient centered care.
- Demonstrate professional and ethical behaviors related to patient centered care and interdisciplinary respect.

## Suggested Assignments & Projects

### **Case Presentation**

The student is to work-up and present one or more patients. Where applicable, the student must secure patient information release forms. In all instances, the patient should **not** be identified by name but by other identifiable means such as a case number or assigned number. The cases should come from patients requiring specific pharmacotherapeutic recommendations (drug, device, dietary/nutritional support, alternate medicine, etc.). It may be possible to NOT recommend a product and instead refer the patient to his or her physician.

The following are general questions that may/may not be included in the documentation, but the student should be prepared to answer and discuss during the case presentation.

1. What therapies (pharmacologic and/or non-pharmacologic) are available for this disease state? Be sure to include trade names and any new products available in this category.
2. Are there any compelling reasons to use or not use certain available therapies for specific patients?
3. Are there any food or drug interactions that can occur with products recommended?
4. What side effects may occur from the recommended therapy, and what precautions should the patient take, if any?
5. Is there any controversy in the use of the recommended therapy?
6. What can be done to help alleviate or prevent the condition without utilizing drug therapy?

### **SOAP Note**

Students will prepare a detailed SOAP note for each case. Under the Assessment portion of the note, goals for the patient must be stated. Under the Plan portion of the note, explain how the goals will be met for the patient using the product(s) selected. Students may use the accompanying Patient History Form to gather information in order to prepare the SOAP note. Recommendations should be supported by literature review material.

When presenting the patient, the student will thoroughly review the SOAP note. This will be followed by the student's opinion of the 2-3 key points about the patient's disease that every pharmacist should know, and 2-3 points from the reviewed literature that were new or of special interest to the student.

When preparing a SOAP note, keep the following in mind:

- Include all relevant information that is helpful in selecting (or NOT selecting) an appropriate therapy. This may include patient-specific symptoms, concomitant disease states, allergies, pregnancy status, other medications (prescription and OTC), etc.
- Include general health education if it is important to your case.
- If the recommendation is for non-pharmacologic therapy or referral to a physician, include this in the SOAP note.

## **Patient Care Plan**

The student should choose a patient who has at least three current disease processes requiring therapeutic assessment. The student should complete the **Patient Care Plan** located in the **Supporting Documents** for this manual.

Recommendations included in the care plan should include both pharmacologic and non-pharmacologic therapies. All recommendations should be supported by a reference, preferably primary literature, or guidelines.

## **Topic Presentation**

Prepare and present a lecture to the preceptor on a therapeutic topic involving drug therapy. The purpose of this presentation is to educate pharmacists and other staff. Be sure to discuss the choice of topic with the preceptor prior to beginning work on this presentation. The student should prepare a handout to accompany the presentation.

## **Educational Support/In-Service Project**

The preceptor may assign the student a topic of interest to the practice site. The student should develop a 5–10-minute presentation on that topic that can be presented to appropriate healthcare providers (pharmacists, interns, residents, nursing staff, etc.). The student will also develop a brief handout (1 page front and back maximum) for the presentation. The handout should be created as a reference for the audience. Examples: Do-Not-Crush list for common medications, Maximum Concentration Chart for Common Drips, Renal Dosing Chart for Medications Commonly Administered in the ICU, etc.

## **Special Project Information**

This project may be clinical or management in focus. Preferably, the project should be site-specific. Examples of the project are:

- Develop a paper, brochure, or poster for the pharmacy on a specific topic.
- Develop and present a CE program.
- Organize and implement a health screening. Prepare for the screening day by designing advertising materials and patient education materials to be used.
- Write a drug information paper for a question asked (at least 3 current, primary literature sources must be summarized and critiqued).
- Develop a protocol that could be used in a patient care service.
- Determine outcomes for a disease state (via literature review) and/or help implement data collection processes.

## **Formulary Development**

Develop a specialty drug formulary. The preceptor may want to narrow the focus to a specific disease state. Decide which products should be carried and explain the inclusion criteria. Data may be presented in table or manuscript format. At a minimum, the formulary should include product name, indication, strengths available, lower/upper age limits, contraindications and warnings or side effects.

## **Literature Review**

The student will prepare a literature review and evaluation for one of the disease states covered for a specific patient the student has followed. The student should review at least two (2) primary literature articles and choose one (1) of the



following to present his or her findings:

- Choose a drug used for treatment of the disease and discuss articles relating to that drug. Write a description of each of the studies and then discuss personal conclusions based on the articles.

**OR**

- Choose articles studying several different medications used for treatment of the condition. Write a description of each of the studies and compare and contrast the different treatments. Discuss personal conclusions based on the studies reviewed.

The student may use the **Worksheet for Articles About Treatment** located in the **Supporting Documents** to guide literature review and presentation. At a minimum, include the following in the description of the articles:

- Authors
- Journal reference
- Funding
- Objective
- Background
- Why this study?
- Study site
- Study design, number of patients
- Hypothesis
- Inclusion/Exclusion criteria
- Outcomes (primary and secondary)
- Statistics – brief overview and assessment
- Results
- Strengths
- Weaknesses
- Clinical significance versus statistical significance
- Authors' conclusions
- Critique
- Place in therapy and Application to the patient

References should be included in any written documentation.

**Advanced Pharmacy Practice Experiences -  
Required Health-System/Hospital  
Direct Patient Care**

**Acute Care**

## **PhPr 74004 ACUTE CARE (DPC)**

### **Purpose**

The provision of patient centered care is integral to professional pharmacy practice in inpatient health-system practice sites. The APPE-DPC - Acute Care experiences provide the student with opportunities to apply knowledge of pathophysiology, pharmacology, pharmacokinetics, and communication to individual patients in acute care settings and to be directly involved in the care of these patients. When applicable, these experiences also identify unique barriers within a private institution or specialized clinical practice and give students the resources and experience necessary to overcome those challenges.

The Acute Care APPEs provide exposures to clinical pharmacy practice and increase the student's awareness of the variety of practice settings, differences in practitioner philosophies and problem-solving skills, importance of effective communication between pharmacists and other health care providers, roles and responsibilities of a health-system pharmacist, and importance of monitoring patient specific outcomes. The student also gains an appreciation of the impact of clinical pharmacy services on the health care system and public health and an appreciation of patient education on health and drug-related matters.

### **Goals and Objectives**

- Optimize patient specific rational pharmacotherapy that is based on the best available evidence.
- Demonstrate effective communication skills with the patient and health care team and in accompanying documentation exercises.
- Demonstrate the retrieval, evaluation, and application of professional literature as it relates to patient centered care.
- Demonstrate professional and ethical behaviors related to patient centered care and interdisciplinary respect.

## Suggested Assignments & Projects

### **Case Presentation**

The student is to work-up and present one or more patients. Where applicable, the student must secure patient information release forms. In all instances, the patient should **not** be identified by name but by other identifiable means such as a case number or assigned number. The cases should come from patients requiring specific pharmacotherapeutic recommendations (drug, device, dietary/nutritional support, alternate medicine, etc.). It may be possible to NOT recommend a product and instead refer the patient to his or her physician.

The following are general questions that may/may not be included in the documentation, but the student should be prepared to answer and discuss during the case presentation.

1. What therapies (pharmacologic and/or non-pharmacologic) are available for this disease state? Be sure to include trade names and any new products available in this category.
2. Are there any compelling reasons to use or not use certain available therapies for specific patients?
3. Are there any food or drug interactions that can occur with products recommended?
4. What side effects may occur from the recommended therapy, and what precautions should the patient take, if any?
5. Is there any controversy in the use of the recommended therapy?
6. What can be done to help alleviate or prevent the condition without utilizing drug therapy?

### **SOAP Note**

Students will prepare a detailed SOAP note for each case. Under the Assessment portion of the note, goals for the patient must be stated. Under the Plan portion of the note, explain how the goals will be met for the patient using the product(s) selected. Students may use the accompanying Patient History Form to gather information in order to prepare the SOAP note. Recommendations should be supported by literature review material.

When presenting the patient, the student will thoroughly review the SOAP note. This will be followed by the student's opinion of the 2-3 key points about the patient's disease that every pharmacist should know, and 2-3 points from the reviewed literature that were new or of special interest to the student.

When preparing a SOAP note, keep the following in mind:

- Include all relevant information that is helpful in selecting (or NOT selecting) an appropriate therapy. This may include patient-specific symptoms, concomitant disease states, allergies, pregnancy status, other medications (prescription and OTC), etc.
- Include general health education if it is important to your case.
- If the recommendation is for non-pharmacologic therapy or referral to a physician, include this in the SOAP note.

## **Patient Care Plan**

The student should choose a patient who has at least three current disease processes requiring therapeutic assessment. The student should complete the **Patient Care Plan** located in the **Supporting Documents** for this manual.

Recommendations included in the care plan should include both pharmacologic and non-pharmacologic therapies. All recommendations should be supported by a reference, preferably primary literature, or guidelines.

## **Topic Presentation**

Prepare and present a lecture to the preceptor on a therapeutic topic involving drug therapy. The purpose of this presentation is to educate pharmacists and other staff. Be sure to discuss the choice of topic with the preceptor prior to beginning work on this presentation. The student should prepare a handout to accompany the presentation.

## **Educational Support/In-Service Project**

The preceptor may assign the student a topic of interest to the practice site. The student should develop a 5–10-minute presentation on that topic that can be presented to appropriate healthcare providers (pharmacists, interns, residents, nursing staff, etc.). The student will also develop a brief handout (1 page front and back maximum) for the presentation. The handout should be created as a reference for the audience. Examples: Do-Not-Crush list for common medications, Maximum Concentration Chart for Common Drips, Renal Dosing Chart for Medications Commonly Administered in the ICU, etc.

## **Special Project Information**

This project may be clinical or management in focus. Preferably, the project should be site-specific. Examples of the project are:

- Develop a paper, brochure, or poster for the pharmacy on a specific topic.
- Develop and present a CE program.
- Organize and implement a health screening. Prepare for the screening day by designing advertising materials and patient education materials to be used.
- Write a drug information paper for a question asked (at least 3 current, primary literature sources must be summarized and critiqued).
- Develop a protocol that could be used in a patient care service.
- Determine outcomes for a disease state (via literature review) and/or help implement data collection processes.

## **Formulary Development**

Develop a specialty drug formulary. The preceptor may want to narrow the focus to a specific disease state. Decide which products should be carried and explain the inclusion criteria. Data may be presented in table or manuscript format. At a minimum, the formulary should include product name, indication, strengths available, lower/upper age limits, contraindications and warnings or side effects.

## Literature Review

The student will prepare a literature review and evaluation for one of the disease states covered for a specific patient the student has followed. The student should review at least two (2) primary literature articles and choose one (1) of the following to present his or her findings:

- Choose a drug used for treatment of the disease and discuss articles relating to that drug. Write a description of each of the studies and then discuss personal conclusions based on the articles.

### OR

- Choose articles studying several different medications used for treatment of the condition. Write a description of each of the studies and compare and contrast the different treatments. Discuss personal conclusions based on the studies reviewed.

The student may use the **Worksheet for Articles About Treatment** located in the **Supporting Documents** to guide literature review and presentation. At a minimum, include the following in the description of the articles:

- Authors
- Journal reference
- Funding
- Objective
- Background
- Why this study?
- Study site
- Study design, number of patients
- Hypothesis
- Inclusion/Exclusion criteria
- Outcomes (primary and secondary)
- Statistics – brief overview and assessment
- Results
- Strengths
- Weaknesses
- Clinical significance versus statistical significance
- Authors' conclusions
- Critique
- Place in therapy and Application to the patient

References should be included in any written documentation.

# **Advanced Pharmacy Practice Experiences - Required Experiences Direct Patient Care**

## **Direct Patient Care SELECTIVES**

1. Acute Care
2. Ambulatory Care
3. Community EPS

Please note that any rotation placements will take into consideration the preferences of the student and the availability of the preceptor. Please refer to the individual APPE course syllabi for specific information about each type of rotation.

**Advanced Pharmacy Practice Experiences -  
Required Health-System  
Indirect Patient Care**

**Health-System Management**



## **PhPr 74004 HEALTH-SYSTEM MANAGEMENT**

### **Purpose**

The purpose of this course is to provide the student with the opportunity to apply didactic information to institutional management practices through direct project involvement and mentoring. Nearly every pharmacist in America has some management responsibility in the workplace whether the role is managing personnel, inventory, or accounts. Though instruction for management techniques is gained through the didactic coursework, repeated application of these techniques to a variety of scenarios is needed to develop effective management strategies. Furthermore, effective management decisions are the driving force behind most successful businesses.

The Health-System Management APPE offers pharmacy managers and student pharmacists a unique opportunity to prosper professionally through a variety of exposures to increase the student's awareness of basic pharmacy operations, differences in practitioner philosophies and problem solving skills, importance of effective communication between pharmacists and other health care providers, roles and responsibilities of a health-system pharmacist, importance of monitoring drug utilization and outcomes, organizational requirements necessary to achieve efficient operations, and application of local, state and federal regulations governing the prescription dispensing process. The student also gains an appreciation for the impact of patient and healthcare provider education on health and drug-related matters.

Mentorship by pharmacy managers helps students develop the skills necessary to meet practice goals as students take part in structured, hands-on, experiential assignments designed to help the student apply didactic information to the health-system patient, be involved in indirect patient care in an institutional setting, gain experience in processing of medication orders and the utilization of distribution systems unique to health-system pharmacy practice, and gain an appreciation for health-system pharmacy and its impact on the health care system and public health. Because this practice experience occurs in the day-to-day setting of a health-system pharmacy, the opportunity for students to obtain additional practice of their patient care skills is often afforded.

## **Goals and Objectives**

*Due to numerous sites and varying opportunities, Introductory Pharmacy Practice Experience (IPPE) goals should be reviewed for student comprehension to ensure focused development of APPE goals.*

### **Health-System Pharmacy IPPE Goals:**

- Process prescriptions in a manner compatible with the hospital pharmacy practice.
- Develop a concern for the patient's health and welfare.
- Develop an appreciation for the impact of hospital pharmacy practice on the health care system and public health.
- Foster the development of a responsible professional attitude and judgment.
- Foster an appreciation for patient education regarding health and drug-related matters.
- Provide a variety of exposures to pharmacy operation and different practitioner philosophies and problem-solving skills.
- Foster the application of didactic information to the hospitalized patient.
- Provide practical experience in the operation and drug distribution systems of the hospital/institutional pharmacy practice site.
- Aid the student in the development of communication skills with the patient and health care professionals.

### **Health-System Pharmacy APPE Goals:**

- Demonstrate accurate, safe, and time-sensitive preparation, dispensing, and administration of pharmaceuticals.
- Manage pharmacy resources to optimize pharmacotherapy outcome by applying principles of personnel management, fiscal resource management, medication distribution and control systems to the operation of a pharmacy.
- Demonstrate professional citizenship in the distribution of medications and delivery of patient care by communicating with patients, healthcare professionals, and other stakeholders.
- Apply research processes to inform pharmaceutical policy.
- Demonstrate knowledge of the committee functions and regulatory processes associated with Hospital Pharmacy (JCAHO, Pharmacy Therapeutics Committee, Nursing/Pharmacy, state, and federal law, etc.).
- Recognize the importance of developing multidisciplinary teams in an institutional environment.
- Educate patients and health care providers about requirements for effective therapy.
- Demonstrate ability to document actions taken to achieve desired outcomes.

## Suggested Objectives for Health-System Management APPE (Domain 2.1-2.4)

1. Improve student's understanding of the concepts involved in formulary management.
  - *Defend product selection and criteria for use or limitations for institutional formulary.*
  - *Complete a drug monograph for pharmacy and therapeutics formulary discussion.*
2. Improve student's understanding of the concepts involved in operations management.
  - *Prepare a strategic plan for implementation of a new pharmacy service or expansion of an existing pharmacy service. Examples: pharmacokinetic monitoring programs, renal dosing, nutrition support, disease state management clinic, etc.*
  - *Evaluate pharmacy's performance in an area such as patient satisfaction or error prevention effectiveness.*
  - *Develop a plan for continuous quality improvement in an area such as management training, continuing education, compliance with corporate goals, benefits, or promotion practices.*
  - *Compose a policy for improvement for pharmacy services.*
  - *Discuss the institution's HIPAA policies and how the pharmacy works to stay HIPAA compliant.*
  - *Discuss the pharmacy's organizational structure.*
3. Expand student's experience in human resource management.
  - *Define legal issues that must be considered during hiring and termination of an employee.*
  - *Formulate and develop the tools required to search for an employee.*
  - *Describe the pharmacy's benefit schedule.*
  - *List methods used by the company in employee retention.*
  - *Explain the procedure for analyzing and managing a misfilled prescription or other inappropriate employee action.*
  - *Evaluate a pharmacy's risk for medication error and determine a plan to reduce any risk found in the evaluation.*
  - *Recommend staffing levels for a pharmacy department.*
4. Improve student's financial management skills.
  - *Define each individual's role in inventory control. (e.g., corporate office, Pharmacy Director, Pharmacy Manager, Staff Pharmacist).*
  - *Determine appropriateness of current prescription inventory level.*
  - *Discuss methods used in controlling inventory.*
  - *Describe benefits of pharmaceutical rebates and their role in financial management of pharmacy assets.*
  - *Explain the rationale involved in determining prescription drug pricing.*

## Problem Scenario Case Presentations

The student will document **in writing** a problem scenario from their experience and discuss in writing what was done wrong, assess the risks to each party involved, and specify how he/she would handle the situation if in charge of this pharmacy. If there are instances where the law was broken, this should be highlighted in the assessment. The student should present the scenario to the preceptor. Below are two (2) examples of problem scenarios and the information that would be included in the documentation. A tool to guide feedback for these projects entitled **Problem Scenario Case**

**Presentation Discussion Points for Evaluation and Feedback** is located in the **Supporting Documents** section of this manual.

### **1) Medication Mix-up**

The pharmacist was filling a prescription for Coumadin® 2mg. He had just finished typing the label and packaging the Coumadin® when the telephone rang. The pharmacist answered the phone, and it was a physician ordering a prescription over the telephone for another patient for Lanoxin® 1.25mg. The pharmacist set the bag with the Coumadin® tablet to the side on top of the prescription. After typing the label for Lanoxin®, he packaged the Lanoxin® and put it on top of the label and the prescription. He was interrupted by another telephone call. In the confusion he picked up the Lanoxin® label and placed it on the package containing the Coumadin®. The incorrectly labeled prescription was delivered to the patient's nurse. The nurse noticed there was a difference in the appearance of the tablet from the day before. The nurse called the pharmacy and said that the tablet was a different color than had been delivered before. One of the technicians who answered the phone said, without checking with the pharmacist, "It is probably a different generic. It's okay!" The nurse administered the Coumadin®. The error was recognized when the nurse receiving the incorrectly labeled Lanoxin® prescription called and spoke with a pharmacist after noticing that the tablet looked different than another patient's Lanoxin®.

In writing, discuss what the pharmacist did wrong. Describe risk management procedures that the pharmacist should institute for all prescriptions in order to prevent this type of mistake from occurring again. Specify how you would handle the technician's part in this error.

### **2) Inappropriate Duty Fulfillment**

You are the pharmacy manager for a pharmacy with a staff of 3 pharmacists, including yourself, 6 technicians, and 2 student interns. One day while filling prescriptions, you notice one of your technicians' answering questions for a nurse at the pharmacy window. At first you think that maybe this technician is pointing out labeling instructions on the product dispensed. However, the next day you notice a similar situation and find out that not only is this technician answering compatibility questions from the nursing staff, but she is also giving advice as to drug interactions and off-label dosing.

In writing, discuss what the technician is doing wrong. What risk does this pose to you as the pharmacist in charge of this pharmacy? Specify how you would handle this situation.

### **Staffing Change Evaluation**

Evaluate a pharmacy's need for a change in staffing. Write a proposal for this staffing change or create a timeline for the projection of staffing needs with certain levels of production being met that require a staffing change.

This project will require the student to gain a basic understanding of the guidelines that the pharmacy manager follows to decide when staffing changes are necessary.

### **Job Description Written & Interview Session**

Become familiar with interviewing pharmacists, technicians, and other support staff. Write a job description for a position opening in a pharmacy and conduct an interview for this position. Discuss with the preceptor what important traits/characteristics they look for in potential employees.

Hand in the written job description as well as a summary of the concepts learned that apply to interviewing. (What do you look for in employees? What red flags do you look for in CV's and resumes? How do you determine how well you think an applicant will perform in this job?)

### **Mock State Board Inspection**

This assignment can be given early in the experience to orient the student to the site.

### **Topic Presentation**

Prepare and present a lecture to the preceptor on a product that has been approved in the last 6-9 months. The purpose of this presentation is to educate pharmacists and other staff about this new product. Be sure to discuss the choice of topic with the preceptor prior to beginning work on this presentation.

### **Special Project Information**

This project may be clinical or management in focus. Preferably, the project should be site-specific. Examples of the project are:

- Develop a paper, brochure, or poster for the pharmacy on a specific topic
- Develop a tool for data collection or documentation of pharmacy services
- Organize and implement a health screening. Prepare for the screening day by designing advertising materials and patient education materials to be used.

### **Educational Support/In-service**

The preceptor may assign the student a topic of interest to the practice site. The student should develop a 5–10-minute presentation on that topic that can be presented to appropriate healthcare providers (pharmacists, interns, residents, nursing staff, etc.). The student will also develop a brief handout (1-page front and back maximum) for the presentation as a reference for the audience. Examples: Do-Not-Crush list for common medications, Maximum Concentration Chart for Common Drips, Renal Dosing Chart for Medications Commonly Administered in the ICU, etc.

## **Management Projects**

### **Medication Reconciliation**

You are the manager of a health-system pharmacy in Anywhere, AR. You would like to develop a plan to use pharmacy staff to provide medication reconciliation in the emergency department of your institution. Develop a model to provide this service as well as a plan to monitor the effectiveness of the service once implemented. All staff (pharmacists, interns, technicians, students) and technology (electronic medical records, patient profiles, etc.) should be considered.

\*\*This project may need to be coordinated with the Pharmacy Manager and/or Emergency Department (or selected site) Manager depending on your APPE setting.

### **Clinical/Pharmacy Service**

You are the manager of a health-system pharmacy in Anywhere, AR. You have developed a protocol for renal

dosing of medications commonly administered in your institution. You are very proud of this new protocol and would like for physicians to consider signing a practice agreement with the pharmacy to manage renal dosing of these medications for their patients. You can't wait to let the physicians know about the new service. Write a letter of introduction for this new service to be sent to all physicians who practice in your institution. Not only should this letter serve as an introduction to your service, but it should also enlist the support of the physicians for this pharmacy service.

*An alternative to either of the above scenarios is to provide an evaluation/review of the effectiveness of a service that is already in place.*

### **Formulary Development**

Develop a specialty drug formulary. The preceptor may want to narrow the focus to a specific disease state. Decide which products should be carried and explain the inclusion criteria. Data may be presented in table or manuscript format. At a minimum, the formulary should include product name, indication, strengths available, lower/upper age limits, contraindications and warnings or side effects.

### **Inventory Control**

If possible, the student will perform inventory control. This will include evaluating all promotions, rebates and deals encountered by the prescription department as well as direct buying versus wholesaler deals.

### **Accounts Management**

Discuss pharmacy policies and procedures for patient billing. The student should discuss how often billing is done, the policies for collecting past due accounts, when and how long the pharmacy will 'carry' an account, and who handles billing.

### **Personnel Management**

1. Who does the hiring and firing in the pharmacy?
2. Examine an application for employment and discuss procedures for checking the application.
3. Discuss discrimination and sexual harassment. Does the pharmacy have a written policy in place?
4. Discuss the payment of 'unemployment' wages for an employee. Who can file for unemployment? How is unemployment paid, and who decides how much is paid?

### **Monthly Financial Statements**

1. If possible, review a monthly statement and ledger, including, but not limited to, the following (the preceptor may want to give example data):
  - a. Policy and procedure for deriving the monthly statement
  - b. An analysis of the statement
  - c. Areas shown in the statement that should be investigated for possible trends, good or bad.
2. Make suggestions as to how the statement may be better organized or utilized and obtain the preceptor's comments on those suggestions

## **Third Party Billing**

If possible, process and reconcile at least one reimbursement check from Medicaid, PAID, PCS, or other companies. The student should consider the actual payment by the third party (i.e. how long until paid, effect on cash flow, etc.), an analysis of the pharmacy costs in processing the paperwork, and an opinion as to the pricing structure for reimbursement.

## **Industrial Billing**

If possible, during the course of the experience, the student should assist in the processing of industrial billings.

1. The following information is usually required to process industrial prescriptions and is obtained from the patient, the physician, or the employer:
  - a. Date of injury
  - b. Place of employment
  - c. Insurance company and address
  - d. Claim number
2. The student should also be familiar with how these claims are handled on a weekend when prior authorization may not be available.

## **Daily Ordering**

1. If possible, the student should perform the merchandising order from the pharmacy (or discuss the ordering process with the appropriate staff member), including:
  - a. Ordering from wholesaler
  - b. Ordering direct
2. The student should discuss with the preceptor how the following return merchandise situations are handled:
  - a. Incorrect merchandise delivery
  - b. Returns of out-of-date inventory to the wholesaler or manufacturer. How often is this done? How is the inventory collected/ screened for return?
3. The student should also be involved with reconciling invoices with order sheets.

## **Marketing and Services**

1. Discuss specialty products and services offered by the pharmacy. How did the manager decide which products and services to offer? (i.e. Private label products, specialty compounded products, Clinical/pharmacy services)
2. How does the pharmacy market and bill for the services discussed above? How did the pharmacy decide on the promotion and pricing strategy for these services?
3. Does the pharmacy deliver? How do they provide this service? Do they charge for it? Why did they choose the delivery service they use?

# **Advanced Pharmacy Practice Experiences - Electives**

Administrative (Student Affairs, Experiential Education, Academic Affairs)

Chemotherapy

Community Management

Compounding

Home Infusion

Indian Health System

Infectious Disease

Informatics

Legislative

Long-term Care

Management

Medication Reconciliation

Medication Therapy Services

Nuclear

Nursing Home Consulting

Regulatory

Research

Specialty Pharmacy

Toxicology



# PhPr 74004 ELECTIVES

## Purpose

The purpose of the Electives is to provide the student with the opportunity to apply didactic information to a variety of practice settings through direct involvement and mentoring. These experiences should be viewed by the student as an opportunity to explore/develop personal interests as well as broaden their perspective of pharmacy practice.

Elective APPEs offer student pharmacists unique opportunities to prosper professionally through a variety of exposures to specialized aspects of pharmacy practice including increased awareness of pharmacy operations and management, differences in practitioner philosophies and problem-solving skills, importance of effective communication between pharmacists and other health care providers, patients, or representative organizations, roles, and responsibilities of the pharmacist in a specialized practice setting, importance of monitoring drug utilization and outcomes, organizational requirements necessary to achieve efficient operations, and application of local, state, and federal regulations governing pharmacy practice.

Mentorship helps students develop the skills necessary to meet practice goals as they take part in structured, hands-on, experiential assignments designed to help the student apply didactic information to the practice setting, be involved in direct or indirect patient care, gain experience in processing of medication orders and utilization of distribution systems unique to pharmacy practice at the site, gain experience in principles of management, and gain an appreciation for specialized pharmacy practice and its impact on the health care system and public health. Because many Elective APPEs are focused on the day-to-day setting of a practice site, the opportunity for students to obtain additional practice of their patient care skills is often afforded.

## Goals and Objectives

*Due to numerous sites and varying opportunities, goals for Elective APPEs should be reviewed for student comprehension to ensure focused development.* Elective APPE goals may include:

- Demonstrate accurate, safe, and time-sensitive preparation, dispensing, and administration of pharmaceuticals.
- Manage pharmacy resources to optimize pharmacotherapy outcome by applying principles of personnel management, fiscal resource management, medication distribution and control systems to the operation of a pharmacy.
- Demonstrate professional citizenship in the distribution of medications and delivery of patient care by communicating with patients, healthcare professionals, and other stakeholders.
- Apply research processes to inform pharmaceutical policy.
- Demonstrate knowledge of the committee functions and regulatory processes associated with pharmacy practice oversight (JCAHO, Pharmacy Therapeutics Committee, Nursing/Pharmacy, state and federal law, etc.)
- Recognize the importance of developing multidisciplinary teams.
- Educate patients and health care providers about requirements for effective therapy.
- Demonstrate ability to document actions taken to achieve desired outcomes.
- Optimize patient specific rational pharmacotherapy that is based on the best available evidence.
- Demonstrate effective communication skills with the patient and health care team and in accompanying documentation exercises.
- Demonstrate the retrieval, evaluation, and application of professional literature as it relates to patient centered care.
- Demonstrate professional and ethical behaviors related to patient centered care and interdisciplinary respect.

# **Supporting Documents**

**A Worksheet for Articles about Treatment**

**Drug Literature Evaluation Form Discussion Points for Evaluation and Feedback**

**Patient History Form (Example 1)**

**Patient History Form (Example 2)**

**Patient Intervention Log**

**Format for SOAP Note**

**Patient Care Plan**

**SOAP Note or Patient Care Plan Discussion Points for Evaluation and Feedback**

**Commonly Recognized Problems/Diseases/Domains for OTC Medication Therapy**

**Problem Scenario Case Presentation Discussion Points for Evaluation and Feedback**

**Arkansas State Board of Pharmacy Hospital Inspection Report (MOCK)**

**Arkansas Poison Control Center Antidote Inventory for Arkansas Healthcare Facilities - Instructions and Checklist**

**Health Screening Instructions and Supply Request Form**

**Preceptor and Experiential Site Evaluation for APPEs**

**Longitudinal Achievement Based Assessment Form for APPEs**

**APPE Memorandum of Understanding for Students**

**P1 Longitudinal Framework**

**Drug Literature Evaluation Form**  
**Discussion Points for Evaluation and Feedback**

Student \_\_\_\_\_

Date \_\_\_\_\_

Preceptor \_\_\_\_\_

Site \_\_\_\_\_

**I. Introduction**

- Were the objectives of the presentation clearly stated with an appropriate rationale for the objectives/hypothesis?
- Were the objectives reasonable and attainable?

**II. Drug therapy/monograph**

Did the student clearly and concisely describe:

- MOA
- Indications
- Adverse Events
- Side Effects
- Off label uses
- Counseling advice

**III. Data Analysis\Statistics**

- Were descriptive or inferential statistics used to examine the study?
- Were these properly applied to the type of data?
- Were the results of the significance testing interpreted correctly?
- What influence does the number of patients analyzed have on the interpretation of the reported results?
- Were the results statistically significant?

**IV. Results**

- Was an appropriate summary of results provided?
- Was appropriate discussion of tables and figures given?
- Did the student analyze the flaws of the study?
- Were the results clinically meaningful?

**V. Presentation**

- Did the student present facts in a logical, organized sequence?
- Was an interactive discussion facilitated?
- Was appropriate use of medical terminology given?
- Was the student able to answer questions accurately?

**Patient History Form (Example 1)**

**Patient Information:**

Male  Female (Pregnant: -  Yes  No)    Race:  Caucasian  African American  Other \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_    Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Symptoms of the Current Complaint:**

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**History of the Present Illness:**

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**Past Medical History:**

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**Food/Drug Allergies:**

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**Previous treatments used for current complaint and effects experienced:**

Medication (OTC or Rx)	Dose/ Frequency	Generic ingredients	Effects experienced

**Unrelated Current/ Past Drug History:**

Medication (Rx)	Dose	Indication	Starting Date

**Physical assessment/ General observations**

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Temperature \_\_F<sup>0</sup>

Blood Pressure \_\_\_\_ / \_\_\_\_ mmHg

**Therapy plan:** Include any non-drug recommendations

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**Patient education:**

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**Drug information: (if medication was recommended)**

<b>Recommended Drug Therapy</b>	<b>Generic Name</b>	<b>Interactions</b>	<b>Side Effects</b>

**Follow up:**

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**Patient questions:**

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## PATIENT HISTORY FORM (Example 2)

Chief Complaint

History of Present Illness

Past Medical History

Medication History

- Allergies:
- Prescription medications:
- OTC medications:
- Use issues:

Nutrition

Social

Developmental

Physical Exam Findings

Laboratory Data

Hospital Course

Problem List Chronological Order

Assessment/Plan

Summary

**PATIENT CARE INTERVENTION LOG**

<b>Date</b>	<b>Patient Name</b>	<b>MRN</b>	<b>Intervention/Recommendation</b>	<b>Person receiving suggestion</b>	<b>Outcome</b>



## Format for SOAP note

Information in the SOAP note should include (as available):

### S: Patient History

- Chief Complaint
- History of Present Illness
- Past Medical History

### Medication History

- Related to chief complaint.
- Unrelated current/past history of Rx/OTC meds.

### Review of Systems/Physical Exam

### O: Available labs or objective data

### A: Problem list and assessment of each problem

### P: Recommendations

- How to take (dose/time/meals)
- Side effects to be aware of and how to minimize
- Drug/food interactions
- Drug/disease state interactions
- Monitoring parameters (what to do if condition worsens, signs/symptoms of serious adverse reactions)

### Patient education:

- Disease/drugs/general information (health education)

### Follow-Up:

The student should recommend an appropriate period of time to discuss/review the success of the recommended treatment and follow-up on results. If the recommended treatment is not effective, alternative solutions should be recommended.

## Patient Care Plan

Problem	Pharmacotherapeutic Assessment	Plan	Monitoring Parameters
Problem # __  <u>Subjective</u>  <u>Objective</u>	<u>Assessment</u>  <u>Goals / Desired Outcome</u>		
Problem # __  <u>Subjective</u>  <u>Objective</u>	<u>Assessment</u>  <u>Goals / Desired Outcome</u>		

## SOAP Note or Patient Care Plan Discussion Points for Evaluation and Feedback

Student \_\_\_\_\_

Date \_\_\_\_\_

Preceptor \_\_\_\_\_

Site \_\_\_\_\_

### I. Preparation

#### 1. Patient Presentation

- Soap Note, results clearly presented
- All Rx and OTC medications listed
- All data needed for necessary points
- Appropriate triage questions (i.e., pregnancy status, age, other disease states)

### II. Knowledge

#### 1. Drug therapy

- Understands patient's drug therapy.
- Links problems with drug therapy (including appropriateness)
- Discusses alternate choices available and rationalizes choice of product
- Understands mechanisms of drugs' action
- Anticipates common or serious drug interactions and ADRs
- Pertinent pharmacokinetics/dosing considered
- Cost of therapy justified

#### 2. Monitoring

- Appropriate parameters to assess efficacy and toxicity presented
- Defines endpoints of therapy (what to monitor, how often, when to seek emergent help or see physician)

#### 3. Follow-up

- When to f/u, what to f/u (must discuss)
- F/U was completed, or attempt documented

#### 4. Patient information/counseling

- How to explain purpose(s) of drug therapy
- Important instructions for drug use
- Side effects/precautions that should be communicated
- Use of devices, equipment, etc. for delivery of medication
- Other (eg, blood glucose testing, PEFR)

### III. Style of presentation/delivery/organization

- Well organized
- Diction
- Personal appearance
- Reliance on notes
- Pertinent information
- Voice projection
- Distracting mannerisms

### IV. Response to questions

- Responses appropriate and straightforward

## Arkansas Poison Control Center Antidote Inventory

### Accessing the Arkansas State Antidote Inventory

Note: This will depend on whether the preceptor and institution has elected to take part in the project.

1. Students are invited to inventory the institution's on-hand antidotes as an assignment for the IPPE/APPE experience using the checklist provided.
2. Once the inventory has been completed, students should verify the report with their preceptor. After verification, students may visit the link to the Google document to access the survey and complete the required information. The student will select the name of the reporting institution from a drop-down list and then complete the inventory list. Please note that all fields are required in order to submit the form. The Antidote List Google Document is available at:

[https://docs.google.com/forms/d/1o5YHKSSjzsrHj\\_y-tfrngGtENd2Dt6yDehUolEZO2oo/viewform?usp=mail\\_form\\_link](https://docs.google.com/forms/d/1o5YHKSSjzsrHj_y-tfrngGtENd2Dt6yDehUolEZO2oo/viewform?usp=mail_form_link)

3. Once the perpetual inventory information has been submitted, it will automatically be uploaded into a spreadsheet powered by Google® Documents. The Poison Control Center collects this information annually, at a minimum, and would be pleased to update this information monthly if possible.

We thank all preceptors and practice sites for participating in this perpetual inventory project. In addition to the learning activities supported by this effort; we believe this effort will increase the accessibility of information that the Arkansas Poison Control Center has available to share with providers across the State to support the needs of patients in need of antidotes statewide.

## **Antidote List for Arkansas Healthcare Facilities**

*The Antidote List inventory is completed via a Google Document at the link below.*

[https://docs.google.com/forms/d/1o5YHKSSjzsrHj\\_y-tfrngGtENd2Dt6yDehUolEZO2oo/viewform?usp=mail\\_form\\_link](https://docs.google.com/forms/d/1o5YHKSSjzsrHj_y-tfrngGtENd2Dt6yDehUolEZO2oo/viewform?usp=mail_form_link)

1. How many unit doses of Calcium Disodium EDTA (500mg/2.5mL)?
2. How many unit doses of Calcium Disodium EDTA (1000mg/5mL)?
3. How many unit doses of CroFab (crotalidae polyvalent immune fab) (1g)?
4. How many unit doses of Desferal (deferoxamine) 500mg?
5. How many unit doses of Desferal (deferoxamine) 2000mg?
6. How many unit doses of DigiFab (digoxin immune fab) 40mg?
7. How many unit doses of Bal in Oil (dimercaprol) 100mg/ml (3ml)?
8. How many unit doses of Ethanol 98% (1mL)?
9. How many unit doses of Ethanol 98% (5mL)?
10. How many unit doses of Antizol (fomepizole) 1g/mL (1.5mL)?
11. How many unit doses of Antizol (fomepizole) 1.5g/1.5mL (1.5mL)?
12. How many unit doses of Romazicon (flumazenil) 0.5mg/5mL (5mL)?
13. How many unit doses of Romazicon (flumazenil) 1.5g/1.5mL (1.5mL)?
14. How many unit doses of Glucagon 1mg?
15. How many unit doses of Cyanokit (hydroxocobalamin) 1000mcg/mL (30mL)?
16. How many unit doses of Methylene Blue 1% (1mL)?
17. How many unit doses of Methylene Blue 1% (10mL)?
18. How many unit doses of Acetadote (acetylcysteine) 10%; 100mg/mL (10mL)?
19. How many unit doses of Acetadote (acetylcysteine) 10%; 100mg/mL (30mL)?
20. How many unit doses of Acetadote (acetylcysteine) 20%; 200mg/mL (10mL)?
21. How many unit doses of Acetadote (acetylcysteine) 20%; 200mg/mL (30mL)?
22. How many unit doses of SandoSTATIN (octreotide) 50mcg/mL (1mL)?
23. How many unit doses of SandoSTATIN (octreotide) 100mcg/mL (1mL)?
24. How many unit doses of SandoSTATIN (octreotide) 200mcg/mL (5mL)?
25. How many unit doses of SandoSTATIN (octreotide) 500mcg/mL (1mL)?
26. How many unit doses of SandoSTATIN (octreotide) 1000mcg/mL (5mL)?
27. How many unit doses of SandoSTATIN (octreotide) 1000mcg/5mL (5mL)?
28. How many unit doses of Physostigmine 1mg/mL (2mL)?
29. How many unit doses of Protopam Chloride (pralidoxime) 1g?
30. How many unit doses of Protopam Chloride (pralidoxime) 600mg/2mL (2mL)?

## **Health Screening Instructions and Supply Request Form**

Supplies for health screenings are available through the dean's office. The following policies apply:

1. Requests are made by completing the Screening Supplies Request Form at least three weeks in advance and submitting to the appropriate staff member (Janey Johnson [CJJohnson@uams.edu](mailto:CJJohnson@uams.edu) on the Little Rock Campus or NW Campus Administrative Assistant). Failure to submit a request at least three weeks in advance may result in failure to receive needed equipment.
2. Priority will be given to early applicants.
3. The dean's office reserves the right to decline screening supply requests.
4. The student organization advisor must sign a request form prior to submission. If a request is not part of an organization event, please discuss the submission directly with an Associate Dean or Assistant Dean for Experiential Education prior to submitting a request.
5. Supplies should be returned in the condition in which they were received within 2 business days.
6. Health Screening Information Forms and related results forms (Weight/BMI, Blood Pressure, and/or Glucose/Cholesterol as appropriate) should be returned within 2 business days to the appropriate staff member depending on campus of origination.
7. Failure to return supplies and information forms in a timely way may result in denial of requests for supplies in the future.

**Screening Supplies Request**  
*(Submit at least 3 weeks prior to event)*

**Organization:** \_\_\_\_\_ **Date of Event:** \_\_\_\_\_

**Location and City of Event:** \_\_\_\_\_

**# of COP Students Anticipated:** \_\_\_\_\_

**# of Anticipated PharmD/Faculty:** \_\_\_\_\_

**Estimated Patient Attendance:** \_\_\_\_\_

**Please check box(es) below for supplies needed: (Cholesterol needs prior approval)**

	Qt	
<b>General Supplies</b>		
D		Station Container (lancets, band-aids, cotton balls, hand sanitizer, alcohol swabs)
D		Sharps Container
D		Gloves – Small
D		Gloves – Medium
D		Gloves – Large
D		Clip Boards
D		Paperwork
D		Cloth Tablecloth
D		Trash bags
<b>Glucose Supplies</b>		
D		Glucometers
D		Glucometer Test Strips – Box of 50
<b>BMI Supplies</b>		
D		Scale
D		Tape measure for height
D		Body Fat Analysis machines
<b>Blood Pressure Supplies</b>		
D		Stethoscopes
D		Blood Pressure Cuffs - Normal Size
D		Blood Pressure Cuffs - Large Size

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Assoc. Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Person Picking Up Supplies: \_\_\_\_\_ Date to be picked up: \_\_

**UAMS College of Pharmacy Preceptor and Experiential Site Evaluation  
Advanced Pharmacy Practice Experiences**

Preceptor-of-Record: \_\_\_\_\_ Rotation Site: \_\_\_\_\_

*Please use the following descriptions to rate the items below.*

**NA – Not applicable; 1 – Poor; Not done; 2 – Borderline; Superficially done; 3 – Adequate; Satisfactory;  
4 – Good; Appropriate; 5 – Excellent; Very Thorough/ Appropriate**

<b>PRECEPTOR EVALUATION</b>		<b>Rating</b>
1.	The preceptor's interest in the student.	
2.	The preceptor's knowledge and command of management skills.	
3.	The preceptor's availability to the student for help and advice.	
4.	The preceptor's knowledge and command of pharmacy (pharmacology, pharmaceuticals).	
5.	The preceptor's ability to communicate/teach information to you.	
6.	The preceptor's ability to communicate prescription information to the patient/caregiver.	
7.	The preceptor's ability to communicate prescription information to other healthcare	
8.	The amount of time the preceptor spent teaching you.	
9.	The material the preceptor presented on his/her own accord.	
10.	The clarity and organization of the preceptor's manner of presentation.	
11.	The preceptor is an example of accurate, honest, ethical practice.	
12.	The preceptor's ability to keep up with new trends and ideas.	
13.	The professional attitude and motivation of the preceptor.	
14.	The preceptor provided or reviewed a manual/checklist for orientation to the experience including specific goals and objectives.	
15.	The preceptor explained the grading scheme for the experience including what was expected to successfully complete the experience.	
16.	The preceptor used the College of Pharmacy assessment tool provided in CORE for evaluation and documentation.	
17.	The preceptor provided a midpoint evaluation outlining strengths and deficiencies/opportunities to improve.	
18.	The preceptor provided a final evaluation outlining strengths and deficiencies/opportunities to improve.	
<b>SITE EVALUATION</b>		
19.	The rotation site meets or exceeds all legal and professional standards required to provide patient care.	
20.	There was adequate dedicated space and/or equipment for working and for conducting the APPE requirements.	
21.	The site had adequate professional staff and supportive technical and clerical staff to meet the learning	
<b>Besides your preceptor, what other type(s) of health care professional(s) did you interact with during this APPE?</b>		
a.	Physician	
b.	Pharmacist	
c.	Nurse	
d.	Social Worker	
e.	Respiratory Therapist	
f.	Dietician	
g.	Physical/Occupational Therapist	
h.	Medical Students	
i.	Nursing Students	



j.	Other –
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COURSE EVALUATION		Rating	
1.	The experience provided adequate exposure to the day-to-day operational aspects of this practice site.		
2.	The degree that this experience met the goals and competency objectives.		
3.	The value of this experience.		
4.	The degree of satisfaction with this experience.		
<b>Please respond YES or NO to items 5-7.</b>		<b>YES</b>	<b>NO</b>
5.	I provided my preceptor with my self-assessment at the midpoint and final evaluations.		
6.	My self-assessment was incorporated in feedback regarding my progress during the midpoint and final evaluations.		
7.	Would you recommend this experience to another student?		

Please use the following scale for items 8-10. **None; Less than 12.5%; 12.5 to 25%; 26 to 50%; 51 to 75%; 76 to 100%**

		Less than 12.5%	12.5- 25%	26 - 50%	51- 75%	76- 100%	None
8.	The amount of time you spent directly interacting in patient care activities (counseling, recommending therapy, chart review for patient history, etc.)						
9.	The amount of time you spent in indirect patient care activities (workflow issues, management projects, drug utilization review, chart audits, population analysis, etc.).						
10.	The amount of time you spent performing technical functions (dispensing, order entry, IV room, clerical work, etc).						

<b>11. What practice setting(s) did you experience in this APPE? Select all that apply.</b>	
a.	Community Pharmacy
b.	Clinic
c.	Inpatient/Acute Care General Medicine
d.	ICU
e.	Long-term Care/Rehab
f.	Home Health
g.	Professional Organization
h.	Public Health – Managed Care Organization, Health Department, State Board of Pharmacy, etc.
i.	Other –

<b>12. How would you categorize the patient care exposures you experienced during this APPE? Select all that apply.</b>	
a.	Primary – initial point of health care service for non-emergent events (disease state management, self-care interventions)
b.	Acute – initial point of health care service for acute/emergent events (hospital admission, emergency department visit, etc.)
c.	Chronic – health care service for patients in extended stay facilities (long-term care, rehab facilities, home health, etc.)

d.	Preventive – health care service aimed at disease prevention (Immunizations, health screenings, brown bag events, etc.)
e.	Population – health care service aimed at a population not an individual patient (managed care, benefits management, policy, regulations, professional advocacy, etc.)

<b>13. Approximately how many patients were you directly involved with during this experience? (Direct involvement refers to counseling, pharmacological and non-pharmacological recommendations to health care providers (including preceptor), conducted physical assessment, etc.)?</b>	
a.	None
b.	1 to 10
c.	11 to 20
d.	21 to 30
e.	31 to 50
f.	Greater than 50
g.	Not applicable

<b>14. Approximately how many immunizations did you administer/assist with during this experience?</b>	
a.	None
b.	1 to 10
c.	11 to 20
d.	21 to 30
e.	31 to 40
f.	Greater than 100

<b>15. Which POPULATIONS did you encounter during this experience? Select all that apply.</b>	
a.	Pediatric/Adolescent (less than 18 years)
b.	Adult (18 to 65 years)
c.	Geriatric (more than 65 years)
d.	Male
e.	Female

<b>16. Which DISEASE STATES did you encounter during this experience? Select all that apply.</b>	
a.	Asthma
b.	COPD
c.	Other pulmonary Disorders
d.	Hypertension
e.	Cardiac Rhythm Disorders – atrial fibrillation, dysrhythmias, etc
f.	Gastrointestinal Disorders – Inflammatory Bowel Disease; Ulcer; GERD; Pancreatitis; Liver Disease
g.	Psychiatric Disorders – Depression; Bipolar Disorder; Schizophrenia; Anxiety Disorders
h.	Cancer
i.	Lipid Disorders
j.	Coagulation Disorders
k.	Infectious Disorders – HIV; Otitis media; Pneumonia; STD's, Bronchitis, etc
l.	Neurologic Disorders – Alzheimer's Disease/Dementia; Parkinson's Disease; Epilepsy; headache;
m.	General – Gout; Thyroid; Arthritis; Chronic pain; Hormone Therapy; Ophthalmology; Smoking Cessation Osteoporosis; etc.
n.	Diabetes

o.	Stroke
p.	Transplant
q.	Kidney Disease – Chronic Kidney Disease; Hemodialysis
r.	Urologic Disorders – Erectile Dysfunction; Benign Prostatic Hypertrophy; Overactive
s.	Other -

<b>17. Please select any of the following patients you encountered during this experience. Select all that apply.</b>	
a.	Caucasian/White
b.	African American
c.	Native American
d.	Hispanic
e.	Asian
f.	Non-English speaking
g.	Indigent
h.	Illiterate
i.	Other -

<b>18. Which types of INTERVENTIONS/ACTIVITIES did you practice during this experience? Select all that apply.</b>	
a.	Pharmacokinetic
b.	Drug Therapy
c.	Non-pharmacologic (lifestyle, level of activity, etc.)
d.	Nutrition/Dietary
e.	Preparing and Dispensing Medications
f.	Insurance reconciliation/verification
g.	Medication Therapy Management
h.	Disease State Management
i.	Patient History Taking
j.	Adverse Drug Event recognition/identification
k.	Drug Device Training/Counseling – inhalers, glucometers, autoinjectors, etc.
l.	Patient Counseling for Drugs or Disease States
m.	Aseptic Technique
n.	Prescription verification/clarification
o.	Self-care (diabetic foot care, etc.) or Over-the-counter recommendations
p.	Compounding
q.	Documentation (SOAP note, PHARM note, etc.)
r.	Drug/Poison Information – Off-label use/dose, Drug storage/stability/compatibility, medication administration
s.	Formulary Recommendations
t.	Drug-drug, Drug-diet, Drug-herb, Drug-disease Interaction Identification
u.	Medication Reconciliation
v.	Therapeutic/Generic Substitution
w.	Health Screening, Brown Bag review
x.	Processing DUR alerts
y.	Literature retrieval, evaluation, and application to decision-making to promote optimal health care
z.	Work with technology used in pharmacy practice – electronic medical record, pharmacy database,

## **Overall Impressions**

1. Has this experience been of value to your professional development and to your understanding of the patient-oriented role of the licensed pharmacist? Why?
2. If you could have restructured these weeks, in what areas would you have liked to spend more/less time?
3. What recommendations can you make to the preceptor for improving this experience?
4. What should the College do to improve this experience?
5. Indicate what you liked about this experience:
6. Other comments:

**UAMS College of Pharmacy**  
*OFFICE OF EXPERIENTIAL EDUCATION*

*Longitudinal Achievement Based Assessment Form*

*(The student and preceptor each complete one copy of this form in CORE at the midpoint and end of the APPE)*

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

Starting Date \_\_\_\_\_

APPE Site \_\_\_\_\_

\_\_\_\_\_  
Preceptor's Signature

\_\_\_\_\_  
Student's Signature

**Assessment Guidelines:**

1. At midpoint and on the last day of the APPE, the preceptor reviews the student's performance including any related documentation to assess development of skills in each of the competency areas. The preceptor completes the Longitudinal Achievement Based Assessment Form by entering a proficiency score for each item listed under the competency areas that are applicable to the APPE. The final page of the assessment includes written comments on strengths and areas in need of improvement with a suggested plan for continued student development. These assessments are formally reviewed with the student at a midpoint and final meeting.
2. The student completes midpoint and final self-assessments using the Longitudinal Achievement Based Assessment Form and reviews these documents with the preceptor during the midpoint and final meetings to discuss any discrepancy between the student's and preceptor's assessments.
3. By the last day of the APPE, the assessments are documented in CORE to be used as a tool for continuing student development in the remaining experiences.
4. At the beginning of the next APPE, the student will review past assessments with the preceptor and discuss the APPE activities on which the student will focus to further develop proficiency in the competency areas.
5. Preceptor and student assessments are reviewed by the Office of Experiential Education. If the student is not demonstrating adequate proficiency as outlined in the Longitudinal Achievement Based Assessment Procedure for APPEs, the student will be contacted by the Assistant Dean for Experiential Education, and a remediation plan will be coordinated, as appropriate.
6. For successful completion of the APPEs, Doctor of Pharmacy candidates must achieve and maintain a proficiency score of "4" for each of the items. Students and preceptors should incorporate discussion of the student's completion of APPE competencies into orientation, midpoint, and final evaluations.

***Proficiency Score***

- 5 – Exceeds expectations
- 4 – Meets expectations
- 3 – Progressing
- 2 – Needs significant improvement
- 1 – **Does not meet expectations**
- 0 – Though opportunities existed, student did not engage in requirement; therefore, not able to assess
- NA – Not applicable to experience or not observed

Global Assessment (overall performance):

- Clear Pass
- Borderline Pass
- Clear Failure

***UAMS COP APPE Rubric***  
**Complete UAMS Competency Statements**

***Patient Care***

- 1.1 Obtains appropriate patient information (from medical records, patient, family, team members, etc.)
- 1.2 Assesses patient-specific information (vitals, labs, physical assessment, medications, disease states, drug effects, drug interactions, level of adherence, etc.)
- 1.2 Addresses barriers to healthcare (cultural, social, financial, literacy, health literacy, etc.)
- 1.2 Prioritizes patient problem list (individual assessment and/or team-based care assessment)
- 1.2 Anticipates future patient needs (therapeutic, social, financial, patient setting, etc.)
- 1.3 Demonstrates proper medication/device use
- 1.3 Appropriately monitors treatment plan effectiveness
- 1.3 Appropriately recommends/modifies patient-specific treatment plan
- 1.3 Appropriately recommends/modifies patient-specific non-pharmacologic, lifestyle, and preventive care therapies
- 1.3 Performs individually tailored patient education based on an understanding of patient needs (including verification of patient understanding)
- 1.3 Implements intervention to address non-adherence to medication/treatment plan

***Interprofessional Patient-Centered Care***

- 1.3, 2.3 Provides patient-centered care as a part of an interprofessional team
- 1.3, 2.3 Engages with an interprofessional team in shared decision making for therapy
- 1.3, 2.3 Demonstrates appropriate conflict resolution techniques (with patients, families, healthcare professionals, and interprofessional teams)
- 1.3, 2.3 Communicates patient information and specific drug therapy recommendations to an interprofessional healthcare team

***Documentation***

- 1.4 Generates error free documentation that is easy to read and understandable
- 1.4 Terminology is appropriate for the reader (patient or healthcare team)
- 1.4 Records all appropriate information and omits unnecessary information

***Medication Distribution, Processing, Dispensing, and Administration***

- 2.1 Appropriately identifies brand and generic drug names, drug categories and indications
- 2.1 Verifies all parts of a legal prescription
- 2.1 Accurately transcribes verbal and written prescriptions (patient info and prescriber's order)
- 2.1 Dispenses prescription drugs accurately using multi-check system (e.g., appropriate packaging, accurate labeling, compounding, and ad-mixing)
- 2.1 Demonstrates proper immunization administration technique

## ***Resource Management***

- 2.2 Demonstrates knowledge of resources required to deliver pharmacy services to patients
- 2.2 Demonstrates knowledge of management techniques related to medication distribution (personnel, fiscal, regulatory, etc.)
- 2.2 Demonstrates knowledge of medication distribution systems and technology

## ***Communication***

- 2.3 Effectively counsels patients (“Prime Questions,” open-ended questions, OBRA `90, etc.)
- 2.3 Demonstrates positive interactions with others (patients, caregivers, healthcare team, etc.)
- 2.3 Develops rapport with patients and interprofessional healthcare teams
- 2.3 Communicates clear drug therapy recommendations, follow-up, and monitoring with patients and interprofessional healthcare team
- 2.3, 3.1 Demonstrates effective presentation skills

## ***Public Health***

- 3.1 Participates in health and wellness screenings/brown-bag events
- 3.1 Provides public health/disease prevention education

## ***Drug Information and Evidence-Based Medicine (EBM)***

- 3.2 Appropriately utilizes data from primary literature
- 3.2 Conducts appropriate literature searches and appropriately evaluates drug literature (efficacy, safety, cost, study design and quality, etc.)
- 3.2 Contributes evidence-based recommendations (e.g., drug therapy, formulary decisions, P&T committees, third party payers)

## ***Personal and Professional Development***

- 4.1 Utilizes reflection techniques on knowledge, performances, skills, abilities, etc. to facilitate self-improvement
- 4.2 Demonstrates leadership qualities for creating and achieving shared goals
- 4.3 Embraces creativity and innovation to develop new ways of accomplishing goals
- 4.3 Demonstrates professional citizenship in the delivery of patient care and disease prevention
- 4.4 Collaborates with patients and healthcare professionals to deliver patient care and disease prevention
- 4.4 Appropriately groomed, professionally dressed, and is punctual
- 4.4 Maintains patient/site confidentiality
- 4.4 Recognizes knowledge limitations, asks questions, learns independently, and welcomes formative feedback
- 4.4 Places patients’ welfare above personal self-interest (e.g., is accountable for patient care)
- 4.4 Performs duties in accordance with legal, ethical, social, economic, and professional guidelines
- 4.4 Appropriately uses personal technology (cell phone, tablet, social media, etc.)

- \_\_\_\_\_ **Clear Pass**
- \_\_\_\_\_ **Borderline Pass**
- \_\_\_\_\_ **Clear Failure**

**Assessment Metric**

- 5 – Exceeds expectations
- 4 – Meets expectations
- 3 – Progressing
- 2 – Needs significant improvement
- 1 – **Does not meet expectations**
- 0 – Though opportunities existed, student did not engage in requirement; therefore, not able to assess
- N/A – Not applicable to experience or not observed

**Describe student strengths:**

**Describe competency areas that need improvement:**

**Describe a plan of action for continued student competency development:**

Mandatory Click Box: I assure that the minimum required training time of 160 hours has been fulfilled for this experience.





## Memorandum of Understanding for APPE Experiences

University of Arkansas for Medical Sciences College of Pharmacy

I, \_\_\_\_\_, have read, understand and will comply with the following rules and guidelines in addition to the experiential rules listed in the APPE manual.

- There will be **no schedule changes** after April 15th. All changes will originate from, and only from, the Experiential Education Office based on changing preceptor and site needs/availability. The only exception would be for approved medical and/or family emergencies. Medical and/or family emergencies are valid reasons for rotation changes but will be evaluated as individual cases through the Experiential Education Office in coordination with the Associate Dean of Student Affairs.
- Students are responsible for contacting preceptors at non-UAMS sites/rotations **two weeks prior** to starting the rotation to determine site requirements (drug screens, background checks, computer training, parking fees, other miscellaneous paperwork, etc.). Some sites have requirements that take two weeks to complete. Missing any site requirements may cause you to start late or be pulled from the rotation. This may result in late graduation and/or a lost off month. **All site-specific requirements are the financial responsibility of the student.**
- Students are responsible for contacting preceptors at UAMS and the UAMS Regional Area Health Centers **1 week prior** to starting the rotation.
- If a student receives a final score of **Borderline Pass or Clear Failure on any APPE rotation they must contact the Experiential Education Office** to set up a conference with the Associate Dean of Experiential Education immediately.
- Required documentation must remain up to date and on file in the experiential learning software or the Experiential Education Office. Missing health records or expired certifications could result in being pulled from rotations which could result in late graduation and/or lost off months.
- Students are responsible for being evaluated on **every competency on the APPE rubric** (with a score of 4 or higher). All students should be aware of competencies they have not been evaluated on and have a plan for when they anticipate missing competency evaluation. Failure to have all competencies evaluated by the end of the APPE year (with a score of 4 or better) will result in late graduation.
- Students are responsible for maintaining a professional appearance and behavior. Unprofessional and inappropriate behavior/communications (including social media). Inappropriate comments, pictures, behavior, etc. that negatively reflects on the college or UAMS may result in late graduation and/or lost off months.

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

*Student Signature:* \_\_\_\_\_