

# Early Pharmacy Practice Experience 2 Workbook



Fall 2015/Spring 2016

# **Educational Philosophy**

## **Vision and Mission Statements**

### **Vision Statement**

The Appalachian College of Pharmacy, through quality and innovative education, service and scholarship, will improve the general health and well-being of the residents of rural or underserved populations, particularly vulnerable populations within Central Appalachia. The College will educate pharmacists to embrace knowledge and technology to optimize pharmacist-delivered patient care and health outcomes in an interdisciplinary health care environment. The College will collaborate with stakeholders to develop centers of excellence to address identified needs in rural health.

### **Mission Statement**

The Appalachian College of Pharmacy, a college of higher education conferring the Doctor of Pharmacy degree, provides academic, scientific, and professional pharmacy education to address the health-related needs of rural and underserved communities, particularly those in Appalachia, through education, service, and scholarship. The philosophy of the College is to cultivate a learning community committed to education, community outreach, and the professional development of pharmacists.

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# Introduction to EPPE 2

EPPE 2 occurs during the fall and spring terms of the P2 year. The goal of EPPE 2 is to continue the development of professionalism begun in EPPE 1 while attaining ACPE competencies in a long-term care setting.

EPPE 2 is structured with outcome expectations designed to reflect the didactic portion of the curriculum as well as to prepare students for the realities of pharmacy practice. Students will apply knowledge gained during the didactic portion of the curriculum to real world problems in the care of nursing home residents.

During EPPE 2, the class is divided into four (4) groups: A, B, C, and D. Each team is subdivided into Pharmaceutical Care Teams assigned to faculty mentors who will facilitate learning by guiding students through specific assignments. Each student will be assigned to a resident of Heritage Hall Grundy or Heritage Hall Tazewell and will be expected to visit the resident a minimum of one (1) hour each week.

Students participate in EPPE 2 forum. This forum occurs in small group, team meetings one (1) day every other week. During this time, students will meet to discuss their EPPE assignments and share practice experiences from the previous weeks. Faculty may assign group activities or other active learning exercises to reinforce learning outcomes and on-site experiences.

## **Overall goals of the EPPE sequence are as follows:**

1. To develop a long-term relationship with an individual patient in the long-term care setting.
2. To develop an understanding of clinical and regulatory issues in long-term care.
3. To develop confidence in communicating with patients and health care providers.
4. To develop personal judgment.
5. To develop concern for the patient's health and welfare and an appreciation for the importance of the pharmacist's role in the long term care setting.
6. To apply knowledge gained in the didactic education component of the curriculum into clinical practice.
7. To provide an opportunity for improving both oral and written communication skills.

# General Policies for EPPE Students

Students are expected to comply with all policies and procedures of the Appalachian College of Pharmacy (ACP) and the practice site. The information contained in this workbook is complementary to that in the *Student Handbook and EPPE Manual*. Questions or concerns pertaining to policies and procedures should be directed to the Office of Experiential Education (OEE).

## ASSIGNMENT

The students are assigned one (1) patient during the fall and spring terms of the P2 year. In the event a patient can no longer participate in the EPPE 2 patient visits (e.g., death of the patient, patient request, request of responsible party, discharge from the facility, etc.), the student will be assigned another patient. The student may at the discretion of the faculty mentors be asked to complete additional assignments with the newly assigned patient.

## PATIENT ASSIGNMENT RESTRICTIONS

A student may **NOT** be assigned to a patient if they are related in any way. It is the student's responsibility to notify the course coordinator immediately if the student is assigned a patient to whom they are related. It is the student's professional obligation to inform the OEE of any conflicts associated with these restrictions. Any violation of this policy will result in no credit (failure) for the rotation and referral to CARE and Honors, Ethics, and Professionalism Committee (HEP).

## COMPENSATION and GRATUITIES

The student may **NOT** receive or request compensation or gratuities of significant monetary value from the patient, patient's family or the facility staff for assignments and activities related to EPPE.

## ATTENDANCE

### Patient Visits

The first patient visit is scheduled with a clinical instructor this is mandatory and it is unacceptable to miss that visit due to busy week or heavy course load. You will not be allowed to start your weekly visits until the visit with a clinical instructor has been made.

It is the student's professional responsibility to make a weekly visit and it is unacceptable to miss a visit due to a busy week or heavy course load. Unless a student is sick or a patient is unavailable (see below) there should be no other reason why a student cannot make a weekly patient care visit.

- Student Illness
  - If a visit cannot be made due to student illness, the course coordinator must be notified. The student will be required to make-up the visit. When and how that visit is made-up is at the discretion of the OEE and the course coordinator. Make up visits can occur during weekends, breaks, or other times deemed appropriate by the OEE and the course coordinator.
  - If a student has a personal emergency or is ill for a sufficient duration of time as to preclude completing a weekly visit, the course coordinator **and** the faculty mentors must be notified. These situations will be dealt with on an individual basis by the OEE and the course coordinator.
- Known Patient Unavailability

If a patient is known to be unavailable (e.g. hospitalized, on leave of absence, etc.), the student should determine an alternative manner of completing for his/her weekly visit (e.g. see if the patient can be visited in the hospital or scheduling a visit when the patient is not on leave of absence).
- Hospital Visits
  - If a patient is admitted to Buchanan General Hospital or Tazewell Community Hospital for a brief stay (less than 3 days) the student may make his/her weekly visit at the hospital if the patient's clinical condition permits visitation; or, the student may choose to postpone the visit until later in the week after the patient returns to the nursing home. If postponed visit must occur during the defined week.
  - If the patient is admitted to Buchanan General Hospital or Tazewell Community Hospital for an extended stay (longer than three days), the student will make his/her weekly visit at the hospital as long as the patient's clinical condition permits visitation. If the student is unable to visit the patient due to the patient's clinical condition a new patient will be assigned to the student.

If the patient is admitted to a facility other than Buchanan General Hospital or Tazewell Community Hospital for a stay of greater than three days duration, the student will be assigned a new patient.

- Other
  - **ALL** absences will be determined as excused or unexcused by the OEE and documentation for such absences may be requested. Unexcused absences from weekly patient visits may **NOT** be made-up and will result in a grade of **“Failure” (F)** for the course. Excused absences from weekly patient visits must be made up as determined by the OEE. Excused absences NOT made up within the time frame set by the OEE and absences determined to be unexcused will result in a grade of **“Failure” (F)** for the course, referral to the CARE Committee, and possible referral to HEP.

**All students must email Course Coordinator or designee the dates and times of weekly visits the student plans to visit the patient. Any variation from the schedule must be communicated with the course coordinator. The Course Coordinator will make random visits during these scheduled times.**

#### Team Meetings

Students are given a schedule of team meetings (See page 10) and the weeks in which patient visits are expected. Students are expected to attend every team meeting.

Students who miss a team meeting with an excused absence may be asked to complete an **additional** patient visit with accompanying paperwork or other additional assignments as determined by the OEE and the course coordinator. If the student does **NOT** complete the assignment(s) within the timeframe set by the OEE, the student will receive a grade of **“Incomplete” (I)** for the course until all additional requirements have been completed. An incomplete will become a failure within the time frame defined in the student handbook.

**One (1) unexcused absence from a team meeting will result in a grade of “Failure” (F) for the course.**

- **ALL** absences will be determined as excused or unexcused by the OEE and documentation for such absences may be requested. Unexcused absences from weekly patient visits may **NOT** be made-up and will result in a grade of **“Failure” (F)** for the course. Excused absences from weekly patient visits must be made up as determined by the OEE. Excused absences NOT made up within the time frame set by the OEE and absences determined to be unexcused will result in a grade of **“Failure” (F)** for the course, referral to the CARE Committee, and possible referral to HEP.

#### Absences

Personal illness, death in the immediate family, approved attendance at professional meetings, and bona fide emergencies will usually be considered as “excused absences” by OEE and the course coordinator. The student may be required to provide supporting documentation.

#### **ACADEMIC PROBATION AND REMEDIATION**

If a student fails to pass an experiential course, the student’s performance will be evaluated as outlined below. Note that the OEE will attempt to reschedule the student in the originally assigned region. However, it is possible that the student may have to relocate to another region (depending of faculty and site availability). The CARE Committee will recommend the appropriate remediation plan to the Dean to satisfy the pharmacy practice experience requirements.

**The student will be assigned an “Incomplete” (I) for the course until all EPPE requirements have been completed. Completion of all EPPE assignments and evaluations is required for students to be promoted to the next professional year.**

#### **PROFESSIONAL STANDARDS**

Professionals are expected to be honest, reliable, dependable, punctual, conscientious, and tactful, demonstrate commitment to excellence, be accountable to patients and colleagues, follow through on all responsibilities, and go above and beyond the call of duty.

#### Ethical and Legal Decision-Making

The student is expected to maintain professional ethics and adhere to practice laws when caring for patients. Students are also expected to behave ethically and professionally.

#### Priority for Patient Care

Students are responsible for following through with patient care assignments and reporting results back to the team within the time period established by the team.

#### Follow Through on Patient Care

Students are expected to address all medication-related patient care needs when they arise. The student is expected to do this in the best interest of the patient's care regardless of the amount of time required.

#### Patient Care Recommendations

**By law, students CANNOT practice as independent practitioners and must gain approval from their faculty mentor before making any recommendations directly to the patient, caregiver, patient's physician or other individual. ANY recommendations deemed necessary by the student and the student's faculty mentor should be forwarded to the course coordinator for conveyance to the proper individuals.**

#### Provision of Patient Education Materials

If the student identifies the need to provide a patient and/or caretaker with patient education materials, these materials **must first be reviewed with the faculty mentor and the course coordinator.**

#### Patient Emergencies

If a student encounters a patient who is exhibiting signs/symptoms of a medical problem or identifies a medication-related problem which may threaten the patient's life, the student should contact the supervising nurse and the course coordinator **immediately**. If the course coordinator is unavailable for guidance, the faculty mentor should be contacted.

#### Diversity

Students are expected to be respectful of the culture, social status, and the lifestyle of all individuals they come into contact with during EPPE activities.

#### Respect for Patients and Colleagues

The student must exhibit respect for patients, peers and other professional colleagues.

#### Competency

The student is expected to demonstrate excellence in all aspects of patient care and team responsibilities consistent with his/her level of training.

#### Self-directed Learning

The student is expected to assume responsibility for one's own learning and complete all EPPE activities and assignments.

# EPPE 2 Forum

## DESCRIPTION:

EPPE 2 forum is a 1-hour faculty/student team meeting held every other week in the fall and spring terms of the P2 year. During this time, students meet with their assigned faculty mentors to discuss the written assignments and share experiences from the previous 2 weeks. This time is used to introduce students to basic concepts of pharmacy practice in the long-term care setting. During the EPPE 2 forum, faculty may assign group activities or other active learning exercises to reinforce learning outcomes and enhance experiences.

During the EPPE 2 forum, time is spent sharing practice experiences and exploring the practice of pharmacy in the long-term care setting. Written assignments and activities will be structured to guide the student.

The major goal of EPPE 2 forum is the provision of an environment in which students are able to comfortably share and compare practice experiences with classmates. Each student will have unique experiences with other students.

## FACULTY:

### Course Coordinators:

Donna Adkins, PharmD, CGP  
Sharon Deel, RN, BSN, CDP

[dadkins@acp.edu](mailto:dadkins@acp.edu)  
[sdeel@acp.edu](mailto:sdeel@acp.edu)

### Course Faculty:

Samir Abdelfattah, PharmD  
Shamly Abdelfattah, PharmD  
Ashley Bullard, PharmD  
Todd Carter, PharmD  
Ingo Engels, Ph.D.  
Brent Gravelle, MD, Ph.D.  
Ted Hagen, D.Min., Ph.D.  
Marcy Hernick, Ph.D.  
Ann Hylton, PharmD, BCPS  
Michael Justice, PharmD  
Ghous Kahn, Ph.D.  
Crystal Kilgore, Pharm D  
Julie Large, PharmD  
Afsana Momen, MBBS  
Richard Nicholas, PharmD, ND  
Kristen Preston, PharmD  
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[mspeed@acp.edu](mailto:mspeed@acp.edu)

## TEAM STRUCTURE:



All members of the P2 class are divided into Pharmaceutical Care Teams. Each team of students has faculty mentors who serve as facilitators to the team and lead the EPPE forum sessions. Each student is assigned one (1) patient. Faculty and students will collaborate to learn more about the various disease states and medication related problems represented in the team's case mix.

**FACULTY TEAMS:**

<b>Team #1</b>	Melissa Speed	Todd Carter	
<b>Team #2</b>	Ingo Engels	Julie Large	
<b>Team #3</b>	US Rao	Kristen Preston	
<b>Team #4</b>	Michael Justice	Marcy Hernick	
<b>Team #5</b>	Dr. Singh	Crystal Kilgore	Ashley Bullard
<b>Team #6</b>	Richard Nicholas	Afsana Momen	
<b>Team #7</b>	Ted Hagen	Brent Gravelle	
<b>Team #8</b>	Kurt Vanden Bosch	Shamly Abdelfattah	
<b>Team #9</b>	Ghous Kahn	Ann Hylton	
<b>Team #10</b>	Rebecca Spivey	Samir Abdelfattah	

Sharon Deel will float each week between teams.

**INSTRUCTION TIME:**

Each team meets every other week, at a time designated by faculty team mentors, during the fall term and spring term. In preparation for the team meetings, all students are expected to meet with their assigned patient for one (1) hour each calendar week.

**ABILITY OUTCOMES:**

Upon successfully completing EPPE 2, the student shall be able to:

1. Demonstrate commitment to self-improvement of skills and knowledge through completion of weekly written assignments and participation in class discussion.
2. Prepare and present a case in an acceptable format.
3. Exhibit leadership qualities during team meetings.
4. Keep and maintain a personal reflective journal of experiential activities, pertinent observations, and questions that may have arisen from their experience.
5. Prepare a written document that reflects personal thought and analysis.

**METHODS OF LEARNING:**

1. Participation in patient encounters with assigned resident during EPPE 2 and interaction with other health care providers
2. Self-directed learning through completion of written assignments
3. Participation in Pharmaceutical Care Team meetings
4. Participation in patient care
5. Independent and directed readings

**DOCUMENTATION of PATIENT ENCOUNTER:**

- Weekly documentation shall include a progress note for each weekly visit.
- Lab values shall include a reference range in SOAP notes, weekly progress notes, cases, etc.

**DOCUMENTATION and ASSIGNMENT**

**SUBMISSION:**

- All students **MUST** submit documentation and assignments to the faculty mentors no later than 9:00AM on the Wednesday before that team’s scheduled forum.
- **Failure to submit documentation and/or assignments on time will result in a grade of “0”. In addition to the grade of “0”, the student will receive a grade of “incomplete” (I) for the course until all documentation and assignments are completed and submitted.**
- Students are responsible for maintaining copies of all materials submitted in both EPPE 2 electronic and hardcopy formats.

**GRADING and ASSESSMENT:**

Students are responsible for the completion and submission of all assessment forms. EPPE 2 forum is a component of the EPPE 2 course. **The student will be assigned an incomplete (I) for the course until all EPPE requirements have been completed. Completion of all EPPE assignments and evaluations is required for students to be promoted to the next professional year.**

The grade for the course will be determined as follows:

Assignments (Fall Term):

SOAP notes (1)	15 points
Weekly assignments (6)	9 points
Weekly progress notes (12)	36 points
Writing Assignments (1)	15points
Professional portfolio (1)	10 points
Quiz	10 points
Graded in Class Activities and Homework	5 points

**Total 100 points**

Assignments (Spring Term):

SOAP notes (1)	15 points
Weekly assignments (6)	6 points
Weekly progress notes (12)	24 points
Writing Assignment (1)	15 points
Professional portfolio (1)	10 points
Graded in Class Activities and Homework	5 points
Exam	25 points

**Total 100 points**

Attendance (# each term):

- Patient visits (12)
- Team meetings per semester (6)
- Forum

**GRADE:**

- A (90-100 points)
- B (80-89.99 points)
- C (70-79.99 points)
- F (0-69.99 points and/or any unexcused absences)
- I (Failure to complete all required components of the course)

**Suggested Reading**

Guidance To Surveyors: [http://cms.hhs.gov/manuals/Downloads/som107ap\\_pp\\_guidelines\\_ltcf.pdf](http://cms.hhs.gov/manuals/Downloads/som107ap_pp_guidelines_ltcf.pdf)  
(Accessed 7/15/2014)

- F329 – Unnecessary Medications

- F332 – Drug Errors
- F333 – Drug Errors
- F425 – Pharmacy Service
- F428 – Drug Regimen Review
- F431 – Labeling of Drugs and Biologicals
- Medication Issues of Particular Relevance List
- Symptoms, Signs and Conditions That May Be Associated with Medications (Change in Condition)
- Tapering of a Medication Dose/Gradual Dose Reduction (GDR)

## **EPPE Forum Content and Schedule**

(Subject to change with advance notice)

EPPE Forum	Date	Team	Location*	Person Presenting/Date** (Spring)	Topics Covered	Faculty
1	Aug 21, 2015 Aug 28, 2015	A&B C&D	P2 Classroom		Geriatrics and Introduction to Long Term Care	
2	Sept 4, 2015 Sept 11, 2015	A&B C&D			- Review and Discuss EPPE Assignment - Patient Progress Update	All
2	Sept 18, 2015 Sept 25, 2015	A&B C&D			- Review and Discuss EPPE Assignment - Patient Progress Update <b>***Writing Assignment #1 Due***</b>	All
3	Oct 2, 2015 Oct 09, 2015	A&B C&D			- Review and Discuss EPPE Assignment - Patient Progress Update	All
4	Oct 16, 2015 Oct 23, 2015	A&B C&D			- Review and Discuss EPPE Assignment - Patient Progress Update	All
5	Oct 30, 2015 Nov 06, 2015	A&B C&D			- Review and Discuss EPPE Assignment - Patient Progress Update <b>***Portfolio Preview***</b>	All
6	Nov 13, 2015 Nov 20, 2015	A&B C&D			- Review and Discuss EPPE Assignment - Patient Progress Update <b>*** Portfolios Due November 16th***</b>	All
<b>Thanksgiving and Winter Break</b>						
	Jan 22, 2016	All	P2 Classroom		-Geriatric topics	All
	Jan 22, 2016 Jan 29, 2016	C&D A&B			- Review and Discuss EPPE Assignment - Patient Progress Update	All
	Feb 5, 2016	All	P2 Classroom		Geriatric topics	All
	Feb 5, 2016 Feb 12, 2016	C&D A&B			- Review and Discuss EPPE Assignment - Patient Progress Update	All
	Feb 19, 2016	All	P2 Classroom		Geriatric topics	All
7	Feb 19, 2016 Feb 26, 2016	C&D A&B			- Review and Discuss EPPE Assignment - Patient Progress Update	All
	Mar 4, 2016	All	P2 Classroom		Geriatric Topics	All
8	March 4, 2016	C&D			- Review and Discuss EPPE Assignment - Patient Progress Update <b>***Writing Assignment #2 Due***</b>	All
9	Mar 18, 2016	A&B			- Review and Discuss EPPE Assignment - Patient Progress Update <b>***Writing Assignment #2 Due***</b>	All
10	Mar 25, 2016 Apr 1, 2016	C&D A&B			- Review and Discuss EPPE Assignment - Patient Progress Update <b>***Portfolio Preview***</b>	All

Spring Break						
10	April 1, 2016	All	P2 Classroom		Geriatric topics	All
11	Apr 08, 2016 Apr 15, 2016	C&D A&B			- Review and Discuss EPPE Assignment - Patient Progress Update ***Portfolios Due April 20st***	All
12	Apr 15, 2016	All	P2 Classroom		****Final*****	All

## EPPE 2 Assignments

### General Student Instructions

During each weekly visit:

- Arrive professionally dressed with your white coat and name badge. If the student is not professionally dressed according to policy, the student will be sent home.
- **Sign-in** on the ACP Student Visitation Log (Appendix A) located at the nursing home.
- Verify the location of your patient at Heritage Hall Grundy or Heritage Hall Tazewell.
- Upon arrival at the nursing home, introduce yourself to the nurse caring for your resident and ask if you may review the patient's chart and visit with the resident at this time. You should familiarize yourself with the layout of the nursing home and any pertinent rules or company policy to which you must adhere while on site.
- Next, familiarize yourself with the layout and contents of the patient's chart. At a minimum you should review the current medication recertification sheet, latest physician's progress note, current lab values, H&P, monthly vitals, nurse's notes, MDS sheet and the consultant pharmacist's monthly note. Please note that the Medication Administration Record (MAR) will be located separately from the chart and is generally located in the Medication Room on the Medication Cart. **Students should NOT access the MAR alone or in any way attempt to access the medication cart. If you need information located on the MAR please ask the medication nurse to assist you in accessing this information.**
- Then, introduce yourself to the resident and ask if you may visit with them. Although many residents may not be able to fully comprehend your role, you should preserve the dignity of each resident by obtaining their permission to visit with them.
- After each visit, promptly document your visit in a brief progress note.
- **Sign-out** on the ACP Student Visitation Log after the visit.

**\*\*\*Late submission of any assignment will result in a grade of "0" for that assignment. If the student fails to complete any assignment, the student will receive a grade of "I" for the course until the assignment is completed. The grade of "I" for the course will be in addition to the grade of "0" for the late submission of the assignment. \*\*\***

Procedure for hospital visits:

- Arrive professionally dressed with your white coat and name badge.
- **Check-in** with the Nursing Supervisor for that shift.
- Verify the location of your patient at Buchanan General Hospital or Tazewell Community Hospital.
- Introduce yourself to the nurse caring for your patient and ask if you may review the patient's chart and visit with the patient at this time. You should familiarize yourself with the layout of the hospital and any pertinent policies or rules to which you must adhere while on site.
- Next, familiarize yourself with the layout and contents of the patient's chart.
- Complete the Inpatient EPPE2 Visitation Verification Form (Appendix B) **PRIOR** to leaving the hospital. A copy of this completed form will be given to the course coordinator and the team's faculty mentors to document the visit.
- Promptly document your visit in a brief progress note.

## **EPPE 2 Assignment 1: Weeks 1 and 2**

Learning Outcomes:

The student must be able to:

1. Collect pertinent patient medical data utilizing effective communication skills.
2. Collect pertinent patient medical data utilizing the patient's medical record.
3. Document a patient's medical history.
4. Evaluate health and medication related events and document in a SOAP note.

Assignment:

1. **Week 1:** Obtain and document a medical history on your assigned patient utilizing the medical history form (Appendix C).
2. **Week 2:** Write an initial SOAP note on your assigned patient.

## **EPPE 2 Assignment 2: Weeks 3&4**

Learning Outcomes:

The student must be able to:

1. Document the patient visit in SOAP format.
2. Evaluate a patient's medications for drug-drug, drug-disease, and drug-food interactions.
3. Evaluate health and medication related events and document in a progress note.
4. Reflect on experiences at the long term care facility.

Assignment:

1. After each visit, write a weekly progress note. If your patient has been sent to the hospital or has fallen since your last visit, write a full SOAP note.
2. Evaluate the patient's medications for drug-drug, drug-disease, and drug-food interactions and document in your weekly progress note.
3. Write **Writing Assignment #1**.

## **EPPE 2 Assignment 3: Weeks 5&6**

Learning Outcomes:



The student must be able to:

1. Evaluate health and medication related events and document in a progress note.
2. Discuss the meaning of the term “unnecessary medication” in the CMS guidelines.
3. Explain when a medication is considered an unnecessary medication in the long-term care setting.

Assignment:

1. After each visit, write a weekly progress note. If your patient has been sent to the hospital or has fallen since your last visit, write a full SOAP note.
2. List each current medication and the indication for which the patient is receiving the medication. Is the indication documented in the patient’s medical record?

## **EPPE 2 Assignment 4: Weeks 7&8**

Learning Outcomes:

The student must be able to:

1. Evaluate health and medication related events and document in a progress note.
2. Explain the significance of the Beer's List
3. Identify medications listed in the Beer's List.
4. Explain the significance of the Medication Issues of Particular Relevance List.
5. Identify medications listed in the Medication Issues of Particular Relevance List.
6. Identify appropriate monitoring of medications listed in the Medication Issues of Particular Relevance List.
7. Evaluate appropriateness of risk versus benefit documentation.

Assignment:

1. After each visit, write a weekly progress note. If your patient has been sent to the hospital or has fallen since your last visit, write a full SOAP note.
2. List any medication the patient currently receives which is listed on the Beer's List or the Medication Issues of Particular Relevance List.
  - a. Is there documentation in the medical record assessing risk versus benefit for this medication?
  - b. Is the medication being monitored appropriately?

CMS Manual- page 372

<http://www.cms.gov/transmittals/downloads/R22SOMA.pdf>

(Accessed 7/22/15)

**Suggested Reading:**

Fick DM, Cooper JW, Wade WE, Waller JL, Maclean JR, Beers MH. *Updating the Beers criteria for potentially inappropriate medication use in older adults: results of a US consensus panel of experts.* Arch Intern Med. 2003; 163:2716-2724.

## EPPE 2 Assignment 5: Weeks 9&10

Learning Outcomes:

The student must be able to:

1. Evaluate health and medication related events and document in a progress note.
2. Identify immunizations currently recommended for adults.
3. Identify specific situations where individual patients should not receive immunizations.
4. Identify the appropriate yearly time frame to administer the influenza vaccine.
5. Reflect on experiences at the long-term care facility.

Assignment:

1. After each visit, write a weekly progress note. If your patient has been sent to the hospital or has fallen since your last visit, write a full SOAP note.
2. Assess the patient's current immunization status. What immunizations should the patient receive?
3. **Bring your portfolio to the team meeting** for preview prior to submission.

Centers for Disease Control and Prevention. Recommended Adult Immunization Schedule--United States, MMWR 2011. MMWR 2011 ; 60(4).

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6004a10.htm>

(Accessed 7/22/2015)

## EPPE 2 Assignment 6: Weeks 11&12

Learning Outcomes:

The student must be able to:

1. Evaluate health and medication related events and document in a progress note.
2. Identify medications used for behavioral disorders.
3. Does the facility have a Behavior Management Program?
4. Describe the guidelines for gradual dose reductions for each class of medication listed in the “Guidance to Surveyors”.

Assignment:

1. After each visit, write a weekly progress note. If your patient has been sent to the hospital or has fallen since your last visit, write a full SOAP note.
2. List any current medications the patient is receiving for behavioral disorders. Have gradual dose reductions (GDR) been attempted in a timely manner? If not is there documentation as to why a GDR is clinically contraindicated?
3. Is the patient on a Behavioral Management Program and what approaches are used to modify behavior before giving medication to this patient?
4. **Submit your portfolio to the Office of Experiential Education by November 17th.**

CMS Manual- page 367

<http://www.cms.gov/transmittals/downloads/R22SOMA.pdf>

(Accessed 7/22/2015)

A behavioral management program consists of five (5) components:

1. Identification of problem behavior
2. Patient assessment
3. Specific systemic behavioral interventions
4. Documentation of behavioral interventions
5. Necessary adjustments of program based on observed results.

This program helps the facility to identify certain behaviors in patients, assess what the need maybe perform certain interventions.

## **EPPE 2 Assignment 7: Weeks 13&14**

Learning Outcomes:

The student must be able to:

1. Evaluate health and medication related events and document in a progress note.
2. Evaluate the results of a Mini-Mental State Exam.
3. Identify medications that may increase a patient's risk of falling.

Assignment:

1. After each visit, write a weekly progress note. If your patient has been sent to the hospital or has fallen since your last visit, write a full SOAP note.
2. Perform a Mini Mental Status Exam on your patient.
  - a. What is the score?
  - b. How does this compare to previous scores if any?
3. Perform a fall risk assessment on your patient.
4. Does the patient use any assistive devices?
5. List five (5) fall precautions.

Sample Falls Risk Assessment Form

[http://www.texashospitalquality.org/collaboratives/partnership\\_for\\_patients/pfp\\_resources/pfp\\_2012\\_conference\\_documents/non\\_infectious\\_hospital\\_acquired\\_conditions/4\\_Hendrich%20II%20Fall%20Risk%20Model%20Tool%20%28for%20binder%20and%20website%29.pdf](http://www.texashospitalquality.org/collaboratives/partnership_for_patients/pfp_resources/pfp_2012_conference_documents/non_infectious_hospital_acquired_conditions/4_Hendrich%20II%20Fall%20Risk%20Model%20Tool%20%28for%20binder%20and%20website%29.pdf)

Accessed (7/22/15)

**Suggested Reading:**

“Mini Mental State. “A Practical Method for Grading the Cognitive State of Patients for the Clinician. *Journal of Psychiatric Research*, 12(3): 189-198, 1975.

## EPPE 2 Assignment 8: Weeks 15&16

Learning Outcomes:

The student must be able to:

1. Evaluate health and medication related events and document in a progress note.
2. List monitoring parameters for medications that the patient is currently taking.

Assignment:

1. After each visit, write a weekly progress note. If your patient has been sent to the hospital or has fallen since your last visit, write a full SOAP note.
2. List monitoring parameters for 5 drugs that the patient is on and how do you monitor them?
3. For each medication ordered, are appropriate monitoring measures ordered and performed? For example, is there an HgA1c ordered at least q6 mo. for patients with diabetes and are the results in the medical record in a timely manner?

## **EPPE 2 Assignment 9: Weeks 17&18**

Learning Outcomes:

The student must be able to:

1. Evaluate health and medication related events and document in a progress note.
2. Define 10-year Cardiovascular Heart Disease (CHD) Risk.
3. Given individual patient information, calculate that patient's 10-year CHD Risk.

Assignment:

1. After each visit, write a weekly progress note. If your patient has been sent to the hospital or has fallen since your last visit, write a full SOAP note.
2. Perform a 10-year Cardiovascular Heart Disease Risk on your patient using a 10-year risk calculator. If current labs are not available, use the latest available values. If no lab values are available, perform the calculation with assumed normal lab values. State the date of the lab values used or that assumed values were used.

Framingham Heart Study Coronary Heart Disease Risk Prediction Score Sheets

<http://www.framinghamheartstudy.org/>

(Accessed 7/22/2015)

**Suggested Reading:**

ATP III Guidelines

<http://www.nhlbi.nih.gov/guidelines/cholesterol/atp3xsum.pdf>

(Accessed 7/22/2015)

## **EPPE 2 Assignment 10: Weeks 19&20**

Learning Outcomes:

The student must be able to:

1. Evaluate health and medication related events and document in a progress note.

2. Given individual patient data assess the patient's nutritional status.
3. Calculate BEE for an individual patient.
4. Calculate total daily calories, protein, and fluid requirements for an individual patient.
5. Reflect on experiences at the long-term care facility.

Assignment:

1. After each visit, write a weekly progress note. If your patient has been sent to the hospital or has fallen since your last visit, write a full SOAP note.
2. Perform a nutritional assessment (Appendix D) on your patient.
3. Compare your nutritional assessment with the last nutritional assessment made by the dietician located in the patients chart.
4. Write **Writing Assignment #2**

## **EPPE 2 Assignment 11: Weeks 21&22**

Learning Outcomes:

The student must be able to:



1. Evaluate health and medication related events and document in a progress note.
2. Describe the stages of pressure sores.
3. Use the Braden Risk Assessment Scale to determine if a patient is at risk for a pressure sore.
4. Review the chart to see what interventions are in place is patient is at risk for pressure sore. If patient is immobile check to see if a turning schedule is ordered, diet, assistive devices such as a Wedge for turning and air mattress on bed.

Assignment:

1. After each visit, write a weekly progress note. If your patient has been sent to the hospital or has fallen since your last visit, write a full SOAP note.
2. Assess the patient's risk for pressure sores using the Braden Risk Assessment Scale. If the patient currently has a pressure sore, stage the sore.
3. **Bring portfolio to team meeting** for preview prior to submission.
4. Review the chart to see what interventions are in place is patient is at risk for pressure sore. If patient is immobile check to see if a turning schedule is ordered, diet, assistive devices such as a Wedge for turning and air mattress on bed.

Braden Scale:

<http://www.bradenscale.com/images/bradenscale.pdf>

(Accessed 7/22/2015)

National Pressure Ulcer Advisory Panel Pressure Ulcer Staging

<http://www.npuap.org/resources/educational-and-clinical-resources/pressure-ulcer-categorystaging-illustrations/>

(Accessed 7/22/2015)

## EPPE 2 Assignment 12: Weeks 23&24

Learning Outcomes:

The student must be able to:

1. Evaluate health and medication related events and document in a progress note.

2. Summarize a patient's clinical course in SOAP format.

Assignment:

1. After each visit, write a weekly progress note. If your patient has been sent to the hospital or has fallen since your last visit, write a full SOAP note.
2. Write a final SOAP note to sign-off the patient.
3. **Submit your portfolio to the OEE by April 20<sup>st</sup>.**

## Guidelines for Weekly Documentation

You must document each patient visit by writing a brief progress note in SOAP format. The progress note should be **½-1 typed page** and should describe what has occurred since the last visit.

The progress note should contain at a minimum:

- Week #
- Date, Time, Location, Length of Visit
- Activities During the Visit
- New subjective and objective information
- Complete problem list with an assessment of any new information

- Plan to correct each problem identified
- Lab reference ranges for all laboratory value

## Guidelines for SOAP Notes

You must write an initial note and a sign off note in SOAP format.

This shall be a formal all-inclusive SOAP note. After the SOAP note has been graded, you may choose to accept this first attempt grade or you may resubmit the SOAP note a second time to attempt to achieve a higher grade. If you do not resubmit, the initial assessment will serve as your grade for the SOAP note assignment. **If you choose to resubmit the SOAP note, only the second assessment will serve as your grade for the SOAP note assignment.** The final grade SOAP note grade may increase or decrease depending on the quality of your work and how well you have taken into account suggestions for improvement. Faculty may require the student to rewrite the SOAP note multiple times in attempt to help the student improve SOAP note writing skills, however **NO** further attempts to rewrite the SOAP note will be allowed to count toward the SOAP note assignment grade. Faculty may require the student to rewrite the SOAP multiple times in attempt to help the student improve SOAP note writing skills

A full SOAP note must be written any time a patient has been admitted to the hospital or has fallen.

### SOAP Format

**Subjective:** Information that is reported by the patient or his/her caregiver or agent.

- Patient Demographics and Background
  - Patient's initials, age, gender
- Chief Complaint (CC)/Current Symptoms
  - A summary of the patient's major problem or greatest health care concern at the moment
- History of Present Illness (HPI)
  - When did the problem/concern begin?
- Past Medical History (PMH)
  - Include current medical problems for which the patient is receiving drug therapy. Describe other important past medical events that may impact the patient's care.
- Medication History
  - Identify all medications presently taken by patient with dosages, schedules, indication and start and stop dates if possible.
- Allergies
  - Identify allergies and adverse reactions. Distinguish between true drug allergies and other adverse effects if possible.
- Immunization History/Social History
  - Caffeine, tobacco, alcohol, and illicit drug use
- Family History

**Objective:** Information that can be measured, directly observed, or obtained from an original source (e.g. a lab report).

- Review of Symptoms and Physical Exam (ROS & PE)
  - Includes height, weight, vital signs and any other pertinent physical findings
- Labs- Include reference ranges

**Assessment:** A numbered list of the patient's health and medicine related problems. What are the problems based on the information you have obtained?

**Plan:** How do you plan to resolve each of the problems listed in your assessment? You should have a plan for each identified problem and a problem identified for each thing you plan to do.

## ACP SOAP Note Evaluation Form

Student \_\_\_\_\_ Evaluator \_\_\_\_\_ Date \_\_\_\_\_

<b>5 Excellent</b>	<b>4 Developing Excellence</b>	<b>3 Satisfactory</b>	<b>2 Needs Improvement</b>	<b>1 Unsatisfactory</b>
Student has excelled in performing the competency, works independently. Student has completed the work and <u>exceeded</u> activity requirements.	Student performed the competency very well, was <u>above average</u> in effectiveness and/or consistency.	Student performed the competency at an <u>acceptable</u> level. Assistance or guidance from preceptor was occasionally necessary.	Student attempted but did <u>not</u> achieve competency in all areas. Needs improvement.	Unacceptable. Performance was below expectations. Needs significant improvement.

Category	Score						Comments
	5	4	3	2	1	N/A	
<b>SUBJECTIVE</b>							
Identified and collected the necessary data							
Categorized and organized data using the appropriate format							
Incorporated all pertinent data/facts							
<b>OBJECTIVE</b>							
Identified and collected the necessary data							
Categorized and organized data using the appropriate format							
Incorporated all pertinent data/facts							
<b>ASSESSMENT</b>							
Filtered relevant data from irrelevant data							
Identified missing or incomplete data							
Interpreted relationships/patterns among data (noted trends)							
Integrated information to arrive at assessment							
Evaluated appropriateness of drug therapy (evaluated all drug therapy)							
Identified a complete problem list							
Assessed each problem							
Assessed patient compliance							
<b>PLAN</b>							
Included desired therapeutic goals/endpoints							
Recommended an appropriate plan for each problem							
Included recommendations for non-drug and drug therapy							
Included recommendations for monitoring							
Justified proposed plan							
Written in an organized and logical manner							

**Mean Score:** \_\_\_\_\_ (will be between 1 and 5)

**Comments:**

# Writing Assignments

**Writing Assignments #1:** Write a 1 to 2 page paper (typed single-spaced) in which you describe an encounter with another member of the healthcare team in the long term care setting and how this encounter will influence your future interactions with members of the healthcare team.

**DUE DATE:** September 25, 2015

**Writing Assignments #2:** Write a 1 to 2page paper (typed single-spaced) in which you reflect on how your relationship with your patient has evolved over the year and how this relationship has changed you and the patient.

**DUE DATE:** March 04, 2016

## Assessment Criteria:

Criteria	Weight
Statement directly addresses the issue and is reflective in nature.	3 points
Ideas are well developed, clearly and concisely expressed, and (where appropriate) persuasive.	3 points
Writing is free from spelling, grammar, and typographical errors.	2 points
Statement is word-processed, handed in at beginning of class on due date, and contains all required elements (student name, date, EPPE 2 Forum in bold on top of first page).	2 points
TOTAL POINTS	10 points

# Professional Portfolio

The establishment of the professional portfolio will enable the experiential preceptors to assess the outcomes of experiential activities over a longitudinal time period and compare outcomes with professional expectations. The goals for the development of a portfolio are to:

1. Establish a student-centered approach to learning where students actively participate in the learning process and take responsibility for their learning.
2. Track learning and achievement outcomes in experiential learning over the 3 years of the curriculum.
3. Develop the student's communication and organizational skills.
4. Provide tangible evidence of the wide range of knowledge and skills that students possess as they grow professionally.
5. Enable the experiential preceptors to develop and refine learning goals and objectives for specific rotations based on past student experiences and competencies.

The student professional portfolio must include the following items and should be kept in both paper and electronic format:

1. Title page.
2. Table of contents.
3. Current *Curriculum Vitae*.
4. Copy of current VA Board of Pharmacy Intern license (all states applicable).
5. Verification of background check.
6. Copy of up-to-date immunization records.
7. Copy of certification of HIPAA training.
8. Copy of certification of OSHA training.
9. Copy of current adult and pediatric CPR certification.
10. Liability insurance.
11. List of experiential sites the student rotates through as well as preceptor contact information. (For all rotations: EPPE 1, CPPE 1, CPPE 2, EPPE 2 and APPE I-VI)
12. EPPE 1
  - a. Personal Reflective Essay (Essay 1)
  - b. Personal professional SOAP note (Essay 2)
  - c. Student's Personal Reflective Journal, including assignments and projects
13. CPPE 1
14. CPPE 2
15. EPPE 2
  - a. Initial SOAP note.
  - b. Weekly progress notes/assignments
  - c. Sign off SOAP note
  - d. Case presentation with journal article(s)
  - e. Reflective Essay #1
  - f. Reflective Essay #2
16. Student Competency Checklist and Documentation

The portfolio will be evaluated at the end of the first professional year by faculty involved with experiential learning. During the P2 year, the portfolio will be evaluated at the beginning and conclusion of each year. Since the portfolio will continue to be used in subsequent experiential learning courses, completion of a satisfactory portfolio is a requirement to advance to the next professional year (e.g., P1 to P2 and P2 to P3).

Student \_\_\_\_\_

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

## PROFESSIONAL PORTFOLIO

The maintenance of a professional portfolio was initiated in EPPE 1, continued in CPPE, and will also be utilized in EPPE 2. The student’s portfolio will be checked at the completion of each term to ensure that it is up to date and contains all required information as stated in the EPPE Manual.

A **black, 3-ring binder** with tabs that divide the portfolio into the required sections is required. EPPE 2 materials should be placed in a separate section. Tabs should be typed, not hand-written for a professional appearance. (Partial points may be given if work is not neat.)

CONTENT	POINTS (FALL)	POINTS (SPRING)	COMMENTS
Title Page (0.5 point)			
Table of contents (0.5 point)			
Curriculum Vitae (0.5 point)			
Copy of Intern license (0.5 point)			
Copy of Background Check (0.5 point)			
Immunization Record (0.5 point)			
Certification of HIPAA training (0.5 point)			
Certification of OSHA training (0.5 point)			
CPR certification (0.5 point)			
List of experiential rotation sites— EPPE I, CPPE I, CPPE II, and EPPE II (0.5 point)			
EPPE 1 Personal Reflective Essay (Essay 1) (0.5 point)			
EPPE 1 Professional SOAP note (Essay 2) (0.5 point)			
EPPE 1 Reflective Journal, including assignments and projects (0.5 point)			
CPPE 1 materials and competencies (0.5 point)			
CPPE 2 materials and competencies (0.5 point)			
Initial SOAP note— FALL ONLY (1 point)			
Reflective Essay #1— FALL ONLY (1 point)			
Weekly progress notes (0.5 point)			
Reflective Essays #2— SPRING ONLY (1 point)			
Sign off SOAP note — SPRING ONLY (1 point)			
<b>TOTAL POINTS:</b> _____ <b>(10 points per term)</b>			



# Forms and Documents

# Appalachian College of Pharmacy Student Visitation Log

Date	Time In	Time Out	Name (Print)	Signature

## **Inpatient EPPE 2 Visitation Verification Form**

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

Time in: \_\_\_\_\_                      Time out: \_\_\_\_\_

Student name (print): \_\_\_\_\_

Student signature: \_\_\_\_\_

Inpatient nurse on duty (print): \_\_\_\_\_

Nurse signature: \_\_\_\_\_

**PATIENT PROFILE/HISTORY FORM**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Primary Care Provider: \_\_\_\_\_  
 Specialist(s): \_\_\_\_\_

Gender: M F    DOB: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Pharmacy(s): \_\_\_\_\_  
 Signed Consent Form: Y N

**Prescription Medications**

Name/Strength/Route/Frequency	Indication	Prescriber	Start Date	Comments (Efficacy/Adherence)

**Over-the-Counter Medications (consider pain relief, cough/cold/allergy, stomach and vitamins)**

Name/Strength/Route/Frequency	Indication	Prescriber (if any)	Start Date	Comments (Efficacy/Adherence)

**Herbal Medications**

Name/Strength/Route/Frequency	Indication	Prescriber (if any)	Start Date	Comments (Efficacy/Adherence)

**Allergies**

- No known (NKDA)
- Aspirin
- Codeine
- Erythromycin

**Reaction**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Allergies**

- Penicillin
- Sulfa
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

**Reaction**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PATIENT HISTORY FORM (cont'd)

Name: \_\_\_\_\_ Gender: M F DOB: \_\_\_\_\_

Medical Conditions

Arthritis (OA or RA) \_\_\_\_\_

Asthma \_\_\_\_\_

Cancer (type: \_\_\_\_\_) \_\_\_\_\_

COPD \_\_\_\_\_

Diabetes (type 1 or type 2) \_\_\_\_\_

Emphysema \_\_\_\_\_

Heart attack \_\_\_\_\_

Heart failure \_\_\_\_\_

High blood pressure \_\_\_\_\_

High cholesterol \_\_\_\_\_

Kidney disease \_\_\_\_\_

Date of Diagnosis

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Liver disease \_\_\_\_\_

Menopausal status (yes or post) \_\_\_\_\_

Migraines \_\_\_\_\_

Osteoporosis \_\_\_\_\_

Seizures \_\_\_\_\_

Sexual dysfunction \_\_\_\_\_

Stroke \_\_\_\_\_

Thyroid disease (hypo/hyper) \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Surgical History: \_\_\_\_\_

Family History

Maternal: \_\_\_\_\_

Paternal: \_\_\_\_\_

Social History

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Nicotine Use

Never smoked

\_\_\_\_\_ packs/day for \_\_\_\_\_ years

Stopped \_\_\_\_\_

Caffeine Intake

Does not consume

\_\_\_\_\_ drinks/day

Alcohol Consumption

Does not consume

\_\_\_\_\_ drinks/day

Stopped \_\_\_\_\_

Diet

Low saturated fat/low cholesterol

Low sodium

Exercise

None

\_\_\_\_\_ minutes \_\_\_\_\_ times/week

Interventions

Aspirin \_\_\_\_\_

Calcium \_\_\_\_\_

Flu shot \_\_\_\_\_

Pneumonia shot \_\_\_\_\_

Information collected by: \_\_\_\_\_

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

Signature of preceptor: \_\_\_\_\_

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

Appendix D

**NUTRITIONAL ASSESSMENT**

**Patient (initials)** \_\_\_\_\_ **Student** \_\_\_\_\_ **Date** \_\_\_\_\_

**SUBJECTIVE:**

Appetite:                    <25%                    25-50%                    50-75%                    >75%

Food Allergies: \_\_\_\_\_

Food/Beverage Preferences: \_\_\_\_\_

Chews:                    with / without problem

Swallows:                with / without problem

**OBJECTIVE:**

Diagnosis: \_\_\_\_\_

Age \_\_\_\_ Height \_\_\_\_\_ Current Wt \_\_\_\_\_ BMI \_\_\_\_\_

IBW \_\_\_\_\_ Admission Wt \_\_\_\_\_ Usual Wt \_\_\_\_\_

Weight loss: \_\_\_\_% lost in the last 30 days \_\_\_\_% lost in the last 180 days

Diet Ordered \_\_\_\_\_

Feeding Devices:        Weighted Forks/Spoons        Lipped Bowls        Divided Plates

Resident eats in:        Room                    Dining Hall                    Other

Feeding:                    Independently                    Eats with assistance  
Spoon fed        Syringe (bolus)                    Tube fed        IV

Dentition:                    Own Teeth        Few Teeth        Poor Dentition        No Teeth  
Upper/Lower Dentures                    Ill-fitting Dentures

Status:                    Alert        Withdrawn        Confused        Combative        Cooperative

Communication:        Hearing Impaired        Blind        Language Barrier        Aphasia        Non-Responsive

Laboratory Data:	ALB	TP	NA	K	BUN	CR	GLU	CHOL	TG	HG	HCT
Date: _____											

Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BEE Total Caloric Needs \_\_\_\_\_

Protein requirements \_\_\_\_\_ Fluid Requirements \_\_\_\_\_ -- \_\_\_\_\_

Hydration Status: Dehydrated Adequately Hydrated Over-Hydrated

Skin Condition:

**ASSESSMENT:**

Dietary Intake Is: Poor Fair Good

Weight is: Below Within Above the Normal Range

Recent Appetite has been: Poor Fair Good

Bowel Function: Regular Constipated Diarrhea

**PLAN:**

## Appendix E

### EPPE 2 ASSESSMENT FORM

	Ex. Student 1	Ex. Student 2	Student 3	Student 4	Student 5	Student 6	Student 7
Assignment 1 - Weeks 1 & 2 Date/Time Submitted)	9/6/2011 15:05	9/7/2011 12:35					
Week 1& 2 Assignment 1: Medical History Form	15	15					
Week 1&2 Progress note	6	6					
Assignment 2 - Weeks 3 & 4 Date/Time Submitted	9/19/2012 17:30	9/21/2012 8:29					-
Week 3 Progress Note (3)	3	3					0
Week 4 Progress Note (3)	3	3					0
Assignment 2: Drug Interactions	2	2					0
Assignment 3 - Weeks 5 & 6 Date/Time Submitted	10/4/2012 21:01	10/5/2012 8:45					
Week 5 Progress Note (3)	3	0					
Week 6 Progress Note (3)	3	0					
Assignment 3: Current Med List w/ Indications (0)	2	0					
Assignment 4 - Weeks 7 & 8 Date/Time Submitted	2/14/2012 8:29	2/14/2012 8:29					
Week 7 Progress Note (3)	3	3					
Week 8 Progress Note (3)	3	3					



<b>Assignment 4: Beer's List or Medication Issues of Particular Relevance List (2)</b>	2	2					
<b>Assignment 5 - Weeks 9 &amp; 10 Date Submitted</b>	11/1/2012 17:06	11/2/2012 4:49					
<b>Week 9 Progress Note (3)</b>	3	3					
<b>Week 10 Progress Note (3)</b>	3	3					
<b>Assignment 5: Immunization Status (2)</b>	2	2					
<b>Assignment 16 - Weeks 11 &amp; 12 Date Submitted</b>	2/14/2012 8:29	2/14/2012 8:29					
<b>Week 11 Progress Note (3)</b>	3	3					
<b>Week 12 Progress Note (3)</b>	3	3					
<b>Assignment 6: Gradual Dose Reductions (1)</b>	1	1					
<b>Final SOAP Note Score (15)</b>	15	15					
<b>Weekly Assignments (9)</b>	9	8					
<b>Weekly Progress Notes (36)</b>	36	30					
<b>Reflective Essay 1 (15)</b>	15	15					
<b>Professional Portfolio (10)</b>	10	10					
<b>Final Grade</b>	<b>85</b>	<b>78</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

\*\* If all progress notes and assignments are not turned in, the student will receive an incomplete for the course.

\*\*\*Red font indicates the progress note(s) and/or assignment(s) were submitted late. The grade shall be zero for late submissions unless excused.

\*\*\*\* The number in ( ) indicates the total possible points.

	Ex. Student 1	Ex. Student 2	Student 3	Student 4	Student 5	Student 6	Student 7
Assignment 7 - Weeks 13 & 14 Date/Time Submitted)	2/14/2012 8:29	2/14/2012 8:29					
Week 13 Progress Note (2)	2	0					
Week 14 Progress Note(2)	2	0					
Assignment 7: MMSE & Fall Risk Assessment (1)	1	0					
Assignment 8 - Weeks 15 & 16 Date/Time Submitted	2/14/2012 8:29	2/14/2012 8:29					
Week 15 Progress Note (2)	2	2					0
Week 16 Progress Note (2)	2	2					0
Assignment 8: Monitoring Parameters (1)	1	1					0
Assignment 9 - Weeks 17 & 18 Date/Time Submitted	2/14/2012 8:29	2/28/2012 8:31					
Week 17 Progress Note (2)	2	0					
Week 18 Progress Note (2)	2	0					
Assignment 9: 10-Year CHD Risk (1)	1	0					
Assignment 10 - Weeks 19 & 20 Date/Time Submitted	2/14/2012 8:29	2/14/2012 8:29					
Week 19 Progress Note (2)	2	2					
Week 20 Progress Note (2)	2	2					
Assignment 10: Nutritional Assessment (2)	2	2					
Assignment 11 - Weeks 21 & 22 Date Submitted	4/1/2012 17:06	4/1/2012 16:49					
Week 21 Progress Note (2)	2	2					
Week 22 Progress Note (2)	2	2					
Assignment 11: Braden Risk Assessment Scale (1)	1	1					

<b>Assignment 12 - Weeks 23 &amp; 24 Date Submitted</b>	2/14/2012 8:29	2/14/2012 8:29					
<b>Week 23 Progress Note (2)</b>	2	2					
<b>Week 24 Progress Note (2)</b>	2	2					
<b>*Assignment 12: Final SOAP Note (15)</b>	15	15					
*Actual grade for Final SOAP note is recorded below. The 2 point total indicates this assignment was turned in on time.							
<b>Final SOAP Note Score (15)</b>	15	15					
<b>Weekly Assignments (6)</b>	6	4					
<b>Weekly Progress Notes (24)</b>	24	12					
<b>Reflective Essay 2 (10)</b>	10	10					
<b>Professional Portfolio (10)</b>	10	10					
<b>Final Grade</b>	<b>65</b>	<b>51</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

\*\* If all progress notes and assignments are not turned in, the student will receive an incomplete for the course.

\*\*\*Red font indicates the progress note(s) and/or assignment(s) were submitted late. The grade shall be zero for late submissions unless excused.

\*\*\*\* The number in ( ) indicates the total possible points.

## Appendix F

# EPPE 2 ASSESSMENT FORM

COMPLETED BY STUDENT

### A. Learning Outcomes

1. The learning outcomes were clear  Yes  No

Comments:

2. The learning outcomes were reasonable in terms of the level of  Yes  No difficulty.

Comments:

3. The learning outcomes were relevant to the materials covered during  Yes  No team meetings

Comments:

4. After completing this course I am able to:

- a. Demonstrate commitment to self-improvement of skills and knowledge through completion of weekly written assignments and participation in class discussion  Yes  No
- b. Prepare and present a case in acceptable format.  Yes  No
- c. Exhibit leadership qualities during team meetings.  Yes  No
- d. Keep and maintain a personal reflective journal of experiential activities, pertinent observations, and questions that may arise.  Yes  No
- e. Prepare a written document that reflects personal thought and analysis.  Yes  No

5. Participation in this course has enabled me to:

- a) Develop a long-term relationship with an individual patient in the long-term care setting.  Yes  No
- b) Develop an understanding of clinical and regulatory issues in long-term care.  Yes  No
- c) Develop confidence in communicating with patients and healthcare providers.  Yes  No
- d) Develop personal judgment  Yes  No
- e) Develop concern for the patient's health and welfare and an appreciation for the importance of the pharmacist's role in the long term care setting.  Yes  No
- f) Apply knowledge gained in the didactic education component of the curriculum into clinical practice.  Yes  No
- g) Improve both oral and written communication skills.  Yes  No

### B. Assignments

1. Assignment content was relevant to the learning outcomes.  Yes  No

Comments:

2. I was able to complete the assignment in a reasonable amount of time.  Yes  No

Comments:

**C. Miscellaneous**

1. How beneficial did you find the following components of this course? Please rank these components in order from 1-5 with 1 being least beneficial and 5 being most beneficial.

\_\_\_ Weekly patient visits  
\_\_\_ SOAP notes/Progress notes  
\_\_\_ Weekly activities  
\_\_\_ Case presentations  
\_\_\_ Team meetings

2. What were the best parts of this experience?
3. What were the worst parts of this experience?
4. What information from your didactic courses have you been able to incorporate into the care of your resident?
5. What are your strengths and weaknesses in terms of providing patient care?

**Additional Comments:**