APPALACHIAN COLLEGE OF PHARMACY

Innovative Pharmacy Practice and Education

Core Pharmacy Practice Experience

Experiential Education

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Educational Philosophy

Vision and Mission Statements

Vision Statement

The Appalachian College of Pharmacy (the College), 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

Course Description:
The Core Pharmacy Practice Experience (CPPE) at the Appalachian College of Pharmacy (ACP) occurs during the second professional year. The two 3-week rotations provide 240 hours of pharmacy practice experience and are designed to cover basic aspects of community and institutional pharmacy practice, such as prescription orders and order entry, compounding and dispensing, sterile products and large volume parenterals, record-keeping, patient interviewing and counseling, patient profiles and medical records, prescription benefit programs and reimbursement, legal requirements and regulatory issues, communications with patients and other health professionals, and inventory control and purchasing. Students will keep a pharmacy practice portfolio documenting experiences and activities. Students will attend CPPE Forum to discuss their experiences and to assess their progress towards achievement of their pre-defined professional competencies and outcomes.

The CPPE sequence is structured with outcome expectations designed to reflect the attainment of practice related competencies in the community and institutional settings as set forth by the Accreditation Council of Pharmaceutical Education (ACPE). Upon completion of the CPPE sequence, the student shall be competent in performing day-to-day pharmacy functions in the institutional and community pharmacy practice sites and shall have gained knowledge of professional and personal development skills.

The Accreditation Standards and Guidelines adopted in January 2016 specify specific professional competencies and outcome expectations that must be achieved by graduates through the professional pharmacy degree program.
1. **Patient centered care**-provide patient centered care as the medication expert (collect and interpret evidence, prioritize, formulate assessments and recommendations, implement, monitor and adjust plans and document activities).
2. **Medication use systems management-**able to manage patient healthcare needs using human, financial, technological and physical resources to optimize the safety and efficacy of medication use systems.
3. **Health and Wellness-**able to design prevention, intervention, and educational strategies for individuals and communities to manage chronic disease and improve health and wellness.
4. **Population based care-**able to describe how population-based care influences patient centered care and the development of practice guidelines and evidence-based best practices.
5. **Interprofessional collaboration-**able to actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding and values to meet patient care needs.
6. **Professionalism-**able to exhibit behaviors and values that are consistent with the trust given to the profession of patients, other health care providers and society.

Each student is required to master a core set of learning outcomes associated with daily pharmacy practice. Preceptors should provide opportunities for students to be consistently exposed to activities in a graded fashion, as allowed by law, which are expected to enable growth in achieving the professional competencies.

Overall goals of the CPPE <u>sequence</u> are as follows:
1. To provide a structured practical experience for students in the hospital and community settings as an integral part of their academic education in the best available practice settings
2. To provide opportunities to perform patient centered care activities in the institutional and community pharmacy setting
3. To provide an opportunity for active participation and patient care responsibilities; in a progressive fashion, designed to develop the practice skills, judgment, professional behavior, attitudes and values, confidence, and personal responsibility needed for each student to embark on an independent and collaborative practice
4. To develop students' confidence in communicating with patients and health care providers
5. To enhance students' concern for the patient's health and welfare and to foster an appreciation for the importance of the community and hospital pharmacist in the health care system
6. To develop proficiency in educating patients on health and medication-related issues
7. To expand and reinforce knowledge gained in the didactic education component of the curriculum to clinical practice and through interactions with preceptors
8. To provide an opportunity for improving both oral and written communication skills
9. To emphasize the importance of professional and personal development skills (e.g., professionalism, time management, portfolio development, interpersonal skills)
10. To complete core competencies to proficiently and adequately and upload to Moodle

Methods of Learning:
1. Participation in assigned rotation during the CPPE sequence and direct interaction with preceptors, pharmacy staff, and other health care providers
2. Large group classroom interactive session directed by the CPPE Forum course instructor
3. Participation in patient care
4. Self-directed (independent) and directed readings
5. Self-directed learning in preparation for presentations and/or written assignments

This manual was created as a guide for preceptors and students. It is not intended to be all-inclusive nor is it intended to limit the student as to what they will undertake while at a practice site.

CALENDAR

CORE Pharmacy Practice Experience Activity Timeline

When	Activity
At least 2 weeks before each CPPE rotation begins. *If the rotation site requires an earlier deadline, the student shall comply with the deadline established by the rotation site.*	• The student **must** contact the preceptor to arrange meeting time, obtain directions and to inquire about additional site requirements.
At least 2 weeks before each CPPE rotation begins. *If the rotation site requires an earlier deadline, the student shall comply with the deadline established by the rotation site.*	• <u>All</u> site requirements***must** be completed and documentation of completion on file with the College.** Any delinquent site requirements that are received after deadlines set by the **Office of Experiential (OEE) will result in loss of letter grades and possible rotation cancellation (see page 9).** • The student **must** submit to the **(OEE)** all site specific required documentation.** The student **must** also submit this documentation to the site if requested by the site. • The student **must** ensure that all immunizations required for the rotation, including the annual PPD, are <u>up-to-date through the duration of the rotation.</u> Documentation of all immunizations including the annual PPDs **must** be on file with the College.** • The student **must** ensure that an up-to-date drug screen has been completed as required by the site. Sites may require a drug screen to be completed within the thirty (30) days prior to beginning that rotation or sites may require a drug screen to be completed on site at the beginning of the rotation.
The first day of each CPPE rotation *If the rotation site requires an earlier deadline, the student shall comply with the deadline established by the rotation site.*	• The preceptor and student review goals and objectives for the learning experience, review the student's rotation portfolio, and the **Final Evaluation Form.** • The student shall review the rules and the policies and procedures of the site to ensure that the student is familiar with the site's requirements.
No later than Day 4 of each CPPE rotation	• The student **must** complete the **Policy and Procedure (P&P)** statement in RxPreceptor.
The middle of week 2 for each CPPE rotation	• The preceptor completes the **midpoint evaluation** and meets with the student to discuss and review progress toward goals.
The last day of each CPPE rotation	• The preceptor completes the **Final Evaluation Form**, assigns the grade, and meets with student to discuss. The **Final Evaluation Form** must be submitted electronically in Rx Preceptor to the OEE **within 7 days** of rotation completion. *** • The student ensures that all rotation assignments and competency documentation is complete and provides the preceptor with the opportunity to review the documents. These documents are to be retained in the student's portfolio AND submitted via Moodle. All competency documentation must be submitted via Moodle **within 7**

days of the last day of the rotation or within 7 days of the preceptor completing the **Final Evaluation Form** whichever is the later.

- The student completes the **Site/Preceptor Evaluation Form**. The **Site/Preceptor Evaluation Form** must be submitted electronically in Rx Preceptor to the OEE **within 7 days** of rotation completion.**

*Site requirements include, but are not limited to, proof of insurance coverage, up-to-date immunization status, valid intern license (if required by the state where the site is located), an up-to-date criminal background check, and other requirements specific to the individual site.

If documentation for all site requirements is not on file in the OEE by the appropriate deadline the student **will NOT be allowed to participate in that particular rotation.

***All evaluations are accessible and should be completed via RxPreceptor (www.rxpreceptor.com). It is the **student's responsibility** to ensure that all evaluations and forms are completed and submitted electronically by the student AND the preceptor within the allotted timeframe.

Rotation Policies and Procedures

The information contained in this manual is complementary to that in the *Student Handbook*. This manual in no way replaces or supersedes the policies and procedures outlined in the *Student Handbook*. Questions or concerns pertaining to policies and procedures within this manual should be directed to the OEE.

ASSIGNMENT
The student will be assigned by the OEE to one (1) community pharmacy and one (1) hospital pharmacy site during the summer beginning the second professional year. The OEE may gather information regarding student preference in the rotation assignments. However, students must be aware that preference is NOT the primary factor in rotation assignment.

ALL rotation assignments are made solely at the discretion of the OEE. Preceptor availability and preceptor schedule shall be considered in making assignments, however, the OEE determines the time and place for all rotations.

ACP reserves the right to change assigned site rotations at any time and without notice. In the case of such a change the OEE will be solely responsible for reassigning the student to a site. A reasonable attempt will be made to make this reassignment in a manner consistent with the profile of the original site, but this may NOT always be possible.

Students may be assigned to sites that necessitate the student driving long distances or relocating. Students are responsible for all expenses related to attending assigned rotations; including, but NOT limited to, transportation, lodging, meals, fulfilling site requirements, etc.

At the discretion of the OEE, special consideration may be given, on a case-by-case basis, to those students who can provide documented evidence of extreme hardship.

At no time should a student attempt to directly or indirectly contact a site or preceptor requesting to be assigned to that site or preceptor, attempt to obtain availability above that which has already been given to the college, or attempt to set up a new site. **All such contacts are handled exclusively by the OEE**. Any violation of this policy will preclude the student from placement at that site for the duration of their enrollment at the college.

PRECEPTOR ASSIGNMENT RESTRICTIONS
A student may NOT train under the supervision of a preceptor or a site where relatives work if they are related by blood or marriage. A student may NOT train at a community pharmacy site if the student has worked, or is currently working, at the site as a pharmacy technician or intern. A student may NOT train at a hospital with a preceptor with whom the student has worked or is currently working with as a pharmacy technician. However, a student may train at a hospital in which they have worked as an intern or pharmacy technician if they are placed with a new preceptor working in a different area. 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 (HEP) committee.

COMPENSATION
Student may **NOT** receive or request compensation from any pharmacy practice site or preceptors for hours, projects, activities, or assignments related to any experiential rotation.

RECORDING OF STUDENT INTERN HOURS

Students will receive academic credit toward graduation for each CPPE rotation. In the Commonwealth of Virginia, all practical experience credit required shall only be gained after completion of the first professional year in an approved pharmacy school. Hours obtained during CPPE will count toward the 1500 hours of experience required by the Commonwealth of Virginia to take the licensing exam.

ATTENDANCE

Students are expected to be present at the experiential training site a minimum of **40 hours** each week. Additional hours beyond those scheduled may be required in order to complete assignments or other activities. Preceptors may also require students to be present at the site during evening, night, or weekend shifts. On site scheduling is determined by the preceptor. Students shall modify all other schedules to allow full attendance for each CPPE rotation.

Documentation from a health care provider or relevant third party may be requested for absences due to illness or personal emergency.

Any absence must be made up through an equivalent amount of time (e.g., a weekend or evening shift). If the site does NOT operate sufficient hours during the week to allow the student to make up the time missed, a special project may be assigned as determined by and at the convenience of the preceptor after consultation with the OEE. The student will be assigned an incomplete (I) until all CPPE requirements have been completed. Preceptors should NOT submit a letter grade for a practice experience until all make-up time or projects have been completed satisfactorily. All incompletes must be resolved in the time frame defined in the student handbook.

Holidays are NOT recognized by ACP during experiential rotations. Holidays may be recognized at the preceptor's discretion. If the preceptor allows the student to be "off" during a holiday, the time missed must be made up prior to the last day of the rotation.

If a student is absent from the rotation for more than two (2) days during the rotation, the preceptor shall contact the OEE to determine the best course of action. Possible consequences, depending on the reason for and length of the absence, may include the following:

- Lowering the student's letter grade or assigning a failing grade, **despite** any make-up time or additional projects.
- Having the student withdraw from the rotation and make it up at a later time. Lowering the student's letter grade or assigning a failing grade, **despite** any make-up time or additional projects.

The student ensures that all rotation assignments and competency documentation is complete and provides the preceptor with the opportunity to review the documents. These documents are to be retained in the student's portfolio AND submitted via Moodle. All competency documentation must be submitted via Moodle **within 7 days** of the last day of the rotation or within 7 days of the preceptor completing the **Final Evaluation Form** whichever is the later.

Extensions for form submissions may be granted by the OEE on a case by case basis.

MEDICAL LEAVE
If a student must withdraw for medical leave, the student shall follow the procedure for medical leave outlined in the ACP Student Handbook.

ACADEMIC PROBATION
If a student fails to pass an experiential course, the student's performance will be evaluated as outlined below. If a student does not pass a pharmacy practice experience as a result of the student's professional conduct, the matter may be referred to the HEP in addition to referral to the CARe Committee. CARe shall recommend an appropriate plan to the Dean to satisfy the pharmacy practice experience requirements.

The plan will be based on assessment of the student's deficiencies and may require but is not limited to the following:
- o Repeat an entire 3-week experience.
- o Remediate didactic coursework in addition to remediating an entire experience.
- o Other plans may be specified as deemed appropriate.

Any student that fails to demonstrate the competencies and outcomes associated with the CPPE must remediate by substituting a different site for the respective failed CPPE; however, the student's transcript will reflect that the CPPE was not passed.

If the student is required to take additional didactic or experiential coursework, the student will be responsible for all appropriate tuition, fees, and other expenses such as housing that apply.

If a preceptor asks that a student be removed from the practice site due to any issue related to a student's unprofessional behavior or substandard performance, the student will receive a "F" for that rotation and will be referred to both CARe and HEP. Furthermore, ACP reserves the right to remove a student from a practice site for lack of competence which puts patients at risk of harm, for unprofessional behavior, or any behavior that puts the college or the rotation site at risk.

CONCURRENT EMPLOYMENT
Employment is strongly discouraged during CPPE rotations. However, if employment is necessary it must not interfere with the attendance and performance on the CPPE. Many preceptors require the student to be "on-call" or to complete rotation activities outside the usual work day. Students who ask for scheduling accommodation or leave the rotation site prematurely for purposes of employment may receive a failing grade for the rotation. Students may NOT receive or request compensation from pharmacy practice sites or preceptors for hours, projects, activities, or assignments related to any experiential rotation.

MEDICAL CARE
Students are required to maintain medical insurance while enrolled at ACP. In case of illness or injury while at the practice site, each student is responsible for his or her medical care and/or treatment, including transportation.

BACKGROUND CHECKS
Each student is responsible for obtaining all necessary background checks required for experiential education and for providing the College and/or the practice site with the results verifying completion as requested. Each student is responsible for the associated fees of the background checks.

PRACTICE SITE REQUIREMENTS
The OEE will inform students of site requirements specific to each site. Each student is responsible for completing the necessary drug screens, physical exams, background checks, proof of medical insurance, immunizations, and other requirements as specified for each training site **no later than two (2) weeks** prior to the onset of the rotation and for providing the OEE and practice site verification of site requirement completion **no later than two (2) weeks prior** to the onset of the rotation. If the rotation site requires an earlier deadline, the student shall comply with the deadline established by the rotation site. The student is responsible for the fees associated with all site requirements. **If site requirements are not completed by 2 weeks prior to the start of the rotation the student's grade will drop by one letter grade. If site requirements are then not completed by 1 week prior to the start of the rotation, the rotation will be cancelled and the rotation will have to be made up at a time and place assigned by the OEE.**

INSURANCE AND LICENSURE
Students will carry in their professional portfolio proof of the liability insurance provided by ACP (minimum limits of $3,000,000 per occurrence/$5,000,000 aggregate), and a current Virginia Intern License and Intern Licenses for other states in which the student is assigned. The student is responsible for obtaining, submitting a copy to the OEE, and maintaining all required intern licensure(s) throughout experiential training.

IMMUNIZATIONS
While transmission of infectious diseases by pharmacists does not happen often, the increased role of pharmacists in patient care will increase the chances for exposure and transmission of diseases. Therefore, precautions are extremely important to protect both patients being cared for and health professionals providing care. Students are taught aseptic technique in preparing intravenous products. However, any contact (in addition to venipuncture or finger sticks) with patients can potentially transmit disease. Therefore, all healthcare providers must use proper universal precautions and immunization guidelines.

All students must submit a copy of documentation for each of the following to the **Office of Student Services**. Additionally, a copy of this documentation must be maintained in the student's professional portfolio:
- **MMR:** Measles (Rubeola) vaccine without immune globulin after 1967, which includes 2 doses after 12 months of age, and at least one month apart. The second dose should be received after 1980. Mumps immunization or documentation of the disease within your lifetime. Rubella immunization or positive titer in your lifetime.
- **Tetanus-diphtheria:** All adults who have completed a primary series of a tetanus/diphtheria containing product (DTP, DTaP, DT, Td) should receive Td boosters every 10 years. If at least 2 years after last Td booster, health care professionals younger than age 65 years with direct patient contact should be given a 1-time dose of Tdap.
- **Polio:** Three doses of vaccine recommended. If more than three were received, list the last three doses and dates. Please indicate type of vaccine received if known: Oral Polio Vaccine (OPV) or Inactive Polio Vaccine (IPV)
- **Hepatitis-B:** Three doses of Hepatitis B vaccine. A positive titer result is required unless it has been >one year since your third dose. Wait 28 days after the 3rd dose of vaccine before getting a titer-it is important to have a titer done within a few months of vaccine completion in order to get accurate information. If negative titer results after three doses of vaccine, additional doses of vaccine will be required. It may take up to a year to complete the required vaccine and titer.
- **Varicella Zoster (Chicken Pox):** Two doses of Varicella vaccine (at least 4 weeks apart) are required **or** laboratory evidence (titer) of immunity **or** reliable history of chickenpox. Vaccination with this live

viral vaccine may be waived if there is medical contraindication. Each situation will be assessed on an individual basis.

- **PPD testing:** Results of a two-step tuberculin skin test and a standard tuberculin test annual thereafter.
- **If prior history of a positive tuberculin skin test:** Present documentation of testing, chest X-ray results, and treatment plan. Each situation will be assessed on individual basis.

PPD testing shall be an annual requirement, unless there are other circumstances requiring more frequent testing. Students with a positive PPD test will be required to show proof of a chest x-ray and a statement from their physician confirming the results of the chest x-ray. Information regarding any necessary treatment must be provided. It is the responsibility of the student to have all immunizations completed and forwarded to ACP prior to matriculation. Immunization status will be confirmed by ACP before the beginning of introductory rotations. Students should also be prepared to present these records at their rotation sites. Some sites may require review of immunization records before the student is allowed to begin a rotation.

If a student is missing any component of required immunizations, unless medically contraindicated, that student will NOT be allowed to begin rotations. In this instance, the grade recorded for the rotation will be a grade of "F". The student will then be referred to CARe.

OSHA TRAINING/COMMUNICABLE DISEASE GUIDELINES
Students are required to receive training in OSHA Regulations, including guidelines for blood borne pathogens and for proper prevention of communicable disease transmission, before they can participate in CPPE. Students will submit a copy to the OEE and retain a copy of the certification of training in their professional portfolios.

CARDIOPULMONARY RESUSCITATION (CPR) CERTIFICATION
Each student is required to have current BLS Healthcare Provider CPR certification valid through the duration of the CPPE rotations before beginning CPPE. Students will submit a copy to the OEE and retain a copy of their current certification in their professional portfolios.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) TRAINING
Each student is required to complete HIPAA training before beginning CPPE. Students will submit a copy to the OEE and retain a copy of the certification in their professional portfolios.

CONFIDENTIALITY
During all CPPE rotations, students may have access to privileged information about patient health, insurance information, and/or financial information. Students may have access to privileged information about the financial or personal management of the practice site. None of this information is ever to be discussed outside of the rotation site. ***Breaches in confidentiality may result in immediate dismissal from the practice site, failure for the CPPE rotation, and or dismissal from the Doctor of Pharmacy program.***

COMPLIANCE WITH ROTATION SITE POLICIES AND PROCEDURES
Students must comply with all policies and procedures of the practice site. Preceptors must advise students of the site's policies and procedures during the orientation process. By no later than Day 4 of each rotation, students are required to answer "Yes" or "No" to the **Policy and Procedures statement** in RxPreceptor. Students will be removed from a site if they neglect to complete the P&P statement, or if they indicate "No" on the P&P statement, or if they neglect to follow a site's policies and procedures. Students must respect practice site property. Damage to practice site property may result in disciplinary action by either the site, ACP, or both. Students must return all property to the site upon completion of the rotation. Any costs or fines assigned by the site for past due, damaged, or destroyed items are the responsibility of the student. Failure by the student to pay the site for damages caused by the student shall result in the student being assigned a failing grade for that rotation, and may result in the student not being eligible to graduate until such costs or fines are paid.

PROFESSIONAL DRESS CODE

These guidelines specify standards of attire that promote a professional appearance conducive to a positive learning environment. Students must present a professional image to patients, colleagues, and the community.

Conservatism and discretion are key determinants of professional attire selection. In most circumstances, business casual attire is acceptable. Specific examples of professional image include but are not limited to the following:

- Neatly groomed hair, short manicured fingernails, and appropriate dress and shoes.
- Clean and well-maintained clothing that promotes safe and sanitary conditions.
- Clothes must conceal all undergarments at all times.
- Skirts and dresses must be no shorter than knee-length.
- No clothing can drag the ground.
- Shoes should always be in good repair.
- Headwear and other garments that pertain to bona fide religious beliefs or cultural traditions are permitted if these items of clothing conceal all undergarments at all times, are clean and well-maintained, and observe safe and sanitary conditions.

Clinic Attire
- Clinic attire should always be of a business nature and must include a white clinic coat.
  - Men:
    - Shirt, tie, and dress pants
  - Women:
    - Dress pants, skirts (at least knee length), or dresses (at least knee length)
    - Blouses, shirts, or sweaters
- ACP-approved scrubs may be worn (if permitted by practice site / preceptor).
- Students must wear a standard-length, long-sleeve white clinic coat.
- Coats must be completely buttoned, clean, and maintained at all times.
- Nail polish of any kind is prohibited while students are in the clinical setting.
- Preceptors at each clinical site have final authority over the appearance of students in the clinical setting.

Clinic Scrubs Policy
- Students must wear teal-colored scrubs; faculty and staff may wear their preferred color.
- The cost of scrubs is the responsibility of the faculty member, staff member, or student.
- Clinic coats must always be worn over the scrubs.
- Faculty, staff, and students have the option of wearing clean all white, all black, or all brown shoes with scrubs, including athletic shoes.
- Scrubs may only bear the ACP logo and the name, degree, and rank of the wearer.
- The print or embroidery must be black, blue, or green.

ID Badges

For security and safety purposes, faculty, staff, and students are required to wear an ACP-issued photo identification card at all times, including at offsite and clinical rotations.

Compliance

Students will be expected to comply with each of these guidelines and will be expected to dress appropriately for the specific setting. If a dress code at the assigned site is more stringent, the student is expected to comply with the more stringent code.

The HEP of ACP will address non-compliance with these guidelines on a case-by-case basis as set forth in the Faculty and Student Handbooks.

HARRASSMENT POLICY

Any allegations of harassment will be dealt with in accordance with the College's Harassment Policy as detailed in the Student Handbook.

DISABILITY POLICY

Pursuant to Titles VI and VII of the Civil Rights Act of 1964 and the Americans with Disabilities Act of 1990, the Appalachian College of Pharmacy does not discriminate on the basis of age, race, color, national origin, religion, physical or mental disability, or sexual orientation.

Students with a disability that may have some impact on their ability to perform while on rotations and who may require accommodations should contact the OEE so that reasonable accommodations may be arranged, if possible.

PRECEPTOR-STUDENT PROCEDURES
Initial Contact with Preceptor
Students are required to contact their preceptor at least *2 weeks* before the rotation begins and submit site specific requirement documentation to the OEE at least *2 weeks* in advance. If the rotation site requires an earlier deadline, the student shall comply with the deadline established by the rotation site.

Students should contact their preceptor initially by telephone and then by email. Preceptor contact information may be found via RxPreceptor. During this contact, students should introduce themselves and ask when and where to meet the preceptor on the first day of the rotation. The preceptor should tell the student where he or she should park and any site-specific requirements. If an assigned student fails to contact the preceptor before the rotation begins, the preceptor may lower the student's grade by one (1) letter grade.

The First Day of Each Rotation
Preceptors should provide the students with a **comprehensive orientation** to the training site on the first day of the practice experience. As part of the orientation, the student should be introduced to key personnel and given a tour of the facility. During the first day, students and preceptors should review and discuss the student's professional portfolio. The goals and objectives of the rotation should be reviewed and modified as needed to meet the student's interests and needs.

Responsibilities of Preceptors and Students

PRECEPTOR RESPONSIBILITIES
The Preceptor should demonstrate the following behavior, qualities, and values:

1. Be licensed pharmacists and maintain professional competency by fulfilling continuing education requirements as determined by the appropriate State Board of Pharmacy.
2. Review and be compliant with the information contained in the CPPE manual.
3. Practice ethically and with compassion for patients.
4. Assume personal responsibility for patient outcomes.
5. Have professional training, experience, and competence commensurate with their position.
6. Demonstrate a desire and an aptitude for educating others (patients, caregivers, other health care professionals, students).
7. Have a systematic, self-directed approach to their continuing professional development.
8. Collaborate with other healthcare professionals as a member of a team.
9. Be committed to their organization, professional societies, and the community.
10. Supervise the student and review, in detail, expectations for the student with respect to the following: appearance, performance, site-specific processes of prescription processing, and patient care responsibilities. The primary preceptor may delegate some of these responsibilities to other qualified personnel.
11. Allow adequate time for communication and be willing to discuss aspects of professional practice in accordance with ethical, moral, and legal standards.
12. Schedule a comprehensive orientation session with the student(s).
13. Identify an acceptable replacement to supervise students during any absence.
14. Not assume student competency, but determine it by reviewing the student's performance through observation, assessment, and discussions.
15. Provide an atmosphere conducive to maximal/optimal learning.
16. Provide sufficient reference materials for the provision of information to patients, pharmacists, and other health care professionals. It is strongly recommended that the preceptor have access to the Internet and email.
17. Inform students of any area requiring improvement as early as possible.
18. Complete the mid-point and final student evaluation forms, review them with the student, and submit them to the OEE within one (1) week of the conclusion of the rotation.
19. Not enter into any personal or professional relationship with a student that would jeopardize or interfere with objectivity or effective teaching.
20. Verify student attainment of competencies for each CPPE rotation.

STUDENT RESPONSIBILITIES

The student is responsible for the following:

1. Be knowledgeable of and compliant with the material contained in this manual and the Student Handbook.
2. Contact the preceptor at least two (2) weeks prior to the start of the CPPE.
3. Be responsible for all expenses, housing, and/or fees incurred during the CPPE.
4. Be present at the practice site **a minimum of 40 hours each calendar week**.
5. Adhere to CPPE schedule and deadlines for assignments.
6. Behave professionally at all times. Students should be respectful and courteous at all times to preceptors, other health care professionals, patients encountered during the course of CPPE, and staff of the OEE.
7. **Communicate timely and effectively with the OEE regarding any issues that may arise during the rotation.**
8. Be willing to admit that they do not know something, and to seek help when necessary.
9. Seek advice and directions from the preceptor. The student should never publicly question the advice or directions of a preceptor; rather these issues should be discussed in private. Students and preceptors are encouraged to discuss any conflicts with the OEE.
10. Take an active role in learning, communication, and participation in the CPPE rotations.
11. Communicate effectively with physicians, patients, and other healthcare professionals, but only under the direct supervision and authorization of their preceptor.
12. Register with the VA State Board of Pharmacy as an Intern. Each student is responsible for providing a copy of his or her Pharmacy Intern License to the practice site. A copy of the Intern license should be carried in each student's professional portfolio and provided to the OEE.
13. Obtain an Intern license from other state(s) if required in the event clinical rotations are assigned outside of the state of Virginia. Provide a copy of that license to the OEE and a copy within the professional portfolio.
14. Abide by the laws and regulations that govern pharmacy practice and seek clarification from the preceptor when necessary.
15. Submit evaluation forms to the OEE by the due date.
16. Be familiar with the Student Handbook for College policies and procedures regarding abuse of substances or alcohol. Evidence of substance or alcohol abuse by a student is reason for immediate sanction and possible termination from the program.

Final Evaluation Form

For each rotation the preceptor will complete the **Final Evaluation Form**. This form serves as an evaluation tool to be used by the preceptor to evaluate the student's performance on the rotation. The form also serves as a method of documenting the student's progression toward achieving established global professional competencies. These global professional competencies should be attained throughout the professional program and must be completed prior to graduation. The competencies are based on the American Association of Colleges of Pharmacy's Center for the Advancement of Pharmaceutical Education (CAPE) Outcomes, 2013, as well as the ACPE Standards and Guidelines, 2016.

It is not expected that each student will be able to demonstrate competence of all outcomes at each rotation site. However, by the end of the P3 year, students should have experienced the opportunity to demonstrate the minimal competence of knowledge and skills in all areas.

On the first day of each rotation, the student and the preceptor should review the **Final Evaluation Form** to determine which competencies the student can, and will, have the opportunity to achieve on that rotation. The student and preceptor should discuss the student strengths and weaknesses and develop a course of action/instruction so that the student is given the opportunity to demonstrate achievement of specific competencies during the rotation.

During the **last week of the rotation**, the preceptor will evaluate the student's performance during the rotation by utilizing the rubrics on the **Final Evaluation Form**. The preceptor will also verify the student's documentation for each asterisked (****) competency on the **Final Evaluation Form** and acknowledge review of the documentation by affirming the statement "I certify that the student has provided me with documentation for each of the asterisked (****) competencies above, if evaluated, and I have reviewed the documentation" on the **Final Evaluation Form**. Lastly, the student's performance should be discussed with the student.

The student ensures that all rotation assignments and competency documentation is complete and provides the preceptor with the opportunity to review the documents. These documents are to be retained in the student's portfolio AND submitted via Moodle. All competency documentation must be submitted via Moodle **within 7 days** of the last day of the rotation or within 7 days of the preceptor completing the **Final Evaluation Form** whichever is the later.

Professional Socialization

In the *Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree* set forth by ACPE in 1998, Guideline 1.4 states as follows: (which guideline should I use or do we need to state one)

> The College or School should assure an understanding of pharmaceutical care by its student early in the professional program in pharmacy. The philosophy of practice as well as the necessary professional attitudes, ethics, and behaviors should evolve during the course of study. Moreover, the College or School should insure the professionalization of students, including the provision of a positive outlook for all aspects of pharmacy practice.

Therefore, ACP has designed CPPE to focus on the development of professionalism, as defined by the following 10 characteristics:
1. Knowledge and skills of a profession
2. Commitment to self-improvement of skills and knowledge
3. Service orientation
4. Pride in profession
5. Covenantal relationship with the client
6. Creativity and innovation
7. Conscience and trustworthiness
8. Accountability for his/her work
9. Ethically sound decision-making
10. Leadership

ABILITY OUTCOMES:
At the end of the CPPE sequence involving professionalism, the student shall be able to do the following:

1. Develop a professional portfolio that will be retained by the student at all times.
2. Demonstrate intellectual curiosity, initiative, integrity, and cooperation.
3. Meet professionalism standards as rated on the professionalism section of the **Final Evaluation Form** with the following objectives:
    a. Student is punctual, reliable, dependable and "follows through" with responsibilities.
    b. Student uses time efficiently and prioritizes responsibilities effectively.
    c. Student accepts and applies constructive criticism.
    d. Student produces quality work and demonstrates a desire to exceed expectations.
    e. Student practices personal hygiene and wears appropriate attire.
    f. Student is cooperative, respectful, diplomatic, and confident.
    g. Student behaves in an ethical / legal manner and maintains confidentiality.
    h. Student is nonjudgmental demonstrating an appreciation of cultural competency.
    i. Student is empathic.
    j. Student puts others' needs above his/her own.
4. Assume responsibility for the development of personal professional development.
5. Document responsibility as a student provider in patient-centered care.
6. Demonstrate the covenantal relationship between a pharmacist and a patient.
7. Demonstrate commitment to self-improvement of skills and knowledge base.
8. Prepare and present a talk for classmates about a professionalism-related topic.
9. Exhibit leadership qualities in small group projects during CPPE forum.

Preceptors should be aware of their critical role in professional socialization. It is hoped that the preceptor will review the 10 characteristics of a professional and seek to achieve them in their daily practice. Preceptors that recognize the importance of professionalism will be the most effective role models for ACP students to emulate.

SUGGESTED READING:
APhA-ASP/AACP Committee on Student Professionalism. Pharmacy professionalism toolkit for students and faculty, Version 2.0; 2016.
http://www.aacp.org/resources/studentaffairspersonnel/studentaffairspolicies/Documents/Version_2%200_Pharmacy_Professionalism_Toolkit_for_Students_and_Faculty.pdf
Accessed (3/30/2016)

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:

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: Each section must be tabbed and appropriately labeled. A black, 3- ring binder with tabs, typed, NOT hand-written, that divide the portfolio into the required sections (with an up-to-date table of contents) is required.

1. Title page
2. Table of contents
3. Current C*urriculum 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 CPR certification
10. Copy of certification of liability insurance
11. List of experiential sites the student rotates through as well as preceptor contact information (EPPE 1, CPPE 1, CPPE 2, EPPE 2, APPE 1-6)
12. EPPE I
    a. Writing Assignment 1 Clinical Skills
    b. Writing Assignment 2 Patient Simulator
    c. Reflective Journal
13. CPPE 1*
14. CPPE 2*

*Copy of assignments and projects completed during the experiential rotations

Asterisked (****) documentation for competencies achieved during the rotation should be appropriately labeled and placed in the appropriate location in the portfolio (i.e. CPPE 1 or CPPE 2). Documentation should be labeled to easily distinguish which competency it is being used for (i.e. CPPE C1 would document the first competency in the "Competency" section of the Final Evaluation).

The portfolio will be evaluated at the end of CPPE by faculty involved with experiential learning. 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).

Preceptors are encouraged to contact the OEE at ACP for further assistance or questions regarding the student portfolio process.

CPPE Orientation and Forum

CPPE Orientation and Forum are two to three-hour sessions held prior to and at the conclusion of the CPPE rotations. During the CPPE orientation, CPPE policies and procedures, student and preceptor expectations, student assessment and grading, experience syllabi, and rotation documents will be reviewed. In the CPPE Forum students will meet to discuss the assignments and share practice experiences from the rotation. During the CPPE Forum, faculty may assign group activities or other active learning exercises to reinforce learning outcomes and on-site experiences.

The primary goal of the post-CPPE 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 they will want to share for learning purposes with other students.

Attendance at **all** orientations and forums is **mandatory.** All absences will be determined as excused or unexcused by the OEE and documentation for such absences may be requested. Unexcused absences from any orientation or forum cannot be made up. Excused absences from orientation or forum 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 the student being suspended from the next experiential rotation (exclusive of EPPE 2), referral to CARe, and possible referral to the HEP committee.

Assessment

Midpoint Evaluation
Preceptors should complete a midpoint evaluation, through RxPreceptor, of the student at the beginning of the second week of the rotation. The midpoint evaluation provides valuable feedback to the student and provides the student and preceptor with an opportunity to discuss the strengths and weaknesses displayed by the student during the first half of the rotation.

Final Preceptor Evaluation of Student
Preceptors must complete a final evaluation, through RxPreceptor, of the student and verify supporting documentation. Preceptors are strongly encouraged to meet with the student to discuss the results no later than the last Friday of each rotation.

Student Evaluation of Preceptor/Site
Students are required to complete the **CPPE Site/Preceptor Assessment Form**, through RxPreceptor, at the completion of each CPPE rotation. Students are to provide constructive feedback and criticism on the assessment form. After review by the College, the information on this form may be shared with the preceptor in aggregate form.

Students are responsible for the completion and submission of all assessment forms. Assessment forms will be submitted via RxPreceptor. If all CPPE assignments and evaluations are NOT completed and submitted within seven (7) calendar days from the last day of that rotation, students will receive a grade of Incomplete (I). If after fourteen (14) calendar days from the last day of that rotation, all completed required forms have NOT been submitted in their entirety, CPPE grades will be lowered one (1) letter grade. Students will NOT be penalized for preceptor being late.

CPPE grades will be lowered one (1) additional letter grade for every seven (7) calendar days that the required forms are late beyond the initial fourteen (14) day period. This process shall continue until the first of the following scenarios occurs: the required forms are submitted, the student grade has been reduced to "F", or the semester ends. If the required forms are NOT submitted by the end of the semester, the student will automatically receive a grade of "F". All students receiving a grade of "F" will be referred to CARe.

Extensions for form submissions may be granted by the OEE on a case by case basis.

Grading in CPPE Rotations

Rubric Score	Final Letter Grade
4.50-5.00	A
3.50-4.49	B
3.00-3.49	C
2.99 or below	F

Letter grades from "A" through "F" are used to indicate student performance during the rotation.
- An "A" grade indicates *exceptional* individual performance.
- A "B" grade indicates *above average* individual performance.
- A "C" grade indicates *acceptable* performance.
- An "F" grade indicates unacceptable performance (i.e., failure). No credit is awarded for a grade of "F," and the student must repeat the rotation.

Academic Probation
Students placed on academic probation shall be referred to CARe. Students placed on probation due to lack of professional competency shall also be referred to HEP. If a student is placed on probation, ACP reserves the right to modify any or all subsequent rotations as to preceptor and/or site.

Failing a Student
Students who fail to pass a rotation will be referred to CARe. Failures due to lack of professional competency may also be referred to HEP.

Situations that may warrant a failing grade include, but are not limited to, <u>any</u> of the following:
- The student achieves a mean overall score ≤ 2.99 on the competency section of the Final Evaluation form.
- The student achieves a score of ≤ 2 on two or more components listed on the professionalism OR competency section of the Final Evaluation form.
- The student completes less than 120 hours within the defined time frame for the CPPE rotation.
- If a student is removed from a practice site, at the request of the site or by ACP, due to any issue related to a student's unprofessional behavior or substandard performance, the student shall receive a grade of "F" for that rotation and shall be referred to both CARe and HEP.

If the preceptor has a concern that a student may fail the rotation at the midpoint evaluation, they should immediately contact the Office of Experiential Education to discuss specific problems/issues that have been observed and documented.

Behavioral Discipline (outlined in the Student Handbook)

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Core Pharmacy Practice Experience
Community Pharmacy Syllabus

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Course Number: PHA 2010
Course Title: Core Pharmacy Practice Experience (Community)
Credit Hours: 3 Hours
Prerequisites: P2 Standing
Date Syllabus Prepared: March 2, 2016

Course Description:
This is a required 3-week core pharmacy practice experience which occurs in the community pharmacy setting. Each week of experience shall contain an average of 40 hours of practice. The primary purpose of the CPPE is to develop an appreciation of all aspects of the provision of patient centered pharmacy care in the community setting. Students will develop the professionalism, judgment, and skills needed to function in a community pharmacy setting.

Outcomes and Goals of the Community Pharmacy Practice CPPE:
The Core Pharmacy Practice Experience Manual outlines the core outcomes that are to be achieved by the end of the course. During the Community Pharmacy Practice Experience, a special focus will be made on the following outcomes:

The goals of the rotation are in bold and are followed by ability based outcomes the student should have accomplished by the end of the rotation in italics.

1. **Professionalism**
   Meet professionalism standards as rated on the professionalism section of the Final Evaluation form with the following objectives (II-A)
   - Student is punctual, reliable, dependable, and "follows through" with responsibilities.
   - Student uses time efficiently and prioritizes responsibilities effectively.
   - Student accepts and applies constructive criticism.
   - Student produces quality work and demonstrates a desire to exceed expectations.
   - Student practices personal hygiene and wears appropriate attire.
   - Student is cooperative, respectful, diplomatic, and confident.
   - Student behaves in an ethical / legal manner and maintains confidentiality.
   - Student is nonjudgmental demonstrating an appreciation of cultural competency.
   - Student is empathic.
   - Student puts others' needs above his/her own.

   Assume responsibility for the development of personal professional development. (II-C)

   Document responsibility, as a student provider, for patient-centered care. (II-A)

   Demonstrate the covenantal relationship between a pharmacist and a patient. (II-A)

   Demonstrate commitment to self-improvement of skills and knowledge base. (II-C)

2. **Patient Safety—Accurately Dispense Medications**
   Demonstrate a commitment to and a valuing of patient safety by assuring accurate preparation, labeling, dispensing, and distribution of prescriptions and medication orders. (V-C, VII-A)

   Examples of performance of this competency include:
   - Accurately prepare and dispense medications or supervise the preparation of medications.
   - Evaluate appropriateness of medication orders by correlating the order with patient-specific data and drug information.
   - Compound parenteral and non-parenteral drug products using accurate calculations, pharmaceutical components, and techniques.
   - Appropriately compound, dispense, or administer a medication, pursuant to a new prescription, prescription refill, or drug order.
   - Accurately evaluate and process a new prescription, prescription refill, and medication order in accordance to the law.

3. **Basic Patient Assessment**
   Collect, record, and assess subjective and objective patient data to define health and medication-related problems. Patient information must be collected in a manner demonstrating knowledge of patient educational level, the unique cultural and socioeconomic situations of patients, and comply with requirements for patient privacy. (III-D, V-A, V-B)

   Examples of performance of this competency include:
   - Gather information necessary to evaluate patient drug therapy.
   - Perform a basic review of a patient's medication profile to identify medication allergies, correct doses, duplicate medications, and important drug interactions.
   - Evaluate patient information to determine the presence of a disease, medical condition, or drug-related problem(s), and assess the need for treatment and/or referral.

4. **Medication Information**
   Demonstrate knowledge of and accept responsibility for that knowledge of commonly used medications, formulations, and drug products. (I-A)

   Examples of performance of this competency include:
   - Identify brand and generic names, dosage forms and usual dosing ranges for common (Top 200) medications.
   - Describe the mechanism of action of common (Top 200) medications.
   - Identify target drug concentrations for Narrow Therapeutic index drugs.

5. **Identification and Assessment of Drug Related Problems**
   Correlate drug related variables and patient related variables to identify and assess drug related problems. Evaluate how the unique characteristics of patients and patient populations impact on manifestations of drug-related problems. (IV-C, V-A, V-B, V-C)

   Examples of performance of this competency include:
   - Evaluating medication orders to identify drug related problems.
   - Assess the urgency and risk associated with identified drug related problems.
   - Evaluate patient information and medication information that places a patient at risk for developing drug-related problems.

6. **Mathematics applied to pharmaceutical calculations, compounded medications, dose calculations, and applications of pharmacokinetic calculations.**
Utilize pharmaceutical and pharmacokinetics mathematics to perform accurate medication calculations. Value the importance of total accuracy in performing and applying these calculations. (V-B, V-C)

Examples of performance of this competency include:
- Perform accurate pharmaceutical calculations, especially involved in the preparation, and pharmacokinetic calculation of appropriate doses.
- Apply mathematical principles (e.g., accurately perform dose calculations, kinetics) in pharmacy practice.

7. **Ethical, Professional, and Legal Behavior**
In all healthcare activities, demonstrate knowledge of and sensitivity towards the unique characteristics of each patient. Comply with all federal, state, and local laws related to pharmacy practice. Demonstrate ethical and professional behavior in all practice activities. (II-A, II-B)

Examples of performance of this competency include:
- Practice ethically, including maintaining patient confidentiality, responding to errors in care and professional misconduct (including plagiarism).
- Comply with federal, state, and local laws and regulations related to pharmacy practice.
- Accept responsibility for patient care.

8. **General Communication Abilities**
Demonstrate effective communication abilities in interactions with patients, their families and care givers, and other health care providers. Communications should be consistent with education level, cultural issues, and be empathetic. Elicit feedback validating understanding of communication. (III-B, III-D)

Examples of performance of this competency include:
- Communicate effectively using appropriate verbal, non-verbal, and written communication with patients, caregivers, and other healthcare providers, at a suitable level for the partner in the interaction, to engender a team approach to patient care.
- Demonstrate effective communication skills (verbal, non-verbal, and written) at an appropriate level for patients, caregivers, health care providers, and the general public.

9. **Counseling Patients**
Provide effective health and medication information to patients and/or care givers and confirm patient and/or care giver understanding of the information being provided. (V-F)

Examples of performance of this competency include:
- Appropriately and accurately provide basic medication counseling to a patient or caregiver receiving a medication.
- Assist a patient in correctly selecting an OTC product.
- Provide accurate responses to drug information requests both written and verbal.
- Use effective written, verbal, and nonverbal communication skills to counsel and educate a patient or caregiver regarding appropriate medication use—prescription and self-care.

10. Drug Information Analysis and Literature Research

Assess information needs of patients and health providers and apply knowledge of study design and literature analysis and retrieval to provide accurate, evidence based drug information. (III-A, III-B, IV-A, V-F)

Examples of performance of this competency include:
- Collect accurate and comprehensive drug information from appropriate sources to make informed, evidence based, patient specific, or population based decisions.
- Recognize the type of content that is available in tertiary, secondary, and primary information sources.
- Use effective written, visual, verbal, and nonverbal communication skills to accurately respond to drug information questions.

11. Health and Wellness—Public Health

Know and apply principles of health and wellness in provision of individual and population-based health and wellness information. Integrate unique characteristics of individuals and populations in design of health and wellness information. (I-C, III-C, III-D, VIII-A)

Examples of performance of this competency include:
- Promote to patients the importance of health, wellness, disease prevention, and management of their diseases and medication therapies to optimize outcomes.
- Provide preventive health services (e.g., immunizations, tobacco cessation counseling).

12. Insurance/Prescription Drug Coverage

Utilizing knowledge of a wide array of private and public health insurance options assist patients and care givers to obtain their medications and related para-pharmaceuticals in an affordable manner that meets their health care needs. (VII-A, VII-C, VII-D)

Examples of performance of this competency include:
- Assist a patient or caregiver in problems related to prescription medication coverage, health insurance, or government health care programs.

The student should receive a schedule at the beginning of the rotation that will provide a time-line for completion of the rotation objectives. Some responsibilities may require the student to be present during evenings and weekends.

Typical Rotation Schedule *(To be completed by preceptor and student)*

Times	Monday	Tuesday	Wednesday	Thursday	Friday	Weekends

Rotation Activities

Orientation to Pharmacy: During the first few days of the program, the student should be oriented to the practice site and pertinent policies and procedures. The student should:

A. Tour the practice site and meet personnel. The preceptor will explain the personnel member's role within the site and duties to the student (if applicable) and the student's responsibilities as a student pharmacist within the practice site.

B. Review the pharmacy's policies and procedures if a manual is available. The student and preceptor should discuss the policies and procedures. Specific discussion points should include:
   a. Confidentiality including HIPAA
   b. Appropriate Dress
   c. Lines of Authority
   d. Pharmacy security
   e. The student's schedule
   f. Available drug information resources
   g. The preceptor's practice philosophy regarding professional responsibilities and pharmaceutical care.

C. Learn how to access and interpret a patient's pharmacy record [medical history, patient data (height, weight, labs, BP, etc.)], legend and nonprescription medications, allergies, adverse drug reaction history, pharmacist's progress notes.

D. The student and preceptor should review and discuss the student's professional portfolio.

Student Responsibilities:

A. **Patient History.** Students should complete as many patient histories as possible. A minimum of two (2) must be documented using the **Patient History Form** (a site-specific form may be substituted). The preceptor should conduct two (2) formal observations, one before the midpoint evaluation and one (1) prior to the final evaluation.

B. **Interactive Patient Consultation**. Students should provide patient consultation on new and refilled prescriptions as frequently as possible to enhance patient communication skills. The student should use an interactive approach following the **Patient Counseling Checklist** to counseling and the patient should demonstrate adequate knowledge of the information. A minimum of two (2) must be documented using the **Patient Counseling Checklist**. The preceptor should conduct two (2) formal observations, one (1) before the midpoint and one (1) before the final evaluation.

C. **Medication Write-Ups**. Students should expand their medication knowledge by reviewing three (3) medications they are not familiar with and complete the **Prescription Medication Write-up** sheet. Preceptors may choose to assign specific medications (new or unfamiliar medications). Preceptors should review the write-ups at the end of each week and provide feedback.

D. **Interventions/Drug Related Problems**. Students should review patient profiles and collect data to identify, resolve, or prevent drug related problems (DRP). Students should document a minimum of three (3) DRPs involving prescription medications for which they intervened on the patient's behalf using the **Drug Related Problem Documentation Form.**

E. **Interventions/OTC Product**. Students should provide three (3) interventions where they provided an OTC or herbal recommendation. Students should use the **Patient Self Treatment Consultation Form** to document these interventions. Patient follow-up for intervention outcomes should be provided when possible (with the patient's consent) and is the responsibility of the student.

F. **Formal Presentation**. Develop and present at least one (1) formal presentation during the rotation. The audience and topic should be decided upon with the preceptor during the first two (2) weeks of the rotation. The presentation will be assessed using a **Formal Presentation Evaluation Form**.

Appalachian College of Pharmacy Community Pharmacy Core Pharmacy Practice Experience Activities Checklist				
Activity	**Minimum Quantity Required**	**Actual Quantity Completed**	**Documentation Form**	**Preceptors Initials Once Completed**
Patient histories	2		Patient History Form	
Patient Counseling	2		Patient Counseling Checklist plus summary of event	
Medication Write-Ups	3		Medication Write–up Form	
Drug Related Problems	3		DRP Report Form	
Intervention to recommend or counsel on OTC product	3		Patient Self-Treatment Form	
Presentation	1		Presentation Evaluation Form	
Other*				

The student should keep this checklist associated with required activities within the professional portfolio and post a copy under the assignments section in Moodle.

*Other suggested activities are assigned at the preceptor's discretion or as time permits. Each student should attach a brief description of his/her role in the optional activities and keep within the professional portfolio.

Students are expected to check their email and have internet access on a <u>daily</u> basis.

Grading and Assessment

Equivalent Rubric Score	**Final Letter Grade**
4.5-5.00	A
3.50-4.49	B
3.00-3.49	C
2.99 or below	F

<u>Policies</u>
Specific policies pertaining to the Core Practice Experiences are found in the ***Appalachian College of Pharmacy, Core Pharmacy Practice Experience Manual.*** A copy of this comprehensive manual is available on our website at <u>www.acp.edu</u> under the <u>Experiential</u> Education section. It can also be found in the document folder within RxPreceptor. Students are required to be at the rotation site a minimum of 40 hours/week. As a professional, the student is expected to stay beyond the usual work hours when patient care still needs to be completed.

Accreditation Council for Pharmacy Education. Appendix D: Pre-Advanced Pharmacy Practice Experiences Performance Domains and Abilities. In: Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree. 2011. https://www.acpe-accredit.org/pdf/FinalS2007Guidelines2.0.pdf. Adopted: January 23, 2011. Effective: February 14, 2011. Accessed October 24, 2014.

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Core Pharmacy Practice Experience
Hospital Pharmacy Syllabus

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Course Number: PHA 2020
Course Title: Core Pharmacy Practice Experience (Hospital)
Credit Hours: 3 Hours
Prerequisites: P2 Standing
Date Syllabus Prepared: March 2, 2016

Course Description:
This is a required 3-week core practice experience which occurs in the hospital or health-system pharmacy setting. Each week of experience shall contain an average of 40 hours of practice. The primary purpose of the Hospital Pharmacy Practice rotation is to develop an appreciation of all aspects of the provision of pharmacy care in the inpatient setting. Students will develop the professionalism, judgment, and skills needed to function in a hospital pharmacy.

Outcomes of the Hospital Pharmacy Practice CPPE:
The Core Pharmacy Practice Experience Manual outlines the core outcomes that are to be achieved by the end of the course. During the Community Pharmacy Practice Experience, a special focus will be made on the following outcomes:

The goals of the rotation are in bold and are followed by ability based outcomes the student should have accomplished by the end of the rotation in italics.

1. **Professionalism**
   Meet professionalism standards as rated on the professionalism section of the Final Evaluation form with the following objectives (II-A)
   - Student is punctual, reliable, dependable, and "follows through" with responsibilities.
   - Student uses time efficiently and prioritizes responsibilities effectively.
   - Student accepts and applies constructive criticism.
   - Student produces quality work and demonstrates a desire to exceed expectations.
   - Student practices personal hygiene and wears appropriate attire.
   - Student is cooperative, respectful, diplomatic, and confident.
   - Student behaves in an ethical / legal manner and maintains confidentiality.
   - Student is nonjudgmental demonstrating an appreciation of cultural competency.
   - Student is empathic.
   - Student puts others' needs above his/her own.

   Assume responsibility for the development of personal professional development. (II-C)

   Document responsibility, as a student provider, for patient-centered care. (II-A)

   Demonstrate the covenantal relationship between a pharmacist and a patient. (II-A)

   Demonstrate commitment to self-improvement of skills and knowledge base. (II-C)

2. **Patient Safety—Accurately Dispense Medications**
Demonstrate a commitment to and a valuing of patient safety by assuring accurate preparation, labeling, dispensing, and distribution of prescriptions and medication orders. (V-C, VII-A)

- Examples of performance of this competency include: Accurately prepare and dispense medications or supervise the preparation of medications. Evaluate appropriateness of medication orders by correlating the order with patient-specific data and drug information. Compound parenteral and non-parenteral drug products using accurate calculations, pharmaceutical components, and techniques. Appropriately compound, dispense, or administer a medication, pursuant to a new prescription, prescription refill, or drug order. Accurately evaluate and process a new prescription, prescription refill, and medication order in accordance to the law.

3. **Basic Patient Assessment**
Collect record and assess subjective and objective patient data to define health and medication-related problems. Patient information must be collected in a manner demonstrating knowledge of patient educational level, the unique cultural and socioeconomic situations of patients, and comply with requirements for patient privacy. (III-D, V-A, V-B)

Examples of performance of this competency include:
- Gather information necessary to evaluate patient drug therapy.
- Perform a basic review of a patient's medication profile to identify medication allergies, correct doses, duplicate medications, and important drug interactions.
- Evaluate patient information to determine the presence of a disease, medical condition, or drug-related problem(s), and assess the need for treatment and/or referral.

4. **Medication Information**
Demonstrate knowledge of and accept responsibility for that knowledge of commonly used medications, formulations, and drug products. (I-A)

Examples of performance of this competency include:
- Identify brand and generic names, dosage forms and usual dosing ranges for common (Top 200) medications.
- Describe the mechanism of action of common (Top 200) medications.
- Identify target drug concentrations for Narrow Therapeutic index drugs.

5. **Identification and Assessment of Drug Related Problems**
Correlate drug related variables and patient related variables to identify and assess drug related problems. Evaluate how the unique characteristics of patients and patient populations impact on manifestations of drug-related problems. (IV-C, V-A, V-B, V-C)

Examples of performance of this competency include:
- Evaluating medication orders to identify drug related problems.
- Assess the urgency and risk associated with identified drug related problems.
- Evaluate patient information and medication information that places a patient at risk for developing drug-related problems.

6. **Mathematics applied to pharmaceutical calculations, compounded medications, dose calculations, and applications of pharmacokinetic calculations.**
   Utilize pharmaceutical and pharmacokinetics mathematics to perform accurate medication calculations. Value the importance of total accuracy in performing and applying these calculations. (V-B, V-C)

   Examples of performance of this competency include:
   - Perform accurate pharmaceutical calculations, especially involved in the preparation, and pharmacokinetic calculation of appropriate doses.
   - Apply mathematical principles (e.g., accurately perform dose calculations, kinetics) in pharmacy practice.

7. **Ethical, Professional, and Legal Behavior**
   In all healthcare activities, demonstrate knowledge of and sensitivity towards the unique characteristics of each patient. Comply with all federal, state, and local laws related to pharmacy practice. Demonstrate ethical and professional behavior in all practice activities. (II-A, II-B)

   Examples of performance of this competency include:
   - Practice ethically, including maintaining patient confidentiality, responding to errors in care and professional misconduct (including plagiarism).
   - Comply with federal, state, and local laws and regulations related to pharmacy practice.
   - Accept responsibility for patient care.

8. **General Communication Abilities**
   Demonstrate effective communication abilities in interactions with patients, their families and care givers, and other health care providers. Communications should be consistent with education level, cultural issues, and be empathetic. Elicit feedback validating understanding of communication. (III-B, III-D)

   Examples of performance of this competency include:
   - Communicate effectively using appropriate verbal, non-verbal, and written communication with patients, caregivers, and other healthcare providers, at a suitable level for the partner in the interaction, to engender a team approach to patient care.
   - Demonstrate effective communication skills (verbal, non-verbal, and written) at an appropriate level for patients, caregivers, health care providers, and the general public.

9. **Counseling Patients**
   Provide effective health and medication information to patients and/or care givers and confirm patient and/or care giver understanding of the information being provided. (V-F)

   Examples of performance of this competency include:
   - Appropriately and accurately provide basic medication counseling to a patient or caregiver receiving a medication.
   - Assist a patient in correctly selecting an OTC product.
   - Provide accurate responses to drug information requests both written and verbal.
   - Use effective written, verbal, and nonverbal communication skills to counsel and educate a patient or caregiver regarding appropriate medication use—prescription and self-care.

10. Drug Information Analysis and Literature Research

Assess information needs of patients and health providers and apply knowledge of study design and literature analysis and retrieval to provide accurate, evidence based drug information. (III-A, III-B, IV-A, V-F)

Examples of performance of this competency include:
- Collect accurate and comprehensive drug information from appropriate sources to make informed, evidence-based, patient specific, or population based decisions.
- Recognize the type of content that is available in tertiary, secondary, and primary information sources.
- Use effective written, visual, verbal, and nonverbal communication skills to accurately respond to drug information questions.

11. Health and Wellness—Public Health

Know and apply principles of health and wellness in provision of individual and population-based health and wellness information. Integrate unique characteristics of individuals and populations in design of health and wellness information. (I-C, III-C, III-D, VIII-A)

Examples of performance of this competency include:
- Promote to patients the importance of health, wellness, disease prevention, and management of their diseases and medication therapies to optimize outcomes.
- Provide preventive health services (e.g., immunizations, tobacco cessation counseling).

12. Insurance/Prescription Drug Coverage

Utilizing knowledge of a wide array of private and public health insurance options assist patients and care givers to obtain their medications and related para-pharmaceuticals in an affordable manner that meets their health care needs. (VII-A, VII-C, VII-D)

Examples of performance of this competency include:
- Assist a patient or caregiver in problems related to prescription medication coverage, health insurance, or government health care programs.

The student should receive a schedule at the beginning of the month that will provide a time-line for completion of the rotation objectives. Some responsibilities may require the student to be present during evenings and weekends. The student's daily responsibilities will involve medication acquisition, preparation and dispensing-related activities, as well as patient assessment, monitoring, and drug therapy management.

Typical Rotation Schedule *(To be completed by preceptor and student)*

Times	Monday	Tuesday	Wednesday	Thursday	Friday	Weekends

Rotation Activities

Orientation to rotation – During the first day of the rotation, the student will be oriented to the pharmacy services and hospital/health-system. Pertinent policies and procedures will be reviewed. The student should:

A. Tour the hospital and pharmacy and meet appropriate personnel. The preceptor will explain the personnel member's role within the institution and duties to the student (if applicable) and the student's responsibilities as a student pharmacist within the institution.
B. The student and preceptor should discuss rotation and institutional specific policies and procedures. Specific discussion points should include:
   a. Confidentiality including HIPAA
   b. Appropriate Dress
   c. Lines of Authority
   d. Student's schedule
   e. Available drug information resources
   f. The preceptor's practice philosophy regarding professional responsibilities and pharmaceutical care
   g. How to access computer and library resources within the practice site
C. The student and preceptor should review and discuss the student's professional portfolio.

Student Responsibilities:

Students should be assigned tasks so that they are able to accomplish each of the rotation objectives over the 3-week rotation. In addition, the student should also complete each of the following:

A. **Medication Reconciliation**. Conduct at least one (1) medication history (reconciliation) in the presence of the preceptor. The student should use the **Medication Reconciliation Form** for this activity.
B. **Discharge Counseling**. Participate in at least one (1) discharge medication counseling session with the presence of the preceptor. A description of the counseling session should be reduced to writing for discussion during CPPE forum. The student should use the **Patient Counseling Checklist** for this activity.
C. **Formal Presentation**. Develop and present at least one (1) formal presentation during the rotation. The audience and topic should be decided upon with the preceptor during the first two (2) weeks of the rotation. The presentation will be assessed using a **Formal Evaluation Form**.
D. **Interventions/Drug Related Problems**. Students should review patient profiles and collect data to identify, resolve, or prevent drug related problems (DRP). Students should document a minimum of six (6) DRPs involving prescription medications for which they intervened on the patient's behalf using the **Drug Related Problem Documentation Form**. **Medication Write-Ups**. Students should expand their medication knowledge by reviewing three (3) medications used in the hospital setting and complete a **Medication Write-Up Form.** Preceptors may choose to assign specific medications (new or unfamiliar medications).
E. **Pharmacokinetic Dosing**. Participate in and document at least one (1) pharmacokinetic dosing consult performed for an inpatient hospitalized during your rotation. The documentation should be in the form of a brief SOAP note with pertinent patient information noted. The calculations and process used to obtain the dosing recommendation should be clearly documented **in the SOAP note.**

Appalachian College of Pharmacy Hospital Pharmacy Core Pharmacy Practice Experience Activities Checklist				
Activity	**Minimum Quantity Required**	**Actual Quantity Completed**	**Documentation Form**	**Preceptors Initials Once Completed**
Patient History/ Medication Reconciliation	1		Medication Reconciliation Form	
Discharge Counseling	1		Patient Counseling Checklist plus summary of the event	
Medication Write-Ups	3		Medication Write–up Form	
Drug Related Problems	6		Drug Related Problem Documentation Form	
Presentation	1		Presentation Evaluation Form	
Pharmacokinetic SOAP note	1			
Other*				

The student should keep this checklist associated with required activities within the professional portfolio and post a copy under the assignments section in Moodle.

*Other suggested activities are assigned at the preceptor's discretion or as time permits. Each student should attach a brief description of his/her role in the optional activities within the professional portfolio.

Students are expected to check their email and have internet access on a <u>daily</u> basis.

<u>Grading and Assessment</u>

Equivalent Rubric Score	**Final Letter Grade**
4.5-5.00	A
3.50-4.49	B
3.00-3.49	C
2.99 or below	F

<u>Policies</u>
Specific policies pertaining to all Advanced Practice Experiences are found in the ***Appalachian College of Pharmacy, Core Pharmacy Practice Experience Manual.*** A copy of this comprehensive manual is available on our website at www.acp.edu under the Experiential Education section. It can also be found in the document section within RxPreceptor. Students are required to be at the rotation site a minimum of 40 hours/week. As a professional, the student is expected to stay beyond the usual work hours when patient care still needs to be completed.

Accreditation Council for Pharmacy Education. Appendix D: Pre-Advanced Pharmacy Practice Experiences Performance Domains and Abilities. In: Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree. 2011. https://www.acpe-accredit.org/pdf/FinalS2007Guidelines2.0.pdf. Adopted: January 23, 2011. Effective: February 14, 2011. Accessed October 24, 2014.

Forms and Documents

Appalachian College of Pharmacy (ACP)

Verification of Understanding and Adherence Regarding of the Rights and Responsibilities Described in the ACP Core Pharmacy Practice Experiential Program Handbook

I, _____ verify that I have read and understood the policies and rules applicable to the Core Experiential Practice Experience at ACP. I have been provided with a copy of the CPPE Manual, attended an orientation where the content was reviewed, and have had an opportunity to ask questions in order to clarify my understanding of College policies and procedures. Furthermore, I understand that this affidavit is legal and binding, and affixation of my signature below constitutes agreement with all that is stated.

Signature: _____   Date: _____

Address: _____

Telephone: _____

Cell phone: _____

Secondary Email: _____

CONFIDENTIALITY AGREEMENT

I acknowledge and agree to comply with the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* and any current and future regulations promulgated hereunder including without limitation the federal privacy regulations, federal security standards, and the federal standards for electronic transactions. Confidential Information specifically includes, but is not limited to, employee information, patient information, computer or access password(s) issued to me, financial information, business activity information, details about the computer systems and software, displayed and printed information, and proprietary vendor information.

I agree to the following:

1. I will use confidential information strictly in connection with, and for the sole purpose of, performing my assigned educational and patient care responsibilities;
2. I will not disclose or communicate any confidential information to any person or entity whatsoever, except in performance of assigned educational and patient care responsibilities at the site or in the classroom;
3. I will not disclose password(s) issued to me to any other person or entity;
4. I will always clear confidential information from my terminal screen and sign off the system when my tasks are completed;
5. I will report immediately to my preceptor any unauthorized use, duplication, disclosure, or dissemination of confidential information by any person, including other students;
6. I will mask the identity of the patient or employee, and site when presenting confidential information orally or in writing, as part of my assigned educational and/or patient care duties.

I understand that my failure to fulfill any of the obligations set forth in this confidentiality agreement or my violation of any of the terms of this agreement may result in the following actions:

1. Disciplinary action by the Appalachian College of Pharmacy, including but not limited to action taken under the College's Standards of Professional Conduct;
2. Disciplinary action by the site, according to the site's policies and procedures, including removal from the site;
3. Appropriate state and/or federal legal action, including, but not limited to, civil or criminal prosecution.

Print Name: _____

Signature: _____   Date: _____

CPPE Final Evaluation

General overview

Descriptive rubrics were developed to assist the preceptor in assessing the student on outcome expectations. The preceptor should read the criteria for each level of the rubric and assess the student with the corresponding rank according to how the student is progressing in achieving the competencies. The preceptor should rank the student on each section of the assessment to determine the mean score. ONLY grade any of the criteria that are applicable to the rotation. If not applicable, then grade as N/A. The overall mean score is used to establish the final grade.

How to apply scoring

Rating descriptor guide: A=4.5-5, B=3.5-4.49, C=3.00-3.49, F=2.99 and below

	Section Weight: 10.00%

Professional Behavior

5= Excellent- Student demonstrated this behavior _extremely effectively_ and/or _consistently_.

4= Very Good- Student demonstrated this behavior _very effectively_ and/or _consistently_.

3= Satisfactory- Student demonstrated this behavior _effectively_ and/or _consistently_ but may need _some minor_ improvement.

2= Needs Improvement- Student demonstrated this behavior _somewhat effectively_ and/or _consistently_ but may need _some_ improvement.

1= Unacceptable- Student attempted this behavior but was _ineffective_ and/or _inconsistent_ and needs _significant_ improvement.

N/A= Not enough evidence to evaluate.

FINAL

QUESTION 1 — **NO SCORE SELECTED**

Student is punctual, reliable, dependable and "follows through" with responsibilities.

QUESTION 2 — **NO SCORE SELECTED**

Student uses time efficiently and prioritizes responsibilities effectively.

QUESTION 3 — **NO SCORE SELECTED**

Student accepts and applies constructive criticism.

QUESTION 4 — **NO SCORE SELECTED**

Student produces quality work and demonstrates a desire to exceed expectations.

QUESTION 5 — **NO SCORE SELECTED**

Student practices personal hygiene and wears appropriate attire.

QUESTION 6 — **NO SCORE SELECTED**

Student is cooperative, respectful, diplomatic, and confident.

QUESTION 7 — **NO SCORE SELECTED**

Student behaves in an ethical/legal manner and maintains confidentiality.

QUESTION 8 — **NO SCORE SELECTED**

Student is nonjudgmental demonstrating an appreciation of cultural competency.

QUESTION 9 | **NO SCORE SELECTED**

Student is empathic.

QUESTION 10 | **NO SCORE SELECTED**

Student puts others' needs above his/her own.

Section Weight: 90.00%

Competencies

5= Excellent- Student has excelled in performing the competency in effectiveness and/or consistency. Student has completed the work and *exceeded* rotation requirements.

4= Very Good- Student performed the competency at an *above average* level in effectiveness and/or consistency. Student has completed the work and *exceeded* rotation requirements.

3= Satisfactory- Student performed the competency at an *acceptable* level in effectiveness and/or consistency. Student has completed the minimum rotation requirements.

FINAL

2= Needs Improvement- Student attempted but did *not* achieve competency in all areas. The student may have completed the minimum rotation requirements but *not* at an acceptable level.

1= Unacceptable= Student attempted but did *not* achieve competency in all areas. The student *may or may not* have completed the minimum rotation requirements and requires *significant* improvement.

N/A= Not enough evidence to evaluate.

QUESTION 1 | **NO SCORE SELECTED**

Patient Safety—Accurately Dispense Medications**

Demonstrate a commitment to and a valuing of patient safety by assuring accurate preparation, labeling, dispensing, and distribution of prescriptions and medication orders.

Examples of performance of this competency include
- Accurately prepare and dispense medications or supervise the preparation of medications.
- Evaluate appropriateness of medication orders by correlating the order with patient-specific data and drug information.
- Compound parenteral and non-parenteral drug products using accurate calculations, pharmaceutical components, and techniques.
- Appropriately compound, dispense, or administer a medication, pursuant to a new prescription, prescription refill, or drug order.
- Accurately evaluate and process a new prescription, prescription refill, and medication order in accordance to the law.

QUESTION 2 | **NO SCORE SELECTED**

Basic Patient Assessment**

Collect, record, and assess subjective and objective patient data to define health and medication-related problems. Patient information must be collected in a manner demonstrating knowledge of patient educational level, the unique cultural and socioeconomic situations of patients, and comply with requirements for patient privacy.

Examples of performance of this competency include:
- Gather information necessary to evaluate patient drug therapy.

- Perform a basic review of a patient's medication profile to identify medication allergies, correct doses, duplicate medications, and important drug interactions.
- Evaluate patient information to determine the presence of a disease, medical condition, or drug-related problem(s), and assess the need for treatment and/or referral.

QUESTION 3 **NO SCORE SELECTED**

Medication Information**

Demonstrate knowledge of and accept responsibility for that knowledge of commonly used medications, formulations, and drug products.

Examples of performance of this competency include:
- Identify brand and generic names, dosage forms and usual dosing ranges for common (Top 200) medications.
- Describe the mechanism of action of common (Top 200) medications.
- Identify target drug concentrations for Narrow Therapeutic index drugs.

QUESTION 4 **NO SCORE SELECTED**

Identification and Assessment of Drug Related Problems**

Correlate drug related variables and patient related variables to identify and assess drug related problems. Evaluate how the unique characteristics of patients and patient populations impact on manifestations of drug-related problems.

Examples of performance of this competency include:
- Evaluating medication orders to identify drug related problems.
- Assess the urgency and risk associated with identified drug related problems.
- Evaluate patient information and medication information that places a patient at risk for developing drug-related problems.

QUESTION 5 **NO SCORE SELECTED**

Mathematics applied to pharmaceutical calculations, compounded medications, dose calculations, and applications of pharmacokinetic calculations**

Utilize pharmaceutical and pharmacokinetics mathematics to perform accurate medication calculations. Value the importance of total accuracy in performing and applying these calculations.

Examples of performance of this competency include:
- Perform accurate pharmaceutical calculations, especially involved in the preparation, and pharmacokinetic calculation of appropriate doses.
- Apply mathematical principles (e.g., accurately perform dose calculations, kinetics) in pharmacy practice.

QUESTION 6 **NO SCORE SELECTED**

Ethical, Professional, and Legal Behavior**

In all healthcare activities, demonstrate knowledge of and sensitivity towards the unique characteristics of each patient. Comply with all federal, state, and local laws related to pharmacy practice. Demonstrate ethical and professional behavior in all practice activities.

Examples of performance of this competency include:
- Practice ethically, including maintaining patient confidentiality, responding to errors in care and professional misconduct (including plagiarism).
- Comply with federal, state, and local laws and regulations related to pharmacy practice.
- Accept responsibility for patient care

QUESTION 7 **NO SCORE SELECTED**

General Communication Abilities**

Demonstrate effective communication abilities in interactions with patients, their families and care givers, and other health care providers. Communications should be consistent with education level, cultural issues, and be empathetic. Elicit feedback validating understanding of communication.

Examples of performance of this competency include:
- Communicate effectively using appropriate verbal, non-verbal, and written communication with patients, caregivers, and other healthcare providers, at a suitable level for the partner in the interaction, to engender a team approach to patient care.
- Demonstrate effective communication skills (verbal, non-verbal, and written) at an appropriate level for patients, caregivers, health care providers, and the general public.

QUESTION 8   **NO SCORE SELECTED**

Counseling Patients**

Provide effective health and medication information to patients and/or care givers and confirm patient and/or care giver understanding of the information being provided.

Examples of performance of this competency include:
- Appropriately and accurately provide basic medication counseling to a patient or caregiver receiving a medication.
- Assist a patient in correctly selecting an OTC product.
- Provide accurate responses to drug information requests both written and verbal.
- Use effective written, verbal, and nonverbal communication skills to counsel and educate a patient or caregiver regarding appropriate medication use—prescription and self-care.

QUESTION 9   **NO SCORE SELECTED**

Drug Information Analysis and Literature Research**

Assess information needs of patients and health providers and apply knowledge of study design and literature analysis and retrieval to provide accurate, evidence based drug information.

Examples of performance of this competency include:
- Collect accurate and comprehensive drug information from appropriate sources to make informed, evidence based, patient specific, or population based decisions.
- Recognize the type of content that is available in tertiary, secondary, and primary information sources.
- Use effective written, visual, verbal, and nonverbal communication skills to accurately respond to drug information questions.

QUESTION 10

Health and Wellness—Public Health**

Know and apply principles of health and wellness in provision of individual and population-based health and wellness information. Integrate unique characteristics of individuals and populations in design of health and wellness information.

Examples of performance of this competency include:
- Promote to patients the importance of health, wellness, disease prevention, and management of their diseases and medication therapies to optimize outcomes.
- Provide preventive health services (e.g., immunizations, tobacco cessation counseling).

QUESTION 11

Insurance/Prescription Drug Coverage**

Utilizing knowledge of a wide array of private and public health insurance options assist patients and care givers to obtain their medications and related para-pharmaceuticals in an affordable manner that meets their health care needs.

Examples of performance of this competency include:
- Assist a patient or caregiver in problems related to prescription medication coverage,

health insurance, or government healthcare programs.

QUESTION 12 **NO SCORE SELECTED**

Formal Presentation Assessment: Prepare and present, verbally and in writing, effective presentation(s) using appropriate media aids and provide a copy for the preceptor and others as appropriate. A **Presentation Evaluation Form** is provided under **Forms & Documents in the CPPE Manual** or the Website: www.acp.edu under Experiential Education (Forms and Documents). Enter the assessment value here. ****

QUESTION 13 **NO SCORE SELECTED**

Drug Information Assessment: Read articles, textbooks, and other informational resources to assess and resolve pharmaceutical/patient care issues. A **Drug Information Evaluation Form** is provided under **Forms & Documents** in the manual or at the Website: www.acp.edu. Enter the assessment value here.****

QUESTION 14 **NO SCORE SELECTED**

Project or other assessment. Describe below and enter the assessment value here.

QUESTION 15 **NO SCORE SELECTED**

Project or other assessment. Describe below and enter the assessment value here.

NO SCORE SELECTED

Section Weight: 0.00%

Required Information **FINAL**

QUESTION 1 **NO SCORE SELECTED**

I certify that the student completed a minimum of 40 hours per week throughout the rotation.

If the student has not completed a minimum of 40 hours per week throughout the rotation, please explain below.

QUESTION 2 **NO SCORE SELECTED**

I certify that the student has provided me with documentation for each of the asterisked (****) competencies above, if evaluated, and I have reviewed the documentation.

In order to award a student a letter grade of "A" please justify by providing details of exceptional performance.

Section Comments

If you scored a student < 3 on any competency, please detail student deficiencies so that an appropriate remediation plan may be implemented.

Section Comments

Final- General Comments

(Suggestion - Highlight student strengths and areas for improvement.)

Section Comments

How to apply scoring: Rating descriptor guide: A=4.5-5, B=3.5-4.49, C=3.00-3.49, F=2.99 and below

Score Summary

Title:	Final Score	Weight	Adj. Final Score	
Primary Evaluation	0.00	100%	0.00	Required
FINAL SCORE:	**0.00**	**100%**	**0.00**	

Accreditation Council for Pharmacy Education. Appendix D: Pre-Advanced Pharmacy Practice Experiences Performance Domains and Abilities. In: Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree. 2011. https://www.acpe-accredit.org/pdf/FinalS2007Guidelines2.0.pdf. Adopted: January 23, 2011. Effective: February 14, 2011. Accessed October 24, 2014.

CPPE Midpoint Evaluation

Section Weight: 0.00%

Evaluation of the Student	FINAL
QUESTION 1	**NO SCORE SELECTED**
Has the student performed professionally at all times? If not, please explain below.	
QUESTION 2	**NO SCORE SELECTED**
Does the student have an appropriate knowledge of drug products and disease states? If not, please explain below.	
QUESTION 3	**NO SCORE SELECTED**
Has the student been physically present at the rotation site a minimum of 40 hours per week?	
QUESTION 4	**NO SCORE SELECTED**
If the student continues to perform at the current level, will he/she pass this rotation?	

Please list any other problems or concerns that you may have with the student not addressed above.

Section Comments

Score Summary

Title: Final Score Weight Adj. Final Score

Appalachian College of Pharmacy
Student Evaluation of Preceptor

Student:
Preceptor:
Site:
Date: ()

CPPE Student Clinical Rotation Evaluation of Preceptor/Site

	Section Weight: 0.00%
Rotation Organization and Management	**FINAL**
QUESTION 1	**NO SCORE SELECTED**
Orientation to the site was adequate.	
QUESTION 2	**NO SCORE SELECTED**
Educational outcomes and expectations were clearly explained.	
QUESTION 3	**NO SCORE SELECTED**
The rotation was well organized.	
QUESTION 4	**NO SCORE SELECTED**
Appropriate time was provided for the completion of projects and/or assignments.	

	Section Weight: 0.00%
Site Resources	**FINAL**
QUESTION 1	**NO SCORE SELECTED**
Access to reference materials was adequate.	
QUESTION 2	**NO SCORE SELECTED**
Opportunities for interactions with other healthcare professionals were available.	
QUESTION 3	**NO SCORE SELECTED**
The site offered a variety of learning experiences.	
QUESTION 4	**NO SCORE SELECTED**
The pharmacy personnel were receptive and willing to interact with students.	
QUESTION 5	**NO SCORE SELECTED**
Site accommodations were appropriate for student learning (i.e. adequate space for personal belongings, meeting areas, resources, etc.).	
QUESTION 6	**NO SCORE SELECTED**
The setting provided opportunity for applying knowledge gained from classroom learning.	

	Section Weight: 0.00%
Preceptor	**FINAL**

QUESTION 1   **NO SCORE SELECTED**

The preceptor demonstrated an interest in teaching.

QUESTION 2   **NO SCORE SELECTED**

The preceptor explained and clarified information.

QUESTION 3   **NO SCORE SELECTED**

The preceptor encouraged students to make comments and ask questions.

QUESTION 4   **NO SCORE SELECTED**

The preceptor was a good role model.

QUESTION 5   **NO SCORE SELECTED**

The preceptor provided on-going constructive criticism when appropriate (strengths/proficiency and weakness/deficits).

QUESTION 6   **NO SCORE SELECTED**

The preceptor provided appropriate supervision.

QUESTION 7   **NO SCORE SELECTED**

The preceptor encouraged students to solve problems and make professional decisions with supervision.

QUESTION 8   **NO SCORE SELECTED**

The preceptor demonstrated effective and appropriate interpersonal skills with staff, patients, and students.

QUESTION 9   **NO SCORE SELECTED**

The preceptor showed respect towards different points of view.

Section Weight: 0.00%

Student Opinions   # FINAL

QUESTION 1   **NO SCORE SELECTED**

The College curriculum prepared me for this CPPE experience.

QUESTION 3   **NO SCORE SELECTED**

This CPPE experience prepared me for practicing pharmacy after graduation.

QUESTION 4   **NO SCORE SELECTED**

I would recommend this site to others.

Section Comments

Score Summary

Title: Final Score Weight Adj. Final Score

Appalachian College of Pharmacy
Student Self Evaluation

Student:
Date: ()

Policy and Procedure Form

Section Weight: 0.00%

Policy and Procedure Form   **FINAL**

QUESTION 1   **NO SCORE SELECTED**

I have had the opportunity to discuss the practice site's policies and procedures, to ask
questions about the policies and procedures, and have had all of my questions answered for
me. I agree to abide by and comply with the site's policies and procedures.

Score Summary

Title:	Final Score	Weight	Adj. Final Score	
Primary Evaluation	0.00	100%	0.00	Required
FINAL SCORE:	**0.00**	**100%**	**0.00**	

Appalachian College of Pharmacy
Patient Profile/History Form

Name: **Gender:** ☐ Male ☐ Female   **DOB:**

Address: *Hm Tele:*   *Wk Tele:*

Primary Care Provider: *Specialist:*

Pharmacy: *Signed Consent Form:* ☐ Yes ☐ No

Dosage Forms Available: *(Include color, shape, size, and any special characteristics of the dosage form)*					
RX/OTC/ Herbal	*Name/Strength/Route/Frequency*	*Indication*	*Prescriber*	*Start Date*	*Comment: Efficacy/Adherence*

Allergies:

Allergies	Reaction(s)	Allergies	Reaction(s)
Allergy Free (NKDA)		Penicillin	
Aspirin		Sulfa	
Codeine		Other: _____	
Erythromycin		Other: _____	

Medical History:

Medical Condition	Date of Diagnosis	Medical Condition	Date of Diagnosis
Arthritis: ☐OA or ☐RA		Liver disease	
Asthma		Menopausal status (☐pre or ☐post)	
Cancer: *type* _____		Migraines	
COPD		Osteoporosis	
Diabetes: (☐type I or ☐type II)		Seizures	
Emphysema		Sexual dysfunction	
Heart attack		Stroke	
Heart failure		Thyroid disease (☐hypo/ ☐hyper)	
High Blood Pressure		Other:	
High Cholesterol		Other:	
Kidney disease		Other:	

Personal/Social History:

Height: ft in -or- cm	Weight: lbs -or- kg

Surgical History:

Family History:

Nicotine Use:	☐ Never smoked	pack/day for years	Stopped
Caffeine intake:	☐Does not consume	drinks/day ( )	Stopped
Alcohol Consumption:	☐Does not consume	drinks/day ( )	Stopped
Habits/Risk Factors/Drug Use:			

DIET: ☐Low saturated fat/low cholesterol   ☐Low sodium   ☐ Other

EXERCISE: ☐ None   minutes   times/week

Interventions: (if yes, explain how)

☐a. Aspirin

☐b. Calcium

☐c. Flu Shot

☐d. Pneumonia Shot

Additional Comments:

Student Signature/Date: _____

Preceptor Signature/Date: _____

Appalachian College of Pharmacy

Patient Counseling Checklist

☐ Introduce self and identify patient or patient's agent.

☐ Explain the purpose/importance of the counseling session.

☐ Convey complete information to the patient (e.g. drug name, indication, dosage regimen, potential side effects, missed dose instructions, refills allowed, storage recommendations).

☐ Verify the patient's understanding via feedback.

☐ Summarizes by emphasizing key points of information, provides closure and opportunity for follow-up.

☐ Check for any additional concerns or questions.

☐ Use patient appropriate language throughout the counseling session.

☐ Use written information to support counseling when appropriate.

Appalachian College of Pharmacy
Patient Self – Treatment Consultation Form

Student: **Rotation:**   **Preceptor:**   **Date:**

Patient Initials: **Site:**

1.   Describe the symptoms and the symptom time frame which led this patient to desire OTC therapy:

2.   What other disease states, conditions, or medications the patient was taking influenced your recommendation?

3.   Was the patient referred to a primary care provider?   ___ YES   NO
     List the reasons for this decision:

4.   If you recommended an OTC product, please detail your recommendation, the method by which the patient should monitor for efficacy or adverse effects, and any additional advice you gave the patient.

Preceptor signature: _____
Date: _____

Appalachian College of Pharmacy

Medication Reconciliation Form

Date, Time, Interviewer Initials	**Drug Name, Dose, Schedule**	Last Taken	Amount of <u>NON</u>-compliance/ PRN	Data Source	Ordered on admission?	Ordered at discharge?

Patient's Pharmacy: _____   Phone (Optional): _____

Comments:

_____
_____
_____
_____
_____

Pre-Procedure Medication Instructions:

_____
_____
_____

Adapted from Luther Hospital Medication Reconciliation Form
Luther Midelfort — Mayo Health System
Eau Claire, Wisconsin, USA

Instructions for Form Completion

Column Heading	Instructions
Date, Time, Interviewer Initials	**Record the date and time the information was gathered and initials of health professional recording/confirming data entered into the first six columns. Be sure your full signature, your professional designation (RN, RPh, etc.), and initials are recorded on the "Signature and Initials Record" of the patient's Medication Administration Record.**
Drug Name, Dose, Schedule	**Record full name, dose, and patient's actual usage pattern. Record deviation from labeled instructions in Comments section. Include over-the-counter and herbal/alternative medicines.**
Last Taken	**Record date and time patient took last dose.**
Amount of <u>Doses Missed?</u> PRN Doses taken?	**Record number of scheduled doses missed in one week.** **"0" = patient took every dose as scheduled** **Record number of "prn" doses taken in a time period:** **"4 per day" or "6 times per week," etc., designate by writing PRN in box and record doses taken**
Data Source	**Record source of information:** **Pt = patient interview; Fam = spouse, family member; Clinic = clinic records; H and P = recent history and physical; Trans = transfer records from another facility; Rx = prescription vials or pharmacy call; Other = data source explained in comments section.**
Ordered on Admission?	**Reconcile MD's initial medication orders with medication history. Y = Continued on admission;** **Held = MD does not want medication given at time of admission; Changed = same medication but different dose or schedule; Replaced = different medication with similar action ordered.**
Ordered at Discharge?	**Reconcile discharge orders with medication history.** **Y = Continue same medication and dose; Changed = same medication but different dose or schedule; Replaced = different medication with similar action ordered; D/C'd = medication stopped during hospitalization, not appropriate at discharge.**
Patient's Pharmacy	**Document name(s) of pharmacy(ies) that maintain a patient profile for this patient and can be used as a reference. Include city and phone number if known. Hospital pharmacist can provide phone number if needed.**
Comments	**Record deviations from labeled instructions. Record any pertinent observations or assessments you feel important in understanding patient's therapy and/or ability to self-medicate. Record any special requirements for discharge prescriptions.**

Additional instructions for Outpatient Surgi-Center patients seen in Prep Office or prior to same day admit:
>   **Complete the first 5 columns only**
>   **Document Pre-Procedure Medication Instructions at bottom of "Comments" section.**

Adapted from Luther Hospital Medication Reconciliation Form
Luther Midelfort — Mayo Health System
Eau Claire, Wisconsin, USA

Appalachian College of Pharmacy
Prescription Medication Write-Up Form

Generic Name:

Brand Name:

Therapeutic Class:

Dosage Forms Available: (Include color, shape, size, and any special characteristics of the dosage form):

Cost:

Principal Indications (labeled and unlabeled):

Dose and instructions for each indication:

Is a dose alteration required in: (if yes, explain how)

☐ a. renal impairment

☐ b. hepatic impairment

☐ c. geriatric patients

☐ d. pediatric patients

Significant Drug Interactions (Rx, OTC, or herbals) or Drug-nutrient interactions. Describe the mechanism:

Adverse Drug Reactions (include common and serious side effects):

Contraindications/warnings/precautions:

Monitoring parameters:

Auxiliary Labels Required:

Key counseling points:

Therapeutic Alternates/Place in Therapy:

Student Signature/Date: _____

Preceptor Signature/Date: _____

Appalachian College of Pharmacy
Drug Related Problem (DRP) Documentation Form

Patient Initials: _____   DOB: _____   RX #: _____   Site: _____

Date: _____

Category: ☐ **Adverse drug reaction**
☐ **Calculation error/decimal point**
☐ **Compliance**
☐ **Dose too high**
☐ **Dose too low**
☐ **Drug-Disease interaction**
☐ **Drug-Drug interaction**
☐ **Drug-nutrient interaction**
☐ **Drug information**
☐ **Drug without indication**
☐ **Failure to receive drug**
☐ **Illegible RX**
☐ **Inappropriate indication**
☐ **Incomplete order**
☐ **Indication without drug**
☐ **Patient Allergy**
☐ **Rx violates legal requirements**
☐ **Suboptimal or unavailable dose form**
☐ **Suboptimal therapy**
☐ **Therapeutic duplication**
☐ **Wrong dosing frequency**
☐ **Wrong patient**

Drug Involved: _____ **Disease Involved:** _____ **Prescriber Type:** _____

Brief Description: **(MD/DO, PA, NP,DDS)**
_____
_____
_____

Status:
☐ Resolved ☐ Unresolved

Type of RX:
☐ Computer generated   ☐ Faxed   ☐ Preprinted   ☐ Telephoned by MD   ☐ Telephone by other   ☐ Written

INTERVENTION
Recommendation:
☐ D/C Drug   ☐ Add/initiate drug/device   ☐ Increase Dose   ☐ Decrease dose
☐ Change dosage form/route   ☐ Change frequency   ☐ Recommend labs/monitoring
☐ Other: _____

Pharmacist Action:
☐ Contact MD by phone   ☐ Patient education   ☐ Contact MD by fax
☐ Contact nurse/secretary   ☐ Patient interview   ☐ Other: _____

Resulting Action:

☐ Clarified and dispensed ☐ Counseled caregiver ☐ Counseled patient ☐ Drug stopped
☐ Drug therapy added ☐ Dose increased ☐ Dose decreased ☐ OTC rec.
☐ Form/route changed ☐ Lab/monitoring ordered ☐ No action require/info only
☐ Educated prescriber ☐ Recommendation not followed ☐ Rx dispensed as written
☐`Unknown

Patient Outcomes:

☐ Patient responded ☐ Patient did not respond ☐ No response/no complications ☐ ADR resolved
☐ ADR not resolved ☐ Rec. not followed ☐ Unable to document
☐ Requires follow-up (Follow-up date: _____)

Impact:

☐ Info only ☐ Perceived impact on patient care ☐ Increased drug cost
☐ Decreased drug cost ☐ Prevent ADR ☐ Resolved ADR

Recommendation Accepted? ☐ Yes ☐ No ☐ Not known Time Required**: _____**

Clinical Significance: ☐ Adverse significance ☐ Not significant (info only)
☐ Neutral (depends on clinical interpretation) ☐ Significant (improved/increased quality of care)
☐ Very significant (averts organ dysfunction) ☐Extremely significant (potentially lifesaving)

ACP Formal Presentation Evaluation Form

Student _____ Evaluator _____ Date_____

Topic_____

Audience: Nurses _____   Physicians_____   Pharmacists _____   Patients _____

      Others (list): _____

5 Excellent	4 Very Good	3 Satisfactory	2 Needs Improvement	1 Unacceptable
Student has excelled in performing the competency. Student has completed the work and <u>exceeded</u> activity requirements.	Student performed the competency at an above <u>average</u> level. Student has completed the work and <u>exceeded</u> rotation requirements.	Student performed the competency at an <u>acceptable</u> level. Student has completed the <u>minimum</u> rotation requirements..	Student attempted but did <u>not</u> achieve competency in all areas. The student may have completed the <u>minimum</u> rotation requirements but <u>not</u> at an acceptable level.	Student attempted but did <u>not</u> achieve competency in all areas. The student may or may not have completed the minimum rotation requirements and requires significant improvement.

Category	Score						Comments
	5	4	3	2	1	N/A	
1. The student was well prepared.							
2. The student presents pertinent data and information.							
3. The student answered questions effectively.							
4. Printed material and/or visual aids were well prepared and utilized effectively.							
5. The student was properly attired.							
6. The content of the presentation met matched the needs of the audience.							
7. Delivery includes direct eye contact and avoidance of distracting mannerisms.							
8. The presentation is logically organized and information is clearly explained.							
9. The difficulty level of the presentation was appropriate.							
10. The student effectively utilized the time allotted for the presentation.							
11. The student used proper enunciation/pronunciation of medical terminology.							
12. The student exhibited command and thorough knowledge of the subject matter.							

Mean Score: _____ (will be between 1 and 5)

Evaluator Signature: _____

This score should be entered in the CPPE Final Evaluation Form to contribute toward the student's final grade for the rotation. Comments may be written below or on the back of this page.

ACP Project Evaluation Form

Student _____   Date_____

Project_____   Evaluator_____

5 Excellent	4 Very Good	3 Satisfactory	2 Needs Improvement	1 Unacceptable
Student has excelled in performing the competency. Student has completed the work and exceeded activity requirements.	Student performed the competency at an above average level. Student has completed the work and exceeded rotation requirements.	Student performed the competency at an acceptable level. Student has completed the minimum rotation requirements	Student attempted but did not achieve competency in all areas. The student may have completed the minimum rotation requirements but not at an acceptable level.	Student attempted but did not achieve competency in all areas. The student may or may not have completed the minimum rotation requirements and requires significant improvement .

Category	Score					
	5	4	3	2	1	N/A
1. The student prepared and gathered background information relevant to the project.						
2. The student effectively utilized the time allotted for the project.						
3. The project assigned was thoroughly completed.						
4. Printed material and/or visual aids were well prepared and utilized effectively.						
5. The student used proper medical or technical terminology.						
6. The student was able to discuss the project in a well-organized and effective manner.						
7. Information conveyed was clear and concise.						
8. The student exhibited command and thorough knowledge of the project.						
9. The student answered questions effectively.						

Mean Score: _____ (Mean score will be between 1 and 5)

Signature of Evaluator: _____

This score may be entered on the Final Evaluation Form to contribute toward the student's final grade for the rotation. Comments may be written below or on the back of this page.

APPALACHIAN COLLEGE of PHARMACY
Drug Information Analysis - Evaluation Form

Student _____ Date_____

Evaluator_____

Drug Information Inquiry: _____

5 Excellent	4 Developing Excellence	3 Satisfactory	2 Needs Improvement	1 Unsatisfactory
The student requires no prompting for clarification. Discussion points are discussed in depth and detail. The highest level of performance is achieved.	The student is able to clarify information with only a prompt so that information is accurate and covered in sufficient detail. All described behaviors are displayed.	The student requires clarification on one or two minor discussion points so that information is accurate and covered in sufficient detail. Nearly all (85-95%) of described behaviors are displayed.	The instructor must provide directed questioning so that the information is accurate and covered in sufficient detail. Most (50-70%) of behaviors are displayed.	The student needs extensive clarification. The instructor has to intervene so that the information is accurate and covered in sufficient detail. Few (<50%) of described behaviors are displayed.

Category	Score						Comments
	5	4	3	2	1	N/A	
1. Utilized time effectively / well prepared							
2. Summarized the question or therapeutic dilemma							
3. Identified and retrieved pertinent data and information							
4. Performed a critical analysis of the primary literature							
5. Summarized available data							
6. Reached an evidenced-based conclusion							
7. Wrote / presented response in a logical, organized, and clear manner							
8. Used proper grammar, punctuation, and medical terminology							
9. Showed enthusiasm							
10. Demonstrated effective presentation style							
11. Utilized appropriate audiovisuals							
12. Fielded questions effectively							

Mean Score: _____ (will be between 1 and 5)

Signature of Evaluator: _____

This score should be entered on the bottom of the Student Competency Evaluation Form in the section titled "Drug Information Evaluation." Additional comments may be written below or on the back of this page.

Pledge of Professionalism

As a student of pharmacy, I believe there is a need to build and reinforce a professional identity founded on integrity, ethical behavior, and honor. This development, a vital process in my education, will help ensure that I am true to the professional relationship I establish between myself and society as I become a member of the pharmacy community. Integrity must be an essential part of my everyday life and I must practice pharmacy with honesty and commitment to service.

To accomplish this goal of professional development, I as a student of pharmacy should:

DEVELOP a sense of loyalty and duty to the profession of pharmacy by being a builder of community, one able and willing to contribute to the well-being of others and one who enthusiastically accepts the responsibility and accountability for membership in the profession.

FOSTER professional competency through life-long learning. I must strive for high ideals, teamwork and unity within the profession in order to provide optimal patient care.

SUPPORT my colleagues by actively encouraging personal commitment to the Oath of Maimonides and a Code of Ethics as set forth by the profession

INCORPORATE into my life and practice, dedication to excellence. This will require an ongoing reassessment of personal and professional values.

MAINTAIN the highest ideals and professional attributes to ensure and facilitate the covenantal relationship required of the pharmaceutical caregiver.

The profession of pharmacy is one that demands adherence to a set of rigid ethical standards. These high ideals are necessary to ensure the quality of care extended to the patients I serve. As a student of pharmacy, I believe this does not start with graduation; rather, it begins with my membership in this professional college community. Therefore, I must strive to uphold these standards as I advance toward full membership in the profession of pharmacy.

Developed by the American Pharmaceutical Association Academy of Students of Pharmacy/American Association of Colleges of Pharmacy Council of Deans (APhA-ASP/AACP-COD) Task Force on Professionalism; June 26, 1994

OATH OF A PHARMACIST

"I promise to devote myself to a lifetime of service to others through the profession of pharmacy. In fulfilling this vow:

• I will consider the welfare of humanity and relief of suffering my primary concerns.

• I will apply my knowledge, experience, and skills to the best of my ability to assure optimal outcomes for my patients.

• I will respect and protect all personal and health information entrusted to me.

• I will accept the lifelong obligation to improve my professional knowledge and competence.

• I will hold myself and my colleagues to the highest principles of our profession's moral, ethical and legal conduct.

• I will embrace and advocate changes that improve patient care.

• I will utilize my knowledge, skills, experiences, and values to prepare the next generation of pharmacists.

I take these vows voluntarily with the full realization of the responsibility with which I am entrusted by the public."

The revised Oath was adopted by the AACP House of Delegates in July 2007 and has been approved by the American Pharmacists Association.