

Early Pharmacy Practice Experience 2 Workbook



Fall 2016/Spring 2017

Educational Philosophy

Vision and Mission Statements

Vision Statement

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

Mission Statement

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

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Introduction to EPPE 2

EPPE 2 occurs during the fall and spring terms of the P2 year. The goal of EPPE 2 is to continue the development of professionalism begun in EPPE 1 while attaining ACPE competencies in a long-term care setting. Students will participate in a required IPE activity in October. Attendance is mandatory. Students will be exposed to other health care professionals working on an intradisciplinary approach to case studies.

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

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

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

Overall goals of the EPPE sequence are as follows:

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

General Policies for EPPE Students

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

ASSIGNMENT

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

PATIENT ASSIGNMENT RESTRICTIONS

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

COMPENSATION and GRATUITIES

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

ATTENDANCE

Patient Visits

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

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

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

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

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

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

Team Meetings

Students are given a schedule of team meetings (See page 11) and the weeks in which patient visits are expected. Students are expected to attend every team meeting.

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

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

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

Absences

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

ACADEMIC PROBATION AND REMEDIATION

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

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

PROFESSIONAL STANDARDS

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

Ethical and Legal Decision-Making

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

Priority for Patient Care

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

Follow Through on Patient Care

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

Patient Care Recommendations

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

Provision of Patient Education Materials

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

Patient Emergencies

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

Diversity

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

Respect for Patients and Colleagues

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

Competency

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

Self-directed Learning

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

EPPE 2 Forum

DESCRIPTION:

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

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

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

FACULTY:

Course Coordinators:

Donna Adkins, PharmD, CGP, FASCP
Sharon Deel, RN, MSN

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Course Faculty:

Samir Abdelfattah, PharmD
Shamly Abdelfattah, PharmD
Todd Carter, PharmD
Caroline Droste, PharmD
Ingo Engels, Ph.D.
Travis Garrett, PharmD
Brent Gravelle, MD, Ph.D.
Ted Hagen, D.Min., Ph.D.
Marcy Hernick, Ph.D.
Michael Justice, PharmD
Ghous Khan, Ph.D.
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TEAM STRUCTURE:

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

FACULTY TEAMS:

Team #1	Melissa Speed	Todd Carter	
Team #2	Mamoon Rashid	Michael Justice	Caroline Droste
Team #3	US Rao	Kristen Preston	
Team #4	Ingo Engels	Ed Talbott	
Team #5	Richard Nicholas	Afsana Momen	
Team #6	Ted Hagen	Brent Gravelle	Travis Garrett
Team #7	Mohamed Nounou	Shamly Abdelfattah	
Team #8	Ghous Khan	Crystal Phillips	
Team #9	Marcy Hernick	Samir Abdelfattah	

Sharon Deel will float each week between teams.

INSTRUCTION TIME:

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

ABILITY OUTCOMES:

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

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

METHODS OF LEARNING:

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

DOCUMENTATION of PATIENT ENCOUNTER:

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

DOCUMENTATION and ASSIGNMENT

SUBMISSION:

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

GRADING and ASSESSMENT:

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

The grade for the course will be determined as follows:

Assignments (Fall Term):

SOAP note (1)	10 points
Weekly assignments (6)	9 points
Weekly progress notes (12)	36 points
Writing Assignment (1)	15 points
Professional portfolio (1)	10 points
Long Term Care Final	10 points
IPE Exercise	10 points
Total	<u>100 points</u>

Assignments (Spring Term):

SOAP note (1)	15 points
Weekly assignments (6)	9 points
Weekly progress notes (12)	36 points
Writing Assignment (1)	15 points
Professional portfolio (1)	10 points
IPE Reflective Paper (1)	15 points
Total	<u>100 points</u>

Attendance (# each term):

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

GRADE:

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

Suggested Reading

Guidance To Surveyors: http://cms.hhs.gov/manuals/Downloads/som107ap_pp_guidelines_ltcf.pdf
(Accessed 7/15/2014)

- F329 – Unnecessary Medications
- F332 – Drug Errors
- F333 – Drug Errors
- F425 – Pharmacy Service
- F428 – Drug Regimen Review
- F431 – Labeling of Drugs and Biologicals
- Medication Issues of Particular Relevance List
- Symptoms, Signs and Conditions That May Be Associated with Medications (Change in Condition)
- Tapering of a Medication Dose/Gradual Dose Reduction (GDR)

EPPE Forum Content and Schedule

(Subject to change with advance notice)

EPPE Forum	Date	Team	Location*	Person Presenting/Date** (Spring)	Topics Covered	Faculty
	Aug 24, 2016 Aug 31, 2016	A&B C&D	P2 Classroom		Geriatrics and Introduction to Long Term Care	
1	Sept 7, 2016 Sept 14, 2016	A&B C&D			- Review and Discuss EPPE Assignment - Patient Progress Update	All
2	Sept 21, 2016 Sept 28, 2016	A&B C&D			- Review and Discuss EPPE Assignment - Patient Progress Update ***Writing Assignment #1 Due***	All
3	Oct 5, 2016 Oct 12, 2016	A&B C&D				
	Oct 17 th & 19 th	ALL			IPE Mandatory Exercise	
4	Oct 19, 2016 Oct 26, 2016	A&B C&D			- Review and Discuss EPPE Assignment - Patient Progress Update	All
5	Nov 02 2016 Nov 09, 2016	A&B C&D			- Review and Discuss EPPE Assignment - Patient Progress Update ***Portfolio Preview***	All
6	Nov 16, 2016 Nov 18, 2016	A&B C&D			- Review and Discuss EPPE Assignment - Patient Progress Update *** Portfolios Due November 14th***	All
Thanksgiving and Winter Break						
7	Jan 25, 2017 Feb 1, 2017	C&D A&B			- Review and Discuss EPPE Assignment - Patient Progress Update	All
8	Feb 8, 2017 Feb 15, 2017	C&D A&B			- Review and Discuss EPPE Assignment - Patient Progress Update	All
9	Feb 22, 2017 Mar 01, 2017	C&D A&B			- Review and Discuss EPPE Assignment - Patient Progress Update	All
10	Mar 8, 2017	C & D			- Review and Discuss EPPE Assignment - Patient Progress Update ***Writing Assignment #2 Due***	All
11	Mar 22, 2017	A&B			- Review and Discuss EPPE Assignment - Patient Progress Update ***Writing Assignment #2 Due***	All
12	Mar 29, 2017 Apr. 5, 2017	C&D A&B			- Review and Discuss EPPE Assignment - Patient Progress Update ***Portfolio Preview***	All
Spring Break						
13	Apr 12, 2017 Apr 19, 2017	C&D A&B			- Review and Discuss EPPE Assignment - Patient Progress Update ***Portfolios Due April 17st***	All

EPPE 2 Assignments

General Student Instructions

During each weekly visit:

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

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

Procedure for hospital visits:

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

EPPE 2 Assignment 1: Weeks 1 & 2

Learning Outcomes:

The student must be able to:

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

Assignment:

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

EPPE 2 Assignment 2: Weeks 3 & 4

Learning Outcomes:

The student must be able to:

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

Assignment:

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

EPPE 2 Assignment 3: Weeks 5 & 6

Learning Outcomes:

The student must be able to:

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

Assignment:

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

EPPE 2 Assignment 4: Weeks 7 & 8

Learning Outcomes:

The student must be able to:

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

Assignment:

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

CMS Manual- page 372

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

(Accessed 7/21/16)

Suggested Reading:

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

EPPE 2 Assignment 5: Weeks 9 & 10

Learning Outcomes:

The student must be able to:

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

Assignment:

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

Centers for Disease Control and Prevention. Recommended Adult Immunization Schedule--United States, MMWR 2011. MMWR 2011 ; 60(4).
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6004a10.htm>
(Accessed 7/21/2016)

EPPE 2 Assignment 6: Weeks 11 & 12

Learning Outcomes:

The student must be able to:

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

Assignment:

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

CMS Manual- page 367

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

(Accessed 7/21/2016)

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

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

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

EPPE 2 Assignment 7: Weeks 13 & 14

Learning Outcomes:

The student must be able to:

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

Assignment:

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

Sample Falls Risk Assessment Form

http://www.texasquality.org/collaboratives/partnership_for_patients/pfp_resources/pfp_2012_conference_documents/non_infectious_hospital_acquired_conditions/4_Hendrich%20II%20Fall%20Risk%20Model%20Tool%20%28for%20binder%20and%20website%29.pdf

Accessed (7/22/15)

Suggested Reading:

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

EPPE 2 Assignment 8: Weeks 15 & 16

Learning Outcomes:

The student must be able to:

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

Assignment:

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

EPPE 2 Assignment 9: Weeks 17 & 18

Learning Outcomes:

The student must be able to:

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

Assignment:

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

ASCVD Risk Estimator

<http://tools.acc.org/ASCVD-Risk-Estimator/>

(Accessed 8/8/2016)

EPPE 2 Assignment 10: Weeks 19 & 20

Learning Outcomes:

The student must be able to:

1. Evaluate health and medication related events and document in a progress note.
2. Given individual patient data assess the patient's nutritional status.
3. Calculate BEE for an individual patient.
4. Calculate total daily calories, protein, and fluid requirements for an individual patient.
5. Reflect on experiences at the long-term care facility.

Assignment:

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

EPPE 2 Assignment 11: Weeks 21 & 22

Learning Outcomes:

The student must be able to:

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

Assignment:

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

Braden Scale:

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

(Accessed 7/21/2016)

EPPE 2 Assignment 12: Weeks 23 & 24

Learning Outcomes:

The student must be able to:

1. Evaluate health and medication related events and document in a progress note.
2. Summarize a patient's clinical course in SOAP format.

Assignment:

1. After each visit, write a weekly progress note. If your patient has been sent to the hospital or has fallen since your last visit, write a full SOAP note.
2. Write a final SOAP note to sign-off the patient.
3. **Submit your portfolio to the OEE by April 17th.**

Guidelines for Weekly Documentation

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

The progress note should contain at a minimum:

- Week #
- Date, Time, Location, Length of Visit
- Activities During the Visit
- New subjective and objective information
- Complete problem list with an assessment of any new information
- Plan to correct each problem identified
- Lab reference ranges for all laboratory value

Guidelines for SOAP Notes

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

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

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

SOAP Format

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

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

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

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

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

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

Writing Assignments

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

DUE DATE: September 28, 2016

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

DUE DATE: March 08, 2017

Assessment Criteria:

Criteria	Superior (15-20 points)	Sufficient (10-15 points)	Minimal (5-10points)	Unacceptable (0 points)
Depth of Reflection ____/20	Statement directly addresses the issue and is reflective in nature.	Response demonstrates a general reflection on, and personalization of, the theories, concepts, and/or strategies presented in the course materials to date. Viewpoints and interpretations are supported.	Response demonstrates a minimal reflection on, and personalization of, the theories, concepts, and/or strategies presented in the course materials to date. Viewpoints and interpretations are unsupported or supported with flawed arguments.	Response demonstrates a lack of reflection on, or personalization of, the theories, concepts, and/or strategies presented in the course materials to date. Viewpoints and interpretations are missing, inappropriate, and/or unsupported.
Required Components ____/20	Response includes all components and meets or exceeds all requirements indicated in the instructions. Each question or part of the assignment is addressed thoroughly.	Response includes all components and meets all requirements indicated in the instructions. Each question or part of the assignment is addressed.	Response is missing some components and/or does not fully meet the requirements indicated in the instructions.	Response excludes essential components and/or does not address the requirements indicated in the instructions.
Structure ____/20	Writing is clear, concise, and well organized with excellent sentence/paragraph construction. Thoughts are expressed in a coherent and logical manner. There are no more than three spelling, grammar, or syntax errors per page of writing.	Writing is mostly clear, concise, and well organized with good sentence/paragraph construction. Thoughts are expressed in a coherent and logical manner. There are no more than five spelling, grammar, or syntax errors per page of writing.	Writing is unclear and/or disorganized. Thoughts are not expressed in a logical manner. There are more than five spelling, grammar, or syntax errors per page of writing.	Writing is unclear and disorganized. Thoughts ramble and make little sense. There are numerous spelling, grammar, or syntax errors throughout the response.

<p>Evidence and Practice</p> <p>____/20</p>	<p>Response is word-processed, handed in at beginning of class on due date, and contains all required elements (student name, date, EPPE1 Forum in bold on top of first page).</p>	<p>Response is word-processed, handed in at beginning of class on due date, and contains some required elements (student name, date, EPPE1 Forum in bold on top of first page).</p>	<p>Response is not word-processed, handed in at beginning of class on due date, and contains all required elements (student name, date, EPPE1 Forum in bold on top of first page).</p>	<p>Response is handed in AFTER the due date.</p>
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SOAP NOTE EVALUATION FORM

Student: _____ Evaluator: _____ Date: _____

4.5 – 5 Excellent	3.5 – 4 Developing Excellence	3.4 – 2.5 Satisfactory	1 – 2.4 Needs Improvement	< 1 Unsatisfactory
Complete and concise summary of pertinent information. Student has Exceeded activity requirements.	Well organized; partial but accurate summary of pertinent information. Student has performed above average (>80%).	Completed assignment at a minimally acceptable level.	Attempted but did not achieve minimum competency in all areas. Student needs assistance and/or guidance to complete.	Unacceptable. Pertinent information is not addressed; or is grossly incomplete and/or inaccurate. Student performance is (<50%), needs significant improvement.

Category		Score						Comments
		5	4	3	2	1	N A	
Part I.	SUBJECTIVE							
	Chief complaint, demographics and history of present illness (<i>while protecting patient privacy</i>)							
	Identified and collected all the necessary/pertinent information (<i>i.e. non-compliance, medication misuse, recent medication changes, social history, immunization's, etc...</i>)							
	Categorized and organized data using appropriate format							
	OBJECTIVE							
	Identified, filtered and collected all necessary data (<i>vital signs, diagnostics and labs</i>)							
Part II.	Incorporated all pertinent data and is complete (<i>includes, diagnostic imaging, dates, and reference ranges</i>)							
	Current list of medications with indications, dosage, and allergies							
	Categorized and organized data using appropriate format							
	ASSESSMENT							
	Problems are clearly stated and individualized to patient specific therapeutic goals (<i>listed in appropriate order of priority</i>)							
	Identifies and evaluates relevant medication problems to develop a rational assessment (<i>including missing date, gaps in therapy, drug-drug interactions, underuse/overuse of meds, suboptimal doses, nonpharmacological options, etc.</i>)							
	Interpreted relationships/patterns/trends from S&O to support each problem based on therapeutic goal(s)							
	Developed reasonable therapeutic assessment(s) and provided logical and complete rationale behind each (<i>evaluated all drug therapy issues</i>)							
	PLAN							
	Developed reasonable/appropriate therapeutic plan(s) for each problem identified in the assessment (<i>plan is organized with a logical rationale for each recommendation including any pertinent labs to justify plan</i>)							
Provides complete and logical rationale for therapeutic plan (<i>includes any pertinent labs to justify plan</i>)								
Plan includes non-pharmacological options (<i>OTC, lifestyle modifications, etc.</i>)								
Plan is appropriate includes desired therapeutic goals/endpoints, monitoring, and follow-up								
Plan is complete including drug, dose, route, frequency, directions and monitoring (<i>includes enough info for PCP to write an order</i>)								

Mean Score: _____ (*grade is between 1 and 5 points*)

Additional Comments:

Professional Portfolio

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

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

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

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

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

Student _____

Date: _____

Reviewer: _____

PROFESSIONAL PORTFOLIO

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

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

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

Forms and Documents

Appalachian College of Pharmacy Student Visitation Log

Date	Time In	Time Out	Name (Print)	Signature

Inpatient EPPE 2 Visitation Verification Form

Date: _____

Time in: _____

Time out: _____

Student name (print): _____

Student signature: _____

Inpatient nurse on duty (print): _____

Nurse signature: _____

PATIENT PROFILE/HISTORY FORM

Name: _____
 Address: _____

 Primary Care Provider: _____
 Specialist(s): _____

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

Prescription Medications

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

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

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

Herbal Medications

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

Allergies

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

Reaction

Allergies

- Penicillin
- Sulfa
- Other: _____
- Other: _____

Reaction

PATIENT HISTORY FORM (cont'd)

Name: _____ Gender: M F DOB: _____

Medical Conditions

- Arthritis (OA or RA)
- Asthma
- Cancer (type: _____)
- COPD
- Diabetes (type 1 or type 2)
- Emphysema
- Heart attack
- Heart failure
- High blood pressure
- High cholesterol _____
- Kidney disease _____

Date of Diagnosis

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

- Liver disease _____
- Menopausal status (pre or post) _____
- Migraines _____
- Osteoporosis _____
- Seizures _____
- Sexual dysfunction _____
- Stroke _____
- Thyroid disease (hypo/hyper) _____
- Other: _____
- Other: _____
- Other: _____

Surgical History: _____

Family History

- Maternal: _____
- Paternal: _____

Social History

Height: _____ Weight: _____

Nicotine Use

- Never smoked
- _____ packs/day for _____ years
- Stopped _____

Caffeine Intake

- Does not consume
- _____ drinks/day

Alcohol Consumption

- Does not consume
- _____ drinks/day
- Stopped _____

Diet

- Low saturated fat/low cholesterol
- Low sodium

Exercise

- None
- _____ minutes _____ times/week

Interventions

- Aspirin _____
- Calcium _____
- Flu shot _____
- Pneumonia shot _____

Information collected by: _____ Date: _____

Signature of preceptor: _____ Date: _____

Appendix D

NUTRITIONAL ASSESSMENT

Patient (initials) _____ **Student** _____ **Date** _____

SUBJECTIVE:

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

Food Allergies: _____

Food/Beverage Preferences: _____

Chews: with / without problem

Swallows: with / without problem

OBJECTIVE:

Diagnosis: _____

Age ____ Height _____ Current Wt. _____ BMI _____

IBW _____ Admission Wt. _____ Usual Wt. _____

Weight loss: _____% lost in the last 30 days _____% lost in the last 180 days

Diet Ordered _____

Feeding Devices: Weighted Forks/Spoons Lipped Bowls Divided Plates

Resident eats in: Room Dining Hall Other

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

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

Status: Alert Withdrawn Confused Combative Cooperative

Communication: Hearing Impaired Blind Language Barrier Aphasia Non-Responsive

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

Medications: _____

BEE Total Caloric Needs _____

Protein requirements _____ Fluid Requirements _____ -- _____

Hydration Status: Dehydrated Adequately Hydrated Over-Hydrated

Skin Condition:

ASSESSMENT:

Dietary Intake Is: Poor Fair Good

Weight is: Below Within Above the Normal Range

Recent Appetite has been: Poor Fair Good

Bowel Function: Regular Constipated Diarrhea

PLAN:

Appendix E

EPPE 2 ASSESSMENT FORM

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

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

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

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

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

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

Assignment 12 - Weeks 23 & 24 Date Submitted	2/14/2012 8:29	2/14/2012 8:29					
Week 23 Progress Note (2)	2	2					
Week 24 Progress Note (2)	2	2					
*Assignment 12: Final SOAP Note (15)	10	10					
*Actual grade for Final SOAP note is recorded below. The 2 point total indicates this assignment was turned in on time.							
Final SOAP Note Score (10)	10	10					
Weekly Assignments (9)	9	9					
Weekly Progress Notes (36)	36	36					
Reflective Essay 2 (15)	15	15					
Professional Portfolio (10)	10	10					
Final Grade	80	80	0	0	0	0	0

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

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

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

Appendix F

EPPE 2 ASSESSMENT FORM

COMPLETED BY STUDENT

A. Learning Outcomes

1. The learning outcomes were clear Yes No

Comments:

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

Comments:

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

Comments:

4. After completing this course I am able to:

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

5. Participation in this course has enabled me to:

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

B. Assignments

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

Comments:

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

Comments:

C. Miscellaneous

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

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

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

Additional Comments: