YPHP 615A-C, Introductory Pharmacy Practice Experience II Syllabus 6 Quarter Hours 2023-2024

COURSE DESCRIPTION

The Introductory Pharmacy Practice Experiences (IPPEs) are designed to provide the foundation for the student pharmacists in preparation for their Advanced Pharmacy Practice Experiences (APPEs). This course is a structured introduction to pharmacy practice in a health-system pharmacy setting. The Health -System IPPE spans the P2 year all students complete IPPE II in a health-system based setting.

The IPPE II experience is designed to provide a foundation to the distributive, clinical and administrative processes in place at health systems pharmacy. Students will gain interprofessional exposure by interacting with other health care professionals in addition to preceptors, technicians and pharmacy personnel. IPPE II is also a longitudinal experience, during which the students will complete on-site hours during the fall, winter and spring quarters, with one additional hour allocated for reflection activity documentation.

Quarter Offered: Fall, Winter, and Spring of P2 year

Prerequisite(s):

Prerequisite(s): Documented completion and compliance with the following is required before beginning a practice experience:

- 1. Pharmacy Technician Registration as a Student Pharmacist with the Illinois Department of Financial & Professional Regulation**
- 2. Online HIPPA training via Desire2Learn (D2L), completed annually
- 3. OSHA Bloodborne Pathogen training (completed in conjunction with the Pharmacy Skills Education course), completed annually
- 4. Basic Life Support (BLS) training for Healthcare Providers (live training via the American Heart Association)
- 5. Criminal background check, completed annually
- 6. Drug test, completed annually
- 7. Up-to-date vaccination history per the RFUMS Student Pre-Matriculation Immunization Form
- 8. Annual TB test
- 9. Annual influenza vaccination, which must be completed annually
- *Some sites may have additional requirements for student pharmacists completing IPPEs.

<u>Instructional Methods and Learning Experiences</u>: This course will consist of active learning through the use of practice-based activities in health-system pharmacies, team-based projects, and preceptor interactions.

Course Director(s):

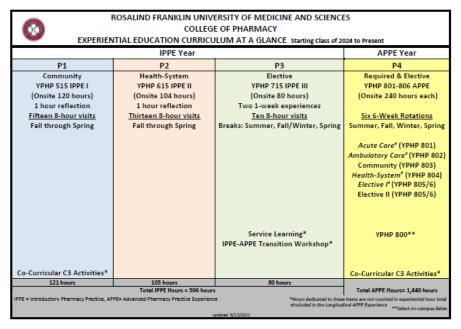
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		Education
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Office hours	By appointment	By appointment

^{**}A student pharmacist is NOT required to become a Certified Pharmacy Technician as long as the student is in good standing at RFUMS College of Pharmacy.

Contact Hours:

The Health-System Pharmacy IPPE is a longitudinal rotation experience, during which the students will complete at least 104 hours in a health-system pharmacy (Figure 1). For additional details related to the IPPE dates and hours, refer to the IPPE P2 Health-System schedule.

Figure 1. Experiential Education Structure



COURSE OBJECTIVES

TERMINAL PERFORMANCE DOMAINS¹: Upon completion of this experiential course, the student pharmacist will have met the following performance domains and abilities:

- 1. Learner—Develop, integrate, and apply knowledge from the foundational sciences to evaluate the scientific literature, explain drug action, solve therapeutic problems, and advance population and patient-centered care.
- 2. Patient-centered care—Provide patient-centered care as the medication expert
- 3. Medication use systems management—Manage patient healthcare needs using human, financial, technological, and physical resources to optimize the safety and efficacy of medication use
- 4. Health and wellness—Design prevention, intervention, and educational strategies for individuals and communities to manage chronic disease and improve health and wellness
- 5. Problem solving—Identify problems, explore and prioritize potential strategies, and design, implement, and evaluate viable solutions
- 6. Educator—Educate respective audiences by determining the most effective and enduring ways to impart information and assess understanding
- 7. Patient advocacy—Assure that patients' best interests are represented
- 8. Interprofessional collaboration—Actively participate and engage as a health care team member by demonstrating mutual respect, understanding, and values to meet patient care needs
- 9. Cultural sensitivity—Recognize social determinants of health to diminish disparities and inequities in access to quality care
- 10. Communication—Effectively communicate verbally and nonverbally when interacting with an individual, group, or organization
- 11. Self-awareness—Examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth
- 12. Leadership—Demonstrate responsibility for creating and achieving shared goals, regardless of position
- 13. Innovation and entrepreneurship—Engage in innovative activities by using creative thinking to envision

better ways of accomplishing professional goals

- 14. Professionalism—Exhibit behaviors and values that are consistent with the trust given to the profession by patients, other health care providers, and society
- ¹ Based on the Center for the Advancement of Pharmacy Education's Educational Outcomes 2013 and the Accreditation Council for Pharmacy Education's Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree (Guidelines 2.0, Appendix D).

Learner

- Summarize key information, including brand and generic names, dosage forms, usual dosing ranges, and counseling points related to the use of common prescription and nonprescription medications
- Describe the mechanism of action of common medications
- When responding to drug information requests from patients or health care providers, identify appropriate sources of information and evaluate primary literature to synthesize answers
- Critically analyze scientific literature and clinical practice guidelines related to medications and diseases to enhance clinical-decision making
- Perform accurate pharmaceutical calculations, including preparation of compounded medications, weight-based pediatric dosing, and dose adjustments based on body weight and renal function

Patient-Centered Care

- Collect subjective and objective evidence related to patient, medications, allergies/adverse reactions, and disease, by performing patient assessment (including physical assessment) from chart/electronic health records, pharmacist records, and patient/family interviews.
- Collect patient histories in an organized fashion, appropriate to the situation and inclusive of cultural, social, educational, economic, and other patient- specific factors affecting self- care behaviors, medication use and adherence to determine the presence of a disease, medical condition, or medication-related problem(s).
- Accurately assess and record a patient's blood pressure, pulse, respiratory rate, and other objective data as applicable
- Evaluate a patient's medication profile to identify actual and potential medication-related problems
- Formulate evidence-based care plans, assessments, and recommendations based on subjective and objective data, the patient's needs, and the patient's goals
- Implement patient care plans and monitor response to therapy
- Document all patient information accurately, legally, and succinctly
- Effectively communicate recommendations to other health care providers

Medication Use Systems Management

- Distribute medications in a safe, accurate, and timely manner
- Compound drug products using accurate calculations, pharmaceutical components, and techniques
- Accurately evaluate, process, label, and dispense medications and devices pursuant to a new prescription, prescription refill, or drug order in accordance with legal requirements
- Determine appropriate storage and beyond-use dating of compounded and reconstituted medications before and after dispensing
- Incorporate continuous quality improvement techniques when processing prescriptions for patients to reduce and prevent errors
- Manage health care needs of patients during transitions of care

Health and Wellness

 Provide preventive health and wellness services (e.g., immunizations, tobacco cessation counseling, wellness screenings)

Problem Solving

• Identify and prioritize a patient's medication-related problems

Educator

 Use effective written, visual, verbal, and nonverbal communication skills to educate patients and/or caregivers on medication use, self-management, and preventive care

- Assess the ability of patients and their agents to obtain, process, understand and use health- and medication-related information
- Use appropriate methods of patient education to review indications, adverse effects, dosage, storage, and administration techniques

Educator

- Demonstrate and/or describe proper use of various drug delivery and monitoring systems (e.g., inhalers, eye drops, glucometers, etc.)
- Use effective written, visual, verbal, and nonverbal communication skills to accurately respond to drug information questions
- Educate health care providers, pharmacy staff, and student pharmacists regarding a patient case or other pharmacy-specific information
- Given a condition that can be treated with self-care interventions, recommend appropriate nonprescription and nondrug therapy

Patient Advocacy

- Assist a patient or caregiver with problems related to prescription medication coverage, health insurance, or government health care programs
- Encourage patients to set priorities and goals to better meet their health care needs

Interprofessional Collaboration

• Engage as a member of a health care team by collaborating with and demonstrating respect for other areas of expertise

Cultural Sensitivity

• Incorporate patients' cultural beliefs and practices into health and wellness education

Communication

- Document patient care activities clearly, concisely, and accurately using appropriate medical terminology
- Comply with the communication expectations of the Office of Experiential Education

Self-Awareness

- Approach tasks with a desire to learn
- Display positive self-esteem and confidence with interacting with others
- Accepts constructive criticism and strives for excellence
- Demonstrate the ability to be a self-directed, life-long learner

Leadership

• Foster collaboration among the pharmacy team to achieve a common goal

Innovation and Entrepreneurship

- Demonstrate creative decision-making when dealing with unique problems or challenges
- Develop new ideas or strategies to improve patient care services at the pharmacy

Professionalism

- Demonstrate a commitment to the advancement of pharmacy practice
- Comply with the professionalism expectations of the Office of Experiential Education

¹ Based on the Center for the Advancement of Pharmacy Education's Educational Outcomes 2013 and the Accreditation Council for Pharmacy Education's Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree (Guidelines 2.0, Appendix D).

REQUIRED AND RECOMMENDED COURSE MATERIALS

- 1. American Society of Health-System Pharmacists. ASHP guidelines: minimum standard for pharmacies in hospitals. https://www.ashp.org/-/media/assets/policy-guidelines/docs/guidelines/minimum-standard-pharmacies-hospitals.ashx
- ASHP Practice Advancement Initiative 2030: New recommendations for advancing pharmacy practice in health systems. American Journal of Health-System Pharmacy, Volume 77, Issue 2, 15 January 2020, Pages 113–121, https://doi.org/10.1093/ajhp/zxz271
- Ansel HC. Pharmaceutical Calculations. 13th ed. Philadelphia PA: Lippincott Williams & Wilkins; 2009. ISBN-978-0781739221
- 4. Anton K Drug Information: Formulating effective response and recommendations: A structured approach. A Guide for Pharmacists, In. Malone P, Drug Information A guide for Pharmacists 5th ed. Copyright © 2014 McGraw-Hill Education. http://accesspharmacy.mhmedical.com.ezproxy.rosalindfranklin.edu:2048/content.aspx?sectionid=54480665&bookid=981&Resultclick=2 Accessed May 19, 2015
- 5. Berger BA. *Communication Skills for Pharmacists: Building Relationships*. 3rd ed. Washington, DC: American Pharmacists Association; 2009. ISBN 9781582121321
- 6. Clinical Pharmacology [database online]. Available via RFUMS Boxer University Library Electronic Resources.
- 7. Core Clinical Measures: https://bphc.hrsa.gov/qualityimprovement/performancemeasures/index.html
- 8. Currie J, Abrons, The Process of Working through a Patient Case: Development of Clinical Problem Solving In the American Pharmacist Association Pharmacy Library. The University of Iowa College of Pharmacy, Department of Pharmacy Practice and Science, American Pharmacist's Association Washington DC © 2013 http://pharmacylibrary.com/process/26 Accessed on May 19, 2015.
- 9. Drug Enforcement Administration. Pharmacist's Manual. Revised 2010. www.deadiversion.usdoj.gov/pubs/manuals/pharm2/.
- 10. Drug Information: A Guide for Pharmacists 5e. New York, NY: McGraw-Hill; 2013.
- 11. Drug Information Handbook. 22nd ed. Hudson, OH: Lexi-Comp, Inc; 2013.
- 12. Fravel MA, Starry MJ, Reist JC. Multi-Focus SOAP Note Writing: Independent Video Activity Hypertryglyceridemia and Gout Active Learning Exercises. In the American Pharmacist Association Pharmacy Library. The University of Iowa College of Pharmacy, Department of Pharmacy Practice and Science, American Pharmacist's Association Washington DC © 2013 http://www.pharmacylibrary.com.ezproxy.rosalindfranklin.edu:2048/activeLearning/content.aspx?aid=718622 Accessed on May 20, 2015.
- 13. Illinois Controlled Substance Act and Controlled Substance Rules. http://www.ilga.gov/legislation/ilcs/ilcs5.asp?ActID=1941&ChapterID=53
- 14. Illinois Pharmacy Practice Act: http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1318&ChapterID=24
- 15. Institute for Safe Medication Practices. Available at: www.ismp.org
- 16. Medina MS, Plaza CM, Stowe CD, Robinson ET, DeLander G, Beck DE, Melchert RB, Supernaw RB, Roche VF, Gleason BL, Strong MN, Bain A, Meyer GE, Dong BJ, Rochon J, Johnston P. Center for the Advancement of Pharmacy Education (CAPE) Educational Outcomes 2013. Am J Pharm Educ. 2013; in press. Available at: http://www.aacp.org/resources/education/cape/Pages/default.aspx (accessed August 12, 2015).
- 17. Micromedex 2.0. Truven Health Analytics, Inc. Greenwood Village, CO. Available at: http://www.micromedexsolutions.com. Accessed August 12, 2015.
- 18. Patient History Checklist in Peripheral Brain for the pharmacist 3rd Ed. American Pharmacist's Association Washington DC © 2013. http://www.pharmacylibrary.com.ezproxy.rosalindfranklin.edu:2048/content/712486

- Accessed May 19, 2015.
- 19. Patient Monitoring Card. in Peripheral Brain for the pharmacist 3rd Ed. American Pharmacist's Association Washington DC © 2013.

 http://www.pharmacylibrary.com.ezproxy.rosalindfranklin.edu:2048/content/712613

 Accessed May 19, 2015.
- 20. Reiss BS, Hall GD. *Guide to Federal Pharmacy Law*. 8th ed. Ann Arbor, MI: Apothecary Press; 2013.
- 21. ASHP Injectable Drug Information 2023 Bethesda, MD: American Society of Health-Systems Pharmacists; 2022. ISBN: 978-1-58528-683-6

METHODS OF EVALUATION

Assessment Policy

Students will receive a **PASS** or **FAIL** grade for their completion of the P2 Health-System IPPEs (YPHP 615A-C). A final grade will be issued at the end of the spring quarter (Q3).

The following activities will comprise the final course grade.

This introductory pharmacy practice experience will include the following activities and assignments:

- 1. Health-System IPPE Workbook
- 2. Reflection exercises
- 3. Student and Preceptor Evaluations
- 4. Additional coursework as assigned by the preceptor

To pass YPHP 615A-C (Q1 - Q3), students must meet the following requirements:

- 1. Complete all workbook assignments as applicable
- 2. Complete all applicable reflection exercises by the posted deadlines
- 3. Complete the mid-point and final self and rotation evaluations by the posted deadline
- 4. Meet or exceed all competencies including Ethical, Professional, and Legal Behavior.

Preceptors may assign additional coursework at their discretion.

- 1. Health-System IPPE Workbook
 - The IPPE Workbook provides guidance for hands-on activities during each health-system pharmacy visit. The activities in the workbook reinforce the knowledge and skills taught in the didactic coursework and pharmacy skills education class. Completion of all elements of the workbook is required to successfully pass this course.
- 2. Reflection Exercises
 - Throughout the year, students will be required to document in writing their experiences with the pharmacy practice and patient care activities. These reflections will be submitted and maintained in CORF-FI MS.

Evaluations:

A variety of evaluations are used in this course. These serve to provide feedback to the students, preceptors, and course director regarding student progress and course activities. Evaluation forms are completed in CORE-ELMS (https://corehighered.com/) at midpoint and at the end of the rotation.

Midpoint Evaluation:

The midpoint evaluation includes:

- the preceptor's evaluation of the student
- the student's self-evaluation
- the student's evaluation of the rotation

Final Evaluation:

The final evaluation includes the following:

- preceptor's evaluation of the student
- the student's self-evaluation
- the student's evaluation of the preceptor
- the student's evaluation of the site
- the student's evaluation of the entire course

How Students Access Preceptor Evaluations:

• Students must complete all evaluations (e.g. self, site, preceptor and course) in order to access the evaluation completed in CORE-ELMS by the preceptor.

^{*}Any events and/or activities listed in this syllabus are subject to change.

 It is expected that the preceptor and student meet to discuss both midpoint and final evaluations.

How Preceptors Access Student Evaluation of Site and Preceptor:

Student must demonstrate professionalism when documenting all evaluations.

Student evaluation of site and preceptor will be provided in aggregate to preceptors and sites *after* the student successfully completes the course. Student's names will not be identified.

How Evaluations Determine Students Grade:

Both the preceptor's midpoint and final evaluations of the student are factored into the student's grade as noted in the grading policy.

Performance Improvement Plans

The course director(s) and/or preceptor(s) may assign a performance improvement plan to any student who does not meet these standards

COURSE GRADE APPEAL

Please refer to the Student Progression, Evaluation and Awards Committee (SPEAC) guidelines regarding the course grade appeal process.

COURSE FEEDBACK

Students will have the opportunity to provide the course director(s) and other faculty/instructor(s) with feedback in several ways as detailed in Methods of Evaluation including

- Quarterly reflective comments
- Scheduled appointment with the course director (s) or preceptor (s)
- Formal course evaluation process

Student feedback will be provided in aggregate to preceptors and sites *after* the student successfully completes the course. Student's names will not be identified.

JUSTICE, EQUITY, DIVERSITY AND INCLUSION

It is my intent that students from diverse backgrounds and perspectives be well served by this course. This course should be a safe and open space for students to discuss, ask questions and learn. I view the diversity of backgrounds and experiences that students bring to the course as a strength and benefit. It is my intent to present materials and activities that are respectful of diversity, not limited to gender, race, ethnicity, sexual orientation, disability, socioeconomic status and cultural background. Your suggestions are always welcome and encouraged. Please let me know if there are ways to improve the effectiveness of this course for you personally or for others.

ATTENDANCE POLICY

- 1. Hours are to be completed on-site and must be accurately documented in the CORE-ELMS system via the Time Tracking feature.
- 2. Please refer to the Experiential Attendance Policy in the *Experiential Manual* for full description and details.

Key expectations for attendance:

- 1. Attendance is MANDATORY for all site visits:
 - a. Attendance for all site visits is mandatory.
 - b. Attendance is mandatory at **all** College designated IPPE meetings.
- 2. Site visit is defined as
 - a. 8 hours (excluding lunch) for Q1 (Fall), Q2 (Winter) and Q3 (Spring) quarters.

- 3. During the P2 year, students are **NOT** authorized to modify their schedule without the expressed emailed joint consent from the course director and preceptor.
- 4. Refer to the Attendance Policy for details on rescheduling or IPPE absences in the Experiential Manual.

PARTICIPATION AND PROFESSIONALISM

Experiential Education Professionalism Policy

Per the Office of Experiential Education Professionalism Policy detailed in the Experiential Manual, students will begin with 100 professionalism points. Each professionalism infraction will result in the loss of either 5 or more points, depending on the infraction. A student's professionalism points will be tracked throughout the first 3 years of the program. Professionalism points will be used during the rotation selection process. The order of rotation selection will be based on the number of points. Students in each class will be ranked according to their allotment of points at the time of rotation selection. Students with the most professionalism points will be given the first opportunity to select rotations. For additional detail, refer to the Experiential Manual.

Participation

It is expected that students will engage in each activity by:

- Demonstrating active listening skills (i.e., making eye contact with preceptors, asking appropriate questions, giving the lecturers their undivided attention, responding to questions when appropriate.)
- Actively participating in class discussions and group activities (i.e., verbally sharing thoughts, opinions, and ideas and functioning as an effective and equally contributory team member.)
- These aspects will be observed and assessed by the course director(s) and faculty on an ongoing basis. Periodic feedback will be given to students when necessary.

Professionalism

Students are expected to perform and behave as professionals. They will demonstrate respect for the course director(s), other faculty, their peers, and themselves. Students will participate in all course activities with purpose and a positive attitude.

Unprofessional Behavior

Inappropriate or unprofessional comments, remarks, and attitudes will result in dismissal from class. Disruptive activity during class will not be tolerated.

Academic Integrity

This course will adhere to the Rosalind Franklin University of Medicine and Science Standards of Student Conduct, which can be found in the Rosalind Franklin University of Medicine and Science Student Handbook. Please refer to this document for policies on cheating, plagiarism, academic dishonesty, abuse of academic materials, stealing, and lying.

Professionalism & Communication Expectations

To behave professionally, the student must:

- 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.
- Maintain ethical behavior by being honest, ensuring patient confidentiality, responding to and preventing errors in patient care and avoiding professional misconduct (including plagiarism).
- Make and defend rational and ethical decisions within the context of personal and professional values.
- Maintain a clean, orderly, and safe workspace.

- Display appropriate dress, grooming, and hygiene that is professional in appearance (e.g., defined by site policy and/or procedures, preceptor, instructor and/or professional etiquette or culture).
- Complete assignments on time.
- Arrive on time and avoids absences when possible.
- Call and notify preceptor in advance of any planned absences or when unable to meet a deadline or arrive on time.
- Prepare for assigned activities as designated (e.g., workbook, homework etc.)
- Complete designated activities during allotted rotation hours or class time.
- Accept accountability and responsibility for patient care without repeated reminders.
- Show a sincere desire to learn.
- Demonstrate willingness and flexibility to contribute to the well-being of others.
- Apply knowledge, experience, and skills to the best of his/her ability.
- Seek help from the preceptor or instructor when necessary.
- Never be hesitant to admit that he/she does not know something, but should seek help and ask questions whenever necessary.
- Not make decisions without the knowledge of the preceptor, particularly in regard to prescription dispensing.

To communicate effectively, the student must:

- Demonstrate effective communication abilities in interactions with patients, their families and caregivers, and other health care providers.
- Communicate clearly, respectfully, and effectively through active listening using appropriate verbal, non-verbal, and written communication skills at a level appropriate for caregivers, health care providers, and the general public.
- Introduce self at first encounter and make appropriate eye contact.
- Greet patients and/or other health care professionals with a smile and/or positive inflection in voice (e.g., not condescending or sarcastic).
- Demonstrate appropriate self-awareness, assertiveness and confidence (e.g., not meek or overly assertive, even under stress).
- Work as an active team member with patients, peers, and other health care professionals (e.g., contributes relevant information).
- Accept and use constructive feedback to improve performance.
- Not publicly question the advice or directions given by the preceptor or staff, but is encouraged to discuss issues or ask questions in private.

COURSE REMEDIATION POLICY

Students eligible for remediation of this course as outlined in the course policies must apply to the SPEAC for final approval of the remediation opportunity. Remediation, if approved, will occur during the summer quarter on a date to be arranged by the Course Director and the Office of Academic Affairs. Remediation must be completed 30 days prior to the start of fall quarter, unless otherwise approved. Refer to the Guidelines and Procedures for Student Progression, Evaluation, Assessment, and Recognition for additional remediation information.

Consistent with the University Remediation Policy, "Needs Remediation (NR) will appear on the transcript until a final grade is submitted to replace it, up to one calendar year. After that year, or at the time of graduation, a Needs Remediation (NR) will change to F and the F grade will affect the GPA."

Per the Experiential Manual, a student who receives an "F" in an IPPE must remediate the course before he or she can be promoted unless remediation is in progress. Remediation of this course is not a guarantee of passing the course. Students requesting to remediate an "F" must contact the course

director. The course director may develop a remediation plan for the student and forward a copy to the Assistant Dean for Academic and Student Affairs. Successful remediation of experiential courses must be completed before promotion to the next year. Students for whom remediation is offered should refer to the course remediation policy in the College of Pharmacy's Guidelines and Procedures for Student Assessment and Evaluation for additional guidance. For additional guidance regarding course deficiencies and failures, refer to the *Experiential Manual*.

OTHER COURSE INFORMATION

ACCESS TO MATERIAL AND INFORMATION

In addition to what will be provided in class, materials and information will be distributed using the University email system, CORE-ELMS, and D2L. These systems are *mandatory* communication modalities among faculty, preceptors, and students involved with this course.

ACCOMMODATIONS FOR DISABILITIES

Rosalind Franklin University of Medicine and Science is committed to providing equal access to learning opportunities for students with documented disabilities. To ensure access to this class and your program, please contact the ADA Coordinator at 847.578.8354 or ada.coordinator@rosalindfranklin.edu to engage in a confidential conversation about the process for requesting accommodations in the classroom and clinical settings.

Accommodations are not provided retroactively. Students are encouraged to register with the ADA Coordinator as soon as they begin their program. Rosalind Franklin University of Medicine and Science encourages students to access all resources available. More information can be found on the Academic Support InSite page or by contacting the ADA Coordinator.

DIGITAL TECHNOLOGY

Course content, including class sessions, delivered through the use of digital technology may be audio visually recorded by the University for educational purposes, consistent with the exercise of academic judgment of the faculty. Any such recordings would then be used and maintained in a manner consistent with the university's nonprofit educational mission.

COURSE MAPPING TO NATIONAL STANDARDS AND OUTCOMES

This course includes the following components from nationally recognized standards and expected outcomes for accredited pharmacy programs. <u>List of CAPE, EPA, IP, and PPCP (link)</u>

ACPE Standards-Appendix 1			
B01 Biochemistry B02 Biostatistics	S01 Cultural Awareness S02 Ethics	C01 Clinical Pharmacokinetics X C02 Health Informatics	
B03 Human Anatomy	S03 Healthcare Systems	X C03 Health Info Retrieval and Eval	
B04 Human Physiology	S04 History of Pharmacy	CO4 Med Dispens, Distrib and Admin	
B05 Immunology	S05 Pharmacoeconomics	C05 Nat Prod and Alt & Comp	
B06 Medical Microbiology	S06 Pharmacoepidemiology	C06 Patient Assessment	
B07 Pathology/Pathophysiology	S07 Pharm Law and Reg Affairs	C07 Patient Safety	
P01 Clinical Chemistry	S08 Practice Management	C08 Pharmacotherapy	
P02 Extemporaneous Compounding	S09 Professional Communication	C09 Public Health	
P03 Medicinal Chemistry	S10 PD/Social and Behavioral Aspect of Pract	C10 Self-Care Pharmacotherapy	
P04 Pharmaceutical Calculations	S11 Research Design	_	
P05 Pharmaceutics/Biopharmaceutics			
P06 Pharmacogenomics/genetics			
P07 Pharmacokinetics			
P08 Pharmacology			
P09 Toxicology			
CAPE	EPA	PPCP	
CAPE X 1.1 Learner (Learner)	EPA EPA1 Patient Provider	PPCP X Collect	
X 1.1 Learner (Learner)	EPA1 Patient Provider EPA2 Patient Provider	X Collect	
X 1.1 Learner (Learner) 2.1 Patient-centered care (Caregiver)	EPA1 Patient Provider EPA2 Patient Provider	X Collect Assess	
X 1.1 Learner (Learner) 2.1 Patient-centered care (Caregiver) X 2.2 Medicine use systems management (Manager)	EPA1 Patient Provider EPA2 Patient Provider EPA3 Patient Provider	X Collect Assess Plan	
X 1.1 Learner (Learner) 2.1 Patient-centered care (Caregiver) X 2.2 Medicine use systems management (Manager) 2.3 Health and wellness (Promoter)	EPA1 Patient Provider EPA2 Patient Provider EPA3 Patient Provider EPA4 Patient Provider	X Collect Assess Plan Implement	
X 1.1 Learner (Learner) 2.1 Patient-centered care (Caregiver) X 2.2 Medicine use systems management (Manager) 2.3 Health and wellness (Promoter) 2.4 Population-based care (Provider)	EPA1 Patient Provider EPA2 Patient Provider EPA3 Patient Provider EPA4 Patient Provider EPA5 Patient Provider	X Collect Assess Plan Implement	
X 1.1 Learner (Learner) 2.1 Patient-centered care (Caregiver) X 2.2 Medicine use systems management (Manager) 2.3 Health and wellness (Promoter) 2.4 Population-based care (Provider) X 3.1 Problem Solving (Problem Solver)	EPA1 Patient Provider EPA2 Patient Provider EPA3 Patient Provider EPA4 Patient Provider EPA5 Patient Provider X EPA6 Interprofessional Team Member	X Collect Assess Plan Implement Follow-Up: Monitor & Evaluate IP X Domain 1: Values/Ethics for IP	
X 1.1 Learner (Learner) 2.1 Patient-centered care (Caregiver) X 2.2 Medicine use systems management (Manager) 2.3 Health and wellness (Promoter) 2.4 Population-based care (Provider) X 3.1 Problem Solving (Problem Solver) 3.2 Educator (Educator)	EPA1 Patient Provider EPA2 Patient Provider EPA3 Patient Provider EPA4 Patient Provider EPA5 Patient Provider EPA6 Interprofessional Team Member EPA7 Population Health Promoter	X Collect Assess Plan Implement Follow-Up: Monitor & Evaluate	
X 1.1 Learner (Learner) 2.1 Patient-centered care (Caregiver) X 2.2 Medicine use systems management (Manager) 2.3 Health and wellness (Promoter) 2.4 Population-based care (Provider) X 3.1 Problem Solving (Problem Solver) 3.2 Educator (Educator) 3.3 Patient Advocacy (Advocate)	EPA1 Patient Provider EPA2 Patient Provider EPA3 Patient Provider EPA4 Patient Provider EPA5 Patient Provider EPA6 Interprofessional Team Member EPA7 Population Health Promoter EPA8 Population Health Promoter	X Collect Assess Plan Implement Follow-Up: Monitor & Evaluate IP X Domain 1: Values/Ethics for IP	
X 1.1 Learner (Learner) 2.1 Patient-centered care (Caregiver) X 2.2 Medicine use systems management (Manager) 2.3 Health and wellness (Promoter) 2.4 Population-based care (Provider) X 3.1 Problem Solving (Problem Solver) 3.2 Educator (Educator) 3.3 Patient Advocacy (Advocate) X 3.4 Interprofessional Collaboration (Collaborator)	EPA1 Patient Provider EPA2 Patient Provider EPA3 Patient Provider EPA4 Patient Provider EPA5 Patient Provider EPA6 Interprofessional Team Member EPA7 Population Health Promoter EPA8 Population Health Promoter EPA9 Population Health Promoter	X Collect Assess Plan Implement Follow-Up: Monitor & Evaluate IP X Domain 1: Values/Ethics for IP X Domain 2: Roles/Responsibilities	
X 1.1 Learner (Learner) 2.1 Patient-centered care (Caregiver) X 2.2 Medicine use systems management (Manager) 2.3 Health and wellness (Promoter) 2.4 Population-based care (Provider) X 3.1 Problem Solving (Problem Solver) 3.2 Educator (Educator) 3.3 Patient Advocacy (Advocate) X 3.4 Interprofessional Collaboration (Collaborator) 3.5 Cultural Sensitivity (Includer)	EPA1 Patient Provider EPA2 Patient Provider EPA3 Patient Provider EPA4 Patient Provider EPA5 Patient Provider EPA6 Interprofessional Team Member EPA7 Population Health Promoter EPA9 Population Health Promoter EPA9 Population Health Promoter EPA10 Population Health Promoter	X Collect Assess Plan Implement Follow-Up: Monitor & Evaluate IP X Domain 1: Values/Ethics for IP X Domain 2: Roles/Responsibilities X Domain 3: IP Communication	
X 1.1 Learner (Learner) 2.1 Patient-centered care (Caregiver) X 2.2 Medicine use systems management (Manager) 2.3 Health and wellness (Promoter) 2.4 Population-based care (Provider) X 3.1 Problem Solving (Problem Solver) 3.2 Educator (Educator) 3.3 Patient Advocacy (Advocate) X 3.4 Interprofessional Collaboration (Collaborator) 3.5 Cultural Sensitivity (Includer) X 3.6 Communication (Communicator) 4.1 Self-Awareness (Self-aware) 4.2 Leadership (Leader)	EPA1 Patient Provider EPA2 Patient Provider EPA3 Patient Provider EPA4 Patient Provider EPA5 Patient Provider EPA6 Interprofessional Team Member EPA7 Population Health Promoter EPA8 Population Health Promoter EPA9 Population Health Promoter EPA10 Population Health Promoter EPA11 Population Health Promoter (RFU only)	X Collect Assess Plan Implement Follow-Up: Monitor & Evaluate IP X Domain 1: Values/Ethics for IP X Domain 2: Roles/Responsibilities X Domain 3: IP Communication	
X 1.1 Learner (Learner) 2.1 Patient-centered care (Caregiver) X 2.2 Medicine use systems management (Manager) 2.3 Health and wellness (Promoter) 2.4 Population-based care (Provider) X 3.1 Problem Solving (Problem Solver) 3.2 Educator (Educator) 3.3 Patient Advocacy (Advocate) X 3.4 Interprofessional Collaboration (Collaborator) 3.5 Cultural Sensitivity (Includer) X 3.6 Communication (Communicator) 4.1 Self-Awareness (Self-aware)	EPA1 Patient Provider EPA2 Patient Provider EPA3 Patient Provider EPA4 Patient Provider EPA5 Patient Provider X EPA6 Interprofessional Team Member EPA7 Population Health Promoter EPA8 Population Health Promoter EPA9 Population Health Promoter EPA10 Population Health Promoter EPA11 Population Health Promoter EPA11 Population Master	X Collect Assess Plan Implement Follow-Up: Monitor & Evaluate IP X Domain 1: Values/Ethics for IP X Domain 2: Roles/Responsibilities X Domain 3: IP Communication	
X 1.1 Learner (Learner) 2.1 Patient-centered care (Caregiver) X 2.2 Medicine use systems management (Manager) 2.3 Health and wellness (Promoter) 2.4 Population-based care (Provider) X 3.1 Problem Solving (Problem Solver) 3.2 Educator (Educator) 3.3 Patient Advocacy (Advocate) X 3.4 Interprofessional Collaboration (Collaborator) 3.5 Cultural Sensitivity (Includer) X 3.6 Communication (Communicator) 4.1 Self-Awareness (Self-aware) 4.2 Leadership (Leader)	EPA1 Patient Provider EPA2 Patient Provider EPA3 Patient Provider EPA4 Patient Provider EPA5 Patient Provider X EPA6 Interprofessional Team Member EPA7 Population Health Promoter EPA8 Population Health Promoter EPA9 Population Health Promoter EPA10 Population Health Promoter EPA11 Population Health Promoter EPA11 Population Master EPA13 Information Master	X Collect Assess Plan Implement Follow-Up: Monitor & Evaluate IP X Domain 1: Values/Ethics for IP X Domain 2: Roles/Responsibilities X Domain 3: IP Communication	

Abbreviations: ACPE=Accreditation Council for Pharmacy Education, CAPE=Center for the Advancement of Pharmacy Education, EPA=Entrustable Professional Activities, PPCP=Pharmacist Patient Care Process, IP= Interprofessional

COURSE SCHEDULE

See CORE-ELMS.