

YPHP 615A-C, Introductory Pharmacy Practice Experience II Syllabus
6 Quarter Hours
2025-2026

COURSE DESCRIPTION

The Introductory Pharmacy Practice Experiences (IPPEs) are designed to provide the foundation for student pharmacists in preparation for their Advanced Pharmacy Practice Experiences (APPEs). This course is a structured introduction to pharmacy practice in a health-system setting. The health-system IPPE spans the P2 year, during which the students will engage in basic distributive and administrative processes in health-system pharmacies to gain initial experience interacting directly with patients, preceptors, technicians and other healthcare providers and pharmacy personnel.

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:


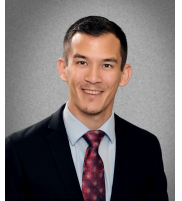
1. Pharmacy Technician Registration as a Student Pharmacist with the Illinois Department of Financial & Professional Regulation**
2. Online HIPAA training via Desire2Learn (D2L), completed annually
3. OSHA Bloodborne Pathogen training (completed in conjunction with the Pharmacy Skills Education course), 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.*


***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.*

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

Course Director(s):

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Office Hours: By appointment

 ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCES COLLEGE OF PHARMACY CLINICAL EDUCATION CURRICULUM AT A GLANCE			
IPPE Year			APPE Year
P1	P2	P3	P4
Community YPHP 515 IPPE I (Onsite 120 hours) 1 hour evaluation <u>Fifteen 8-hour visits</u> Winter through Spring	Health-System YPHP 615 IPPE II (Onsite 104 hours) 1 hour evaluation <u>Thirteen 8-hour visits</u> Fall through Spring	Elective YPHP 715 IPPE III (Onsite 80 hours) Two 1-week experiences <u>Ten 8-hour visits</u> Occurs during Summer and Intersession breaks Health Outreach Project* IPPE-APPE Transition Workshop	Required & Elective YPHP 801-806 APPE (Onsite 240 hours each) <u>Six 6-Week Rotations</u> Summer, Fall, Winter, Spring <i>Acute Care</i>[†] (YPHP 801) <i>Ambulatory Care</i>[†] (YPHP 802) <i>Community</i> (YPHP 803) <i>Health-System</i>[†] (YPHP 804) <i>Elective I</i> (YPHP 805) <i>Elective II</i> (YPHP 805/6) Practical Approaches to Professional Development (YPHP 800)**
Co-Curricular C3 Activities*			
121 hours	105 hours	80 hours	Total APPE Hours= 1,440 hours
Total IPPE Hours = 306 hours			
<small>IPPE = Introductory Pharmacy Practice, APPE= Advanced Pharmacy Practice Experience *Hours dedicated to these items are not counted in experiential hour total [†]Included in the Longitudinal APPE Experience ^{**}Select on-campus dates </small>			
<small>Updated 5/23/2025</small>			

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

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
<ul style="list-style-type: none">● 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
<ul style="list-style-type: none">● 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,

<p>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).</p> <ul style="list-style-type: none"> ● 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
<ul style="list-style-type: none"> ● 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
<ul style="list-style-type: none"> ● Provide preventive health and wellness services (e.g., immunizations, tobacco cessation counseling, wellness screenings)
Problem Solving
<ul style="list-style-type: none"> ● Identify and prioritize a patient’s medication-related problems
Educator
<ul style="list-style-type: none"> ● 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 ● 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
<ul style="list-style-type: none"> ● 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
<ul style="list-style-type: none"> ● Engage as a member of a health care team by collaborating with and demonstrating respect for other areas of expertise
Cultural Sensitivity
<ul style="list-style-type: none"> ● Incorporate patients’ cultural beliefs and practices into health and wellness education
Communication
<ul style="list-style-type: none"> ● 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
<ul style="list-style-type: none"> ● Approach tasks with a desire to learn

<ul style="list-style-type: none"> ● 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
<ul style="list-style-type: none"> ● Foster collaboration among the pharmacy team to achieve a common goal
Innovation and Entrepreneurship
<ul style="list-style-type: none"> ● 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
<ul style="list-style-type: none"> ● Demonstrates professional behavior in all practice activities ● Maintains ethical behavior in all practice activities • Complies with all federal, state, and local laws related to pharmacy practice ● Demonstrates a commitment to the advancement of pharmacy practice ● Appearance: Displays appropriate appearance in terms of dress, grooming, and hygiene ● Punctuality: Arrives on time, calls/notifies preceptor in advance of planned absence or when unable to meet deadlines or arrive on time. ● Initiative: Accepts accountability/responsibility (without reminders), sincere desire to learn, shows flexibility to help patients, applies knowledge to best of ability, seeks help when needed, works independently ● Complies with the professionalism expectations of the Office of Experiential Education

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>
2. 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>
3. Stockton SJ. Stoklosa and Ansel's Pharmaceutical Calculations. 16th ed. Philadelphia PA: Lippincott Williams & Wilkins; 2012. ISBN- 978-1975129316
4. Anton K Drug Information: Formulating effective response and recommendations: A structured approach. A Guide for Pharmacists, In: Malone PM, Malone MJ, Park SK. eds. Drug Information: A Guide for Pharmacists, 6e. McGraw-Hill Education; 2018. Accessed July 19, 2024. <https://accesspharmacy-mhmedical-com.rosalindfranklin.idm.oclc.org/content.aspx?bookid=2275§ionid=177196990>
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/performance Measures/index.html>
8. Drug Enforcement Administration. Pharmacist's Manual. Revised 2022.
[www.deadiversion.usdoj.gov/GDP/\(DEA-DC-046R1\)\(EO-DEA154R1\)_Pharmacist%27s_Manual_DEA.pdf](http://www.deadiversion.usdoj.gov/GDP/(DEA-DC-046R1)(EO-DEA154R1)_Pharmacist%27s_Manual_DEA.pdf)
9. Drug Information: A Guide for Pharmacists 6e. New York, NY: McGraw-Hill; 2018.
10. Illinois Controlled Substance Act and Controlled Substance Rules.
<http://www.ilga.gov/legislation/ilcs/ilcs5.asp?ActID=1941&ChapterID=53>
11. Illinois Pharmacy Practice Act: <http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1318&ChapterID=24>
12. Institute for Safe Medication Practices. Available at: www.ismp.org
13. Medina MS, Farland MZ, Conry JM, Culhane N, Kennedy DR, Lockman K, Malcom DR, Mirzaian E, Vyas D, Stolte S, Steinkopf M, Ragucci KR. The AACP Academic Affairs Committee's Final 2022 Curricular Outcomes and Entrustable Professional Activities (COEPA) for Pharmacy Graduates to Replace 2013 CAPE and 2016 EPAs. Am J Pharm Educ. 2023 Aug;87(8):100558. doi: 10.1016/j.ajpe.2023.100558. Epub 2023 Jul 7. PMID: 37423389.
14. Micromedex 2.0. Merative, Inc. Greenwood Village, CO. Available at:
<https://www-micromedexsolutions-com.rosalindfranklin.idm.oclc.org/micromedex2/librarian> Accessed July 19, 2024.
15. Reiss BS, Hall GD. Guide to Federal Pharmacy Law. 9th ed. Ann Arbor, MI: Apothecary Press; 2016. ISBN 978-0967633282
16. 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).

Students are evaluated on a Likert Scale where:

- Exceeds Competency (4 points) - Consistently performs above expected level. Performance can be described as impressive or exceptional.
- Meets Competency (3 points) - Consistently performs at expected level. Performance possesses strengths with room for improvement in a few areas.
- Needs Improvement (2 points) Meets expectations and performs consistently at expected level in only some areas. Several performance areas have room for improvement)
- Significant Deficiency (1 point) - Performs well below baseline expectations. Performance demonstrates worrisome deficits.

Performance Improvement Plans

The course director(s) and/or preceptor(s) must assign a performance improvement plan to a student that is not passing the course at the midpoint of the course.

Final Grade

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. **Student and Preceptor Evaluations**
3. **Additional coursework as assigned by the preceptor**

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

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.
5. Preceptors may assign additional coursework at their discretion.

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.

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 following:

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

Final Evaluation:

The final evaluation includes the following:

- preceptor's evaluation of the student

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

Course Competencies

Meet or exceed all competencies including Ethical, Professional, and Legal Behavior.

ACCESSING EVALUATIONS

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.
- 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.

USE OF ARTIFICIAL INTELLIGENCE (AI) OR GENERATIVE AI

While students may use artificial intelligence (AI) to aid in the process of writing or in generating ideas, students are expected to review and modify AI responses such that the final product represents their own work. AI-generated text may be biased, inaccurate, or incomplete; students are ultimately responsible and accountable for the contents of their submission.

Students may use AI-assisted writing only if they (1) disclose the use of AI (including the tool/service used and the reason for its use (e.g. reviewing a draft, generating ideas, etc.), and (2) submit a copy of the AI response to demonstrate that the final product represents their own work.

Failure to disclose the use of AI in situations in which it is not explicitly allowed will result in a failing grade for the assignment and will be treated as a violation of academic integrity.

ATTENDANCE POLICY

See Clinical Attendance Policy in Clinical Education Manual

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

Refer to the Clinical Education Professionalism Policy in the OCE Policy Manual

Clinical Education Professionalism Policy

Per the OCE Professionalism Policy, documentation of Professionalism Forms may impact the IPPE grade, necessitate a change in the IPPE schedule, and/or result in a request to appear before the Student Promotion, Evaluation, and Awards Committee (SPEAC). Documentation of a Professionalism Form prior to the start of rotations may necessitate a change in the IPPE schedule, and/or result in the student appearing before the SPEAC. Documentation of Professionalism Forms related to, or that occur during, a specific rotation will be counted toward the final grade for that rotation. The nature of the consequence for failing to comply with the professionalism expectations during the P2 year will be at the discretion of the course director. Documentation of Professionalism Forms resulting in more than one experiential education course may necessitate a Performance Improvement Plan for the Professionalism issue, a change in the IPPE schedule, and/or result in the student appearing before the SPEAC.

Unprofessional Behavior

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

Remediation is not permitted for this course. If a student fails the course, the student must retake the course. For additional guidance regarding course deficiencies and failures, refer to the *Office of Clinical Education Policy and Procedure 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.

SITE REQUIREMENTS

- Students must follow all policies and procedures of the practice site that they are at.

COURSE SCHEDULE

See CORE-ELMS.