YPHP 715A-D, Introductory Pharmacy Practice Experience III Electives Syllabus
9 Quarter Hours
2021-2022

COURSE DESCRIPTION

The P3 Introductory Pharmacy Practice Experiences (IPPEs) are designed to provide the foundation for the student pharmacists in preparation for their Advanced Pharmacy Practice Experiences (APPEs). Students are required to participate in an IPPE elective during the third year of the program. Elective opportunities are offered in a variety of pharmacy practice settings.

The IPPE III is designed to provide elective opportunities to the student over the course of two weeks. Students will be scheduled during two of four allocated blocks of time during the P3 year, either prior to the start of the P3 year or during an intersession breaks. Students will also complete service learning experience during their P3 year. During the spring quarter (Q3) of the P3 year, students will participate in the IPPE-APPE transition workshop that will serve to transition students from introductory to advanced pharmacy practice experiences.

Quarter Offered: Fall, Winter, and Spring and Summer of P3 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.
**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: Student pharmacists participating in the P3 IPPE will be engaged in active learning with practice-based activities in various settings which may include team-based projects, preceptor interaction and activities.

Course Director(s):

Faculty Name Title	Bradley Cannon, PharmD Director of Experiential Education	Lisa Michener, PharmD, MS, Associate Director of Experiential Education
Phone	847-578-3433	847-578-8762
Email	bradley.cannon@rosalindfranklin.edu	lisa.michener@rosalindfranklin.edu
Office location	IPEC 2.808	IPEC 2.816
Office hours	By appointment	By appointment

Contact Hours:

Students in IPPE P3 Elective experience students complete 80 hours in various settings. Elective will satisfy 80 hours of the total hours in the Experiential Education curriculum. For additional details related to the IPPE dates and hours, refer to the IPPE P3 Elective schedule.

Figure 1. Experiential Education Structure

ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCES
COLLEGE OF PHARMACY
EXPERIENTIAL EDUCATION CURRICULUM AT A GLANCE Starting Class of 2024 to Present

IPPE Year			APPE Year
P1	**P2**	**P3**	**P4**
Community	Health-System	Elective	Required & Elective
YPHP 515 IPPE I	YPHP 615 IPPE II	YPHP 715 IPPE III	YPHP 801-806 APPE
(Onsite 120 hours)	(Onsite 104 hours)	(Onsite 80 hours)	(Onsite 240 hours each)
1 hour reflection	1 hour reflection	Two 1-week experiences	
Fifteen 8-hour visits	Thirteen 8-hour visits	Ten 8-hour visits	Six 6-Week Rotations
Fall through Spring	Fall through Spring	Breaks: Summer, Fall/Winter, Spring	Summer, Fall, Winter, Spring
			Acute Care[‡] (YPHP 801)
			Ambulatory Care[‡] (YPHP 802)
			Community (YPHP 803)
			Health-System[‡] (YPHP 804)
			Elective I[‡] (YPHP 805/6)
			Elective II (YPHP 805/6)
		Service Learning*	YPHP 800**
		IPPE-APPE Transition Workshop*	
Co-Curricular C3 Activities*			Co-Curricular C3 Activities*
121 hours	105 hours	80 hours	
	Total IPPE Hours = 306 hours		Total APPE Hours= 1,440 hours
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	

updated 8/17/2021

COURSE OBJECTIVES

TERMINAL PERFORMANCE DOMAINS[1]: 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).

[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).

Upon completion of this introductory pharmacy practice elective experience, the student pharmacist will be able to meet the specific educational outcomes for each specific experience as outlined in the documents linked below.

Administration (Health-Systems)- https://s3.amazonaws.com/rfums-bigtree/files/resources/administration-health-system.pdf
Academia- https://s3.amazonaws.com/rfums-bigtree/files/resources/academia.pdf
Administration, Academia- https://s3.amazonaws.com/rfums-bigtree/files/resources/administration-academia.pdf
Administration, Community- https://s3.amazonaws.com/rfums-bigtree/files/resources/administration-community.pdf
Administration, Health-Systems- https://s3.amazonaws.com/rfums-bigtree/files/resources/administration-health-system.pdf
Ambulatory Care- https://s3.amazonaws.com/rfums-bigtree/files/resources/ambulatory-care.pdf
Association Management- https://s3.amazonaws.com/rfums-bigtree/files/resources/association-management.pdf
Compounding- https://s3.amazonaws.com/rfums-bigtree/files/resources/compounding.pdf
Drug Information- https://s3.amazonaws.com/rfums-bigtree/files/resources/drug-information.pdf
General Medicine https://rfums-bigtree.s3.amazonaws.com/files/resources/general-medicine.pdf
Emergency Department- https://s3.amazonaws.com/rfums-bigtree/files/resources/emergency-department.pdf
Intensive Care Unit- https://s3.amazonaws.com/rfums-bigtree/files/resources/intensive-care-unit.pdf
Infectious Disease- https://s3.amazonaws.com/rfums-bigtree/files/resources/infectious-disease.pdf
International Medicine- https://s3.amazonaws.com/rfums-bigtree/files/resources/international-medicine.pdf
Introduction to Residency Training- https://s3.amazonaws.com/rfums-bigtree/files/resources/introduction-to-residency-training.pdf
Oncology- https://s3.amazonaws.com/rfums-bigtree/files/resources/oncology.pdf
Patient Safety Community- https://s3.amazonaws.com/rfums-bigtree/files/resources/patient-safety-community.pdf
Patient Safety Health-Systems- https://s3.amazonaws.com/rfums-bigtree/files/resources/patient-safety-health-systems.pdf
Pharmaceutical Industry- https://s3.amazonaws.com/rfums-bigtree/files/resources/pharmaceutical-industry.pdf
Poison Center- https://s3.amazonaws.com/rfums-bigtree/files/resources/poison-center.pdf
Research- https://s3.amazonaws.com/rfums-bigtree/files/resources/research.pdf
Specialty Pharmacy- https://s3.amazonaws.com/rfums-bigtree/files/resources/specialty-pharmacy.pdf

REQUIRED AND RECOMMENDED COURSE MATERIALS

1. American Society of Health-System Pharmacists. ASHP guidelines: minimum standard for pharmacies in hospitals. *Am J Health-Syst Pharm.*1995; 52:2711–7. http://www.ashp.org/doclibrary/bestpractices/settingsgdlminhosp.aspx
2. American Society of Health-System Pharmacists® Practice and Policy: January 2014. Available at: http://www.ashp.org/menu/PracticePolicy.aspx
3. 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: http://www.hrsa.gov/quality/toolbox/introduction/coreclinical/

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. www.idfpr.com/PROFS/Info/pharm.asp

14. Illinois Pharmacy Practice Act: www.idfpr.com/PROFS/Info/pharm.asp

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. Reist JC, Development of the Formal Case Presentation. 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=726613 Accessed on May 19, 2015.

22. Reist JC, Development a Monitoring Plan. 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/cont

ent.aspx?aid=728109 Accessed on May 19, 2015.

23. Reist JC, Medical Record Basics. 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.ncqa.org/Portals/0/PolicyUpdates/Supplemental/Guidelines_Medical_Record_Review.pdf Accessed on May 19, 2015.

24. Trissel LA, *Handbook on Injectable Drugs.* 16th ed. Bethesda, MD: American Society of Health-Systems Pharmacists; 2010. ISBN 978-1-58528-248-7

METHODS OF EVALUATION

Assessment Policy

Students will receive a **PASS** or **FAIL** grade for their completion of the P3 Elective IPPEs (YPHP 715A-D). A final grade will be issued at the end of the spring quarter.

The following activities will comprise the final course grade.

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

1. **IPPE/APPE Transition Orientation**
2. **Service Learning**
3. **Student and Preceptor Evaluations**
4. **Additional coursework as assigned by the preceptor**

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

To pass YPHP 715A-D (Q1 – Q4), students must meet the following requirements:

1. Complete the final self and rotation evaluations by the posted deadline
2. Meet or exceed all competencies including Ethical, Professional, and Legal Behavior.
3. Attend IPPE/APPE Transition Orientation
4. Complete all required service learning

Preceptors may assign additional coursework at their discretion.

1. *IPPE/APPE Transition Orientation*
   Students will attend an orientation designed to prepare them for P4 APPE readiness. This orientation will lay out the expectations from the preceptor, course director and provide student perspectives on P4 APPEs.
2. *Service Learning*
   Students will complete a service learning project prior to the conclusion of the P3 year. Additional details will be provided by the project coordinator.

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 E*Value: https://www.e-value.net/login.cfm at at the end 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 E*value by the preceptor.
- It is expected that the preceptor and student meet to discuss the final evaluation.

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:
Final evaluations of the student factor 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.

ATTENDANCE POLICY
1. Hours are to be completed on-site and must be accurately documented in the E*Value 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** IPPE orientation meetings, activities etc.
2. Site visit is defined as
    a. 8 hours (excluding lunch) for Summer, Fall, Winter, and Spring quarters.
3. 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.

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."

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, and E*Value 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. List of CAPE, EPA, IP, and PPCP (link)

ACPE Standards-Appendix 1

B01 Biochemistry	S01 Cultural Awareness	C01 Clinical Pharmacokinetics
B02 Biostatistics	S02 Ethics	**X** C02 Health Informatics
B03 Human Anatomy	S03 Healthcare Systems	**X** C03 Health Info Retrieval and Eval
B04 Human Physiology	S04 History of Pharmacy	C04 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
X 1.1 Learner (Learner)	EPA1 Patient Provider	**X** Collect
2.1 Patient-centered care (Caregiver)	EPA2 Patient Provider	Assess
X 2.2 Medicine use systems management (Manager)	EPA3 Patient Provider	Plan
2.3 Health and wellness (Promoter)	EPA4 Patient Provider	Implement
2.4 Population-based care (Provider)	EPA5 Patient Provider	Follow-Up: Monitor & Evaluate
X 3.1 Problem Solving (Problem Solver)	**X** EPA6 Interprofessional Team Member	
3.2 Educator (Educator)	EPA7 Population Health Promoter	**IP**
3.3 Patient Advocacy (Advocate)	EPA8 Population Health Promoter	**X** Domain 1: Values/Ethics for IP
X 3.4 Interprofessional Collaboration (Collaborator)	EPA9 Population Health Promoter	**X** Domain 2: Roles/Responsibilities
3.5 Cultural Sensitivity (Includer)	EPA10 Population Health Promoter	**X** Domain 3: IP Communication
X 3.6 Communication (Communicator)	EPA11 Population Health Promoter (RFU only)	**X** Domain 4: Teams and Teamwork
4.1 Self-Awareness (Self-aware)	**X** EPA12 Information Master	
4.2 Leadership (Leader)	EPA13 Information Master	
4.3 Innovation and Entrepreneurship (Innovator)	EPA14 Practice Manager	
X 4.4 Professionalism (Professional)	EPA15 Practice Manager	
	X EPA16 Self-developer	

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= Interprofession

COURSE SCHEDULE

See the E*value home page.