YPHP 803 Community, 9 Quarter Hours

2023-2024

COURSE DESCRIPTION

APPEs take place during the last academic year and after all pre-advanced pharmacy practice experience requirements are completed. APPEs are designed to integrate, apply, reinforce, and advance the knowledge, skills, attitudes, and values developed through the other components of the curriculum. APPEs fulfill at least 1440 hours of the curriculum. All students are required to complete six APPEs: four required APPEs, and two elective APPEs.

Community Pharmacy practice is a required APPE. This course is structured to give students hands-on experience working in a **Community Pharmacy** setting. The **Community Pharmacy** APPE lasts 6 weeks, during which the students will engage in patient care, distributive functions, and administrative processes in community pharmacies and enhance their experience interacting directly with patients, preceptors, technicians, and other health care providers and pharmacy personnel. Cocurricular activities and simulation hours are not a part of experiential education. On the last day of each experience attend developmental sessions as part of the YPHP 800 Practical Approaches to Professional Development didactic course. Combined, these activities ensure preparation as practice-ready and team-oriented pharmacists and complement the concurrent experiential and didactic curriculum.

Quarter Offered: Fall, Winter, Spring, and Summer

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 YPHP 515 IPPE I (Onsite 120 hours) 1 hour reflection Fifteen 8-hour visits Fall through Spring	Health-System YPHP 615 IPPE II (Onsite 104 hours) 1 hour reflection Thirteen 8-hour visits Fall through Spring	Elective YPHP 715 IPPE III (Onsite 80 hours) Two 1-week experiences Ten 8-hour visits Breaks: Summer, Fall/Winter, Spring	Required & Elective YPHP 801-806 APPE (Onsite 240 hours each) Six 6-Week Rotations 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* IPPE-APPE Transition Workshop*	YPHP 800**
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

Access to Course Material and Information

In addition to what will be provided during experiential class meetings, materials and information will be distributed using the University email system and CORE® Experiential Learning Management System (ELMS). These systems are *mandatory* communication modalities among faculty, preceptors, and students involved with this course.

Prerequisite(s):
Successful completion of the first three professional years and all Introductory Pharmacy Practice Experiences (IPPEs) is required before beginning the P4 year. Documented completion with the following items is required before beginning a practice experience:

a. Licensure
b. Criminal Background Check
c. Drug Screen
d. Health Record-Immunizations (including annual TB and Influenza)
e. Health Insurance Portability and Accountability Act (HIPAA) Training
f. OSHA Blood borne Pathogens Training
g. Basic Life Support (BLS) and Cardiopulmonary Resuscitation (CPR) Certification
h. APhA Immunization Certification (Certificate of Completion)
i. Other site-specific administrative requirements

For additional information, refer to the Experiential Education Manual.
*Some sites may have additional requirements for student pharmacists completing APPEs.

Instructional Methods and Learning Experiences:
Student pharmacists participating in the P4 APPE will be engaged in active learning through the use of practice-based activities in **Community Pharmacy** team-based projects, preceptor interaction. Cocurricular activities and simulation hours are not a part of experiential education.

Course Director(s):

Faculty Name, Degree, and Title	Lisa Michener, PharmD, MS, (APPE Lead) Associate Director of Experiential Education	Bradley Cannon, PharmD Director of Experiential Education
Phone	847-578-8762	847-578-3433
Email	copexperientialed@rosalindfranklin.edu	copexperientialed@rosalindfranklin.edu
Office location	IPEC 2.816	IPEC 2.808
Office hours by appointment	calendly.com/lisa-michener	calendly.com/brad-cannon

Additional Support with the Office of Experiential Education is available through Senior Administrative Assistant Vanessa Knox-Harris MHA, BS, copexperientialed@rosalindfranklin.edu and calendly.com/vanessa-knox-harris

Additional Course Faculty and Instructors: The list is available within CORE® ELMS.

COURSE OBJECTIVES

Upon completion of this experiential course, the student pharmacists should have met the following performance domains and abilities:

Terminal Performance Outcomes
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 2016 Accreditation Council for Pharmacy Education's Accreditation Standards and Key Elements for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree (Guidance document, 1a.)

COURSE OBJECTIVES AND EXPECTATIONS[1]

Upon completion of this advanced pharmacy practice experience in **Community**, the student pharmacist should demonstrate the following skills:

Learner
• Summarizes 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 • Describes the mechanism of action of common medications • Identifies appropriate sources of information and evaluate primary literature to synthesize answers when responding to drug information questions • When responding to drug information requests from patients or health care providers, identifies appropriate sources of information and evaluate primary literature to synthesize answers • Critically analyzes scientific literature and clinical practice guidelines related to medications and diseases to enhance clinical-decision making • Performs 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
• Collects subjective and objective evidence related to patient, medications, allergies, adverse reactions, and diseases • Collects 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). • Evaluates a patient's medications and conditions to identify actual and potential medication-related problems • Formulates evidence-based care plans, assessments, and recommendations based on subjective and objective data, the patient's needs, and the patient's goals • Implements patient care plans and monitors response to therapy • Reconciles a patient's medication record • Refers patients to other healthcare providers when appropriate • Documents all patient information accurately, legally, and succinctly in a manner that ensures continuity of care • Accurately assesses and records a patient's blood pressure, pulse, respiratory rate, and other objective data as applicable
Medication Use Systems Management
• Manages health care needs of patients during transitions of care • Distributes medications in a safe, accurate, and timely manner • Compounds drug products using accurate calculations, pharmaceutical components, and techniques • Accurately evaluates, processes, labels, and dispenses medications and devices pursuant to a new prescription, prescription refill, or drug order in accordance with legal requirements • Determines appropriate storage and beyond-use dating of compounded and reconstituted medications before and after dispensing • Incorporates continuous quality improvement techniques when processing prescriptions for patients to reduce and prevent errors
Health and Wellness
• Provides preventive health and wellness education (e.g., immunizations, tobacco cessation counseling, wellness screenings, risk assessments
Problem Solving
• Identifies and prioritizes a patient's medication-related problems
Educator

- Uses effective written, visual, verbal, and nonverbal communication skills to educate patients and/or caregivers on medication use, self-management, and preventive care
- Assesses the ability of patients and their agents to obtain, process, understand and use health- and medication-related information
- Uses appropriate methods of patient education to review indications, adverse effects, dosage, storage, and administration techniques
- Demonstrates and/or describes proper use of various drug delivery and monitoring systems (e.g., inhalers, eye drops, glucometers, injectables, etc.)
- Uses effective written, visual, verbal, and nonverbal communication skills to accurately respond to drug information questions
- Educates health care providers, pharmacy staff, and student pharmacists regarding a patient case or other pharmacy-specific information
- Educates patients and providers on the mechanism of action, appropriate use, adverse effects, and benefits of medications and devices used to manage chronic conditions
- Adjusts the amount and depth of information presented to patients based on their level of education, interest, emotional state, and ability to understand the information
- Given a condition that can be treated with self-care interventions, recommends appropriate nonprescription and nondrug therapy

Patient Advocacy

- Assists patients in navigating the complex healthcare system
- Encourages patients to set priorities and goals to better meet their health care needs
- Assists a patient or caregiver with problems related to prescription medication coverage, health insurance, or government healthcare programs
- Encourages patients to set priorities and goals to better meet their health care needs

Interprofessional Collaboration

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

Cultural Sensitivity

- Incorporates patients' cultural beliefs and practices into health and wellness care plans

Communication

- Effectively communicates recommendations to other healthcare providers
- Documents patient care activities clearly, concisely, and accurately using appropriate medical terminology
- Foster sustainable relationships with patients and providers to ensure continuity of care

Self-Awareness

- See Professionalism Below

Leadership

- Fosters collaboration among the pharmacy and / or healthcare team to achieve a common goal

Innovation and Entrepreneurship

- Demonstrates creative decision-making when dealing with unique problems or challenges
- Develops new ideas or strategies to improve patient care services
- Describes how to manage workflow, scheduling, and billing

Professionalism

Ethical, Professional, and Legal Behavior

- 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

Self-Awareness

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

General Communication Abilities

- Shows empathy and sensitivity to the culture, race/ethnicity, age, socioeconomic status, gender, sexual orientation, spirituality, disease state, lifestyle, and mental/physical disabilities of others.
- *Verbal*: Verbal communication is professional, confident, clear, not aggressive, and lacks distracters (e.g., um, uh, like, you know)
- *Nonverbal*: Maintains appropriate eye contact and body language
- *Written*: Written communication is clearly understood by others and does not contain significant spelling/grammatical errors
- *Listening*: Demonstrates active listening, focuses on the patient/caregiver/health care provider, pays attention to nonverbal cues, responds empathetically
- Verifies information is understood by patient/caregiver or healthcare provider
- Demonstrates proficiency with the English language

- Based on the Center for the Advancement of Pharmacy Education's Educational Outcomes 2013 and the 2016 Accreditation Council for Pharmacy Education's Accreditation Standards and Key Elements for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree (Guidance document, 1a.).

RECOMMENDED COURSE MATERIALS

1. Clinical Pharmacology [database online]. Available via RFUMS Boxer University Library Electronic Resources.
2. Malone PM, Kier KL, Stanovich JE, Malone MJ. eds. Drug Information: A Guide for Pharmacists 6e New York, NY: McGraw-Hill; 2018. http://accesspharmacy.mhmedical.com.ezproxy.rosalindfranklin.edu:2048/content.aspx?bookid=981&sectionid=57697146. Accessed April 29, 2019.
3. Ansel HC. *Pharmaceutical Calculations.* 15th ed. Philadelphia: Woltors Kluwer; 2017.
4. Berger BA. Communication Skills for Pharmacists: Building Relationships. 3rd ed. Washington, DC: American Pharmacists Association; 2009.
5. 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 © 2016 https://pharmacylibrary-com.ezproxy.rosalindfranklin.edu/doi/full/10.21019/ALE.2000.93 April 29, 2019.
6. 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 © 2016. https://pharmacylibrary-com.ezproxy.rosalindfranklin.edu/doi/full/10.21019/ALE.2000.110 Accessed on April 29, 2019.
7. 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 © 2016. https://pharmacylibrary-com.ezproxy.rosalindfranklin.edu/doi/full/10.21019/ALE.2000.120 Accessed on April 29, 2019.
8. Sheehan AH, Jordan, JK. Drug Information: Formulating effective response and recommendations: A structured approach. A Guide for Pharmacists, In. Malone P, *Drug Information: A Guide for Pharmacists 6e.* New York, NY: McGraw-Hill; 2018. https://accesspharmacy-mhmedical-com.ezproxy.rosalindfranklin.edu/content.aspx?bookid=2275&sectionid=177197497 Accessed April 29, 2019
9. Take a Patient Medication History 3rd Ed. American Pharmacist's Association Washington DC © 2016. https://pharmacylibrary-com.ezproxy.rosalindfranklin.edu/doi/abs/10.21019/ALE.2000.34 Accessed April 29, 2019.
10. Bennett MS, Kliethermes MA, How to Implement the Pharmacists' Patient care Process, In the American Pharmacist's Association Pharmacy Library Washington DC © 2016. https://pharmacylibrary-com.ezproxy.rosalindfranklin.edu/doi/full/10.21019/9781582122564.ch3 Accessed April 29, 2019.
11. 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 © 2018 https://pharmacylibrary-com.ezproxy.rosalindfranklin.edu/doi/full/10.21019/ALE.2000.15 Accessed on April 29, 2019.
12. Angelo, LB, Cerulli , How to Conduct a Comprehensive Medication Review: A Guidebook for Pharmacists, In American Pharmacists Association, Washington DC © 2018 https://doi-org.ezproxy.rosalindfranklin.edu/10.21019/9781582122168 Accessed on April 29, 2019.
13. Rosalind Franklin University of Medicine and Sciences (RFUMS) College of Pharmacy 2019 Electronic Resources Guide, Found in home page of E*value. Accessed April 29, 2019.

METHODS OF EVALUATION

Assessment Policy

Upon completion of each APPE, students will earn a letter grade: A, B, C, F. In order to successfully complete the APPE professional year, students must receive a "C" or better in each of the six-week experiences. Preceptors and students

share the responsibility to discuss the student's performance throughout the experience and must discuss the student's assessment at both midpoint and final evaluation.

Midpoint Assessment

The midpoint assessment will be submitted to CORE® ELMS half-way through the experience.

Performance Improvement Plan

At any point a preceptor may initiate a Performance Improvement Plan in collaboration with the course director, the preceptor and the student. The objective of the Performance Improvement Plan is to provide the student with the opportunity to correct the areas. (See Performance Improvement Plan form).

Final Assessment

The preceptor's final grade is submitted to the college with guidance provided by the rubric. All final grades are reviewed for submission by the course director. Students will be assessed using the following four (4)-point performance rating scale for each of the educational outcome questions for the APPE experience. The goal performance rating is "competent" at a minimum . This rating scale is based on increasing performance competency expectations over the final year of the program.

Grading Rubric

Refer to the respective course syllabi for specific learning objectives and assignments required of each experience.

Exceptional	**Competent**	**Marginal**	**Deficient**	**Not Addressed**
Consistently performs above expected level. Performance can be described as impressive or exceptional.	Consistently performs at expected level. Performance possesses strengths with room for improvement in a few areas.	Meets expectations and performs consistently at expected level in only some areas. Several performance areas have room for improvement.	Performs well below baseline expectations. Performance demonstrates worrisome deficits.	Not addressed in this experience. Only allowed for non-patient care experiences
4 points (100%)	3.5 point (87.5%)	2.8 points (70%)	2.2 points (55%)	N/A

The rotation evaluation includes 5 sections, which are weighted.

Refer to the respective syllabi for the specific weighting scheme as they may differ.

- Section I. Professionalism and Communication Expectations *
- Section II. Knowledge
- Section III. Patient Care
- Section IV. Collaboration and Leadership
- Section V. Projects and Activities

*A rating of "Deficient" in Professionalism & Communications Section will result in a failing grade for the rotation.

Allocation of a letter grade will be based on the weighted averages and calculations for each section according to the following (weighted averages vary by rotation):

Final Rotation Grade			
Section I average =	X [weight for rotation**]=20%	X 100 =	Section total
Section II average =	X [weight for rotation**]=25%	X 100 =	Section total
Section III average =	X [weight for rotation**]=25%	X 100 =	Section total
Section IV average =	X [weight for rotation**]=15%	X 100 =	Section total
Section V average =	X [weight for rotation**]=15%	X 100 =	Section total
Section Totals Added Up			Evaluation Point Total out of Total Possible Points
A	B	C	F

90-100%*	80-89.9%*	70-79.9%*	0-69.9%*
*The total points possible are adjusted automatically for sections rated as N/A.			
**Weights may vary slightly depending on rotation. See specific APPE course syllabus			

Final Grade

For APPE's, the final grade will be based on the preceptor's evaluation and completion of any graded assignments during the rotation. The final grade will be based on the preceptor's evaluation, completion of any graded assignments during the rotation, and an end of block assessment that is administered at the college when applicable. (See *Assessments*) The course director in the Office of Experiential Education assigns final grades.

APPE Course Failures

If a student fails an experiential rotation, the following is expected:

- The student and preceptor discuss the final grade.
- The course director:
    i. Posts the grade notifying the student of failure
    ii. Emails to the Chair of Pharmacy Practice and the Chair of the Student and Chair of the Student Promotions, Evaluation and Awards Committee (SPEAC).

Documentation on Transcript

A student who fails an APPE will be required to repeat the course. The grade achieved in the subsequent APPE will be entered in the students' transcript; however, the original 'F' will remain on the transcript.

Repeat Failures

A student with a repeat failure of the same APPE, or who fails two APPE's, will be considered for dismissal. A student who fails two APPEs will have an altered schedule and will be required to pass a competency assessment prior to returning to the APPE program.

APPE Assessments

A variety of assessments are used in this course. These serve to provide feedback to the students, preceptors, and course director regarding student progress and course activities.

Midpoint Evaluation

The midpoint evaluation includes the preceptor's evaluation of the student, the student's self-evaluation, and the student's evaluation of the experience. It is expected that the preceptor and student will meet to discuss these evaluations and address areas for improvement during the remainder of the course. The midpoint evaluation is documented on paper and not in the CORE® ELMS.

Final Evaluation

The preceptor and student are expected to meet and discuss the final evaluations which includes the preceptor's evaluation of the student, the student's self-evaluation, and the student's evaluation of the preceptor and site.

The preceptor's final evaluation of the student as well as professionalism points factor into the student's final grade as noted in the grading policy in the Experiential Education Manual.

To protect student confidentiality, the students' preceptor evaluations will be compiled and reported back to the preceptor in aggregate with all student identifiers removed after the completion of the academic year. Sample evaluation forms are located in CORE® ELMS.

Required Return to Campus Visits

Students are required to return to campus on the last day of each block during the APPE year regardless if they are scheduled in an OFF block in order to meet the requirements of YPHP 800 Practical Approaches to Professional

Development. Students must complete a total of 240 hours for each APPE course. Hours completed for YPHP 800 do not count toward APPE course completion hours. Please refer to the YPHP 800 syllabus and Experiential Manual for full details.

COURSE GRADE APPEAL

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

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

COURSE FEEDBACK

Students will have the opportunity to provide the course director(s) and other faculty/instructor(s) with feedback in several ways:

- Periodic reflective comments
- Scheduled appointment with the course director(s)
- Formal course evaluation process

Students are encouraged to discuss course feedback they feel is left unresolved or not satisfactorily addressed with the course director so that the they may hear perspectives and be open to improvement.

In cases in which where a student feels that course feedback is left unresolved or not satisfactorily addressed, they are encouraged to discuss with their Advisor and make an appointment with the department chair, Dean for Student Affairs, or Dean for Academic Affairs to discuss further.

ATTENDANCE POLICY

1. Successful completion of the APPE requires a minimum of 240 hours.
2. Any hours missed must be made up.
3. Hours are to be completed on-site, unless alternative arrangements are made with the preceptor and documented in an email to the Office of Experiential Education
4. Please refer to the Experiential Attendance Policy in the Experiential Manual for full description and details.

For additional information refer to the Experiential Education Manual Attendance Policy

PARTICIPATION AND PROFESSIONALISM

Participation

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

- Demonstrating active listening skills (i.e., making eye contact, asking appropriate questions, giving their undivided attention, responding to questions when appropriate.)
- Actively participating in 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 preceptor(s), other faculty, their peers, and themselves. Students will participate in all course activities with purpose and a positive attitude.

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.

Per the OEE Professionalism Policy, professionalism infractions may negatively impact the APPE grade or result in a request to appear before the Student Promotion, Evaluation, and Awards Committee (SPEAC). Once the APPE rotations have been assigned to students, their professionalism points will be reset to 100. Unless the infraction is related to a specific rotation, an infraction prior to the start of rotations or during an off block may result in the student appearing before the SPEAC. Infractions related to, or that occur during, a specific rotation will be counted toward the grade for that rotation. The nature of the consequence for failing to comply with the professionalism expectations during the P4 year will be at the discretion of the course director. However, as a general rule, a loss of 15 points during a block will result in a grade reduction and/or request to appear before the SPEAC. A loss of professionalism points in more than one block may result in a request to appear before the SPEAC. Professionalism points may be deducted by either the course director or preceptor, depending on the type of infraction.

Unprofessional Behavior
Inappropriate or unprofessional comments, remarks, and attitudes may result in dismissal from the site. Disruptive activity during site attendance 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.

Participation
It is expected that students will engage in each experience by:

- Demonstrating active listening skills (i.e., making eye contact with lecturers, asking appropriate questions, giving the preceptors their undivided attention, responding to questions when appropriate.)
- Actively participating in 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 preceptors on an ongoing basis. Periodic feedback will be given to students when necessary.

OTHER COURSE INFORMATION

Students must bring to the practice site the following items:

- White Rosalind Franklin University-issued lab coat and nametag unless prohibited by the site.

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	X	S01 Cultural Awareness		C01 Clinical Pharmacokinetics
	B02 Biostatistics		S02 Ethics	X	C02 Health Informatics
	B03 Human Anatomy	X	S03 Healthcare Systems	X	C03 Health Info Retrieval and Eval
	B04 Human Physiology		S04 History of Pharmacy	X	C04 Med Dispens, Distrib and Admin
	B05 Immunology	X	S05 Pharmacoeconomics	X	C05 Nat Prod and Alt & Comp Therapies
X	B06 Medical Microbiology		S06 Pharmacoepidemiology	X	C06 Patient Assessment
	B07 Pathology/Pathophysiology	X	S07 Pharm Law and Reg Affairs	X	C07 Patient Safety
	P01 Clinical Chemistry	X	S08 Practice Management		C08 Pharmacotherapy
X	P02 Extemporaneous Compounding	X	S09 Professional Communication	X	C09 Public Health
	P03 Medicinal Chemistry		S10 PD/Social and Behavioral Aspect of Pract	X	C10 Self-Care Pharmacotherapy
X	P04 Pharmaceutical Calculations	X	S11 Research Design		
	P05 Pharmaceutics/Biopharmaceutics				
	P06 Pharmacogenomics/genetics				
	P07 Pharmacokinetics				
	P08 Pharmacology				
	P09 Toxicology				

CAPE		EPA		PPCP	
X	1.1 Learner (Learner)	X	EPA1 Patient Provider	X	Collect
X	2.1 Patient-centered care (Caregiver)	X	EPA2 Patient Provider	X	Assess
X	2.2 Medicine use systems management (Manager)	X	EPA3 Patient Provider	X	Plan

X	2.3 Health and wellness (Promoter)	X	EPA4 Patient Provider	X	Implement
X	2.4 Population-based care (Provider)	X	EPA5 Patient Provider	X	Follow-Up: Monitor & Evaluate
X	3.1 Problem Solving (Problem Solver)	X	EPA6 Interprofessional Team Member		
X	3.2 Educator (Educator)	X	EPA7 Population Health Promoter		**IP**
X	3.3 Patient Advocacy (Advocate)	X	EPA8 Population Health Promoter	X	Domain 1: Values/Ethics for IP Practice
X	3.4 Interprofessional Collaboration (Collaborator)	X	EPA9 Population Health Promoter	X	Domain 2: Roles/Responsibilities
X	3.5 Cultural Sensitivity (Includer)	X	EPA10 Population Health Promoter	X	Domain 3: IP Communication
X	3.6 Communication (Communicator)	X	EPA11 Population Health Promoter (RFU only)	X	Domain 4: Teams and Teamwork
X	4.1 Self-Awareness (Self-aware)	X	EPA12 Information Master		
X	4.2 Leadership (Leader)	X	EPA13 Information Master		
X	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= Interprofessional

COURSE SCHEDULE

Please refer to the following website or CORE® ELMS.

https://www.rosalindfranklin.edu/academics/college-of-pharmacy/doctor-of-pharmacy-pharmd/experiential-education

YPHP 803 – COMMUNITY PHARMACY PRACTICE ABILITIES CHECKLIST

Listed below are required and optional activities.

- This form is a part of the FINAL Evaluation in CORE® ELMS
- Students must complete all required activities listed and any optional activities by checking the appropriate boxes.
- All activities performed must comply with site-specific policies and procedures.
- **Assessment forms** and assignment instructions are in the syllabus pages that follow.
- If the activity is **required** for a grade, it is also indicated below.

Assessment Form Syllabus Page	Required Activities	Required for Grade	Complete	Incomplete
CORE® ELMS	Discuss midpoint and final evaluations with preceptor	**YES**	☐	☐
14-15	Nonprescription product monograph – Complete ONE nonprescription monograph	**YES**	☐	☐
16-17	Drug Information Response: Respond to a question related to a drug	**YES**	☐	☐
18-21	Discuss the Core Professional Activities in this experience	**YES**	☐	☐
22-25	Discuss the Patient and Medication Safety Assessment Tool for Community Pharmacies	**YES**	☐	☐
26-28	Complete the Checklist for Safe Vaccine Storage and Handling	**YES**	☐	☐
29	Counsel a patient regarding all of the following: ☐ Use of a prescription pain medication ☐ Use of an antibiotic ☐ Use of a blood pressure medication ☐ Lifestyle education to a patient with diabetes ☐ Lifestyle education to a patient with high cholesterol ☐ Nonprescription medication for cough, cold, or allergy ☐ Topical nonprescription medication use ☐ How to administer eye drops ☐ How to use an inhaler ☐ How to use a glucometer		☐	☐
30	Take a patient's blood pressure using a manual or digital cuff, sphygmomanometer, record and explain results to a patient		☐	☐
31	Interview a patient (or review a patient profile if MTM services are not provided). Identify at least one medication-related problem. Complete the SOAP Note Form to document the assessment and plan. Follow up with the patient and/or provider to address the problem.		☐	☐
	When a critical drug interaction alert occurs, consult the literature to research the interaction and provide an appropriate recommendation		☐	☐
	Interact with a prescriber to clarify a prescription/medication order		☐	☐
	Administer a vaccine to a patient		☐	☐
	When an error or mistake occurs during the prescription filling process, develop a plan to prevent the error in the future		☐	☐
	Compound a non-sterile, extemporaneously prepared medication		☐	☐
	Optional Activities			
32	Present a new drug update		☐	☐
33	Primary Literature Review: Lead a journal or literature review for discussion		☐	☐
34	Presentation: Present a patient case to a pharmacist (Informal)		☐	☐
35	Participate in a health fair or screening event.		☐	☐

Nonprescription Product Monograph

Step 1: Select ONE disorder or disease state that is commonly treated with nonprescription products. Examples include, but are not limited to the following:

Abrasions	Colds (viral upper respiratory infection)	Gastritis	Ostomy care
Aches and pains (general, mild to moderate)	Congestion (chest, nasal)	Gingivitis	Ovulation prediction
Acidity	Constipation	Hair loss	Periodontal disease
Acne	Contact lens care	Halitosis	Pharyngitis
Albumin testing	Contraception	Hangover morning relief	Pinworm infestation
Allergic reactions	Corns	Head lice	Premenstrual syndrome
Allergic rhinitis	Cough	Headache	Pregnancy (diagnostic)
Anemia	Cuts (superficial)	Heartburn	Prickly heat
Arthralgia	Dandruff	Hemorrhoids	Psoriasis
Asthma	Deficiency disorders	Herpes	Ringworm
Athlete's foot	Dental care	Impetigo	Seborrhea
Bacterial infection	Dermatitis (contact)	Indigestion	Sinusitis
Blisters	Diabetes mellitus (insulin, monitoring equipment, supplies)	Ingrown toenails	Smoking cessation
Blood pressure monitoring		Insect bites and stings	Sprains
Boils		Insomnia	Strains
Bowel preparation (diagnostic)	Diaper rash	Jet lag	Stye (hordeolum)
Burns (minor, thermal)	Diarrhea	Jock itch	Sunburn
Calluses	Dry skin	Migraine	Teething
Candidal vaginitis	Dysmenorrhea	Motion sickness	Thrush
Canker sores	Dyspepsia	Myalgia	Toothache
Carbuncles	Dyslipidemia	Nausea	Vomiting
Chapped skin	Feminine hygiene	Nutrition (infant)	Warts (common and plantar)
Cold sores	Fever	Obesity	Xerostomia
	Flatulence	Occult blood in feces (detection)	Wound care

Table 1.1 from: Handbook of Nonprescription Drugs, 16th edition.

Step 2: Define the symptoms that a patient would commonly have for the disease states selected. The symptom(s) listed for each disease state need to be specific enough so that only one product would be appropriate for the patient.

Step 3: Develop a concise treatment guide or monograph for each disease state selected. The guide should either be limited to one page or designed to be carried in the pocket of your laboratory coat for convenience and ease of use when approached with questions. A goal should be to develop one guide or monograph each week of the rotation.

The information contained in each treatment guide should include:

- Disorder and/or symptoms
- Therapeutic class or product category
- Brand/generic names
- Dosage forms and strengths
- Dosing recommendations for:
  - Adults
  - Pediatrics
  - Pregnancy/breastfeeding
  - Senior patients
  - Other special populations, if applicable
- Contraindications/precautions
- Drug interactions
- Adverse effects
- Cost per day
- Rationale for product selection
- Patient education points

Step 4: If the product you selected would not be appropriate for certain patients or comorbid conditions an alternative product should be noted.

Step 5: When addressing the cost per day, note the availability of generic formulations when applicable.
Each guide will be worth 20 points, for a total of 120 points.

Nonprescription Medication Consultation Documentation Form

Student Pharmacist Name:_____ Date: _____

Evaluator Name:_____

Evaluator Role: Role: ☐ Preceptor ☐ Faculty ☐ Student ☐Resident

"Who will be using the product?" ☐ Individual ☐ Child ☐ Other_____

PATIENT INFORMATION

Gender: ☐ M ☐ F Age:_____ Pregnant ☐ Y ☐ N Breastfeeding ☐Y ☐N

CONDITION: *"What are you treating?"*

☐ Acne	☐ Constipation	☐ Eye Condition*	☐ Insect bite	☐ Nutritional need
☐ Allergy*	☐ Cough	☐ Fever	☐ Insomnia	☐ Pain*
☐ Arthritis	☐ Dental Problem*	☐ Fungal infection	☐ Myalgia	☐ Preventative care*
☐ Bacterial infection	☐ Dermatitis*	☐ Headache	☐ Nausea	☐ Sunburn
☐ Congestion	☐ Diarrhea	☐ Heartburn/GERD	☐ Nicotine use	☐ Wound

☐ Other_____

*Additional information_____

PMH: *"What chronic medical conditions do you have?"*

☐ Alcoholism	☐ Cancer	☐ Diabetes	☐ High cholesterol	☐ Osteoporosis
☐ Angina	☐ Chronic headache	☐ Glaucoma	☐ Hypertension	☐ Prostate disorder
☐ Arthritis	☐ Chronic pain	☐ Heart disease	☐ Kidney disease	☐ Seizure disorder
☐ Asthma	☐ COPD	☐ Heart failure	☐ Liver disease	☐ Sleep disorder
☐ Bleeding disorder	☐ Depression	☐ Heartburn/GERD	☐ Obesity	☐ Thyroid disorder
☐ Other				

"What medications are you taking?"

Symptom Analysis: (*Precipitating, Quality, Relief, Site/Severity, Temporal factors, Associated* symptoms)

P: What caused the condition? _____

Q: Describe the condition? _____

R: What has provided relief? _____

S: Where is the problem? How severe is it? _____

T: When did the problem begin? How often does it occur? _____

A: What other symptoms exist? _____

Outcome

☐ No pharmacologic treatment necessary

☐ Encouraged patient to seek physician consultation

☐ Made a recommendation ○ Original product sought ○ Alternative product

Explain (name of product, dose, instructions, warnings, Nonpharmacologic therapy):

_____

_____

_____

_____

Follow-up: Contact date: _____ Contact information: _____

Notes: _____

_____

_____

Adapted from the OTC Intervention Form developed by Maria Sulli, PharmD(St. John's University College of Pharmacy and Allied Health Professions).

Drug Information Request Documentation Form

Drug Information Request Form

Requester Information

Name:	Email:
Date Received:	Time Received: AM/PM

Internal:	*External:*	*How Received:*	*Priority:*
☐ MD/DO	☐ MD/DO	☐ Phone	☐ Urgent
☐ DDS	☐ DDS	☐ Voice Mail	☐ High priority
☐ RN	☐ RN	☐ Email	☐ Routine
☐ Pharmacist	☐ Pharmacist	☐ In person	☐ Low priority
☐ PA/NP	☐ PA/NP	☐ Referred by:	
☐ Other:	☐ Other:		
	☐ General public:		

Original Question/Request

Classification of Request

☐ Administration (route/methods)	☐ Drug standards/legal/ regulatory	☐ Pharmacokinetics
☐ Adverse effects/intolerances	☐ Drug use in special populations	☐ Physiochemical properties
☐ Allergy/cross reactivity	☐ Pharmacokinetics	☐ Poisoning/toxicology
☐ Alternative medicine	☐ Pharmacology	☐ Pregnancy/lactation/ teratogenicity/fertility
☐ Biotechnology/gene therapy	☐ Pharmacodynamics	☐ Product availability/status
☐ Clinical nutrition/ metabolic support	☐ Excipients/compounding/ formulations	☐ Product identification
☐ Compatibility/storage/ stability	☐ Investigational products	☐ Product information
☐ Contraindications/ precautions	☐ Lab test interferences	☐ Study design/protocol development
☐ Cost/ pharmacoeconomics	☐ Monitoring parameters	☐ Other:
☐ Dosing	☐ Lab test interferences	
☐ Drug delivery/devices	☐ Monitoring parameters	
☐ Drug interactions	☐ Nonprescription products	
☐ Drug of choice/therapeutic alternatives/ therapeutic use	☐ Patient education	

Response (referenced)

References (numbered)

Tracking/Follow-Up

Request Received By:	Response Formulated By:	Time Required to Answer:
☐ Literature Provided	☐ Verbal Response	☐ Written Response

Outcome/Follow Up

Drug Information Request Evaluation Form

Drug Information Request Form			
Preceptor Assessment of Drug Information Request: **Student Name_____ Evaluator Name_____**			
Requestor	**Yes**	**No**	**Comments**
Did the student obtain complete demographic information for the person asking the question?	1	0	
Background information:			
Thorough	1	0	
Appropriate to the request	1	0	
Search Strategy References			
Appropriate references used	1	0	
Search was sufficiently comprehensive	1	0	
Is search strategy clearly documented	1	0	
Response was			
Appropriate for situation	1	0	
Sufficient to answer the question	1	0	
Provided in a timely manner	1	0	
Integrated with available patient data	1	0	
Supported by appropriate materials	1	0	
If complete response could not be provided within timeframe requested, was the requestor advised as to the status of the re1uest and the anticipated delivery of the final response?	1	0	
Final GRADE	**/12**	**Overall Comments**	

Adapted from: Malone PM, Kier KL, Stanovich JE, Malone MJ. Appendix 14–4 Evaluation Form for Drug Information Response. In: Malone PM, Kier KL, Stanovich JE, Malone MJ. eds. *Drug Information: A Guide for Pharmacists 5e.* New Yor

☐ **Exceeds** **90-100%** **10-12 points**	☐ **Meets** **70-89%** **8-9 points**	☐ **Does not Meet** **Less than 70%** **Less than 8 points**

Pharmacists' Patient Care Process (PCPP) and Core Entrustable Professional Activities (EPA) Exercise

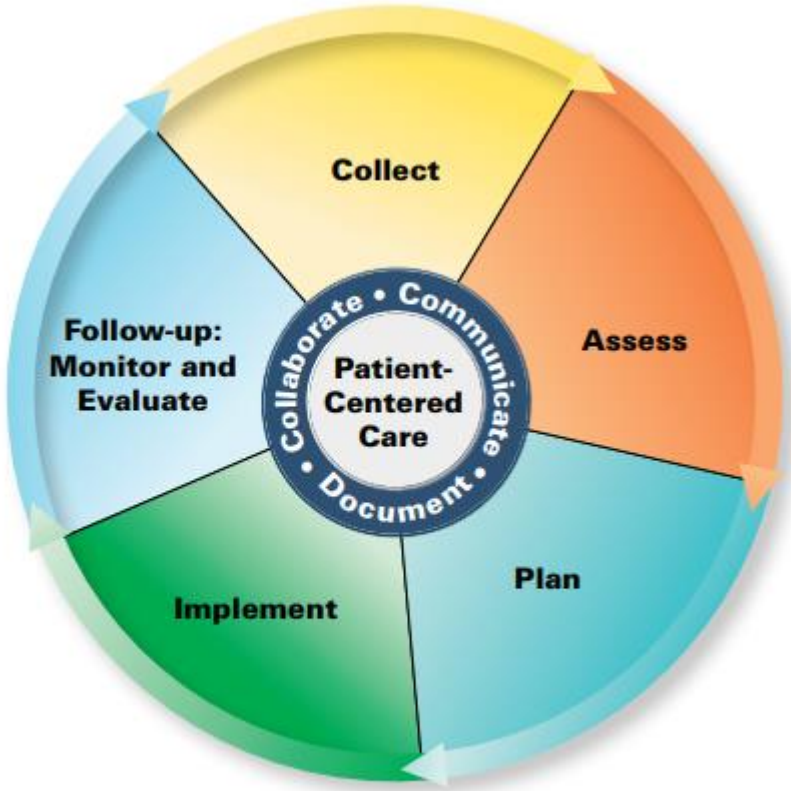

Figure 1: Pharmacists' patient care process

Pharmacists' Patient Care Process

Pharmacists use a patient-centered approach in collaboration with other providers on the health care team to optimize patient health and medication outcomes.

Using principles of evidence-based practice, pharmacists:

Collect
The pharmacist assures the collection of the necessary subjective and objective information about the patient in order to understand the relevant medical/medication history and clinical status of the patient.

Assess
The pharmacist assesses the information collected and analyzes the clinical effects of the patient's therapy in the context of the patient's overall health goals in order to identify and prioritize problems and achieve optimal care.

Plan
The pharmacist develops an individualized patient-centered care plan, in collaboration with other health care professionals and the patient or caregiver that is evidence-based and cost-effective.

Implement
The pharmacist implements the care plan in collaboration with other health care professionals and the patient or caregiver.

Follow-up: Monitor and Evaluate
The pharmacist monitors and evaluates the effectiveness of the care plan and modifies the plan in collaboration with other health care professionals and the patient or caregiver as needed.

Patient-Centered Care

ACTIVITY: This form is now part of the FINAL Evaluation in E*value. For each of the following domains, complete if you *performed* or *observed* and how well it was performed.

DOMAIN		Example Supporting Task	Performed	Observed	How well was this skill performed?			
					BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	MASTERY LEVEL
COLLECT	Collect information to identify a patient's medication-related problems and health-related needs.	•Collect a medical history from a patient or caregiver.						
		•Collect a medication history from a patient or caregiver.						
		•Discuss a patient's experience with medication.						
		•Determine a patient's medication adherence.						
		•Use health records to determine a patient's health-related needs relevant to setting of care and the purpose of the encounter.						
ASSESS	Assess/analyze information to determine the effects of medication therapy, identify medication-related problems, and prioritize health-related needs.	•Assess a patient's signs and symptoms to determine whether the patient can be treated within the scope of practice or requires a referral.						
		•Measure an adult patient's vital signs and interpret the results (e.g., body temperature, pulse rate, respiration rate, and blood pressure).						
		•Interpret laboratory test results.						
		•Identify drug interactions.						
		•Perform a comprehensive medication review for a patient.						
		•Assess a patient's health literacy using a validated screening tool.						
		•Compile a prioritized health-related problem list for a patient.						
		•Evaluate an existing drug therapy regimen.						
PLAN	Establish patient-centered goals and create a care plan for a patient in collaboration with the patient, caregiver(s), and other health professionals that is evidence-based and cost-effective.	•Follow an evidence-based disease management protocol.						
		•Develop a treatment plan with a patient.						
		•Manage drug interactions.						
		•Select monitoring parameters to determine the therapeutic and adverse effects related to the treatment plan.						
		•Determine the appropriate time interval(s) to collect monitoring data.						
		•Create a patient-specific education plan.						
IMPLEMENT	Implement a care plan in collaboration with the patient, caregivers, and other health professionals.	•Write a note that documents the findings, recommendations, and plan from a patient encounter.						
		•Educate a patient regarding the appropriate use of a new medication, device to administer a medication, or self-monitoring test.						
		•Educate a patient on the use of medication adherence aids.						
		•Assist a patient with a behavior change (e.g., use shared decision making and motivational strategies).						
FOLLOW-UP MONITOR & EVALU	Follow-up and monitor a care plan	•Collect monitoring data at the appropriate time interval(s).						
		•Evaluate the selected monitoring parameters to determine the therapeutic and adverse effects related to the treatment plan.						

DOMAIN		Example Supporting Task	Performed	Observed	How well was this skill performed? BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	MASTERY LEVEL
		•Recommend modifications or adjustments to an existing medication therapy regimen based on a patient's response.						
		•Present a patient case to a colleague during a handoff or transition of care.						
INTERPROFESSIONAL TEAM	Collaborate as a member of an interprofessional team.	•Contribute medication-related expertise to the team's work						
		•Evaluate the selected monitoring parameters to determine the therapeutic and adverse effects related to the treatment plan.						
		.• Explain to a patient, caregiver, or professional colleague each team member's role and responsibilities.						
		• Communicate a patient's medication-related problem(s) to another health professional.						
		• Use setting appropriate communication skills when interacting with others						
		• Use consensus building strategies to develop a shared plan of action.						
PPOPULATION HEALTH PROMOTER	Identify patients at risk for prevalent diseases in a population	• Perform a screening assessment to identify patients at risk for prevalent diseases in a population (e.g., hypertension, diabetes, depression).						
	Minimize adverse drug events and medication errors.	• Assist in the identification of underlying system-associated causes of errors. • Report adverse drug events and medication errors to stakeholders.						
	Maximize the appropriate use of medications in a population.	• Perform a medication use evaluation. • Apply cost-benefit, formulary, and/or epidemiology principles to medication related decisions.						
	Ensure that patients have been immunized against vaccine preventable diseases.	• Determine whether a patient is eligible for and has received CDC-recommended immunizations. • Administer and document CDC-recommended immunizations to an adult patient. • Perform basic life support.						
INFORMATION MASTER	Educate patients and professional colleagues regarding the appropriate use of medications.	• Lead a discussion regarding a recently published research manuscript and its application to patient care. • Develop and deliver a brief (less than 1 hour) educational program regarding medication therapy to health professional(s) or lay audience.						
	Use evidence-based information to advance patient care	• Retrieve and analyze scientific literature to make a patient-specific recommendation. • Retrieve and analyze scientific						

DOMAIN		Example Supporting Task	Performed	Observed	How well was this skill performed?			
					BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	MASTERY LEVEL
PRACTICE MANAGER	Oversee the pharmacy operations for an assigned work shift.	Implement pharmacy policies and procedures. • Supervise and coordinate the activities of pharmacy technicians and other support staff. • Assist in training pharmacy technicians and other support staff. • Assist in the evaluation of pharmacy technicians and other support staff. • Identify pharmacy service problems and/or medication safety issues. • Maintain the pharmacy inventory. • Assist in the management of a pharmacy budget. • Interpret pharmacy quality and productivity indicators using continuous improvement quality techniques. • Assist in the preparation for regulatory visits and inspections.						
	Fulfill a medication order.	Enter patient-specific information into an electronic health or pharmacy record system. • Prepare commonly prescribed medications that require basic sterile compounding or basic non-sterile compounding prior to patient use. • Determine if a medication is contraindicated for a patient. • Identify and manage drug interactions. • Determine the patient co-pay or price for a prescription. • Ensure that formulary preferred medications are used when clinically appropriate. • Obtain authorization for a non-preferred medication when clinically appropriate. • Assist a patient to acquire medication(s) through support programs.						
SELF DEVELOPER	Create a written plan for continuous professional development.	• Create and update curriculum vitae, resume, and/or professional portfolio. • Perform a self-evaluation to identify professional strengths and weaknesses.						

•Adapted from: Pharmacists/ Patient Care Process. May 29, 2014 Joint Commission of Pharmacy Practitioners *https://jcpp.net/wp-content/uploads/2016/03/PatientCareProcess-with-supporting-organizations.pdf* Accessed April 2020.
•Adapted from: Core Entrustable Professional Activities for New Pharmacy Graduates *https://www.aacp.org/sites/default/files/2017-10/Appendix1CoreEntrustableProfessionalActivities* Accessed April 2020.

Patient and Medication Safety Assessment Tool for Community Pharmacies

Required Activity: Patient and Medication Safety Assessment Tool for Community Pharmacies

Date(s) of assessment: _____

Indicate the number of individuals who participated in this assessment:

Staff pharmacist _____
Pharmacy manager/owner _____
Pharmacy technician _____
Student pharmacist _____
Other (_____) _____

Check the category that best describes this pharmacy:

☐ Independent pharmacy (1 – 3 pharmacies)
☐ Chain pharmacy (4 or more pharmacies)
☐ Grocery chain pharmacy
☐ Mass merchandiser
☐ Hospital outpatient pharmacy
☐ Other _____

Approximately how many prescriptions are dispensed per week?

☐ Less than 500
☐ 501 – 800
☐ 801 – 1000
☐1000 – 1500
☐ 1501 – 2000
☐ Greater than 2000

Indicate the number of FTEs (full-time equivalent) employed at this pharmacy for each personnel category:

Staff pharmacist _____
Pharmacy manager/owner _____
Pharmacy technician _____
Student pharmacist _____
Other (_____) _____

Check the category that best describes the location of this pharmacy:

☐ Urban
☐ Rural

[a] Adapted from the Institute of Safe Medication Practices (ISMP) Medication Safety Self Assessment for Community/Ambulatory Pharmacy. Available at: http://www.ismp.org/selfassessments/Book.pdf

For each element listed, select the most appropriate description to identify the degree to which the activity has been implemented and incorporated into pharmacy operations.

N/A = not applicable;
NI = not implemented or seldom occurs;
PI = partially implemented or occurs some of the time;
FI = fully implemented or occurs all of the time

Prescription Processing	N/A	NI	PI	FI
Prescription orders cannot be entered into the pharmacy computer system until the patient's allergy information has been entered.	○	○	○	○
The clinical purpose of each prescription is determined before the medication is dispensed to ensure the prescribed therapy is appropriate for the patient's condition.	○	○	○	○
A standard process is followed to help ensure that medications are being dispensed to the proper patient (e.g., verifying patient's name, address, date of birth, etc.).	○	○	○	○
The pharmacy uses tools or resources to communicate with patients who are visually or hearing impaired.	○	○	○	○
Pharmacy computers that are used for order entry allow easy access to reputable resources for drug and disease information (e.g., Facts and Comparisons, Micromedex, Lexicomp).	○	○	○	○
The computer system automatically performs adult and pediatric dose range checks and warns pharmacists about improper dosing for medications.	○	○	○	○
The computer system warns pharmacists about clinically significant drug interactions.	○	○	○	○
The computer system automatically screens for and detects potential drug allergies.	○	○	○	○
A pharmacist is required to review all clinically significant computer alerts pertaining to dosing, interactions, and contraindications.	○	○	○	○
Pharmacy staff tests the computer system as least twice per year to assure that maximum dose alerts are present for high-alert and narrow therapeutic index drugs. When alerts are not present, measures are taken to add them to the system.	○	○	○	○
An updated interactive database for the pharmacy computer system is received from a drug information vendor and uploaded to the system at least quarterly.	○	○	○	○
The pharmacy computer system warns staff when a new drug has been entered for which there is no screening information available.	○	○	○	○
The variety of manufacturers from which generic drugs are purchased is minimized to the fullest extent possible.	○	○	○	○
When new drugs with heightened error potential are identified, safety enhancements (e.g., alert labels, tall-man lettering, reminders, sequestered storage, etc.) are established.	○	○	○	○
The pharmacy is able to receive electronic prescriptions from the prescriber's office to a pharmacy computer in a standard format.	○	○	○	○
The format of electronic prescriptions received by the pharmacy is similar to the way paper prescriptions are organized and entered into the system.	○	○	○	○
If a prescription is received on paper, scanning and prescription imaging is used in the dispensing process to show the original prescription on the computer screen.	○	○	○	○
The pharmacy has created a list of drugs (e.g., controlled substances, certain high-alert drugs) for which telephone or electronic prescriptions cannot be accepted from the prescriber's office staff.	○	○	○	○
Telephone or voice mail prescription orders are received directly by a pharmacist and written down immediately on a prescription blank (not scrap paper, which requires an additional transcription step).	○	○	○	○
When telephone orders must be taken, the pharmacist receiving the order repeats it back to the prescriber for verification.	○	○	○	○
The pharmacist who has resolved an issue with an unclear or incorrect prescription clearly communicates the resolution to other pharmacy staff by writing an informative note on the patient's profile or prescription order.	○	○	○	○
Special alerts are built into the computer program to remind pharmacy staff about problematic or look-alike drug names, packaging, or labeling.	○	○	○	○
Auxiliary warnings, labels with exaggerated fonts, or other label enhancements are used on packages and storage bins for drugs with problematic names, packages, or labels.	○	○	○	○
When drugs have the same name but different routes of administration (e.g., ophthalmic vs. otic), steps are taken (e.g., auxiliary labels, different storage locations, different manufacturers, notation in computer system) to prevent dispensing errors.	○	○	○	○

Products with known look-alike drug names are stored separately and not alphabetically, or are otherwise clearly differentiated from one another.	○	○	○	○
The pharmacy uses appropriate foreign language labels for patients who need them.	○	○	○	○
The pharmacy computer system automatically prints appropriate auxiliary labels (e.g., for the eye, take with food, may cause drowsiness) when prescription labels are generated AND the pharmacist reviews these for appropriateness for each patient.	○	○	○	○
Prescription Filling and Compounding	**N/A**	**NI**	**PI**	**FI**
There is an efficient and timely process in place to obtain critically needed medications when they are not immediately available in the pharmacy stock.	○	○	○	○
A mechanism exists to identify the reasons that a prescription has not been picked up after being prepared.	○	○	○	○
Records are available to identify patients receiving a drug that is recalled by the manufacturer and patients are notified as appropriate.	○	○	○	○
Medications are rotated in the "fast mover" area(s) to reduce the risk of error due to familiarity with placement on shelves.	○	○	○	○
When checking in the shipment, staff ensures that wholesaler price labels do not interfere with critical drug information on the manufacturers' labels.	○	○	○	○
If a manufacturer's stock bottle is to be dispensed to a patient, the pharmacist checks that the original seal is still intact.	○	○	○	○
When refilling a prescription with a medication from a different manufacturer, a system is in place to notify patients of the change in appearance of the drug product.	○	○	○	○
To guide selection of the proper drug, a computer graphic appears on the screen with each prescription to show the appearance of the product.	○	○	○	○
An automated dispensing system that incorporates robotics and/or bar code verification is used to support the dispensing system in the pharmacy.	○	○	○	○
If electronic counting machines are used during the filling process, they are routinely cleaned and calibrated for accuracy.	○	○	○	○
If completed prescriptions are not ultimately dispensed to patients, the medications are returned to stock in a consistent manner that reduces risk of an error (e.g., maintained on the shelf in the original prescription vial with drug, dose, and expiration date highlighted and specific patient information redacted.	○	○	○	○
An appropriately secured area of the pharmacy has been established to temporarily place discontinued, outdated, or recalled medications until they are destroyed or removed from the pharmacy in a timely fashion.	○	○	○	○
Staff members use gloves or proper hand washing when handling individual loose oral solid products (e.g., capsules, tablets).	○	○	○	○
Staff members use appropriate hand washing procedures or gloves prior to compounding any prescription products.	○	○	○	○
Dispensing devices (e.g., counting trays, spatulas, mortar and pestle) are washed after being used to prepare chemotherapy, penicillin, sulfonamide, opiate, or NSAID prescriptions.	○	○	○	○
Only clean (washed) measuring devices are used for compounding liquids, ointments, and capsules.	○	○	○	○
Pharmacy Environment and Workload	**N/A**	**NI**	**PI**	**FI**
To meet their needs, pharmacy personnel are able to adjust the sound and lighting at specific points in the prescription filling and dispensing area(s).	○	○	○	○
Temperature and humidity are comfortable for workers AND conform to drug storage requirements.	○	○	○	○
Areas where drug orders are transcribed and/or entered into computer systems are isolated and relatively free of distractions, noises, and unnecessary chatter.	○	○	○	○
The physical layout of the pharmacy is designed to minimize distractions for pharmacists during the final check in the prescription verification process.	○	○	○	○
Workspaces where medications are prepared are clean, orderly, and free of clutter.	○	○	○	○
When filling multiple prescriptions for one patient, dividers, baskets, or other means are used to ensure that prescriptions for other patients are not inadvertently mixed together.	○	○	○	○
Medication refrigerators are used only for medical product storage and are of sufficient size to allow all drugs to be refrigerated in an organized manner.	○	○	○	○

Criteria have been established (e.g., targeted high-alert drugs, high-risk patient populations, new therapies) to trigger required medication counseling and a system is in place to alert the pharmacist of this need when a patient picks up the prescription (e.g., alert or sticker on bag).	○	○	○	○
When counseling is provided, the patient's prescription product is shown to the patient to verify the medication dispensed.	○	○	○	○
When dispensing oral liquid medications, a proper measuring device is provided or suggested AND instructions regarding its use are communicated.	○	○	○	○
Doses that require splitting tablets are dispensed only to patients who have demonstrated their ability to split the tablet.	○	○	○	○
Patients are instructed on the proper use and maintenance of devices dispensed from the pharmacy (e.g., glucometers, humidifiers, spacers).	○	○	○	○
If someone other than the patient or caregiver picks up the prescription, a reasonable effort is made to communicate directly with the patient to provide counseling.	○	○	○	○
The pharmacy offer medication therapy management (MTM) services, whereby eligible patients receive annual comprehensive medication reviews.	○	○	○	○

Based on the assessment, provide three recommendations for the pharmacy to improve patient and medication safety:

1)

2)

3)

Checklist for Safe Vaccine Storage Checklist Form

Access form at: www.immunize.org/catg.d/p3035.pdf

Checklist for Safe Vaccine Storage and Handling

Are you doing everything you should to safeguard your vaccine supply? Review this list to see where you might make improvements in your vaccine management practices. Check each listed item with either YES *or* NO.

Establish Storage and Handling Policies

YES NO 1. We have designated a primary vaccine coordinator and at least one alternate coordinator to be in charge of vaccine storage and handling at our facility.

YES NO 2. Both the primary and alternate vaccine coordinator(s) have completely reviewed either CDC's Vaccine Storage & Handling Toolkit (www.cdc.gov/vaccines/recs/storage/toolkit/storage-handling-toolkit.pdf) or equivalent training materials offered by our state or local health department's immunization program.

YES NO 3. We have detailed, up-to-date, written policies for general vaccine management, including policies for routine activities and an emergency vaccine retrieval and storage plan for power outages and other problems. Our policies are based on CDC's Vaccine Storage & Handling Toolkit and/or on instruction from our state or local health department's immunization program.

YES NO 4. We review these policies with all staff annually and with new staff, including temporary staff, when they are hired.

Log In New Vaccine Shipments

5. We maintain a vaccine inventory log that we use to document the following:

YES NO a. Vaccine name and number of doses received

YES NO b. Date we received the vaccine

YES NO c. Condition of vaccine when we received it

YES NO d. Vaccine manufacturer and lot number

YES NO e. Vaccine expiration date

Use Proper Storage Equipment

YES NO 6. We store vaccines in separate, self-contained units that refrigerate or freeze only. If we must use a household-style combination unit, we use it only for storage of our refrigerated vaccines, maintaining frozen vaccines in a separate stand-alone freezer.

YES NO 7. We store vaccines in units with enough room to maintain the year's largest inventory without crowding.

YES NO 8. We never store any vaccines in a dormitory-style unit (a small combination freezer-refrigerator unit with the freezer compartment inside the refrigerator).

YES NO 9. We use only calibrated thermometers that have a Certificate of Traceability and Calibration Testing* ("Report of Calibration") and are calibrated every 1 to 2 years from the last calibration testing date or according to the manufacturer's suggested timeline.

YES NO 10. We have planned back-up storage unit(s) in the event of a power failure or other unforeseen event.

*Certificate of Traceability and Calibration Testing ("Report of Calibration") with calibration measurements traceable to a laboratory with accreditation from the International Laboratory Accreditation Cooperations (ILAC) Mutual Recognition Arrangement (MRA) signatory body.

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Technical content reviewed by the Centers for Disease Control and Prevention

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www.immunize.org/catg.d/p3035.pdf • Item #P3035 (12/14)

Ensure Optimal Operation of Storage Units

YES NO 11. We have a "Do Not Unplug" sign (e.g., www.immunize.org/catg.d/p2090.pdf) next to the electrical outlets for the refrigerator and freezer and a "Do Not Stop Power" warning label (e.g., www.immunize.org/catg.d/p2091.pdf) by the circuit breaker for the electrical outlets. Both signs include emergency contact information.

YES NO 12. We perform regular maintenance on our vaccine storage units to assure optimal functioning. For example, we keep the units clean, dusting the coils and cleaning beneath the units every 3–6 months.

Maintain Correct Temperatures

YES NO 13. We always keep at least one accurate calibrated thermometer (+/-1°F [+/-0.5°C]) with the vaccines in the refrigerator and a separate calibrated thermometer with the vaccines in the freezer.

YES NO 14. We use a thermometer that

YES NO a. uses an active display to provide continuous monitoring information

YES NO b. is digital and has a probe in a glycol-filled bottle

YES NO c. includes an alarm for out-of-range temperatures

YES NO d. has a resettable (automatic or manual) min/max display (applies only to thermometers that have a data logger)

YES NO e. is capable of showing the current temperature, as well as minimum and maximum temperatures

YES NO f. can measure temperatures within +/-1°F (+/-0.5°C)

YES NO g. has a low-battery indicator

YES NO 15. We maintain the refrigerator temperature at 35–46°F (2–8°C), and we aim for 40°F (5°C).

YES NO 16. We maintain the freezer at an average temperature of +5°F (-15°C) or colder, but no colder than -58°F (-50°C).

YES NO 17. We keep extra containers of water in the refrigerator (e.g., in the door and/or on the floor of the unit where the vegetable bins were located) to help maintain cool temperatures. We keep ice packs or ice-filled containers in the freezer to help maintain cold temperatures.

Maintain Daily Temperature Logs

YES NO 18. On days when our practice is open, we visually inspect the vaccine storage unit twice a day (first thing in the morning and right before our facility closes) and document refrigerator and freezer temperatures on the appropriate log. (See selections at www.immunize.org/clinic/storage-handling.asp.)

YES NO 19. We document the minimum and maximum temperature readings in the refrigerator and freezer once each day, preferably in the morning.

YES NO 20. We consistently record temperatures on the log either in Fahrenheit or Celsius. We never mix temperature scales when we record our temperatures.

YES NO 21. If the temperature log prompts us to insert an "x" by the temperature that's preprinted on the form, we do not attempt to write in the actual temperature.

YES NO 22. We follow the directions on the temperature log to call appropriate personnel if the temperature in a storage unit goes out of range.

YES NO 23. If out-of-range temperatures occur in the unit, we complete the Vaccine Storage Troubleshooting Record (www.immunize.org/catg.d/p3041.pdf) to document actions taken when the problem was discovered and what was done to prevent a recurrence of the problem.

YES NO 24. Trained staff (other than staff designated to record the temperatures) review the temperature logs weekly.

YES NO 25. We keep the temperature logs on file for at least 3 years.

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www.immunize.org/catg.d/p3035.pdf • Item #P3035 (12/14)

Store Vaccines Correctly

YES NO 26. We post signs (e.g., www.immunize.org/catg.d/p3048.pdf) on the doors of the refrigerator and freezer that indicate which vaccines should be stored in the refrigerator and which in the freezer.

YES NO 27. We do not store any food or drink in any vaccine storage unit.

YES NO 28. We store vaccines in the middle of the refrigerator or freezer (away from walls and vents), leaving room for air to circulate around the vaccine. We never store vaccine in the doors.

YES NO 29. We have removed all vegetable and deli bins from the storage unit, and we do not store vaccines in these empty areas.

YES NO 30. If we must use a combination refrigerator-freezer unit, we store vaccines only in the refrigerator section of the unit. We do not place vaccines in front of the cold-air outlet that leads from the freezer to the refrigerator (often near the top shelf). In general, we try to avoid storing vaccines on the top shelf, and we place water bottles in this location.

YES NO 31. We check vaccine expiration dates and rotate our supply of each type of vaccine so that vaccines with the shortest expiration dates are located close to the front of the storage unit, facilitating easy access.

YES NO 32. We store vaccines in their original packaging in clearly labeled uncovered containers.

Take Emergency Action As Needed

33. In the event that vaccines are exposed to improper storage conditions, we take the following steps:

YES NO a. We restore proper storage conditions as quickly as possible. If necessary, we label the vaccine "Do Not Use" and move it to a unit where it can be stored under proper conditions. We do not discard the vaccine before discussing the circumstances with our state/local health department and/or the appropriate vaccine manufacturers.

YES NO b. We follow the Vaccine Storage Troubleshooting Record's (www.immunize.org/catg.d/p3041.pdf) instructions for taking appropriate action and documenting the event. This includes recording details such as the length of time the vaccine was out of appropriate storage temperatures and the current room temperature, as well as taking an inventory of affected vaccines.

YES NO c. We contact our clinic supervisor or other appropriate clinic staff to report the incident. We contact our state/local health department and/or the appropriate vaccine manufacturers for consultation about whether the exposed vaccine can still be used.

YES NO d. We address the storage unit's mechanical or electrical problems according to guidance from the unit's manufacturer or a qualified repair service.

YES NO e. In responding to improper storage conditions, we do not make frequent or large changes in thermostat settings. After changing the setting, we give the unit at least a day to stabilize its temperature.

YES NO f. We do not use exposed vaccines until our state/local health department's immunization program or the vaccine manufacturer has confirmed that the vaccine is acceptable for use. We review this information with our clinic medical director before returning the vaccine to our supply. If the vaccine is not acceptable for use, we follow our state/local health department instructions for vaccine disposition.

If we answer YES to all of the above, we give ourselves a pat on the back! If not, we assign someone to implement needed changes!

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www.immunize.org/catg.d/p3035.pdf • Item #P3035 (12/14)

Patient Counseling Assessment Form

Student Name:_____ Date: _____

Evaluator Name:_____

Evaluator Role: Role: ☐ Preceptor ☐ Faculty ☐ Student ☐Resident

Medication dispensed: _____

CONSULTATION:

Which of the following did the student pharmacist discuss with the patient? *Check all that apply.*

- ☐ Product/ingredient name and intended use
- ☐ Directions for use
- ☐ Adverse effects
- ☐ Drug interactions
- ☐ Duration of use
- ☐ Special precautions
- ☐ Proper storage
- ☐ Self-monitoring of effectiveness
- ☐ Expectations of treatment/When to contact health care provider
- ☐ Nonpharmacologic treatment options

Consultation Assessment (check one):

How well was the medication information communicated to the patient?

☐ Inadequate ☐ Needs Improvement ☐ Satisfactory ☐ Excellent

ASSESSMENT OF INTERACTION AND COMMUNICATION SKILLS: *Check all that apply.*

- ☐ Introduces self
- ☐ Verifies patient and correct prescription
- ☐ Maintained eye contact with the patient
- ☐ Asked open-ended questions when appropriate
- ☐ Clearly communicated information to patient
- ☐ Used terminology appropriate to the patient's level of understanding
- ☐ All important counseling points and key messages were covered
- ☐ Seemed friendly and empathetic
- ☐ Demonstrated an organized approach
- ☐ Gave patient an opportunity to ask questions
- ☐ Adequately assessed patient understanding

Communication Skills (check one):

Exceeds 90-100% 9- 11 items checked	Meets 70-89% 8-10 items checked	Does not Meet Less than 70% Less than 7 items checked

Feedback for the Student Pharmacist:

Physical Assessment Evaluation Form

Student Name:_____ Date: _____

Evaluator Name:_____

Evaluator Role: Role: ☐ Preceptor ☐ Faculty ☐ Student ☐Resident

Blood pressure (BP)	
Pulse (heart rate)	
Respiratory rate	

Instructions for preceptor: Place a ✓ if done properly

Properly position patient for accurate BP reading by assuring legs not crossed, sitting straight in chair, feet flat on the floor, arm at heart level, and resting for 5 minutes (when appropriate)	☐
Selects cuff of appropriate size for patient by assuring that the bladder length approximates as close to 80% of the arm circumference as possible (does not rely solely on cuff markings)	☐
Places cuff in proper position by placing the lower edge of cuff 1 inch above the elbow crease and positioning the center of the bladder over the brachial artery	☐
Determines point of maximal inflation via inflation of cuff with palpation of the radial pulse	☐
Avoids tucking the stethoscope under the blood pressure cuff	☐
Inflates cuff to the proper level (i.e. 20-30 mmHg above the observed point of maximal inflation)	☐
Appropriately deflates cuff by maintaining constant rate of deflation of 2 – 3 mmHg per second and listening until 10mmHg below level of diastolic reading	☐
Measures systolic blood pressure (i.e., appearance of Korotkoff 1)	☐
Measures diastolic blood pressure (i.e., Korotkoff 5 or silence)	☐
Assesses pulse	☐
Assesses respiratory rate (without making it known to the patient that it is being assessed)	☐
Accurately documents findings using proper medical terminology (i.e., for blood pressure, only even numbers, indicates position and arm)	☐
Provides patient with a record of the readings	☐
Explains results to the patient	☐

What can be done to improve technique?

☐ **Exceeds** **90-100%** **9- 11 items checked**	☐ **Meets** **70-89%** **8-10 items checked**	☐ **Does not Meet** **Less than 70%** **Less than 7 items checked**

SOAP Note Assessment Form

SOAP Note Assessment Form		
Student Name	**Evaluator Name**	**Date**

Overall Assessment:	**Yes**	**No**	**N/A**
Note is dated. – 1 point			
Author of note identified. – 1 point			
Chief complaint or reason for encounter listed. – 1 point			
PMH, complete medication list, AND basic demographics included (**ALL** must be present). – 1 point			
Information in Subjective belongs in the subjective section. – 1 point			
Information in Objective belongs in the objective section. – 1 point			
Information in Assessment belongs in the assessment section. – 1 point			
Information in Plan and Follow-Up belongs in the plan and follow-up section. – 1 point			
Information presented is restricted to what is relevant to the diseases or problems addressed below. – 1 point			
Total Points (1 point for each "Yes" or "N/A")			

Disease or Issue (Drug Therapy Problem) Addressed:____	**Yes**	**No**	**N/A**
Subjective section presents all supportive information relevant to this disease or issue – 1 point			
Objective section presents all supportive information relevant to this disease or issue – 1 point			
Assessment is based on the subjective and objective information – 1 point			
Assessment contains sufficient detail to support the hypothesis – 1 point			
Assessment is therapeutically accurate – 3 points			
Plan is therapeutically accurate – 3 points			
Follow-up is therapeutically accurate – 3 points			
Plan and follow-up completely address the issue or problem – 1 point			
Total Points (full points earned for each "Yes" or "N/A")			

Disease or Issue (Drug Therapy Problem) Addressed:____	**Yes**	**No**	**N/A**
Subjective section presents all supportive information relevant to this disease or issue – 1 point			
Objective section presents all supportive information relevant to this disease or issue – 1 point			
Assessment is based on the subjective and objective information – 1 point			
Assessment contains sufficient detail to support the hypothesis – 1 point			
Assessment is therapeutically accurate – 3 points			
Plan is therapeutically accurate – 3 points			
Follow-up is therapeutically accurate – 3 points			
Plan and follow-up completely address the issue or problem – 1 point			
Total Points (full points earned for each "Yes" or "N/A")			

Disease or Issue (Drug Therapy Problem) Addressed:____	**Yes**	**No**	**N/A**
Subjective section presents all supportive information relevant to this disease or issue – 1 point			
Objective section presents all supportive information relevant to this disease or issue – 1 point			
Assessment is based on the subjective and objective information – 1 point			
Assessment contains sufficient detail to support the hypothesis – 1 point			
Assessment is therapeutically accurate – 3 points			
Plan is therapeutically accurate – 3 points			
Follow-up is therapeutically accurate – 3 points			
Plan and follow-up completely address the issue or problem – 1 point			
Total Points (full points earned for each "Yes" or "N/A")			

Comments:

Total Points Earned/Total Points Available: ____/__51___

Adapted from: 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.

☐ Exceeds	☐ Meets	☐ Does not Meet
90-100%	70-89%	Less than 70%
45-51 points	35-44 points	35 points

New Drug Update Evaluation Form

Student Pharmacist Name:_____ Date: _____

Evaluator Name:_____

Evaluator Role: Role: ☐ Preceptor ☐ Faculty ☐ Student ☐Resident

Content	/ 30 points

Presentation well balanced and addresses each of the following items of information (10)

- ☐ brand/generic name
- ☐ manufacturer
- ☐ therapeutic category and MOA
- ☐ indications(s)
- ☐ contraindications / precautions
- ☐ dosage forms
- ☐ recommended dosing
- ☐ drug interactions
- ☐ adverse effects
- ☐ patient counseling
- ☐ other significant information, e.g. therapeutic or cost advantages over similar drugs

Material well organized / logically sequenced (5) _____

Presenter demonstrates good understanding of subject matter (5) _____

Appropriate references and primary literature reviewed and used to support recommendations for use of the drug (1

_____

Delivery Style	/ 10 points

Information delivered clearly and concisely, presentation delivered in a poised and professional manner (2 points each)

- ☐ Language and complexity appropriate to audience_____
- ☐ Clear enunciation and voice tone _____
- ☐ Comfortable pace/efficient use of time_____
- ☐ Good eye contact, no distracting gestures/mannerisms_____
- ☐ Good audience interaction (e.g., encourages participation, responds to questions)_____

Presentation Media / Handouts	/ 10 points

Clear, well organized, readable, visually appealing, and provide useful information (2 points each)

- ☐ Readable _____
- ☐ Visually appealing (color / layout)_____
- ☐ Well organized _____
- ☐ Contains essential information / provides useful future reference value_____
- ☐ Appropriately referenced _____

Additional Comments:

☐ **Exceeds** **90-100%** **45-50 points**	☐ **Meets** **70-89%** **35-44 points**	☐ **Does not Meet** **Less than 70%** **35 points**	Total ____/50

Primary Literature Review Evaluation Form

Student Name:_____ Date: _____

Evaluator Name:_____
Evaluator Role: Role: ☐ Preceptor ☐ Faculty ☐ Student ☐Resident

Article Critiqued _____

Content ____ / 20 points

The following components are included in the summary (4):

- **Article title, author(s), journal title (from a peer-reviewed research/study article)**
- Introduction (What is the problem? Is it significant?)
- Study Objective
- Study Design
- Study Methods
- Statistical Evaluation
- Results
- Conclusions

Material well organized / logically sequenced (2)
Presenter demonstrates good understanding of subject matter (3)
Student responded to all questions (2)
Answers to questions demonstrated understanding of material (3)
Student can correlate other knowledge to article information (3)
Student can extrapolate article information to other situations (3)

Article Critique ____ / 20 points

The following components are critiqued (2 points each):

☐Study design
☐Sample size and inclusion/exclusion criteria
☐Statistical use
☐Outcome measures
☐Reproducibility
☐Variables/bias
☐Statistical/clinical significance
☐Interpretation of results
☐Extrapolation of results
☐Application to practice

Questions the presenter should have considered:

- Is the problem stated clearly?
- Is there an appropriate review of the literature?
- Are the hypotheses stated clearly?
- Is the method/procedure to address the problem clearly described?
- Are the statistical techniques appropriate?
- What may be some probable sources of error with the study design or analysis?
- Are the results and conclusions presented clearly?
- Are the authors' comments justified by the results?
- What are the limitations of the study? Are they stated?
- What is the statistical and/or clinical significance of the study results?

Delivery Style and Presentation Media _____ / 10 points

Presentation is well organized and < 30 minutes (2)

Delivery of information is clear and concise (2)
Verbal presentation: clear enunciation with sufficient volume (2)
Presentation delivered in a poised/professional manner (3)

- Good eye contact
- Comfortable pace
- Devoid of distracting gestures/mannerisms

Handout is organized and neat with minimal grammatical/spelling errors (1)

☐ **Exceeds** **90-100%** **45-50 points**	☐ **Meets** **70-89%** **35-44 points**	☐ **Does not Meet** **Less than 70%** **35 points**	Total: ____ / 50

Patient Case Discussion Evaluation Form- INFORMAL

Patient Case Evaluation Form INFORMAL

Patient Discussion Assessment Form

Student Name:_____ Date: _____

Evaluator Name:_____

Evaluator Role: Role: ☐ Preceptor ☐ Faculty ☐ Student ☐Resident

_____

Use the following form to provide feedback to student on the review a patient's medical chart.

Student may practice discussing a patient with a resident, pharmacist, and/or health care provider and give feedback to student.

Note- A *formal presentation* not required, e.g. no Power Point or formal write-up):

Recommended components for student to gather and write:

1. Patient Discussion

- ☐ Chief complaint (why patient came to the hospital)
- ☐ History of present illness
- ☐ Past medical history
- ☐ Medications on admission
- ☐ Drug allergies
- ☐ Family/social history (if relevant)
- ☐ Physical exam and review of systems
- ☐ Problem list (assessment and plan)
- ☐ Hospital Course
- ☐ Baseline labs and pertinent labs throughout hospital course (labs which should be monitored based on patient's disease state(s) and medications)
- ☐ Review hospital course (summarize days on which important therapeutic interventions were made, changes in patient status occurred)
- ☐ Include patient's drug therapy throughout their course and be able to discuss side
- ☐ Effects, drug interactions, and pertinent labs associated with this therapy.

Communication Skills (check one):

☐ **Not acceptable**	☐ **Acceptable**	☐ **Outstanding**
(Less than 7 checked items)	**(7-12 checked items)**	**(All 13 items checked)**

Feedback for the Student Pharmacist:

***Optional* components for preceptor discussion time permitting:**

2. Review and discuss disease state related to patient

- ☐ Epidemiology of the disease
- ☐ Etiology of the disease
- ☐ Pathophysiology of the disease
- ☐ Clinical presentation
- ☐ Diagnosis
- ☐ Treatment guidelines and alternatives
- ☐ Discussion of treatment options, including drugs of choice, alternatives, monitoring, and side effects.

3. Review and discuss patient's therapy and monitoring

- ☐ Comparison with "classic patient"
- ☐ Critique of drug therapy
- ☐ Discussion of efficacy parameters
- ☐ Monitoring of adverse effects

All references should follow the Uniform Requirements as described in New England Journal of Medicine (N Engl J Med 1997;336:309-315).

☐ **Exceeds Expectations**	**Meets Expectations**	☐ **Does not Meet Expectations**
90-100%	**70-89%**	**Less than 70%**
22-24 items checked	**16-21 items checked**	**Less than 16 items checked**

Patient Health Fair Event Form

Activity: For each screening event, describe the services provided

Event Location	Date of Event	Type & # of Patients Services Were Provided