YPHP 805, Patient Care Elective, 9 Quarter Hours

2018-19

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.

Patient Care Elective opportunities are offered in a variety of pharmacy practice settings. This syllabus applies to **Patient Care Elective** rotation settings. The rotation should be structured to give students hands-on experience working in the respective setting. The elective APPE lasts 6 weeks.

Quarter Offered: Fall, Winter, Spring, and Summer

Figure 1. Experiential Education Structure

ROSALIND FRANKLIN UNIVERSITYOF MEDICINE AND SCIENCES
COLLEGE OF PHARMACY
EXPERIENTIAL EDUCATION CURRICULUM AT A GLANCE

IPPE Year			APPE Year
P1	**P2**	**P3**	**P4**
Community (105 hours) **13 X 8-hour visits** **1 hour reflection** **Simulation (10 hours)** **C3 Activities***	**Health-System (105 hours)** **13 X 8-hour visits** **1 hour reflection** **Simulation (10 hours)** **C3 Activities***	**Elective (80 hours)** **10 X 8-hour visits** **Service Learning (7 hours)** **IPPE-APPE Transition Workshop*** **Simulation*** **C3 Activities***	**Six 6-Week Rotations** **(240 hours each)** **Community** **Health-System** **Inpatient/Acute Care** **Ambulatory Care** **Elective I** **Elective II** **Simulation*** **Return to Campus**** **Total APPE Hours= 1440 hours**
115 hours	**115 hours**	**87hours**	
Total IPPE Hours = 317 hours			

IPPE = Introductory Pharmacy Practice APPE= Advanced Pharmacy Practice Experience

*Hours dedicated to these items are not counted in experiential hour total.
**Select return to campus dates

updated 9/1/2017

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, E*Value, and Desire2Learn (D2L). 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 and compliance with the following 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 Acute Care team-based projects, preceptor interaction, and simulation activities.

Course Director(s):

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

Office Hours: By appointment

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

1. 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]

Learning objectives that would apply to the majority of care electives are listed below. Please supplement these with objectives specific to the learning experience.

Upon completion of this advanced pharmacy practice experience **Patient Care Elective**, the student pharmacist will be able to:

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 • Summarizes therapeutic goals for common chronic conditions based on evidence-based guidelines
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 • Titrate, start or stop therapies when appropriate • Provide clinical pharmacy services in areas of acute and chronic disease and medication management
Medication Use Systems Management
• Manages health care needs of patients during transitions of care
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

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

1. 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 5e New York, NY: McGraw-Hill; 2013. http://accesspharmacy.mhmedical.com.ezproxy.rosalindfranklin.edu:2048/content.aspx?bookid=981&sectionid=57697146. Accessed May 07, 2018.
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 © 2018 https://pharmacylibrary-com.ezproxy.rosalindfranklin.edu/doi/full/10.21019/ALE.2000.93 Accessed on May 7, 2018.
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 © 2018. https://pharmacylibrary-com.ezproxy.rosalindfranklin.edu/doi/full/10.21019/ALE.2000.110 Accessed on May 7, 2018.
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 © 2018. https://pharmacylibrary-com.ezproxy.rosalindfranklin.edu/doi/full/10.21019/ALE.2000.120 Accessed on May 7, 2018.
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 5e.* New York, NY: McGraw-Hill; 2014. https://accesspharmacy-mhmedical-com.ezproxy.rosalindfranklin.edu/content.aspx?bookid=2275&sectionid=177197497 Accessed May 7, 2018
9. Take a Patient Medication History 3rd Ed. American Pharmacist's Association Washington DC © 2018. https://pharmacylibrary-com.ezproxy.rosalindfranklin.edu/doi/abs/10.21019/ALE.2000.34 Accessed May 7, 2018.
10. Bennett MS, Kliethermes MA, How to Implement the Pharmacists' Patient care Process, In the American Pharmacist's Association Pharmacy Library Washington DC © 2018. https://pharmacylibrary-com.ezproxy.rosalindfranklin.edu/doi/book/10.21019/9781582122564 Accessed May 7, 2018.
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 May 7, 2018.
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 May 7, 2018.
13. Rosalind Franklin University of Medicine and Sciences (RFUMS) College of Pharmacy 2018 Electronic Resources Guide, Found in home page of E*value. Accessed May 7, 2018.

REQUIRED EQUIPMENT

Students must bring to the practice site the following items:

- White RFU-issued lab coat and nametag

METHODS OF EVALUATION

Assessment Policy

Upon completion of each APPE, students will receive 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. For non-longitudinal APPE's, the final grade will be based on the preceptor's evaluation and completion of any graded assignments during the rotation. For longitudinal APPE's, 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. The course director in the OEE assigns final grades.

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 rotation. 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 E*value system.

Final Evaluation

The final evaluation 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 and student should also meet to discuss these evaluations.

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

To protect student confidentiality, once a preceptor has precepted at least three students, the students' preceptor evaluations will be compiled and reported back to the preceptor in aggregate. Sample evaluation forms are located on in E*Value.

Required Return to Campus Visits

Students will be required to attend return to campus visits on the last day of blocks 5, 6, 7, and 8 of the APPE year regardless if they are scheduled in an OFF block. The pre-NAPLEX assessments scheduled by Experiential Education during these visits will count toward 5% of the Community APPE course grade.

Grading Rubric

Refer to the respective course syllabi for specific learning objectives and assignments required of each experience. The rating scale used on the evaluation form consists of:

- No opportunity for activity – not factored into point calculation
- Exceeds competency – 4 points
- Meets competency – 3 points
- Does Not Meet– 2 point

4 **Exceeds Competency**	**3** **Meets Competency**	**2** **Does Not Meet Competency**	**N/A** **(Not Applicable)**
Student performs above the minimum competency for a typical P4 student at	Student performs at a level that would be expected for a minimally competent P4	Student is unable to perform independently; requires constant guidance	Activity did not occur or there was no opportunity to assess

this point in time; requires minimal guidance or coaching	student at this point in time; requires some guidance and coaching	and coaching	the activity

The rotation evaluation includes 5 sections, which are weighted.
Refer to the respective syllabi for the specific weighting scheme as they differ.

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

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**]=	X 100 =	Section total
Section II average =	X [weight for rotation**]=	X 100 =	Section total
Section III average =	X [weight for rotation**]=	X 100 =	Section total
Section IV average =	X [weight for rotation**]=	X 100 =	Section total
Section V average =	X [weight for rotation**]=	X 100 =	Section total
	Section Totals Added Up		Evaluation Point Total out of Total Possible Points
A 90-100%*	B 80-89.9%*	C 70-79.9%*	F 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			

APPE Course Failures
If a student fails an experiential rotation, the following will occur:

The student will be notified of their failure by the course director. A copy of the student's final evaluation detailing the student's deficiencies will be forwarded to the Chair of Pharmacy Practice and the Chair of the Student and Chair of the Student Promotions, Evaluation and Awards Committee (SPEAC).

Appeals
Appeals of failing grades will be handled as outlined in the COP Guidelines and Procedures for Student Progression, Evaluation, Assessment, and Recognition.

Documentation on Transcript
A student who fails an APPE will be required to repeat the block. The grade achieved in the subsequent APPE block 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.

For additional information regarding course failures, refer to the IPPE and APPE Grading sections in this manual and the COP's Guidelines and Procedures for Student Progression, Evaluation, Assessment, and Recognition.

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

ATTENDANCE POLICY

1. Successful completion of the APPE requires a minimum of 240 hours. Any hours missed must be made up.
2. Hours are to be completed on-site, unless alternative arrangements are made with the preceptor
3. 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

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 will result in dismissal from class. Disruptive activity during class will not be tolerated.

Academic Integrity

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

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 course and your program, please contact the ADA Coordinator, Elizabeth Friedman at 847.578.8482 or elizabeth.friedman@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.

YPHP 805 –PATIENT CARE ELECTIVE PHARMACY PRACTICE ABILITIES CHECKLIST

Listed below are required and optional activities.

- This form is now part of the FINAL Evaluation in E*value.
- 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	Completed	Incomplete
11-12	Discuss midpoint and final evaluations with preceptor	**YES**	☐	☐
13	Complete a project that adds value to the site.	**YES**	☐	☐
14	Presentation: Present findings of project..	**YES**	☐	☐
14	Lead a topic discussion with health care providers	**YES**	☐	☐
	Optional Activities		☐	☐
15	Primary Literature Review: Lead a journal or literature review for discussion		☐	☐
16-17	Presentation: Present a patient case to a pharmacist (Informal & Formal)		☐	☐
18-19	Drug Information Response: Respond to a question related to a drug		☐	☐
	Round with a medical team.		☐	☐
	Participate in a patient education class or support group and submit the reflection		☐	☐
20	Present a new drug update – refer to assessment form		☐	☐
21	Document patient encounter(s) in medical record (SOAP note)		☐	☐
22	Perform medication history on patient admission(s)		☐	☐
23	Reconcile patient's medication record(s)		☐	☐
24	Counsel patient(s) getting discharged from health-system		☐	☐
	Attend a pharmacy department, interprofessional committee meeting, including but not limited to Pharmacy &Therapeutics Committee and document a reflection.		☐	☐
Comments regarding activities:				

Student name: _____ Signature:_____

Preceptor name: _____ Signature: _____

Midpoint Preceptor Assessment Form

Preceptors should use this form to provide formative feedback to the student.

Student Pharmacist Name:_____ Date: _____

Evaluator Name:_____

1. What objectives, if any, remain to be met?

2. Based on the objectives and rotation requirements, what skills or competencies could be improved?

3. How will such improvements be made during the remainder of the rotation block?

1. Based on the objectives and rotation requirements, in what areas is the student doing well or exceeding expectations?

2. Rate the student's overall ability at the midpoint. **If you rate the student" Does Not Meet"- please contact the Office of Experiential Education immediately to discuss further action: 847-578-8782.**

☐ **Exceeds Expectations** **90-100%**	☐ **Meets Expectations** **70-89%**	☐ **Does not Meet Expectations** **Less than 70%**

Student Pharmacist Signature _____

Preceptor Signature _____

Midpoint Student Evaluation Form

Students should review your midpoint evaluation with your preceptor.
Use this opportunity to provide feedback to your preceptor regarding your experience thus far:

1. What objectives, if any, remain to be met?

2. Based on the objectives and rotation requirements, what skills or competencies could be improved?

3. How will such improvements be made during the remainder of the rotation block?

4. Based on the objectives and rotation requirements, identify your strengths and what areas are you doing well or exceeding expectations?

5. What has been the best part of the rotation so far?

6. What comments or suggestions do you have for improving the rotation?

7. Rate your overall ability at the midpoint. **If you rate the student" Does Not Meet"- please contact the Office of Experiential Education immediately to discuss further action: 847-578-8782.**

☐ **Exceeds Expectations** **90-100%**	☐ **Meets Expectations** **70-89%**	☐ **Does not Meet Expectations** **Less than 70%**

Student Pharmacist Signature _____

Preceptor Signature _____

Project Evaluation Form
Project Title
Project Timeline:
Project Sumary
Project Goals
FIndings
Lesson's Learned
References
Comments and feedback to student. **What went well about the management of the project?** **What could have been done to improve the project?**

☐ **Exceeds Expectations** **90-100%**	☐ **Meets Expectations** **70-89%**	☐ **Does not Meet Expectations** **Less than 70%**

General Presentation Evaluation Form

Student Name:_____ Date: _____

Evaluator Name:_____

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

Topic: _____ Evaluator: _____

Assessment Scale:

2 = Exceeds Competency 1 =Meets Competency 0 = Does not Meet Competency

Criteria	Assessment (circle one)			Comments
Topic relevant to position/audience	0	1	2	
Appropriate analysis of information	0	1	2	
Organized and balanced	0	1	2	
Rate, tone, and volume, with minimal distractors	0	1	2	
Eye contact and interaction with audience	0	1	2	
Body language, mannerisms, and poise	0	1	2	
Handouts and audio-visual aids were appropriate	0	1	2	
Demonstrated in-depth knowledge of topic	0	1	2	
Referenced all sources appropriately	0	1	2	
Answered questions effectively	0	1	2	
Column Totals				**Overall Assessment Score**

☐ Exceeds	☐ Meets	☐ Does not Meet
90-100%	70-89%	Less than 70%
18-20 points	14-17 points	Less than 14 points

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 Presentation Guideline

Student Name:_____ Date: _____

Evaluator Name:_____

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

Use the following form to provide structure to the student in obtaining necessary information from the 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.

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).

90-100% items checked	**70-89%** items checked	**Less than 70%** items checked

d 5.07.2018]

Patient Case Evaluation Form- FORMAL

Patient Case Presentation Evaluation Form

Student Name: _____ **Date:** _____

Evaluator: _____ ***Record Time Presentation Begins:*** _____

Ratings descriptors for patient care plans and follow-up questions:

2 = Student Exceeds competency (no changes required)

1=Student Meets competency (minor changes needed)

0=Student Does Not Meet competency (significant changes needed, missing critical elements)

Patient Presentation	
History of present illness (HPI)/problem presented in a clear and concise manner. Relevant patient data were provided. *0 = HPI not presented, 1 = several HPI details missing, 2 = complete HPI*	2 1 0
Relevant patient history (i.e., medical, family, social) was provided. *0 = omitted, 1 = incomplete, 2 = complete*	2 1 0
Current medications (prescription and OTC) are disclosed along with indication for use and patient usage patterns. *0 = omitted, 1 = incomplete, 2 = complete*	2 1 0
Current physical and laboratory findings are discussed along with the relevance of important findings. *0 = omitted, 1 = incomplete 2 = complete. If not applicable because of lack of case lab data, give student 2.*	2 1 0
Patient Care Plan	
Student appropriately identified and <u>prioritized</u> medication-related issues (e.g., drug-related problems).	2 1 0
Student discussed options for altering patient care plan, including risk-benefit analysis, factors that may affect patient compliance factors, patient preference, and social history.	2 1 0
Student recommendations for alterations in drug therapy were appropriate.	2 1 0
Student recommendations for monitoring efficacy and toxicity were appropriate.	2 1 0
Student recommendations were <u>evidence based</u>.	2 1 0
Questions and Answers	
Student provided clear and concise answers to questions.	2 1 0
Presentation Style	
Recommendations were presented in a clear, well-organized manner. *0 = below average 1 = average, 2 = good*	2 1 0
Student displayed good eye contact with the audience and avoided staring at the computer screen or slides. *0 = below average, 1 = average, 2 = good*	2 1 0
Student avoided distracting mannerisms. *0 = below average, 1 = average 2 = good*	2 1 0
Student displayed the appropriate degree of formality, was poised, and gave a polished presentation. *0 = below average, 1 = average, 3 = good*	2 1 0

Record Time Presentation Ends: _____**Point Total from Above Boxes: _____/3 = Score ___/28**

Facilitator comments (suggestions for improvement along with aspects of the case that were done well). Please be specific.

☐ **Exceeds** **<u>90-100%</u>** **<u>25-28 points</u>**	☐ **Meets** **<u>70-89%</u>** **<u>19-24 points</u>**	☐ **Does not Meet** **Less than 70%** **Less than 19 points**

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**

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

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

Patient Medication History Documentation Form

Patient Name: _____ **Patient Date of Birth**:_____

Patient's Pharmacy / Contact: _____

Patient's Physician / Contact Physician: _____

Allergies to Medications: _____

Adherence:

Prescription Medication Name	Dose	Route	Frequency	Last dose date/time	Continue Medication	
					Y	N
					Y	N
					Y	N
					Y	N
					Y	N
					Y	N
Over-the-Counter Medication Name	**Dose**	**Route**	**Frequency**	**Last dose date/time**	**Continue Medication**	
					Y	N
					Y	N
					Y	N
					Y	N
					Y	N
					Y	N

DOCUMENT THE LIST OF MEDICATIONS THE PATIENT IS TAKING AT HOME

Medication Name	Dose	Route	Frequency

List the discrepancies in medications (differences) between the sources of information provided during the simulation. Sources include patient, EMR and retail pharmacy profile:

EMR	PATIENT	MEDICATION PROFILE

Medication Reconciliation Evaluation Form and Student Script

Student: _____ Evaluator: _____

Communication Skills (Check all that apply)

☐	Hello my name is XXX I am a XXX-year pharmacy student?	0.5
☐	I am here to talk to you about your medications, is it ok to talk for a few minutes?	0.5
☐	What is your name and date of birth or address?	0.5
☐	Do you have a list of medications or any bottles with you?	0.5
☐	Which pharmacy do you go to and is it ok to contact them I need to?	0.5
☐	Can you tell me the name of your primary care doctor? Is it ok to contact them if I need to?	0.5
	Total Points	/3 points

Comments:

Professional Competence (Check all that apply)

☐	Do you have any allergies to medications?	1
☐	What prescription medications do you take?	1
☐ ☐	For each medication, how do you take the medication? (What dose do you take, what strength, how frequently do you take it). When was your last dose?	1
☐	What do you take the medication for?	1
☐ ☐	What over-the-counter medications do you take? (dose, strength, how frequent & last dose?) What over counter mediations do you take for pain? (e.g. acetaminophen or ibuprofen etc.)	1
☐	Do you take any injections, inhalers, nasal sprays, drops for eyes ears, creams patches lotions or samples	1
☐	What vitamins or herbal supplements do you take?	1
☐	Has your doctor changed or started any new medications recently?	1
☐	Can you describe how frequently you have trouble remembering to take your medications?	1
☐	Do you have any questions for me?	1
	Total Points	/10

Comments:

General Communication (Check all that apply)

☐	Requested information in a logical order	0.5
☐	Used words and terms that were easy to understand	0.5
☐	Maintained eye contact with patient	0.5
☐	Asked open-ended questions when appropriate	0.5
☐	Voice was clear and at an appropriate volume	0.5
☐	Seemed friendly and empathetic	0.5
☐	Responded to question's appropriately	0.5
	Total Points	/3.5

Comments:

Communication Assessment Overall, I felt the student communicated effectively during the encounter**.**				
☐ **Strongly Disagree (0 Points)**	☐ **Disagree (0 Points)**	☐ **Somewhat Agree (0.5 Points)**	☐ **Agree (1 Point)**	☐ **Strongly Agree (1.5 Points)+**
English Proficiency: Based on the student's spoken English proficiency, I felt confident that we clearly understood one another during the encounter *(i.e., Pronounced words in a way that could be understood; Choice of words was appropriate - this does not pertain to use of medical jargon, but rather to use and context of spoken English/ grammar; Use of sentence structure and phasing was appropriate)***.**				
☐ **NO (0 Points)**		☐ **YES (2 Points)**		

TOTAL POINTS: /20

Comments

☐ **Exceeds 90-100% 18-20 points**	☐ **Meets 70-89% 14-17 points**	☐ **Does not Meet Less than 70% Less than 14 points**

1

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: