PRECEPTOR MANUAL

EXPERIENTIAL EDUCATION

PROFESSIONAL EXPERIENCE PROGRAM (PEP)
180 S. GRAND AVE. 375 CPB
IOWA CITY, IA 52242

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CHAPTER 1: INTRODUCTION
Contact Information

Professional Experience Program (PEP) Office
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PEP Website: pharmacy.uiowa.edu/pep

Director
Jenny Seyfer, BS Pharm, RPh
Office Location: 375-B1 CPB
Phone: (319) 335-8835
Email: jennifer-seyfer@uiowa.edu

*Responsible for oversight of entire Professional Experience Program. Primary coordinator of Advanced Pharmacy Practice Experiences (APPE) and all site affiliation agreements.*

Assistant Director
Colleen Gross-Advani, BBA
Office Location: 375-C CPB
Phone: (319) 335-8861
Email: colleen-gross-advani@uiowa.edu

*Responsible for coordination of Introductory Pharmacy Practice Experiences (IPPE) and all scheduling for the Professional Experience Program.*

Director of Site and Preceptor Development
Jackie Thompson-Oster, MA
Cell Phone: (319) 360-0580
Email: jacqueline-thompson-oster@uiowa.edu

*Responsible for development of new practice sites and preceptors, practice site visits and quality assurance of the Professional Experience program.*

Administrative Program Coordinator
David Lam-Lu, BBA
Office Location: 735-A CPB
Phone: (319) 353-5157
Email: david-lam-lu@uiowa.edu

*Responsible for faculty appointments and renewals, eValue™, and administrative components of the Professional Experience program.*
The Professional Experience Program (PEP) Office manages and administers all aspects of the Introductory and Advanced Pharmacy Practice Experiences and conducts quality control of the experiential program. The PEP Office is responsible for the development of and ensuring the quality of preceptors and sites to enable student pharmacists to develop the professional competencies presented in the Accreditation Council on Pharmaceutical Education (ACPE) Standards.1

The PEP Committee operates under the direction of the Department of Pharmacy Practice and Science and reports to the Chair of that academic unit.

Chair: Matt Cantrell, Clinical Associate Professor

Members: Elizabeth Beltz, Clinical Assistant Professor
Colleen Gross-Advani, Assistant Director of PEP
Michael Kelly, Associate Dean, Academic Affairs
David Lam-Lu, Administrative Coordinator of PEP
Patricia McCormick, Director of Student Services
Jenny Seyfer, Clinical Instructor, Director of PEP
Jackie Thompson-Oster, Director of Preceptor and Site Development of PEP
Susan Vos, Clinical Associate Professor, Associate Dean of Student Affairs

The Preceptor Advisory Committee (PrAC) reports to the PEP Office. The goal of the committee is to solicit the active involvement of adjunct faculty preceptors in order to continually improve the experiential curriculum at The University of Iowa College of Pharmacy (UICOP).

Membership:
1. Preceptors will serve three years on the PrAC with allowance for consecutive terms.
2. Committees will be reviewed annually. Appointments are made by the Professional Experience Program (PEP) Director based on recommendations from the PEP Committee.
3. Individuals may be reappointed to a committee. However, membership should end after 6 consecutive years.
4. Preceptors will represent a wide variety of pharmacy practice settings.
5. Members will hold Appointments at the adjunct instructor, adjunct assistant professor, adjunct associate professor, or adjunct professor level.
6. The PrAC is a volunteer committee without remuneration.

Members:
Adam Baird, Mercy Medical Center Clinton
Pamela Wiltfang, NuCara Health Solutions
Kelly Phan, UnityPoint CR St Luke’s Hospital
Kevin Gamble, UIHC General Hospital
Angie Spannagel, Osterhaus Pharmacy
Amy Jackson, Towncrest Pharmacy, Solon
Luke Bartlett, Walgreens Pharmacy - Iowa City
Christina Neve, CVS Pharmacy - Coralville
Nancee Waterbury, VAMC General Hospital
Kevin Schleich, UIHC Primary Care Clinic North

Description of the Professional Experience Program Curriculum

The Professional Experience Program Curriculum consists of introductory and advanced pharmacy practice experiences.

Introductory Pharmacy Practice Experiences (IPPE)
The goals of the Introductory Pharmacy Practice Experiences (IPPEs) are to promote knowledge, skills, attitudes, values, and behaviors of the profession, inculcate a commitment to self-improvement and life-long learning, instill the core competencies of interprofessional education (i.e. value/ethics, roles/responsibilities, communication, and teamwork), and prepare students for Advanced Pharmacy Practice Experiences (APPEs). The IPPE occur during the first three years of the doctor of pharmacy curriculum. The college began offering early practice experiences in 1997 with formal organization of the IPPE program in 2002 with subsequent curricular revisions in 2007 and 2015.

First Professional Year (P1 Year)
IPPE Career Exploration [PHAR: 8133]
The initial IPPE is completed by first year student pharmacists. This experience allows the student pharmacist to observe a pharmacist in four different practice settings plus a block of time to spend with his/her faculty mentor. The practice settings include community pharmacy, hospital pharmacy, ambulatory care/family medicine, acute care medicine and other elective practice settings. Student pharmacists spend a designated amount of time at assigned sites and rotate every three weeks. Student pharmacists participate in discussion sessions with classmates and faculty. Additionally, they complete reflective writing assignments which are read and commented on by the student pharmacist’s faculty mentor. Student pharmacists complete this experience in either the fall or spring semester of the P1 year.

Second Professional Year (P2 Year)
IPPE Community and IPPE Hospital [PHAR: 8207; 8208; 8209]
The second IPPE consists of two courses, IPPE Community and IPPE Hospital. The student pharmacist spends three weeks (120 hours) in a community pharmacy and three weeks (120 hours) in a hospital pharmacy. This is a concentrated experience that takes place either the summer before or after the P2 year or the winter break of the P2 year. As an alternative, students may complete IPPE Hospital as a longitudinal experience during their P2 year with a 120 hour commitment completed over 10-11 weeks.

Third Professional Year (P3 Year)
IPPE Clinical [PHAR: 8301]
The third IPPE course, IPPE Clinical, is a prelude to the Advanced Pharmacy Practice Experiences (APPEs). This experience involves a P3 student pharmacist observing and participating with a P4 student pharmacist completing an Advanced Pharmacy Practice Experience with a patient care focus. Student pharmacists prepare a case write-up, present the case verbally to a faculty member or resident at the college, write a SOAP note for the care suggested, and identify drug information inquiries from the case. Faculty and pharmacy practice residents evaluate the case presentation and assignments as a high-stakes assessment to determine readiness for APPEs.
Throughout Professional Years One, Two and Three:
Continuing Professional Development [PHAR: 8132]
The Continuing Professional Development course occurs over the first three years of the curriculum. This course requires the student pharmacist to complete hours in two areas: professional leadership (10 hour minimum) and professional service (20 hour minimum). The student completes a total of 30 hours in these activities by December of the P3 year. Student pharmacists meet with their faculty mentor during the P3 year.

Advanced Pharmacy Practice Experiences (APPE)
The final component of professional experiences is the Advanced Pharmacy Practice Experiences (APPEs). These are commonly referred to as “rotations”. Beginning with the Class of 2019, students in their last year of the doctor of pharmacy curriculum will have the choice of completing eight to ten rotations. Four are required rotation types and four to six are elective rotation types with a maximum of two electives allowed in non-patient care areas. The APPE year will run from March through May of the following year. Each student pharmacist will have one or two cycles off (referred to as a “bye”) during the APPE curriculum.

<table>
<thead>
<tr>
<th>Course</th>
<th>Required APPE Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHAR: 9413</td>
<td>Acute Care Medicine</td>
</tr>
<tr>
<td>PHAR: 9401</td>
<td>Ambulatory Care</td>
</tr>
<tr>
<td>PHAR: 9404</td>
<td>Community Clinical Care</td>
</tr>
<tr>
<td>PHAR: 9410</td>
<td>Hospital Pharmacy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Course</th>
<th>Elective APPE Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHAR: 9433</td>
<td>Academic*</td>
</tr>
<tr>
<td>PHAR: 9432</td>
<td>Advanced Community Pharmacy</td>
</tr>
<tr>
<td>PHAR: 9402</td>
<td>Ambulatory Care</td>
</tr>
<tr>
<td>PHAR: 9421</td>
<td>Community Management*</td>
</tr>
<tr>
<td>PHAR: 9422</td>
<td>Compounding/Complimentary Alternative Medicine</td>
</tr>
<tr>
<td>PHAR: 9423</td>
<td>Critical Care Medicine</td>
</tr>
<tr>
<td>PHAR: 9406</td>
<td>Drug Information</td>
</tr>
<tr>
<td>PHAR: 9424</td>
<td>Emergency Medicine</td>
</tr>
<tr>
<td>PHAR: 9407</td>
<td>Family Medicine</td>
</tr>
<tr>
<td>PHAR: 9408</td>
<td>Hematology/Oncology</td>
</tr>
<tr>
<td>PHAR: 9409</td>
<td>Home Health Care</td>
</tr>
<tr>
<td>PHAR: 9405</td>
<td>Hospice and Palliative Care</td>
</tr>
<tr>
<td>PHAR: 9425</td>
<td>Hospital Management*</td>
</tr>
<tr>
<td>PHAR: 9426</td>
<td>Infectious Disease</td>
</tr>
<tr>
<td>PHAR: 9437</td>
<td>Informatics*</td>
</tr>
<tr>
<td>PHAR: 9438</td>
<td>International Pharmacy Patient Care</td>
</tr>
<tr>
<td>PHAR: 9434</td>
<td>International Pharmacy Non-Patient Care*</td>
</tr>
<tr>
<td>PHAR: 9411</td>
<td>Long Term Care</td>
</tr>
<tr>
<td>PHAR: 9412</td>
<td>Managed Care</td>
</tr>
<tr>
<td>PHAR: 9427</td>
<td>Medication Use Evaluation</td>
</tr>
</tbody>
</table>
PHAR: 9403  Nuclear Pharmacy
PHAR: 9415  Pediatrics
PHAR: 9420  Pharmacy Practice Underserved Population
PHAR: 9428  Pharmacy Industry*
PHAR: 9429  Pharmacy Regulatory*
PHAR: 9416  Pharmacy Elective
PHAR: 9430  Professional Association*
PHAR: 9417  Psychiatry
PHAR: 9418  Research*
PHAR: 9419  Surgery
PHAR: 9436  Transitions of Care
PHAR: 9431  Veterinary Pharmacy

* Students may select a maximum of two electives allowed in non-patient care areas
See Figures 1 and 2 for layouts of these experiences. Syllabi are available for the experiences within eValue™. The syllabi for APPEs and IPPEs can be found on the Home Page in eValue™.

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### Professional Experience Program

<table>
<thead>
<tr>
<th>Total Introductory Pharmacy Practice Experiences (IPPE) = 318 hours</th>
<th>Total Advanced Pharmacy Practice Experiences (APPE) = 1600 to 2000 hours</th>
</tr>
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<tbody>
<tr>
<td><strong>P1 = 26 hours</strong></td>
<td><strong>P3 = 24 hours</strong></td>
</tr>
<tr>
<td><strong>IPPE Career Exploration</strong>&lt;br&gt;24 hours&lt;br&gt;Exploration of Pharmacy Practice in a wide variety of clinical experiences balanced between community and health-system pharmacy environments.</td>
<td><strong>IPPE Clinical</strong>&lt;br&gt;24 hours&lt;br&gt;Pharmacy patient care focused experience culminating with a case presentation, SOAP note, and DI response with assessment and feedback</td>
</tr>
<tr>
<td><strong>Reflection &amp; Discussion</strong>&lt;br&gt;2 hours&lt;br&gt;Continuing Professional Development and the Pharmacists Patient Care Process are the focus of assignments, reflections, and discussion sessions to allow for professional socialization.</td>
<td></td>
</tr>
<tr>
<td><strong>P2 = 246 hours</strong></td>
<td><strong>Reflection &amp; Discussion</strong>&lt;br&gt;3 hours&lt;br&gt;Medication use process and Pharmacist Patient Care Process.</td>
</tr>
<tr>
<td><strong>IPPE Community</strong>&lt;br&gt;120 hours&lt;br&gt;Practice-based experience in a community pharmacy.</td>
<td><strong>IPPE Hospital</strong>&lt;br&gt;120 hours&lt;br&gt;Practice-based experience in a hospital pharmacy.</td>
</tr>
<tr>
<td><strong>Reflection &amp; Discussion</strong>&lt;br&gt;3 hours&lt;br&gt;Medication use process and Pharmacist Patient Care Process.</td>
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**Continuing Professional Development, Longitudinal Service, 22 hours**
Pharmacy service-learning including patient care activities (e.g., Cardiovascular Screening, Immunization Clinic, Medication Education Event).

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**Direct Patient Care Service, 20 hours**
**Reflection & Discussion, 2 hours**

APPE
- Ambulatory Care
- Acute Care Medicine
- Community Pharmaceutical Care
- Hospital

4 elective rotations selected from a variety of practice settings with a maximum of 2 electives allowed in non-patient care areas.
The PharmD curriculum is in the midst of transformation to the “Living and Learning (L&L) curriculum”, with full implementation to be completed with the graduation of the Class of 2019. The L&L curriculum was created by taking a fresh look at 1) the content needed for contemporary pharmacy practice and (2) how content should be delivered to allow flexibility for a variety of learning styles and emphasize active learning. In the process of this curricular transformation, the College addressed issues in the sequencing of the curriculum, incorporated deliberate redundancies, shifted the focus from rote memorization to active learning, and emphasized problem solving.

The process for delivering the foundational knowledge portion of the curriculum has changed substantially with the implementation of the L&L Curriculum. Historically, faculty in the foundational sciences have worked with clinical practice faculty to coordinate course content. These faculty members wanted to ensure that students were exposed to the foundational material needed to provide a basis for further learning in clinical practice areas; they also wanted to improve the ultimate clinical applicability of material. Coordination of course content has become much more prominent as we have increased the amount of active learning across the curriculum. The L&L Curriculum was designed to create a solid science foundation with an emphasis on lifelong learning.
Table 1: Doctor of Pharmacy Curriculum

<table>
<thead>
<tr>
<th>First Professional Year (P1 Year) Fall</th>
<th>First Professional Year (P1 Year) Spring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundations of Pharmacy Practice</td>
<td>Foundations of Pharmacy Practice II</td>
</tr>
<tr>
<td>Engagement</td>
<td>Professional Discovery: Proposal and Hypothesis</td>
</tr>
<tr>
<td>IPPE Career Explorations completed in either fall or spring</td>
<td>Foundations of Health, Wellness and Disease</td>
</tr>
<tr>
<td>Foundations of Health Services</td>
<td>Foundations of Pharmaceutical Sciences III</td>
</tr>
<tr>
<td>Health Information Retrieval &amp; Informatics</td>
<td>Foundations of Pharmaceutical Sciences II</td>
</tr>
<tr>
<td>Foundations of Pharmaceutical Sciences I</td>
<td>Law Module</td>
</tr>
<tr>
<td>Foundations of Pharmaceutical Sciences II</td>
<td>Professional Electives</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Second Professional Year (P2 Year) Fall</th>
<th>Second Professional Year (P2 Year) Spring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacology Pharm I</td>
<td>IP: Cardiovascular &amp; Hematology</td>
</tr>
<tr>
<td>IP: Dermatology &amp; Sensory</td>
<td>IP: Respiratory &amp; Allergy</td>
</tr>
<tr>
<td>IP: Musculoskeletal</td>
<td>IP: Oncology</td>
</tr>
<tr>
<td>IP: Genitourinary &amp; Reproductive</td>
<td>IP: Infectious Diseases</td>
</tr>
<tr>
<td>IP: Endocrine</td>
<td>Discovery</td>
</tr>
<tr>
<td>Discovery</td>
<td>IPPE Hospital (may be taken fall, spring or summer)</td>
</tr>
<tr>
<td>Applications Pharmacy Practice I</td>
<td>Professional Electives</td>
</tr>
<tr>
<td>IPPE Hospital (completed in either summer before or after P2 year, fall, winter break, or spring of P2 year)</td>
<td></td>
</tr>
<tr>
<td>IPPE Community (completed in either summer before or after P2 year or winter break of P2 year)</td>
<td></td>
</tr>
<tr>
<td>Professional Electives</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Third Professional Year (P3 Year) Fall</th>
<th>Third Professional Year (P3 Year) Spring</th>
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</thead>
<tbody>
<tr>
<td>ACC: Gastroenterology &amp; Nutrition</td>
<td>IPP: Integration</td>
</tr>
<tr>
<td>ACC: Renal, Fluids &amp; Electrolytes</td>
<td>Professional Discovery: Presentation</td>
</tr>
<tr>
<td>ACC: Neurology &amp; Psychiatry</td>
<td>Pharmacy Law and Ethics</td>
</tr>
<tr>
<td>Professional Discovery</td>
<td>IPPE Transitions</td>
</tr>
<tr>
<td>Continuing Professional Development (completed during first 2 ½ years of curriculum)</td>
<td>APPE Preparation</td>
</tr>
<tr>
<td>IPPE Clinical</td>
<td>Advanced Pharmacy Practice Experiences</td>
</tr>
<tr>
<td>Advanced Topics in Health Services</td>
<td>Professional Electives</td>
</tr>
<tr>
<td>Professional Electives</td>
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<table>
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<tr>
<th>Fourth Professional Year Summer, Fall, and Spring</th>
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<tbody>
<tr>
<td>Summer</td>
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<tr>
<td>APPEs</td>
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Table 1 shows the general yearly timeline for activities in our professional experience program.
## Table 2: Preceptor Timeline and Workload

<table>
<thead>
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<th>Month</th>
<th>APPE</th>
<th>IPPE</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>• IPPE Community and Hospital winter cycles end</td>
<td>• IPPE Community and Hospital winter cycles end</td>
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<tr>
<td></td>
<td>• IPPE Career Exploration spring cycles begin</td>
<td>• IPPE Career Exploration spring cycles begin</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• P1 student preference selection for IPPE Community and Hospital</td>
<td>• P1 student preference selection for IPPE Community and Hospital</td>
<td></td>
</tr>
<tr>
<td>February</td>
<td>• APPE schedules available for preceptors.</td>
<td>• IPPE Community and Hospital schedules available for students and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• APPE Cycles 8 &amp; 9 for P3s who elect to take up to 2 additional rotations begin</td>
<td>preceptors</td>
<td></td>
</tr>
<tr>
<td>March</td>
<td>• IPPE Clinical schedules available for preceptors and students</td>
<td>• IPPE Community and Hospital summer rotation calendar begins</td>
<td></td>
</tr>
<tr>
<td>April</td>
<td>• IPPE Clinical schedules available for preceptors and students</td>
<td>• IPPE Community and Hospital summer rotation calendar begins</td>
<td>• Graduation</td>
</tr>
<tr>
<td>May</td>
<td>• P4 APPE rotation calendar year begins</td>
<td>• IPPE Career Exploration spring cycles end</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• IPPE Community and Hospital summer rotation calendar begins</td>
<td>• IPPE Community and Hospital summer rotation calendar begins</td>
<td></td>
</tr>
<tr>
<td>June</td>
<td>• Availability requested by PEP office for IPPE Career Exploration</td>
<td>• IPPE Clinical rotations begin</td>
<td>• Regional Preceptor Networking and</td>
</tr>
<tr>
<td></td>
<td>• IPPE Clinical rotations begin</td>
<td></td>
<td>Development Dinner</td>
</tr>
<tr>
<td>July</td>
<td>• Availability survey due for IPPE Career Exploration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>August</td>
<td>• IPPE Community and Hospital summer cycles end</td>
<td>• IPPE Community and Hospital summer cycles end</td>
<td>• Welcome to the Profession Ceremony for</td>
</tr>
<tr>
<td></td>
<td>• IPPE Career Exploration fall cycles begin</td>
<td></td>
<td>the new P1 Class</td>
</tr>
<tr>
<td>September</td>
<td>• APPE availability survey sent to sites</td>
<td>• IPPE Community and Hospital availability survey sent to sites</td>
<td></td>
</tr>
<tr>
<td>October</td>
<td>• Availability due for APPE for next academic year</td>
<td>• Availability due for IPPE Community and Hospital for next academic year</td>
<td>• American Pharmacists Month</td>
</tr>
<tr>
<td>November</td>
<td>• P3 student preference selection for APPE</td>
<td>• P2 student preference selection for IPPE Community and Hospital</td>
<td>• Career Fair and Placement Day</td>
</tr>
<tr>
<td>December</td>
<td>• Tentative – Release P3 APPE schedules for C8 &amp; C9 only</td>
<td>• IPPE Career Exploration and IPPE Clinical fall cycles end</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• IPPE Community and Hospital winter cycles begin</td>
<td></td>
</tr>
</tbody>
</table>
CHAPTER 2: EXPECTATIONS AND GUIDELINES FOR PRECEPTORS
Expectations for Preceptors

A preceptor has been defined as “a teacher; an instructor; an expert or specialist, such as a physician, who gives practical experience and training to a student.” Each site must identify one primary preceptor. The primary preceptor is the primary contact person at the practice site and also the preceptor who is responsible ensuring evaluations are submitted for the student pharmacists at that site. The primary preceptor will also be the primary contact for availability requests from the PEP office. The PEP office expects the primary preceptor to respond to the annual teaching availability requests unless other arrangements have been made. If sites fail to provide availability for more than two years without valid reasoning, they and their site will be given an inactive status.

Preceptors are notified via email when the schedules are available. If changes are made to a schedule, the primary preceptor is notified via email or phone. After schedules are published, PEP staff will not add students to a schedule without calling or emailing the primary preceptor. Please see section on Guidelines for the Use of eValue™, to view your schedule.

Expectations for preceptors include the following:
- Accept the responsibility and the challenge of guiding and training the student pharmacist in areas consistent with course objectives
- Show a willingness to devote adequate time for proper instruction
- Serve as a role model for the student pharmacist and exhibit exemplary professional ideals as reflected through appearance, attitudes, practice style and accomplishments in practice
- Assure that adequate professional experience is made available to the student pharmacist and that appropriate mentoring and supervision is provided
- Follow the course syllabus to provide the student pharmacist with the necessary experiences, and measure his or her performance against the objectives established for the course
- Set clear expectations for the student pharmacist regarding appearance, conduct, attitude, scheduling of hours, experiences to complete, and general policies and procedures of practice
- Work with the student pharmacist to identify his or her strengths and weaknesses and then attempt to tailor the experience accordingly
- Routinely and frequently provide formative feedback to the student pharmacist on his or her performance
- Complete a fair and constructive evaluation of the student pharmacist’s attitude and ability to perform designated activities
- Complete the evaluations and grading procedures in a timely manner at the end of each experience to meet College and University of Iowa grade reporting requirements
- Make access to professional references available to the student pharmacist
- Communicate any problems regarding the delivered experience or significant behavioral deficiencies of the student pharmacist to the Professional Experience Program

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General Guidelines for Establishing Your Experience

Below are some guidelines for establishing your practice experience. This section covers orientation, setting expectations, providing feedback, and evaluations.

Orientation

Please ensure that each student pharmacist has an appropriate orientation to the site and is introduced to individuals at the practice site. Try to not assume they know where they are and what they are supposed to do even if they have completed several experiences. Suggested topics to include in your orientation are listed in Table 4.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introductions</td>
<td>Preceptor</td>
</tr>
<tr>
<td></td>
<td>Other Pharmacy Staff</td>
</tr>
<tr>
<td>Goals and Objectives for Experience</td>
<td>Syllabus review</td>
</tr>
<tr>
<td></td>
<td>Activities that will support each goal</td>
</tr>
<tr>
<td></td>
<td>Expected outcomes for each objective</td>
</tr>
<tr>
<td></td>
<td>Strategies for assessing achievement of objective</td>
</tr>
<tr>
<td></td>
<td>Daily requirements</td>
</tr>
<tr>
<td></td>
<td>Special activities/projects</td>
</tr>
<tr>
<td>Student Pharmacist Review</td>
<td>Student Pharmacist-completed self-assessment tool</td>
</tr>
<tr>
<td></td>
<td>Strengths and weaknesses</td>
</tr>
<tr>
<td></td>
<td>Previous experience</td>
</tr>
<tr>
<td></td>
<td>Specific interest areas</td>
</tr>
<tr>
<td>Scheduling</td>
<td>Hours/schedule, including breaks</td>
</tr>
<tr>
<td></td>
<td>Calendar with deadlines</td>
</tr>
<tr>
<td></td>
<td>Absence policy</td>
</tr>
<tr>
<td></td>
<td>College holidays</td>
</tr>
<tr>
<td>Logistics</td>
<td>Parking</td>
</tr>
<tr>
<td></td>
<td>Personal item storage</td>
</tr>
<tr>
<td></td>
<td>Restroom/break area location</td>
</tr>
<tr>
<td></td>
<td>Dress Code</td>
</tr>
<tr>
<td></td>
<td>Tour of facility</td>
</tr>
<tr>
<td>Introduction to work area</td>
<td>Review of pharmacy layout and workflow</td>
</tr>
<tr>
<td></td>
<td>Computer system and expectations</td>
</tr>
<tr>
<td></td>
<td>Phone system and expectations</td>
</tr>
<tr>
<td></td>
<td>Paper documentation system</td>
</tr>
<tr>
<td>Legal and regulatory issues</td>
<td>Patient confidentiality and HIPAA</td>
</tr>
<tr>
<td></td>
<td>Requirements from OSHA</td>
</tr>
<tr>
<td></td>
<td>Antidiscrimination policy</td>
</tr>
</tbody>
</table>

---

Setting Expectations
Setting expectations at the beginning of the experience can set the tone for the rest of the experience. Meeting with the student pharmacist on the first or second day to review expectations and to set goals for the experience is ideal. You can also review areas that he or she may need to work on during the cycle. Student pharmacists are required to complete a self-assessment prior to the beginning of the APPE year and reviewing it with the student may help you identify areas on which to concentrate during the experience.

Feedback
Student pharmacists should be given feedback on their performance on a regular basis. At a minimum, student pharmacists should have a midpoint and a final evaluation. During this time, you can discuss strengths and areas for improvement, and set new goals and expectations for the student pharmacist. Suggested components to include in your feedback are listed in Table 5. See Chapter 5: Assessment of Student Performance for more information on feedback.

<table>
<thead>
<tr>
<th>Component</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Goal-Oriented</td>
<td>• Focus on behaviors related to the goals and objectives of the experience</td>
</tr>
<tr>
<td></td>
<td>• Restate criteria by which they should self-assess</td>
</tr>
<tr>
<td>2. Tangible and</td>
<td>• Goals should be both detailed and attainable</td>
</tr>
<tr>
<td>Transparent</td>
<td>• Provide an explanation on how to reach</td>
</tr>
<tr>
<td>3. Actionable</td>
<td>• List specific things that could be done/avoided to improve performance</td>
</tr>
<tr>
<td></td>
<td>• Focus on behaviors that can be corrected</td>
</tr>
<tr>
<td></td>
<td>• Refer to specific actions you have directly observed</td>
</tr>
<tr>
<td>4. User-Friendly</td>
<td>• Tailor responses appropriately to the level of the person receiving the feedback</td>
</tr>
<tr>
<td></td>
<td>• Don’t be too technical or overwhelm with too much information at once</td>
</tr>
<tr>
<td>5. Timely</td>
<td>• Address the issues so real time adjustments can be made to the performance</td>
</tr>
<tr>
<td></td>
<td>• Take notes if feedback cannot be given right away, don’t rely on memory</td>
</tr>
<tr>
<td>6. Ongoing</td>
<td>• Optimum performance occurs when multiple chances for feedback occur</td>
</tr>
<tr>
<td>7. Consistent</td>
<td>• Information being presented must be stable, accurate, and trustworthy</td>
</tr>
</tbody>
</table>

Evaluations
Evaluations must be completed in a timely manner in order to meet the deadline for grade submission with the University’s Registrar. Evaluations should be completed by the Wednesday following the end of the IPPE/APPE rotation. All evaluations can be found in eValue™. See Chapter 5 for more information on evaluation submission.

Other Resources
- Preceptors can access practice experience syllabi, forms and other documents by going to the eValue™ Homepage.
- Information about the Professional Experience Program can be found at the following website: http://pharmacy.uiowa.edu/pep

Guidelines for using eValue™

eValue™ is the software used by the University of Iowa College of Pharmacy to manage various aspects of the APPEs and IPPEs. eValue™ provides the college with many services, including schedule optimization (placing students with their highest ranked rotation preferences) and Case Logs which allows students to document interventions during their practice-based learning experience.

To access eValue™ using your HawkID, go to: pharmacy.uiowa.edu/eValue™
To access eValue™ using your eValue™-specific login, go to: eValue™.net

eValue™ is currently used for the following preceptor functions:

- **Evaluations**
  - Submit evaluations of student performance
  - View the students’ evaluations of your site and of you as a preceptor

- **Schedules**
  - View your site’s IPPE and APPE schedules
  - View your students’ contact information and photograph

- **Case Logs**
  - Students’ documentation and tracking tool for student pharmacists’ patient care activities
  - Coming soon—view the interventions students have documented at your site

- **Learning Modules**
  - Gain free access to Preceptor Development via the CEI link

You can find help documents for preceptors by logging into eValue™ and clicking “Preceptor Help Pages” on the eValue™ Home Page. Or by going directly to: pharmacy.uiowa.edu/eValue™/preceptor-help.
Providing patient-centered care is an important aspect of learning which occurs during APPE. Documenting patient encounters allows students to appreciate the breadth of their patient care experience, and provides an opportunity for assessing the quantity and variety of direct patient care contact for each student in the experiential curriculum. The college uses a component of the eValue™ called Case Logs to record and track these encounters.

Minimum Case Logs Requirement
Students must document a minimum of 70 individual patient care encounters using Case Logs.

Guidelines given to students:
• Encounters must relate to direct patient care.
• Each patient is logged as a separate entry.
• To receive credit for each encounter, the student pharmacist must select at least one Pharmacotherapy Category, one Drug Therapy Problem, one Intervention as well as the patient characteristics within Case Logs.
• Failure to complete this requirement will result in an incomplete for the student pharmacist’s final APPE grade and delay graduation
• Fabrication of entries will be considered academic misconduct

The table on the following page can be used as a guide for planning patient interactions.
## Table 6A: Case Logs

### Drug Therapy Problems

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0. No DTP Identified</td>
<td>0.0 No DTP Identified</td>
</tr>
<tr>
<td>1. Unnecessary Drug</td>
<td>1.1 No medical indication</td>
</tr>
<tr>
<td></td>
<td>1.2 Addiction/Recreational use</td>
</tr>
<tr>
<td></td>
<td>1.3 Non-drug therapy preferred</td>
</tr>
<tr>
<td></td>
<td>1.4 Duplicate therapy</td>
</tr>
<tr>
<td></td>
<td>1.5 Treating avoidable ADR</td>
</tr>
<tr>
<td></td>
<td>1.6 Other</td>
</tr>
<tr>
<td>2. Ineffective Drug</td>
<td>2.1 Inappropriate dosage form</td>
</tr>
<tr>
<td></td>
<td>2.2 Contraindication present</td>
</tr>
<tr>
<td></td>
<td>2.3 Condition refractory</td>
</tr>
<tr>
<td></td>
<td>2.4 Not indicated</td>
</tr>
<tr>
<td></td>
<td>2.5 More effective available</td>
</tr>
<tr>
<td></td>
<td>2.6 Other</td>
</tr>
<tr>
<td>3. Dose too Low</td>
<td>3.1 Ineffective dosage form</td>
</tr>
<tr>
<td></td>
<td>3.2 Frequency inappropriate</td>
</tr>
<tr>
<td></td>
<td>3.3 Duration inappropriate</td>
</tr>
<tr>
<td></td>
<td>3.4 Incorrect storage</td>
</tr>
<tr>
<td></td>
<td>3.5 Incorrect administration</td>
</tr>
<tr>
<td></td>
<td>3.6 Drug interaction</td>
</tr>
<tr>
<td></td>
<td>3.7 Needs additional monitoring</td>
</tr>
<tr>
<td></td>
<td>3.8 Other</td>
</tr>
<tr>
<td>4. ADR</td>
<td>4.1 Unsafe for patient</td>
</tr>
<tr>
<td></td>
<td>4.2 Allergic reaction</td>
</tr>
<tr>
<td></td>
<td>4.3 Incorrect administration</td>
</tr>
<tr>
<td></td>
<td>4.4 Drug interaction</td>
</tr>
<tr>
<td></td>
<td>4.5 Dose adjusted too quickly</td>
</tr>
<tr>
<td></td>
<td>4.6 Undesirable effect</td>
</tr>
<tr>
<td></td>
<td>4.7 Other</td>
</tr>
<tr>
<td>5. Dose too High</td>
<td>5.1 Dose too high</td>
</tr>
<tr>
<td></td>
<td>5.2 Frequency too short</td>
</tr>
<tr>
<td></td>
<td>5.3 Duration too long</td>
</tr>
<tr>
<td></td>
<td>5.4 Drug interaction</td>
</tr>
<tr>
<td></td>
<td>5.5 Needs additional monitoring</td>
</tr>
<tr>
<td></td>
<td>5.6 Other</td>
</tr>
<tr>
<td>6. Adherence</td>
<td>6.1 Product not available</td>
</tr>
<tr>
<td></td>
<td>6.2 Cannot afford</td>
</tr>
<tr>
<td></td>
<td>6.3 Cannot swallow/administer</td>
</tr>
<tr>
<td></td>
<td>6.4 Knowledge deficit</td>
</tr>
<tr>
<td></td>
<td>6.5 Patient refuses</td>
</tr>
<tr>
<td></td>
<td>6.6 Patient forgets</td>
</tr>
<tr>
<td></td>
<td>6.7 Other</td>
</tr>
<tr>
<td>7. Needs Additional Therapy</td>
<td>7.1 Untreated condition</td>
</tr>
<tr>
<td></td>
<td>7.2 Synergistic therapy</td>
</tr>
<tr>
<td></td>
<td>7.3 Preventative therapy</td>
</tr>
<tr>
<td></td>
<td>7.4 Other</td>
</tr>
</tbody>
</table>

### Pharmacotherapy Categories

#### A.01. Cardiovascular
- A01-T1-01 Acute coronary syndromes (STEMI, NSTEMI, UA)
- A01-T1-02 ASCVD, primary prevention
- A01-T1-03 ASCVD, secondary prevention
- A01-T1-04 Arrhythmias, atrial
- A01-T1-05 Basic Light Support
- A01-T1-06 Dyspnea
- A01-T1-07 Heart Failure, Chronic
- A01-T1-08 Hypertension
- A01-T1-09 Ischemic heart disease, stable
- A01-T1-10 Venous thromboembolism
- A01-T2-01 Advanced Cardiac Life Support (ACLS)
- A01-T2-02 Arrhythmias, ventricular
- A01-T2-03 Drug-induced cardiac disease
- A01-T2-04 Heart failure, acute decompenated

#### A.06. GYN-OB Disorders
- A06-T1-01 Contraception
- A06-T1-02 Dysmenorrhea
- A06-T1-03 Menopausal symptoms
- A06-T1-04 Pregnancy
- A06-T1-05 Diabetes mellitus, gestational
- A06-T1-06 Endometriosis/Uterine fibroid
- A06-T1-07 Female sexual dysfunction
- A06-T1-08 Infertility
- A06-T1-09 Labor and delivery
- A06-T1-10 Menstrual cycle disorders
- A06-T1-11 Pregnancy-induced hypertension
- A06-T1-12 Polycystic ovary syndrome
- A06-T1-13 Pregnancy termination

#### A.07. Hematology
- A07-T1-01 Anemia

#### A.08. Immunologic Disorders
- A08-T1-01 Allergies/hypersensitivities
- A08-T1-02 Cogulation disorders
- A08-T1-03 Coagulation disorders
- A08-T1-04 Systemic lupus erythematosus
- A08-T1-05 Urticaria
- A08-T1-06 Vasculitis

#### A.09. Infectious Diseases
- A09-T1-01 Antimicrobial regimen selection
- A09-T1-02 Caudiastrum disease
- A09-T1-03 Fungal infections, superficial
- A09-T1-04 Immunization
- A09-T1-05 Infection
- A09-T1-06 Lower respiratory tract infections
- A09-T1-07 Skin and soft tissue infections
- A09-T1-08 Upper respiratory tract infections
- A09-T1-09 Urticaria
- A09-T1-10 Viral infections
- A09-T1-11 Bacterial infections
- A09-T1-12 Parasitic infections
- A09-T1-13 Viral infections, uncomplicated

#### A.10. Musculoskeletal
- A10-T1-01 Osteoarthritis
- A10-T1-02 Osteoporosis
- A10-T1-03 Rheumatoid arthritis
- A10-T1-04 Soft-tissue injuries (strains, sprains)
- A10-T1-05 Spondylarthritides
- A10-T1-06 Spondylolisthesis
- A10-T1-07 Spondylitis
- A10-T1-08 Systemic sclerosis
- A10-T1-09 Osteomyelitis

#### A.11. Neurologic Disorders
- A11-T1-01 Headache (tension, migraine)
- A11-T1-02 Pain, neuropathic
- A11-T1-03 Pain, nociceptive
- A11-T1-04 Epilepsy
- A11-T1-05 Migraine
- A11-T1-06 Multiple sclerosis
A.12. Nutritional Disorders
A12-T4-01 Essential nutrients
A12-T4-02 Overweight and obesity
A12-T4-01 Enteral nutrition
A12-T4-02 Malabsorptive syndrome
A12-T4-03 Nutrition assessment
A12-T4-04 Parenteral nutrition

A.13. Oncologic Disorders
A13-T2-01 Breast cancer
A13-T2-02 Cervical cancer
A13-T2-03 Colon cancer
A13-T2-04 Kidney cancer
A13-T2-06 Leukemias, acute
A13-T2-06 Leukemias, chronic
A13-T2-07 Lung cancer
A13-T2-08 Lymphomas
A13-T2-09 Melanoma
A13-T2-10 Myelodysplastic syndromes
A13-T2-11 Oncologic emergencies
A13-T2-12 Ovarian cancer
A13-T2-13 Plasma cell disorders
A13-T2-14 Prostate cancer
A13-T2-15 Solid tumors, other (bone, CNS)
A13-T2-16 Supportive care (myelosuppression, N/V)

A.14. Ophthalmic Disorders
A14-T1-01 Conjunctivitis
A14-T1-02 Drug-induced ophthalmic disorders
A14-T1-03 Keratitis (dry eye)
A14-T1-01 Glaucoma
A14-T1-02 Macular degeneration
A14-T1-03 Ophthalmic disorders, other

A.15. Psych and Behavioral Disorders
A15-T1-01 Alcohol use disorder
A15-T1-02 Anxiety disorders
A15-T1-03 Depressive disorders
A15-T1-04 Mania
A15-T1-05 Opioid use disorder
A15-T1-06 Tobacco/nicotine use disorder
A15-T2-01 Attention-deficit/hyperactivity disorder
A15-T2-02 Bipolar disorder
A15-T2-03 Delirium/agitation (non-ICU)
A15-T2-04 Obsessive-compulsive disorders

A.16. Renal, Fluids, Electrolytes
A16-T1-01 Chronic kidney disease and complications
A16-T1-02 Drug dosing in renal dysfunction
A16-T1-02 Drug-induced renal disorders
A16-T1-02 Electrolyte disorders
A16-T1-05 Evaluation of renal function
A16-T2-01 Acid-base disturbances
A16-T2-02 Acute kidney injury
A16-T2-03 Diabetes insipidus
A16-T2-04 Dialysis and RRT
A16-T2-05 Fluid balance
A16-T2-06 SIADH
A16-T3-01 Glomerulonephritis
A16-T3-02 Nephrolithiasis
A16-T3-03 Nephrotic syndrome
A16-T3-04 Poly cystic kidney disease

A.17. Respiratory Disorders
A17-T1-01 Asthma
A17-T1-02 Chronic obstructive pulmonary disease
A17-T2-01 Cystic fibrosis
A17-T2-02 Drug-induced respiratory disorders
A17-T2-03 Obstructive sleep apnea
A17-T3-01 ECMO, pharmacologic considerations
A17-T3-02 Intermittent lung disease

A.18. Urologic Disorders
A18-T1-01 Erectile dysfunction
A18-T1-02 LLTTS, BPH
A18-T1-03 Urinary incontinence
A18-T2-01 Intestinal obstructions
A18-T3-02 Neurogenic bladder

Disorders of Special Populations

B.01 Pediatrics
B01-T1-01 Dehydration assessment/renal replacement
B01-T2-02 Dosage calculations
B01-T1-03 Dosage forms (pediatric appropriate)
B01-T1-04 Nutrition in infants and children
B01-T1-05 Growth and development
B01-T1-06 Pharmacokinetics and pharmacodynamics
B01-T2-01 Congenital heart disease

B.02 Geriatrics
B02-T1-06 Pharmacokinetics and pharmacodynamics
B02-T1-06 Falls and fall-risk increasing drugs
B02-T1-06 Frailty
B02-T1-01 Geriatric syndromes (dizziness, falls, gait)

B.03 Critically Ill Patients
B03-T1-06 Pharmacokinetics and pharmacodynamics
B03-T2-01 Acute respiratory distress syndrome
B03-T2-02 Pain, agitation, delirium (ICU)
B03-T2-03 CNS trauma, TBI, spinal cord injury
B03-T2-04 Hemodynamic support
B03-T2-06 Respiratory support
B03-T2-07 Shock syndromes
B03-T3-01 Burns, major/severe

B.04 Terminally Ill Patients
B04-T2-01 End-of-life care and symptom management
B04-T2-02 Palliative care
B04-T3-01 Organ procurement
B04-T3-02 Physician-assisted dying

Toxicologic Disorders

C.01 Toxicologic Disorders
C01-T1-01 Acetaminophen toxicity
C01-T1-02 Opioid overdose
C01-T1-03 Pediatric incidental ingestions
C01-T1-04 Poison prevention
C01-T2-01 Animal exposure
C01-T2-02 Anticoagulant overdose and reversal
C01-T2-02 Antidepressant overdose
C01-T2-04 Antihypertensive medication toxicity
C01-T2-05 Aspirin poisoning
C01-T2-06 Cannabinoid toxicity
C01-T2-07 Digezin toxicity
C01-T2-08 Sympathomimetic toxicity
C01-T3-01 Anticholinergic toxicity
C01-T3-02 Cholinergic toxicity
C01-T3-03 Disease/emergency preparedness
C01-T3-04 Heavy metal poisoning
C01-T3-05 Plant exposure
Table 6B: Professional Entrustable Activities

<table>
<thead>
<tr>
<th>E1 Patient Care</th>
<th>E1.1 Collect Information</th>
<th>E1.2 Analyze Information</th>
<th>E1.3 Establish Patient-Centered Goals</th>
<th>E1.4 Implement Care Plans</th>
<th>E1.5 Follow-up/Monitor Care Plans</th>
<th>E2 Interprofessional Team Member</th>
<th>E3 Population Health Promoter</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Collect information to identify a patient’s medication-related problems and health-related needs.</td>
<td>Analyze information to determine the effects of medication therapy, identify medication-related problems, and prioritize health-related needs.</td>
<td>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.</td>
<td>Implement a care plan in collaboration with the patient, caregivers, and other health professionals.</td>
<td>Follow-up and monitor a care plan.</td>
<td>Collaborate as a member of an interprofessional team.</td>
<td>Identify at-risk patients</td>
</tr>
<tr>
<td></td>
<td>E1.1.01 Collect a medical history from a patient or caregiver.</td>
<td>E1.2.01 Perform point of care testing and interpret the results.</td>
<td>E1.3.01 Follow an evidence-based disease management protocol.</td>
<td>E1.4.01 Write a note that documents the findings, recommendations, and plan from a patient encounter.</td>
<td>E1.5.01 Collect monitoring data at the appropriate time interval(s).</td>
<td>E2.1.01 Contribute medication-related expertise to the team’s work.</td>
<td>E3.1.01 Perform a screening assessment to identify patients at risk for prevalent diseases in a population (e.g., hypertension, diabetes, depression).</td>
</tr>
<tr>
<td></td>
<td>E1.1.02 Collect a medication history from a patient or caregiver.</td>
<td>E1.2.02 Assess a patient’s pain.</td>
<td>E1.3.02 Develop a patient-specific treatment plan.</td>
<td>E1.4.02 Educate a patient regarding the appropriate use of a new medication, device to administer a medication, or self-monitoring test.</td>
<td>E1.5.02 Evaluate the selected monitoring parameters to determine the therapeutic and adverse effects related to the treatment plan.</td>
<td>E2.1.02 Explain to a patient, caregiver, or professional colleague each team member’s role and responsibilities.</td>
<td>E3.1.03 Communicate a patient’s medication-related problem(s) to another health professional.</td>
</tr>
<tr>
<td></td>
<td>E1.1.03 Discuss a patient’s experience with medication.</td>
<td>E1.2.03 Assess a patient’s signs and symptoms to determine whether the patient can be treated within the scope of practice or requires referral.</td>
<td>E1.3.03 Manage drug interactions.</td>
<td>E1.4.03 Educate a patient on the use of medication adherence aids.</td>
<td>E1.5.03 Recommend modifications or adjustments to an existing medication therapy regimen based on patient response.</td>
<td>E2.1.03 Communicate a patient’s medication-related problem(s) to another health professional.</td>
<td>E3.2.03 Use setting appropriate communication skills when interacting with others</td>
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<td></td>
<td>E1.1.04 Determine a patient’s medication adherence.</td>
<td>E1.2.04 Measure an adult patient’s vital signs and interpret the results (e.g., body temperature, pulse rate, respiration rate, and blood pressure).</td>
<td>E1.3.04 Select monitoring parameters to determine the therapeutic and adverse effects related to the treatment plan.</td>
<td>E1.4.04 Assist a patient with behavior change (e.g., use shared decision making and motivational strategies).</td>
<td>E1.5.04 Present a patient case to a colleague during a handoff or transition of care.</td>
<td>E2.1.04 Use setting appropriate communication skills when interacting with others</td>
<td>E3.2.04 Use consensus building strategies to develop a shared plan of action.</td>
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<tr>
<td><strong>E3.3 Maximize Appropriate Medication Use</strong>&lt;br&gt;Maximize the appropriate use of medications in a population.</td>
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<tr>
<td><strong>E3.3.01</strong> Perform a medication use evaluation.</td>
<td><strong>E3.3.02</strong> Apply cost-benefit, formulary, and/or epidemiology principles to medication-related decisions.</td>
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<td><strong>E3.4 Immunize</strong>&lt;br&gt;Ensure that patients have been immunized against vaccine-preventable diseases.</td>
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<tr>
<td><strong>E3.4.01</strong> Determine whether a patient is eligible for and has received CDC-recommended immunizations.</td>
<td><strong>E3.4.02</strong> Administer and document CDC-recommended immunizations to an adult patient.</td>
<td><strong>E3.4.03</strong> Perform basic life support.</td>
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<tr>
<td><strong>E4 Information Master</strong>&lt;br&gt;E4.1 Educate Patients/Professional Colleagues&lt;br&gt;Educate patients and professional colleagues regarding the appropriate use of medications.</td>
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<td><strong>E4.1.01</strong> Lead a discussion regarding a recently published research manuscript and its application to patient care.</td>
<td><strong>E4.1.02</strong> Develop and deliver a brief (less than 1 hour) educational program regarding medication therapy to health professional(s) or lay audience.</td>
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<td><strong>E4.2 Use Evidence-Based Information</strong>&lt;br&gt;Use evidence-based information to advance patient care.</td>
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<tr>
<td><strong>E4.2.01</strong> Retrieve and analyze scientific literature to make a patient-specific recommendation.</td>
<td><strong>E4.2.02</strong> Retrieve and analyze scientific literature to answer a drug information question.</td>
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<tr>
<td><strong>E5 Practice Manager</strong>&lt;br&gt;E5.1 Oversee Pharmacy Operations&lt;br&gt;Oversee the pharmacy operations for an assigned work shift.</td>
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<tr>
<td><strong>E5.1.01</strong> Implement pharmacy policies and procedures.</td>
<td><strong>E5.1.02</strong> Supervise and coordinate the activities of pharmacy technicians and other support staff.</td>
<td><strong>E5.1.03</strong> Assist in training pharmacy technicians and other support staff.</td>
<td><strong>E5.1.04</strong> Assist in the evaluation of pharmacy technicians and other support staff.</td>
<td><strong>E5.1.05</strong> Identify pharmacy service problems and/or medication safety issues.</td>
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<td><strong>E5.2 Fulfill Medication Orders</strong>&lt;br&gt;Fulfill a medication order</td>
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<tr>
<td><strong>E5.2.01</strong> Provide patient with appropriate durable medical equipment or assistive device. *</td>
<td><strong>E5.2.02</strong> Maintain the pharmacy inventory.</td>
<td><strong>E5.2.03</strong> Assist in the management of a pharmacy budget.</td>
<td><strong>E5.2.04</strong> Interpret pharmacy quality and productivity indicators using continuous improvement quality techniques.</td>
<td><strong>E5.2.05</strong> Assist in the preparation for regulatory visits and inspections.</td>
<td><strong>E5.2.06</strong> Enter patient-specific information into an electronic health or pharmacy record system.</td>
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<td><strong>E5.2.07</strong> Prepare commonly prescribed medications that require basic sterile compounding or basic non-sterile compounding prior to patient use.</td>
<td><strong>E5.2.08</strong> Determine if a medication is contraindicated for a patient.</td>
<td><strong>E5.2.09</strong> Identify and manage drug interactions.</td>
<td><strong>E5.2.10</strong> Determine the patient co-pay or price for a prescription.</td>
<td><strong>E5.2.11</strong> Ensure that formulary preferred medications are used when clinically appropriate.</td>
<td><strong>E5.2.12</strong> Obtain authorization for a non-preferred medication when clinically appropriate.</td>
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<td><strong>E6 Self-Developer</strong>&lt;br&gt;E6.1 Create Written CPD Plan&lt;br&gt;Create a written plan for continuous professional development.</td>
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<td><strong>E6.1.01</strong> Create and update a curriculum vitae, resume, and/or professional portfolio.</td>
<td><strong>E6.1.02</strong> Perform a self-evaluation to identify professional strengths and weaknesses.</td>
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Levels of Entrustability

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
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<tr>
<td>1</td>
<td>I am only able to observe another doing these activities. I am not able to complete this/these activities even with supervision.</td>
</tr>
<tr>
<td>2</td>
<td>I am able to do this/these activity with direct and proactive supervision</td>
</tr>
<tr>
<td>3</td>
<td>I am able to do this/these activities with reactive supervision (on request and quickly available)</td>
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<tr>
<td>4</td>
<td>I am able to do this/these activity with supervision at a distance or post hoc</td>
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<tr>
<td>5</td>
<td>I am able to teach this/these activity to others</td>
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</table>
CHAPTER 3: PROFESSIONAL EXPERIENCE
PROGRAM POLICIES AND PROCEDURES
Preceptor and Site Requirements

Teaching Facility or Organization Requirements

All practices sites must exhibit the following:

• Accredited and/or certified where appropriate.
• Free of any violations of state and/or federal law.
• Meet the standards enacted by all governmental agencies including the State Board of Pharmacy, the Drug Enforcement Administration, and the Food and Drug Administration.
• Have adequate equipment and technology resources that reflect contemporary practice and support student education and teaching activities for that practice.
• Employ high standards of practice.
• Maintain adequate staffing during the training period to allow the student pharmacist a rewarding and meaningful experience, and ensure that students receive proper oversight, professional guidance and performance feedback
• Provide adequate exposure to and contact with other health professionals and/or patients, as appropriate for the setting.
• Promote a health-care team approach to patient care, as appropriate for the setting.
• Promote the clinical role/patient-centered care role of the pharmacist, as appropriate for the setting.
• Provide contemporary services for individual and group patient care, such as Medication Therapy Management (M).
• Have patient data readily accessible for patient care activities, as appropriate for setting (this may include: patient care records, laboratory results, pharmacy/nursing administration records, etc.).
• Be willing to agree upon a written affiliation agreement between UICOP and their facility. This agreement should clearly define responsibilities, commitments and exceptions for each party and be signed by officers of each institution. In situations where formal signed agreements are not possible (i.e., FDA, Boards of Pharmacy, etc.), informal documents articulate expectations.

Preceptor Requirements

All preceptors for University of Iowa student pharmacists must exhibit all of the following:

• Licensed pharmacist in good standing with the licensing authority in the state in which the preceptor practices pharmacy.
  o In exceptional circumstances, a preceptor may be another health care professional. In these cases, the healthcare provider preceptor must have a license in good standing with appropriate licensing authority.
• Have one year of pharmacy practice experience with a minimum of six months experience at respective practice site.
  o In circumstances where the preceptor is not a pharmacist, but another healthcare professional, he or she must have at least one year experience with a minimum of six months at respective practice site.
Other pharmacists working in the setting with less than one year experience may, and are encouraged to, interact with student pharmacist and will be eligible to be acknowledged by the College as a preceptor once they reach the requirements:

- Interested and motivated to teach student pharmacists.
- Devote adequate time to the training and guidance of the student pharmacist.
- Committed to and provide evidence of lifelong learning and professional growth.
- Function as a role model for student pharmacists.
- Agree to abide by all guidelines of the experiential program.
- Be appointed as a tenure-track faculty, clinical-track faculty, adjunct faculty preceptor, or preceptor at the University of Iowa College of Pharmacy.

  - Definition of tenure-track faculty: Salaried tenure-track faculty with primary responsibilities in teaching, scholarship/research and service as an employee of the College.
  - Definition of clinical-track faculty: Salaried non-tenure track faculty with primary responsibilities in teaching, service and professional productivity as an employee of the College.
  - Definition of adjunct faculty preceptor: A faculty Appointment to an individual who is not a College employee and for whom the training of student pharmacists is not their main endeavor. Additionally, their adjunct Appointment is at no pay. These preceptors should offer availability for scheduling of UI student pharmacists in their practice on a routine basis.
  - Definition of preceptor: A preceptor who agrees to teach a student pharmacist at his/her practice site and meets the requirements. Preceptors may or may not receive an adjunct Appointment.


**Pharmacy Residents as Preceptors**

Hospital Pharmacy Residents participating in the College of Pharmacy’s PEPPR course may be appointed as an Adjunct Instructor for the time in which they are participating in the residency program.

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7 University of Iowa College of Pharmacy Academic Personnel Policies Qualification for Faculty Ranks. Approved 08/12/2002.
Appointment and Promotion of Preceptors as Adjunct Faculty

- All adjunct faculty are appointed by the Dean of the College of Pharmacy upon recommendation of a Department Chair.
- Appointment of adjunct faculty is initiated by an Academic Department. Individuals required to assist in the delivery of the pharmacy curriculum, but not members of the College tenure-track or clinical-track faculty will be considered for adjunct Appointment.
- Individuals should have one year of professional experience before being considered for adjunct faculty status.
- Appointments will be made for a period of three years, with reconsideration of each Appointment occurring at each renewal.
- Initial Appointments will be made based on the qualifications of the individual using the general guidelines established. These guidelines consider the individuals educational background, their professional and teaching experience, and their professional achievements. To be considered for Appointment the individual must supply their resume or curriculum vitae, and other requested information, and complete online preceptor training.
- Requests for promotion will be considered using the following process established by the College of Pharmacy in compliance with University of Iowa policies.
Adjunct Faculty Appointment and Promotion Policy and Procedures

Policy

The College of Pharmacy will appoint faculty to the Adjunct faculty track. Adjunct faculty can be appointed in the following college-approved ranks:

- Adjunct Professor [FA11]
- Adjunct Associate Professor [FA12]
- Adjunct Assistant Professor [FA13]
- Adjunct Instructor [FA14]
- Adjunct Lecturer [FA15]

All adjunct faculty are appointed by the Dean of the College of Pharmacy upon recommendation of an academic department chair. Appointment of adjunct faculty is initiated and managed by an Academic Department. Individuals who are not members of the College faculty may be considered for adjunct Appointment.

All adjunct faculty will receive an Appointment letter which outlines the nature of their contribution to the college. Individuals should have one year of professional experience before being considered for Adjunct faculty status.

Appointment Procedures

Initial Appointments will be made based on the qualifications of the individual using the general guidelines established. These guidelines consider the individual’s educational background, their professional and teaching experience, and their professional achievements.

To be considered for Appointment the individual must supply a resume or curriculum vitae, consent to a credentials verification process, confirm their standing with relevant licensing boards and provide practice site and other information. For those adjunct faculty that serve as preceptors for the experiential program, additional preceptor education requirements will need to be met.

Collated application materials will be presented to the Adjunct Faculty Appointment Committee for recommendation for Appointment. The Adjunct Faculty Appointment Committee is appointed by the academic department chair with approval by the Dean. The Committee will consist of three (3) members. One of the members will be at a senior Adjunct faculty rank. The other two members will be Tenure-Track or Clinical-Track members of the College of Pharmacy faculty.

Pharmacists in residencies and working in teaching environments utilized by the College will be given a one-year Appointment as an Adjunct Instructor.

Post-doctoral Associates working in teaching environments utilized by the College will be given one-year Appointments at a rank commensurate with their level of teaching experience.

The Adjunct Faculty Appointment Committee will submit a written recommendation to the academic department chair. The chair will then forward the committee and DEO recommendations to the Dean for approval.

All Appointments are within an academic department.
Re-Appointment Procedures

To be considered for re-Appointment the individual must supply a resume or curriculum vitae, professionals in work environments requiring active licensure or certification must confirm their standing with relevant licensing boards and provide practice / employment site and other information. For those adjunct faculty that serve as preceptors for the experiential program, additional preceptor education requirements will need to be met.

Collated re-application materials will be presented to the Adjunct Faculty Appointment Committee for recommendation for re-Appointment.

Current adjunct faculty will be, in normal circumstances, given a three year reappointment.

Promotion Procedures

Adjunct faculty will be notified annually of their ability to request promotion in the adjunct title series on or before March 15th.

Adjunct faculty requesting promotion will notify the appropriate DEO of that request by May 31st of that year.

Adjunct faculty with an Appointment in other colleges within the university will also notify those colleges of the desire for promotion.

Adjunct faculty with Appointments in other colleges must work with involved colleges to determine which college will be the primary college for their promotion procedure.

The primary college for promotion will be the college most connected with the candidate’s job. For candidates working for UIHC Department of Pharmaceutical Care, the College of Pharmacy will be the primary college. Adjunct faculty working in other positions may have their primary Appointment for these purposes in another college.

The adjunct faculty member will follow the promotion procedures of the determined primary college.

The DEO or designee will advise the adjunct faculty member on the promotion process, their status as compared to norms, and work with the adjunct faculty member in the preparation of a dossier (see below) for use in the promotion process.

The adjunct faculty member will prepare and deliver the promotion dossier to the appropriate DEO by September 1st.

The dossier of the candidate will be reviewed by the Adjunct Track - Departmental Consulting Group (AT-DCG). This group is composed of tenure- and clinical-track faculty at or above the rank to which the adjunct faculty candidate is being considered for promotion. The AT-DCG will refer to the Adjunct Faculty Appointment and Promotion Qualification Recommendations Grid for guidance in making its determination. Educational background and professional and teaching experience will be the primary considerations. The individual’s professional achievements and service to the College will be taken into consideration in regard to acceptability in meeting the requirements for a higher rank.

The AT-DCG after review of the dossier will conduct a vote on the promotion of the candidate. A letter with a brief review of the candidate’s credentials and a report of the recorded vote will be delivered to the appropriate DEO and the candidate by October 10th.
The candidate will have the opportunity to respond to errors of fact within five working days of the delivery of the AT-DCG letter.

For Adjunct faculty with Appointments in other colleges, but where the College of Pharmacy is the primary college for promotion purposes, the promotion materials and the AT-DCG letter will be sent to the appropriate Department Chair in the other college for review and for a written response in support of, or against promotion. Upon return of that letter from the other Department, the process will continue within the College as below.

For Adjunct faculty with Appointments in other colleges, but where the primary college is not the College of Pharmacy, the primary college will have materials sent at a time consistent with that college’s procedures for promotion. The AT-DCG will review the documents and in consultation with the AT-DCG, the Department Chair will write a letter in support of or against the promotion of the candidate.

The DEO will provide a written recommendation with rationale to the Dean and the candidate by December 15th.

The candidate will have the opportunity to respond to errors of fact within 5 working days of the delivery of the DEO’s letter.

The Dean will provide a written recommendation to the Provost and the candidate by January 15th.

The candidate will have the opportunity to respond to errors of fact within five working days of the delivery of the Dean’s letter.

This Policy replaces any previous Policy of the College of Pharmacy.

The Adjunct Faculty Dossier
The dossier will contain the following, in the order listed unless otherwise noted:

- A current CV.
- Copies of any evaluations of classroom teaching or individual instruction (if applicable) and information about teaching regularity and quantity since Appointment or the last promotion. The DEO may offer assistance to the candidate in collecting this information if available from the College.
- A brief (1-2 pages) personal statement regarding classroom teaching or individual instruction/supervision, scholarship, and/or service responsibilities (as applicable).
- If deemed necessary by the DEO, up to three letters of review from individuals who have direct knowledge of the performance of the adjunct faculty member can be requested for cases in which it is difficult for AT-DCG members to directly evaluate the performance of the adjunct faculty member.
Adjunct Faculty Appointment and Promotion Guidelines  
Department of Pharmacy Practice and Science  
The University of Iowa College of Pharmacy

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<thead>
<tr>
<th>Role</th>
<th>Education</th>
<th>Experience</th>
<th>Achievements</th>
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<tr>
<td>Instructor</td>
<td>- B.S. Only</td>
<td>- None in COP</td>
<td>- No presentations</td>
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<td></td>
<td>- No Residency</td>
<td>- Previous history of teaching in practice setting &lt; 6 years</td>
<td>- No publications</td>
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<td></td>
<td>- No exceptional educat. experience</td>
<td></td>
<td>- No pharmacy positions held</td>
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<tr>
<td></td>
<td>- Other advanced degree</td>
<td></td>
<td>- Not in mgt in practice setting</td>
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<tr>
<td>Assistant</td>
<td>- Pharm.D.</td>
<td>- None in COP</td>
<td>- Minimal presentations and publications</td>
</tr>
<tr>
<td>Professor</td>
<td>- no residency</td>
<td>- Previous history of teaching in practice setting &lt; 6 years</td>
<td>- Considered quality mentor</td>
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<tr>
<td></td>
<td>- no exceptional educat. experience</td>
<td></td>
<td>- In mgt/leadership in practice setting</td>
</tr>
<tr>
<td></td>
<td>- Other advanced degree</td>
<td></td>
<td>- Leader in pharmacy (State/Local)</td>
</tr>
<tr>
<td>Assistant</td>
<td>- B.S.</td>
<td>- Previous faculty member in COP</td>
<td>- Significant presentations and publications</td>
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<tr>
<td>Professor</td>
<td>- with residency</td>
<td>- 6+ years satisfactory teaching for COP</td>
<td>- Leader in pharmacy (State, Local, National)</td>
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<td></td>
<td>- with exceptional educat. experience</td>
<td></td>
<td>- Acknowledged quality mentor</td>
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<td></td>
<td>- Other advanced degree</td>
<td></td>
<td>- Significant pharmacy positions held</td>
</tr>
<tr>
<td>Associate</td>
<td>- Pharm.D.</td>
<td>- Previous faculty member in COP</td>
<td>- Significant national presentations or publications</td>
</tr>
<tr>
<td>Professor</td>
<td>- residency or equivalent exp. or</td>
<td>- 6+ years satisfactory teaching for COP</td>
<td>- National leader in pharmacy</td>
</tr>
<tr>
<td></td>
<td>exceptional educat. experience</td>
<td></td>
<td>- Acknowledged quality mentor</td>
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<td></td>
<td>- Other advanced degree</td>
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<td>- Significant pharmacy positions held</td>
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<td></td>
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<td></td>
<td>- Leader in practice setting</td>
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<td>- Board Certification in practice area</td>
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<td></td>
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<td></td>
<td>- Significant number of student rotations delivered</td>
</tr>
<tr>
<td>Professor</td>
<td>- Pharm.D.</td>
<td>- Previous faculty member in COP</td>
<td>- Significant service contributions to College</td>
</tr>
<tr>
<td></td>
<td>- residency or equivalent exp. or</td>
<td>- 12+ years satisfactory teaching for COP</td>
<td>- Implemented practice innovations</td>
</tr>
<tr>
<td></td>
<td>exceptional educat. experience</td>
<td></td>
<td>- Significant number of student rotations offered</td>
</tr>
<tr>
<td></td>
<td>- Other advanced degree</td>
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</table>
As part of your faculty Appointment at the College of Pharmacy, you are provided a UIOWA email address and HawkID.

**Email Address** – To receive certain benefits as an adjunct faculty (i.e. smart phone apps), you must have an active UIOWA email address. It is important to register your email and then re-route the email messages to your personal account if you do not plan to use the UIOWA email account.

**HawkID** – The HawkID is your personal identification used to access most online services at the University of Iowa. If you have never been issued a HawkID, you will be mailed your new HawkID and password. If you have been previously issued a HawkID, it will remain the same, even if your name has since changed. No notification will be mailed to you.

**Accessing Email and HawkID**
1. To determine your HawkID and UI email address, go to [https://login.uiowa.edu/uip/hawkid-lookup.page](https://login.uiowa.edu/uip/hawkid-lookup.page) and search your name.
2. If you have not previously had a HawkID and do not receive a password within a few weeks, or need help resetting your password, call the ITS Help Desk at 319-384-4357.
3. To reset your HawkID password or set up your password hints, go to [http://hawkid.uiowa.edu/](http://hawkid.uiowa.edu/)
   i. Email david-lam-lu@uiowa.edu if you need your University ID #.
   ii. To assure your ongoing security, the Hawk ID system will ask you to periodically reset your password.

**Routing your Email**
Once you have your active HawkID and password, you can re-route your email messages to another email account.
1. Log into [http://hris.uiowa.edu](http://hris.uiowa.edu)
2. Click on the “Personal” tab
3. Click “Email Routing”, under “Name, Address & Hawk Alert” and follow on-screen instructions
Preceptor Development

Preceptor development is intended to assist pharmacist preceptors in enhancing their skills as teachers and evaluators of student pharmacist performance. As outlined in the Accreditation Council for Pharmacy Education Standards 2016, Preceptors must be oriented to our college’s mission, the specific learning expectations for the experience outlined in the syllabus, and effective performance evaluation techniques before accepting students. In addition, the college will provide ongoing development opportunities for preceptors.

- All new preceptors must complete The Collaborative Education Institute (CEI) Preceptor Development Core Modules (accessed through eValue™, see below for directions) prior to teaching student pharmacists for IPPE or APPE.
- All preceptors must participate in some form of ongoing preceptor development and training every three years. The following is a list of current ongoing preceptor development programs:
  - The Collaborative Education Institute (CEI) Preceptor Development Program found at [www.CEImpact.com](http://www.CEImpact.com)
    - Free access for our preceptors through eValue™
  - Annual Preceptor Networking Dinner and CE Program
  - Online Journal Club
  - Other preceptor development programs offered through professional pharmacy organizations and continuing education providers

Preceptor to Student Ratios

Per Iowa Board of Pharmacy rule, a preceptor may supervise no more than two pharmacist-interns concurrently. Preceptors should be aware that pharmacist-interns may include “intern” employees working at their site or students from a variety of class years or schools of pharmacy.
Preceptor Development - Free CE for Our Preceptors

The University of Iowa collaborated with CEI to bring you Preceptor Continuing Education. These modules meet standards set by the Accreditation Council for Pharmacy Education (ACPE).

Partner Code: **UICOP19**

Preceptor Requirements

**New Preceptor**
If you are a new preceptor to the University of Iowa, complete all courses listed in the Orientation heading (~1.5 – 2 hours of training total).

**Returning Preceptor**
If you are renewing or rejoining the University of Iowa as a preceptor, complete a minimum of 1 course (of your choice) under the All Courses heading. ACPE requires that preceptors complete a minimum of 1 CPE every 3 years.

Access your Activities

1. **From eValue™:**
   Learning Modules > CEI > Connect to CEI Account.

2. **From CEI:**
Enter Partner Code “UICOP19”

Questions? [team@ceimpact.com](mailto:team@ceimpact.com) or 515.270.8118
PEP office at [cop-iowa-prof-exp@uiowa.edu](mailto/cop-iowa-prof-exp@uiowa.edu)
Time and Attendance Policies for Students

Student pharmacists are expected to observe a policy of consistent, timely attendance. Each of the practice experiences requires varying amounts of time commitment by the student pharmacist. Please refer to the syllabi for specific information on time commitments required for students to complete the experience.

**Absences**

Any time missed from the rotation will be made-up at the preceptor's discretion.

- If the student misses more than five days of your APPE, they will not pass the course.
- If the student misses more than three days of your IPPE, they will not pass the course.

Employment is not an acceptable reason to be excused from practice site, discussion or orientation.

Students must contact the preceptor in a timely manner in case of illness, tardiness, or other unforeseen circumstances.

Professional meeting attendance (e.g., ASHP Midyear, APhA) must be approved by the preceptor before travel plans are made. Time away from the site should be minimized.

**Inclement Weather**

If extreme weather conditions result in a student’s inability to safely travel to a rotation site, students should discuss the weather conditions with the IPPE/APPE preceptor and reach agreement as to the need for the student pharmacist to attempt travel to assist with providing care. If agreement cannot be reached, the student should contact the Director of PEP for APPEs or the Course Administrator for IPPE Hospital and IPPE Community. Students should use their own judgment in travel decisions when travel conditions are dangerous. Time missed is made up at the preceptor’s discretion.

**Suspension of Classes**

If University, Board of Regents, State, or federal authority mandates the suspension of classes, experiential education will continue as scheduled unless there is a site objection or a student concern. Exceptions will be reviewed on a case-by-case basis by the PEP Director.

**Holidays**

Because patient care occurs on holidays, students completing an APPE or an IPPE are often expected to be at practice sites on these days. Please be mindful of this when selecting preferences and discuss any need for time off with your preceptor.

**IPPE Community and Hospital in Winter Break**

The IPPE Community and Hospital winter break time frame is 4 weeks in duration, but the student will only need to complete the 120 hour or 3-week course time commitment. This longer time frame allows for scheduling flexibility during the winter break.

**APPEs only**

The 6th cycle of the APPE rotation year is 6 weeks in length. The extra days allow for scheduling flexibility. Student pharmacists are expected to fulfill the required 25 days (or 200
hours) at the site. Professional meeting attendance should be discussed with the preceptor prior to the start of the APPE cycle and a plan developed to fulfill all requirements.

**Interview Days for APPE Student Pharmacists**
Student pharmacists should schedule residency/fellowship/job interviews during his/her Bye cycle and the designated breaks in the APPE curriculum. If a student needs to schedule an interview during an APPE, the student must obtain approval from his/her preceptor before scheduling the interview. It will be at the preceptor’s discretion if the request is granted and how the student pharmacist fulfills the time requirement of the practice experience.

**Leave of Absence**
Student pharmacists must complete all practice experiences within the IPPE timeframe or APPE year. For circumstances that may arise during the year in which the student pharmacist is unable to complete all practice experiences within the required cycle time frame, the student pharmacist may work with the Office of Professional Education and the Director of the Professional Experience Program to determine a course of action for the student’s completion of the experiential curriculum.

**Animals in Site Provided Housing**
Pets are not allowed in housing provided by practice sites. However, we recognize the importance of assistance animals (defined as service animals or emotional support animals) to individuals with documented disabilities. Animals living in shared, practice site housing create a unique variable in community living, potentially impacting the entire community in differing ways. As such, care must be taken to ensure the rights of all residents living in the community are protected.

Requests for service animals as accommodations may require documentation from a health care professional and should be made well in advance of the practice experience to the primary housing contact at each site.

**IMP3 Contract Students**
IMP3 contracted students enter the program through an alcohol/drug related arrest or other indication the student pharmacist may have a substance use concern.

All IMP3 contracted student pharmacists will have had:
- A substance use assessment
- Successful completion of any treatment program recommended as a result of the substance use assessment
- Contract with IMP3 to assist with adherence maintenance of ongoing treatment recommendations

Student pharmacists on IMP3 contract will follow the stipulations below:
- Substance use abstinence monitoring
- Periodic, random substance use testing
- Periodic reports to IMP3
- Prior notification of IMP3 contract status to experiential rotation preceptors and employers
Procedure for Scheduling of Rotation Sites for IMP3 Contract Student

- Student will only select sites which offer IMP3 student rotation placement
- Student will contact the primary preceptor at each site after receiving their rotation schedule
  - The student will send an email to site primary preceptor with a copy sent to University of Iowa College of Pharmacy IMP3 advocate Jeff Reist
    - Student will disclose to preceptor that they are under IMP3 contract.
    - Student will inform the primary preceptor of any additional requirements the preceptor must complete to maintain student compliance with their IMP3 contract
  - The primary preceptor, when responding to the student email, will “reply all” to ensure that the IMP3 advocate receives notification of the preceptor response to the student email
- The primary preceptor will at this time have the option to accept or decline student for this rotation
- The primary preceptor should contact IMP3 advocate Jeff Reist (jeffrey-reist@uiowa.edu) with any concerns or questions before during or after the rotation

Prerequisites for Student Pharmacists Entering IPPE and APPE

The following requirements are expected of every student prior to rotations. Students are expected to comply with additional site specific requirements. Please let the PEP office know if your site has additional requirements.

_The University of Iowa College of Pharmacy is committed to ensuring the health and safety of student pharmacists and patients at all times. Therefore, all pharmacy students satisfactorily complete the following requirements._

- Registration as interns in the state of Iowa and as appropriate in other states
- Basic Cardio-Pulmonary Resuscitation (CPR) Certification for Healthcare Providers

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9 Jeff Reist, personal communication, June 9, 2014
- Liability Insurance (minimum of $1,000,000 per occurrence, $3,000,000 aggregate)
- Health Insurance Coverage through the University of Iowa or other provider
- Health Screening Program
  - Health Evaluation
    - Completion of health screening questionnaire
  - Annual Tuberculin Skin Test
    - A two-step TB skin test (TST) is required; a blood test-IGRA (Interferon Gamma Release Assay-Quantiferon Gold or T-Spot) is an alternative. If you have never had any TB skin testing, the two-step TST is done as follows: The first test is placed, and results are read in 48-72 hrs. The second test is placed at least 7 days after the reading of the first test, and read at 48-72 hrs. Send documentation of both tests, and include placement date, reading date, result and mm induration.
    - If you have documentation of (1) negative TST in the past 12 months, or documentation of (2) negative TSTs in your past, you need one more TST to meet the two-step requirement. A TST or IGRA is also required annually, after the two-step is completed initially.
    - Those with a history of a positive TST or IGRA must provide a copy of the CXR (Chest x-ray) report. If treated for LTBI (Latent TB Infection), provide medication treatment dates. Students with a history of a positive TST are also required to complete a symptom assessment initially and annually.
  - Immunization Information – documented as current and up to date as required by Student Health
    - Required:
      - MMR (measles, mumps, rubella)
        - (2) Vaccines or positive antibody titres (blood tests) of all three diseases. (2) Doses of each of the single component vaccines are acceptable. The first MMR must be given after the first birthday to be valid, and the MMR vaccines must be at least 28 days apart. For health science students, there is no age exemption for MMR.
      - Varicella
      - (2) Vaccines or positive antibody titre. Starting fall 2016 students with varicella as a child must have a titre to document immunity. Hepatitis B
        - (3) Vaccine series, completed at the appropriate intervals, followed by antibody titre 4-8 weeks after third vaccine. The titre is REQUIRED, even if series was completed as a child. If antibody titre is negative, boosters and re-checking titre.
      - Tetanus, Diphtheria, Pertussis
        - (1) Td (tetanus/diphtheria) at least every 10 years. Beginning fall 2016, students must have documentation of (1) Tdap (Tetanus, diphtheria, pertussis) vaccine.
    - Recommended: Influenza, Meningococcal, Hepatitis A, Human Papilloma Virus
- Health Insurance Portability and Accountability Act (HIPAA) general training
- Blood Borne Pathogens Training
- Criminal Background Check
  - Social Security Trace
  - Sex Offender Registry
- Criminal Record
- OIG and GSA Excluded Parties
- IA Child and Dependent Adult

- University of Iowa Hospitals and Clinics (UIHC) Compliance Training Course
  - HIPAA Training, specific for UIHC
  - Hospital Safety
  - Hospital Orientation
  - Mandatory Reporter: Child and Dependent Adult Abuse
  - Domestic Violence
Sexual Misconduct/Sexual Harassment

Sexual Misconduct/Sexual Harassment and Class Accommodations

The University of Iowa prohibits sexual misconduct, dating/domestic violence, and stalking in any form, including sexual assault or sexual harassment, and any form of nonconsensual sexual conduct. Students should be able to live, study, and work in an environment free from all forms of sexual misconduct, dating/domestic violence, and stalking.

Incidents of sexual misconduct can be reported to the Office of Sexual Misconduct Response Coordinator (OSMRC) or to the Department of Public Safety. If you are uncertain if what you have experienced from a student is sexual misconduct, view the Sexual Misconduct, Dating/Domestic Violence, or Stalking Involving Students policy. If you are uncertain if what you experienced from a faculty or staff member is sexual harassment, view the Sexual Harassment policy.

Students impacted by a Title IX issue (sexual misconduct, dating/domestic violence, or stalking) may be eligible to request an academic accommodation. Contact the Office of Sexual Misconduct Response Coordinator for assistance, definitions, and the full University of Iowa policy.

If you or someone you know experiences sexual assault, sexual harassment, dating/domestic violence, stalking, or any other behaviors prohibited under this policy, you are strongly encouraged to seek assistance and support. Information about confidential resources (see the Confidential Resources: Where to Start video for an explanation) can be found here, Confidential Resources for Students.

Resources Mentioned Above:

Office of Sexual Misconduct Response Coordinator:
https://osmrc.uiowa.edu/report-problem-0

Department of Public Safety:
https://police.uiowa.edu/

Sexual Misconduct, Dating/Domestic Violence, or Stalking Involving Students policy:
https://opsmanual.uiowa.edu/students/sexual-misconduct-datingdomestic-violence-or-stalking-involving-students

Sexual Harassment Policy:
https://opsmanual.uiowa.edu/community-policies/sexual-harassment

Confidential Resources: Where to Start video
https://endingviolence.uiowa.edu/initiatives/how-to-help-a-friend/

Confidential Resources for Students:
https://osmrc.uiowa.edu/victim-resources/confidential-support
Providing quality professional experiential education to student pharmacists requires ongoing oversight to insure the quality of preceptors for these experiences and the practice settings in which they practice. Standards No. 20: Preceptors and No. 22: Practice Facilities, of the ACPE Accreditation Standards and Key Elements 2016 clearly state minimal requirements for establishing practice facilities and preceptors and the ongoing Quality Assurance process.

**Establishing New Practice Sites**

Acquisition of preceptors and practice sites for practice experiences is accomplished through 1) solicitation by the Professional Experience Program (PEP) or 2) by the request of practitioners at the practice site. In either case, sites and preceptors must meet basic criteria for experiential practice, and are assessed using predefined criteria for the initial evaluation.

The Director of Preceptor and Site Development and the Professional Experience Program (PEP) committee will evaluate all new sites before they are approved for student placement. Whenever possible this will be done in person at the practice site by the Director after review of the initial submitted materials. In cases where the site is not within driving distance, or for other reason it is not practical to do in person, the Director or their designate will evaluate the site and the preceptor through telephone and email communications.

The following criteria should be considered when evaluating new sites: (22.a)

- A patient population that exhibits diversity in ethnic and/or socioeconomic culture, medical conditions, gender, and age
- A patient population that supports the learning objectives for the experience
- Students have access to learning and information resources
- The site’s commitment to the education of pharmacy students
- A practice environment that nurtures and supports professional interactions between students, pharmacists, and patients and their caregivers
- Collaborative professional relationships with other healthcare providers
- Adequate resources to ensure that students receive oversight, professional guidance and performance feedback from preceptors (20.b)
- Available equipment and technology that reflect contemporary practice and support student education for that practice
- Contemporary services for individual and group patient care, such as Medication Therapy Management (M)
- A strong commitment to health promotion, disease prevention, and patient safety, as reflected by the services provided

Preceptors will also be assessed for suitability during the site approval process. Preceptors must have one year of professional experience as well as 6 months in their current position. Preceptors may be non-pharmacists in appropriate settings (20.a). Preceptors must exhibit the aptitude and desire to teach and facilitate learning, and serve as positive, professional role models for students. (20c 20.b).
During the approval process and site visit several topics should be discussed with preceptors. These include, but are not limited to the following:

- Orientation to the college’s mission and goals as it applies to experiential education
- Applicability of an available syllabus, or development of a site specific syllabus for the experience (experience goals, learning objectives, student activities, assessment and grading criteria)
  - defined expectations of the site and preceptor in the education of the student pharmacist including experience goals and objectives
  - assessment and feedback expectations of preceptors, students and the college
- Guidance on setting expectations with students, assessment strategies, provision of feedback and grading methodologies.
- Guidance regarding the assessment of students’ prior knowledge and experience relative to the rotation’s objectives. This allows the preceptor to tailor the rotation to maximize the student’s educational experience and ensure appropriate interaction with patients, their caregivers, and other health professionals, as applicable.

After approval, the site will be made available for student placement upon completion of:

- Site descriptions and site information
- Preceptor information and current CV
- Preceptor Training through CEI
- Fully executed Affiliation Agreement

**Current Site Quality Assurance**

The Director or their designate will re-evaluate all active experience sites in person on an ongoing basis. Sites not within driving distance may be evaluated via telephone communications. Sites may be evaluated more frequently if necessary. Reasons for additional evaluation include poor student evaluations or major changes in preceptors at the site. This re-evaluation is to determine continued approval for student pharmacist experiential education at the practice site and to aid preceptor and site development. In addition, any concerns regarding sites will be brought before the PEP Committee for discussion. All new sites will be evaluated within one year of initial student placements.

The Director of Preceptor and Site Development will evaluate the site and preceptor according to established criteria (Appendix A). During the site visit, student evaluations of the site and preceptor will be discussed. Roles and responsibilities of both the preceptor and the college will be reviewed. The preceptor will be commended for areas in which the preceptor and/or site are meeting or exceeding expectations. Constructive feedback that addresses specific areas which need improvement will also be discussed with the preceptor. Working with the Director, the preceptor will develop an improvement plan, if necessary. Feedback on the experiential program and the college will be gathered.

Following the site visit, the Director will send the preceptor an email that summarizes their discussions during the visit. The Director will complete and submit the Quality Assurance form to eValue™.
Experiential sites not granted approval, or those granted conditional approval and not meeting those conditions will not be used as a training site for the program.

**Ongoing Communication and Quality Improvement with Experience Sites and Preceptors**

Ongoing communication and quality improvement for all practice experiences will occur on a regular basis. Student pharmacists will complete an evaluation of the preceptor and/or site at the conclusion of their experience. Student pharmacist evaluation forms of sites and preceptors may be found in Appendix B, C and D. Data from evaluations completed by student pharmacists are available to view, print, and/or download from the eValue™ website. In order to protect students’ anonymity, preceptors will be able to view their evaluations only after two student pharmacists have completed that particular evaluation. Preceptors will be sent end of the year reminders with directions to log into eValue™ and review their performance evaluations. Directions for viewing evaluations can be found below.

**Directions for Accessing Preceptor’s Performance Evaluations through eValue™**

The Educator Performance Report returns summarized numerical data showing means, counts, and standard deviations of performance scores. Preceptors may not view individual evaluations, as the identity of the student would be revealed. Rather, preceptors may view data about themselves in aggregate only. In order for a preceptor to view performance scores, a question must have been completed more than once. This level of access helps to preserve the anonymity of the students. Please note that there may be a slight lag between completion of an evaluation by a student and when data becomes available as Professional Experience Program personnel must release evaluation information that is used in your report.

To view performance reports:

1. Select **Reports** from the top ribbon menu
2. Filter for **Evaluation Educator Reports** using the **Filter By** dropdown
3. Select **Aggregate Educator Performance (if prompted, select your Role: Faculty, Preceptor, Resident Educator)**
4. Enter the **Start Date** and **End Date** for the time frame in which you want to capture data. *The start and end date of a cycle brings up that cycle only. The system allows retrospective historical combination reporting. This allows preceptors to generate results over time for a rotation (preceptor evaluations prior to May 2009 are not housed in eValue™).*
5. Select **Time Frame Start Date** from the **Date Type** dropdown
6. Select **Student Evaluation of Preceptor** from the **Evaluation Type** list
7. Select **Next** to see summary evaluation information

*Select a rotation from the **Course/Rotation** dropdown to view information for a specific rotation.*
The Family Educational Rights and Privacy Act (FERPA)

What is FERPA?
The Family Educational Rights and Privacy Act of 1974 (FERPA) is a Federal law that provides privacy rights to students’ educational records. FERPA prohibits the release of educational records to any person outside the academic institution or to any person within the academic institution without a legitimate educational purpose. Educational records are considered confidential under FERPA. FERPA can be thought of as an equivalent of HIPAA for students.10,11

What is an educational record?
An educational record is a broad term that includes everything from transcripts and exam grades to experience site records. Even verbal communication of a student’s performance and evaluation is considered an educational record protected under FERPA.

What student information can be released?
Directory information can be released without consent from the student. Directory information includes a student’s name, telephone number, address, birth date, place of birth and dates of attendance. Students have the right to request that the school does not disclose directory information.

Who does FERPA apply to?
FERPA applies to every member of the educational system and to all academic institutions that receive federal funding. This includes preceptors working with the University Of Iowa College Of Pharmacy.

What is the consequence of a violation of FERPA?
A violation of FERPA could result in the loss of any or all federal funding for the academic institution.

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CHAPTER 4: RESOURCES FOR PRECEPTORS
Benefits of Being a Preceptor

Practice sites and preceptors can benefit from teaching student pharmacists through a variety of ways. Being a preceptor of student pharmacists may allow for the development and maintenance of clinical services, the sharpening of critical thinking skills through teaching, and awareness of new knowledge from student pharmacist input. Pharmacists and other health care professionals have also indicated that being a preceptor allows them to give something back to their profession.\textsuperscript{12}

The University Of Iowa College Of Pharmacy also provides benefits to all of our adjunct faculty preceptors. The following are benefits provided to adjunct faculty through the College of Pharmacy:

- Free access and continuing education credit for the preceptor development modules offered through the CEI website (see Appendix A)
- Monthly online Journal Club
- Eligibility for yearly preceptor awards recognition
- Student pharmacist involvement and contributions at your practice site
- Adjunct Faculty Benefits:
  - Appointment as an Adjunct Faculty member of the College with the potential for promotion within that faculty category
  - Access via the use of HawkID and password to all online resources made available by The University of Iowa Libraries for off-campus use
  - Access to a University of Iowa email account

Online Drug Information Resources

As an adjunct faculty member, you are allowed access to all online resources made available by the University of Iowa Libraries for off-campus use. The gateway for your access to these resources is the Hardin Library for Health Sciences web page (see below). From this site you can access an extensive collection of full text reference books, journals, and a wide variety of indexing and research tools.

Please note that the Internet-based resources have restriction to academic use (teaching, course preparation, etc.) only.

Site licensing restrictions require you to enter your HawkID and Password. For information on obtaining your HawkID and Password, see Adjunct Faculty’s HawkID Activation Guide.

Pharmacy Resources
For a complete listing of available Drug information databases, go to http://guides.lib.uiowa.edu/pharmacy

Hardin Library: an extensive collection of full text reference books, journals, and indexing and research tools as well as other traditional services.
- Hardin Library Homepage
- Clinical Pharmacy Resource Library
- Evidence-Based Practice
- Health Sciences Resources A - Z

Drug Information for Mobile Devices
- IBM mobileMicromedex (Click on “Download Mobile Apps”)
- Mobile Databases from Hardin (Access instructions on the next page of this guide)

College of Pharmacy Drug Information Databases
Visit https://pharmacy.uiowa.edu/students/college-pharmacy-drug-information-databases for:
- Pharmacy Library from American Pharmacists Association (APhA)
- Clinical Pharmacology
- Facts & Comparisons eAnswers
- Lexicomp Online

Other Drug Information Databases
- Daily Med
  High quality information about marketed drugs.

- Dietary Supplements Labels Database
  A database with label information for brand-name dietary supplements.

- Drug Information Portal
  A portal that provides quick access to high quality drug information.

- Orange Book
  Approved drug products with therapeutic equivalence evaluations.

- Pillbox
A resource that combines high-resolution images of tablets and capsules with appearance information to enable users to visually search for and identify an unknown solid dosage pharmaceutical.

- **PubMed**
  References from scientific journals.

- **Toxicology and Environmental Health**
  Comprehensive toxicology and environmental health Web site.

- **Toxnet**
  A resource for searching databases on toxicology, hazardous chemicals, environmental health, and toxic releases.

**Information Assistance**
For assistance with drug information resources, please contact Vern Duba at 319-335-8847 or vernon-duba@uiowa.edu. The Hardin Library for the Health Sciences Pharmacy Liaison is Chris Childs. He is available at 319-335-9849 or chris-childs@uiowa.edu.
Access Mobile Databases from Hardin

http://guides.lib.uiowa.edu/mobile
Updated 06/22/2018 VDuba

- Users must log in to (free) personal accounts to use many of the apps
- Passwords may need to be changed periodically

AccessMedicine Mobile

1. Go to AccessMedicine via Hardin Library http://purl.lib.uiowa.edu/accessmed
2. Create an account by clicking on the box at the top right of the screen that says “Univ of Iowa Hardin Library.”
3. Select “Login or Create a Free Personal Account.”
4. Once you have your username and login, download the app from the App store, Google Play or the Windows store.
5. Login with your AccessMedicine Account.

ClinicalKey

1. Open the App Store, Google play, or the Windows store on your mobile device.
2. Search for “ClinicalKey” and install at no charge.
3. Once in the app, you will be prompted to choose an edition. Choose "Global."
4. Two options will appear – Clinical Key Nursing and Clinical Key. Click on ClinicalKey.
5. Go to http://purl.lib.uiowa.edu/clinicalkey (or you may log in to Clinical Key using your Personal Account if you have already registered an account with Clinical Key).
6. Click on the Register link at the top right of the screen.
7. Create a personal account using your University of Iowa email.
8. Click on the "hamburger menu" icon in the upper right-hand corner (three horizontal lines).
9. Choose "Remote Access" from the list of options. Enter your University of Iowa email.
10. You should receive an email to confirm your account. You will need to click the link in that email before your remote access is granted.
11. Use your University of Iowa email address and the password for the account you just created to log into the Clinical Key app on your device. You should now have access to Clinical Key on your device from anywhere.

DynaMed Plus

2. Create an account by clicking on "sign-in/create an account" on the top of the screen. This works best at a desktop computer.
3. Go to the App Store, Google Store, or similar service to download apps.
4. Search for Dynamed Plus. Be careful, as there are multiple Dynamed apps. Download the app and install it on your device.
5. Sign into the app with your Dynamed Plus account.

Johns Hopkins ABX Guide

1. Search for Johns Hopkins ABX in the app store.
2. Download the free version of the app
3. If you haven't already, create an account in the full John’s Hopkins ABX by clicking on the link above in a browser.

4. Log into the app with the account you created in the previous step.
   a. The Johns Hopkins ABX Guide features up-to-date, authoritative, evidenced-based information on the treatment of infectious diseases to help you make decisions at the point of care. The guide breaks down details of diagnosis; drug indications, dosing, pharmacokinetics, side effects and interactions; pathogens; management; and vaccines into easily accessible, frequently-updated, quick-read entries.
      Permalink: http://search.lib.uiowa.edu/01IOWA:library_catalogs:01IOWA_ALMA61551347650002771
   b. Sanford Guide to Antimicrobial Therapy 2017 (book only via R2 Digital Library; not mobile app)
      Permalink: http://search.lib.uiowa.edu/01IOWA:library_catalogs:01IOWA_ALMA51588767550002771e-

The Medical Letter

1. Go to http://purl.lib.uiowa.edu/MedLetter
2. Click the Mobile Apps link under Products on the left side of the screen.
3. Fill in the registration form using your Iowa email to set up a password.
4. Open the App Store on your mobile device, search for “the Medical Letter” and install at no charge.
5. Log in with the password you created earlier.

Micromedex Drug Interactions, Drug Reference, and IV Compatibility

1. Access Micromedex via the Hardin Library Website: http://purl.lib.uiowa.edu/micromedex.
2. Click on Click on “Download Center” upper right or “Download Mobile Apps” icon lower right.
3. Follow the instructions/code for the app you want.
   a. “Step 4” is your password for the mobile apps.

Stat!Ref

1. Access Stat!Ref via Hardin Library or http://purl.lib.uiowa.edu/statref
2. Click the “MyStat!Ref” link in the upper right corner
3. Follow the instructions to create an account
4. Click “Temporary Login Account.” Activating the “Temporary Login Account” will provide the ability to login to your institutional subscription via the email address and password you just created.
5. Download the Stat!Ref Mobile App to your device.
6. Enter your login information into the resource.

UpToDate Mobile

1. Access the UpToDate website using a web browser (laptop/desktop preferable) via http://purl.lib.uiowa.edu/uptodate.
2. At the top right hand side of the page select the “Log In/Register” button.
3. Register for an UpToDate account preferably using your university email address. Write down your new username and password as this will be used later.
4. Submit your registration.
5. Read and accept the terms and conditions.
6. Install the mobile application on your device from the app store.
7. Open the application.
8. Input the username and password you chose during the registration process.
9. Allow notifications. This will tell alert you when you need to re-validate your account, as mentioned below.
   a. Users will need to re-validate their access every 90 days. This can be done by accessing UpToDate on a University network, via Epic, or on a campus computer, or via the Hardin Library website. This is easier to do on a desktop computer, but can be done on a mobile browser with some minor differences.
Awards and Recognition for Preceptors

Each year the college of pharmacy recognizes preceptors for excellence service as faculty, APPE, and IPPE preceptors. These preceptors excel in experiential teaching of student pharmacists.

Recent recipients include:

2019  Faculty—Jim Hoehns, PharmD, Northeast Iowa Family Practice Center, Waterloo
APPE—Pamela Wiltfang, PharmD, NuCara Health Solutions, Coralville
IPPE—William Drilling, BS, Pharmacy, Drilling Morningside Pharmacy, Sioux City

2018  Faculty—Emily Beckett, PharmD, BCPS, Broadlawns
APPE—Bret Heintz, PharmD, Infectious Disease, VA Medical Center
IPPE—Hy-Vee #1080 Pharmacy — Coralville (Tom Haas, Nick Howell, Amanda Smith, Jessica Jackson)

2017  Faculty—Mike Ernst, PharmD, UIHC Family Medicine Clinic
APPE—Main at Locust Pharmacy (Lisa Ploehn, Lisa Garner, Kaye Wright)
IPPE—CVS #8539 Pharmacy, Iowa City (RaShauna Applewhite, Lane Nelson)

2016  Faculty—Shannon Heintz, Veterans Affairs Medical Center, Surgery and Transplant
APPE—UIHC Surgery (David Thompsen, Megan Alderton, Emily Augustine, Kathryn Hensley)
IPPE—Mercy Medical Center, Dubuque (Kate Kurt, Jared Ehlessabian, Nicole Goodall, Jennifer Noel, Amanda Powers, Kelly Unger, Kay Zepeski, Abbey Richman, Pete Maier)

2015  Faculty—Erika Ernst, UIHC Infectious Diseases
APPE—Christina Neve, PharmD, Target #T1113 Pharmacy - Coralville
IPPE—Nic Mastascusa, PharmD, Hot Shots Nuclear Medicine

2014  Faculty—Michael Farley, Mercy Hospital Iowa City, PharmD
APPE—Mathew Porepp, Pharm.D, University of Iowa Hospitals and Clinics
IPPE—Craig Clark, B.S. Pharmacy, Clark’s Pharmacy

2013  Faculty—Heather Bream-Rouwenhorst, University of Iowa Hospitals and Clinics
APPE—Brett Faine, University of Iowa Hospitals and Clinics
IPPE—Luke Bartlett, Walgreen’s Pharmacy

2012  Faculty—Jill A. Fowler, University of Iowa Hospitals and Clinics
IPPE—Joe Mac and Sarah Overturf University of Iowa Hospitals and Clinics
APPE—Douglas Morgan and Cam Davis, University of Iowa Hospitals and Clinics

2011  Faculty—Matthew Cantrell, Veterans Affairs Medical Center
IPPE—Mark Sorenson, University of Iowa Hospitals and Clinics
APPE—Michele Birdsell, Henry County Health Care

2010  Kristin Horning, East Des Moines Family Medicine Center
Jillian Fee, Bryce Jackman, Teresa Mitchel, Stewart Peterson, CarePro Home Infusion
William Baer, Lucas County Health System
Edward Bottei, Linda Kalin, Iowa Statewide Poison Control Center

2009  Sarah Johnson, University of Iowa Hospitals and Clinics Antimicrobial Management
Tim Becker, Tony Pals, Mercy Family Pharmacy Forrest Park
Amy Bucknell, Christopher Clayton, Beth Nichols, Linsey Schuldt, Maria Schult, Angie Slickers Amy Taylor, and Barry Westbrook, Allen Memorial Hospital
2008  Katie Horner, Deanna McDanel, Ryan Jacobson, University of Iowa Hospitals and Clinics Ambulatory Care
Amy Rueber, Mark Rodemeyer, Erina Thomas, People’s Clinic Pharmacy
David Buresh, Dale Lewis, Kelly Phan, Patrick Their, Connie Clancey, Jessica Havel, Julie Karlan, Lisa Lambi,
Kathy Werling, Jim Willett, St. Lukes Hospital

2007  CoraLynn Trewet, Broadlawns Medical Center
Kristin Berger and Bethany Sather, Target Pharmacy #1901, West Des Moines
John Rode, Jennifer Rode, Michelle Birdsell, Henry County Health Center, Mt. Pleasant

2006  Gary Milavetz, University of Iowa Hospitals and Clinics
Al Shepely, Ruth Clark, Amy Jackson, Lisa Tortora; Shepley Pharmacy
Mark Jones, Genesis Family Medical Center

2005  Nancy Bonthius, University of Iowa Hospitals and Clinics
Jen Moulton, Cheryl Clarke, Julie Kuhle, Tom Temple; Iowa Pharmacy Association
Lee Kral, University of Iowa Hospitals and Clinics

2004  Tina Hisel, Broadlawns Medical Center
Todd Shields and Sharon Rickertsen, Hartig Drug
Dan Cullinan and John Hamiel, Washington County
Additional Resources for Preceptors

Below is a list of additional resources available via the internet. This list is non-inclusive, but contains some websites that the PEP committee has found useful in teaching student pharmacists during practice experiences.

**Alliance for Continuing Education in the Health Professions.**
Resources for Interprofessional Education. Available at: [http://www.acehp.org/](http://www.acehp.org/)
This website provides access to information and webinars promoting interprofessional teamwork. The Alliance is a community of professionals dedicated to accelerating excellence in health care performance through education, advocacy, and collaboration.

**American Association of Colleges of Pharmacy.**
This website provides free access to AJPE. The journal features original articles, editorials, reports on the state of pharmaceutical education, descriptions of teaching innovations and book reviews.

**American Pharmacist’s Association.**
This website provides baseline plus three additional content tracks for preceptor development.

**American Society of Consultant Pharmacists.**
Preceptor Information. Available at: [https://www.ascp.com/articles/become-preceptor](https://www.ascp.com/articles/become-preceptor)
This website provides references and presentations regarding precepting. The site also offers some free CE with a focus on geriatric topics.

**American Society of Health-System Pharmacists.**
Preceptor Information. Available at: [http://www.ashp.org/menu/PracticePolicy/ResourceCenters/PreceptorSkills.aspx](http://www.ashp.org/menu/PracticePolicy/ResourceCenters/PreceptorSkills.aspx)
This website contains specific definitions and values for preceptors. It also has some topic discussions regarding an overview of being a preceptor, developing your clinical teaching skills, and other useful links.

**Georgia Statewide Area Health Education Centers Network.**
Preceptor Information. Available at: [http://gru.edu/ahec/expertpreceptor/modules.php](http://gru.edu/ahec/expertpreceptor/modules.php)
This website contains 6 online preceptor learning modules covering evaluation and feedback, incorporating students into a busy practice, problem learners, teamwork in healthcare delivery, integrating students into the community, and teaching cultural competence.

**Journal of Interprofessional Care.**
Interprofessional Education Resources for Preceptors. Available at: [http://informahealthcare.com/jic](http://informahealthcare.com/jic)
This website assists the preceptor in identifying and implementing Interprofessional Education into their practice site.
Nexus Interprofessional Toolkit.  
Interprofessional practice for preceptors. Available at:  
https://nexusipe.org/engaging/learning-system/preceptors-nexus-toolkit  
Tools that support IPE practice to enhance patient care, and professional development opportunities for clinical preceptors who facilitate IPE teams of learners. You can use any or all of the tools in a variety of settings- everything is customizable.

Pharmacist’s Letter.  
Preceptor Training and Resource Network. Available at www.pharmacistsletter.com  
If you or your company subscribe to Pharmacist’s Letter, you have access to preceptor training CE, listing of schools and colleges of pharmacy and contacts for their professional experience program, a preceptor’s list serve, and a preceptor toolbox with resources for teaching student pharmacists.

Preceptor Mini-Series.  
Preceptor Tools and mini-series. Available at: http://ttuhsc.learningexpressce.com  
This website has five mini-series available at this time: 1) Preceptor Pharm Tools; 2) Adventures in IPE Precepting; 3) A Resident Preceptor’s Experience; 4) A Glimpse into the Life of a Community Pharmacy Preceptor; 5) A Change of Heart: An IPE Mini-Series

Society of Teachers of Family Medicine.  
Preceptor Education. Available at: http://www.stfm.org/fmhub/  
This website contains archived columns of “For the Office-based Teacher of Family Medicine” which include valuable information on integrating teaching into your daily activities.

The Community Pharmacist Preceptor Education Program.  
Preceptor Education. Available at:  
http://elearning.pharmacist.com/Portal/Files/LearningProducts/6b07c742b2e94cdaac7fc800f27f843/assets/Preceptor%20monograph_061312.pdf. This website offers a comprehensive resource covering the basics of precepting suitable for both new and experienced preceptors.

University of Virginia’s Family Medicine Clerkship.  
Preceptor Development Program. Available at: http://www.med-ed.virginia.edu/courses/fm/precept/index.h. This website contains 7 preceptor modules designed to help expand clinical repertoire, teaching skills, and feedback techniques.

IPE at the University of Iowa.  
Interprofessional Education. Available at: http://interprofessional.uiowa.edu/. This website will keep you up to date on IPE for University of Iowa health science students.
CHAPTER 5: ASSESSMENT OF STUDENT PERFORMANCE
Guidelines for Assessment of Student Performance

For the Professional Experience Program curriculum, student performance is assessed on a regular basis by preceptors. Grades are assigned for APPEs using an Honors-Pass-Fail system and for IPPEs using a Pass-Fail system. All preceptor evaluations are completed in eValue™ and preceptors will receive notification when formal assessment are required. Our evaluation system focuses on the students’ ability to demonstrate competent performance of the curricular outcomes. The reason for using a Pass-Fail system is to help the student transition to demonstration of competent performance rather than focus on letter grading.

Preceptor’s Evaluation of the APPE Student

The College of Pharmacy has adopted educational outcomes to meet current accreditation requirements. These requirements not only dictate the components of the curriculum, but also what students will achieve and be able to demonstrate by the completion of the program. Outcomes are assessed across the curriculum, many during student pharmacists’ performance on Advanced Pharmacy Practice Experiences (APPE). The variety and extent of the students’ ability to show competence will differ across the range of APPE experiences completed by any given student. The overall mix of completed experiences will allow for measurement of the competency included in the assessment over the course of the experiential curriculum.

<table>
<thead>
<tr>
<th>Honors</th>
<th>The student's overall performance far exceeds most or all students in all competencies. Student frequently goes above and beyond in all areas of practice. This should be reserved for the top 10%-15% of students. Must provide comments to justify performance designation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pass</td>
<td>The student's overall performance meets the preceptor’s expectation in all or nearly all competencies.</td>
</tr>
<tr>
<td>Fail</td>
<td>The student's overall performance rarely or never meets preceptor’s expectation and the student performs poorly in some or most competencies. Must provide comments to justify performance designation.</td>
</tr>
</tbody>
</table>

Honors-Pass-Fail grades are given based on the preceptor’s observations of the student’s performance based on the criteria and rubric below. The ‘Honors’ designation is intended to be used to recognize truly extraordinary performance and should only be recommended for the top 10-15% of student performances overall. Depending on the students you have on APPE at your practice, you may not recommend an ‘Honors’ in a given year. The Professional Experience Program will track the numbers of students given each designation across all APPE. We anticipate that the vast majority of APPE will be designated as ‘Pass’, the small percentage listed above as ‘Honors’ and hopefully a smaller percentage of ‘Fail’.

What to do if you identify very poor performance:
There are times when a preceptor will identify that a student is not meeting their expectations, even after frequent feedback has been given to the student. Preceptors should notify the PEP office as soon as they identify that a student is at risk of failing the experience and/or the student is performing below the preceptor’s expectations. The Director or his/her designate will work with you and the student to create and document clear recommendations and expectation for performance. If the student doesn’t meet these expectations, the student will fail the course and repeat the course at a different site.

Rating Scales

<table>
<thead>
<tr>
<th>Rating</th>
<th>Rating Description</th>
<th>Detail Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Exceeds Expectations</td>
<td>The student has demonstrated excellence in this competency. The student consistently performs the competency above expectations and requires minimal guidance and supervision from the preceptor.</td>
</tr>
<tr>
<td>3</td>
<td>Meets Expectations</td>
<td>The student has adequately demonstrated this competency. The student frequently performs the competency within expectations and requires minimal guidance and supervision from the preceptor.</td>
</tr>
<tr>
<td>2</td>
<td>Needs Improvement</td>
<td>The student is developing skills in this competency; however, some minor improvement(s) are needed in order to meet the competency. The student sometimes performs the competency within expectations and requires regular guidance and supervision.</td>
</tr>
<tr>
<td>1</td>
<td>Needs Significant Improvement</td>
<td>The student is not meeting the competency and substantial effort is needed in order to meet the competency. The student rarely performs the competency within expectations and requires constant guidance and supervision.</td>
</tr>
<tr>
<td>N/O</td>
<td>No Opportunity</td>
<td>No opportunities exist on this APPE to allow student to demonstrate skills.</td>
</tr>
</tbody>
</table>

Student performance is assessed formally at the midpoint and end of the APPE. Performance categories include the following areas:

- Foundational Knowledge
- Patient Care
- Leadership and Problem-Solving
- Communication
- Personal and Professional Development

All outcomes in the Preceptor’s Assessment of student performance are rated on a scale of 4 to 1. While it might be a natural tendency, please do not consider the 4 to 1 scale equivalent to that of an A to F scale. For most students who can meet the expectations for an outcome, the assignment of a ‘2’ or ‘3’ will be appropriate as it is performed, most likely at the level of a young practitioner. Ratings at this level will allow the student to “Pass” an APPE. Use of higher ratings will occur but should be limited to truly superior performance of these outcomes.

Assign the rating for the student’s performance based on performance demonstrated at the end of the APPE experience. Frequent ongoing formative feedback during the APPE will allow the student to improve over the course of the APPE and will allow for your final summative
evaluation to be surprise free for both you and the student. Completing a midpoint assessment of the student using this form allows for a time for discussion between the student and preceptor to address areas of improvement and clarify expectations.
<table>
<thead>
<tr>
<th><strong>Anchors by Category for IPPE and APPE Assessment of Student Performance</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Categories</strong></td>
</tr>
<tr>
<td><strong>Overall Anchors</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>1-Needs Significant Improvement</strong></td>
</tr>
<tr>
<td><strong>2-Needs Improvement</strong></td>
</tr>
<tr>
<td><strong>3-Meets expectation</strong></td>
</tr>
<tr>
<td><strong>4-Exceeds Expectation</strong></td>
</tr>
</tbody>
</table>

---

60
<table>
<thead>
<tr>
<th>Communication</th>
<th>Written and oral communications are frequently inappropriate, incomplete, or disrespectful. Is not engaged with team members.</th>
<th>Written and oral communications are occasionally inappropriate, incomplete, or disrespectful. Is only occasionally engaged with team members.</th>
<th>Written and oral communications are appropriate, complete and respectful at all times. Is engaged with team members.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal and Professional Development</td>
<td>Is not able to recognize deficiencies even when pointed out. Resistant to change behavior even when directed.</td>
<td>Needs to have deficiencies pointed out before able to change.</td>
<td>Is self-aware and able to describe how their actions impact others. Accepts feedback and makes effort to correct deficiencies. Has integrated self-assessment into daily practice. Independently takes action to correct deficiencies. Seeks feedback and strives to improve.</td>
</tr>
</tbody>
</table>

Please see Appendix E, F, and G for the Evaluation of Student Performance, Evaluation of a Case Presentation and Evaluation of a Journal Article Presentation. While the case presentation and journal article evaluation are not required to be submitted, they are provided for your reference.
Preceptor’s Evaluation of the IPPE Student

An outline of the evaluation and verification forms for completion of Introductory Pharmacy Practice Experiences can be found in the table below. Preceptors for students completing IPPE Career Exploration and IPPE Clinical will complete a quick evaluation and verification of hours in eValue™ (Appendix H). Students completing Continuing Professional Development professional service hours will ask their pharmacist preceptor to sign the IPPE Verification Form (Appendix I).

Preceptors should evaluate students completing IPPE Community and IPPE Hospital at the midpoint and end of the experience by completing the Evaluation form found in (Appendix J).

<table>
<thead>
<tr>
<th>IPPE Evaluations and Forms</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of IPPE</strong></td>
</tr>
<tr>
<td>IPPE Career Exploration</td>
</tr>
<tr>
<td>IPPE Community</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>IPPE Hospital</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>IPPE Clinical</td>
</tr>
<tr>
<td>Continuing Professional</td>
</tr>
<tr>
<td>Development</td>
</tr>
</tbody>
</table>
APPENDICES
## Appendix A: Quality Assurance Site Visit Form (in eValue™)

<table>
<thead>
<tr>
<th>Date of Site Visit</th>
<th>Other faculty or staff involved in site visit</th>
<th>Preceptors involved in site visit</th>
<th>NEW SITES ONLY: Has preceptor or site previously provided practice-based learning for students?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SITE INFORMATION

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Partially</th>
<th>NA</th>
</tr>
</thead>
</table>

- There is adequate patient volume and breadth for student learning
- The student has access to patient information
- The student has access to a computer with Internet capabilities
- The student has access to appropriate drug and medical information resources
- There is adequate space for student involvement with pharmacy activities and interaction with pharmacists, other health professionals and patients
- The site displays a professional image
- The site administration support student involvement at the site
- The staff (i.e., pharmacists and technicians) support student interactions and involvement
- Pharmaceutical care philosophy evident in practice activities
- Activities, projects and assignments will fulfill learning objectives of the learning experience(s)
- Amount and quality of time spent with the student is appropriate
- Appropriate role-modeling by pharmacists is available to the student pharmacist
- Regular and consistent feedback is given to the student
- The student is evaluated by direct observation when appropriate (e.g., dispensing skills)
- Student expectations and responsibilities are clear and are expressed to the student at the beginning of the experience
- The student has the opportunity to interact (through oral or written communication) with other health professionals while at this site: (please check all that apply)
  - Chaplain
  - Dentist
  - Dietitian
  - Nurse
  - Nurse Practitioner
  - Pharmacist (at another practice site)
  - Physician
  - Physician Assistant
  - Physical/Occupational Therapist
<table>
<thead>
<tr>
<th>Social Worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Dentist</td>
</tr>
<tr>
<td>Student Dietitian</td>
</tr>
<tr>
<td>Student Nurse</td>
</tr>
<tr>
<td>Student Pharmacist (at another practice site)</td>
</tr>
<tr>
<td>Student Nurse Practitioner</td>
</tr>
<tr>
<td>Student Physical/Occupational Therapist</td>
</tr>
<tr>
<td>Student Physician</td>
</tr>
<tr>
<td>Student Physician Assistant</td>
</tr>
<tr>
<td>Student Social Worker</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

Briefly describe any interprofessional education and practice occurring at the site:

<table>
<thead>
<tr>
<th>Daily</th>
<th>Weekly</th>
<th>Less than Weekly</th>
<th>Rarely or Never</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How often do students interact with other health professionals?

What other Schools/Colleges of Pharmacy send students to the site on a regular basis?

Additional projects and assignments that are required of the student (outside of UICOP course assignments):

**STUDENT PHARMACIST ACTIVITIES**

* Please check all that apply. It is not expected that sites will address all of these activities


<table>
<thead>
<tr>
<th>DIRECT PATIENT CARE</th>
<th>IPPE</th>
<th>APPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interacting face-to-face with a diverse population of patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Optimizing individual patient drug therapy outcomes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consulting with and advising patients on self-care products</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Educating patients on the safe and effective use of prescription and nonprescription medications, dietary supplements, medical equipment and devices, non-drug therapies, and complementary and alternative therapies

Providing pharmacist-delivered education and care to patients of diverse cultural, economic, geographic, or disease state-related backgrounds

Delivering evidence-based care through the retrieval, evaluation, and application of findings from the scientific and clinical literature

Ensuring continuity of quality care as patients transition between healthcare settings

Engaging in activities designed to further advance evidence-based therapeutic decision-making, collaborative interprofessional team-based care, clinical services entrepreneurship, and systems management

**INTERPROFESSIONAL INTERACTION AND PRACTICE**

Engaging in collaborative patient-care decision-making with members of an interprofessional healthcare team with an emphasis on face-to-face interactions, but also incorporating other communications options

Identifying, evaluating, and communicating to healthcare team members the appropriateness of the patient’s specific pharmacotherapeutic agents, dosing regimens, dosage forms, routes of administration, delivery systems, etc.
<table>
<thead>
<tr>
<th>MEDICATION DISPENSING, DISTRIBUTION, ADMINISTRATION, AND SYSTEMS MANAGEMENT</th>
<th>IPPE</th>
<th>APPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriately dispensing medications to a diverse population of patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participating in the supervision, oversight, and direction of the medication dispensing/distribution systems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administering medications in a safe and legally acceptable manner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managing the medication therapy regimen by monitoring patient outcomes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identifying and reporting medication errors and adverse drug reactions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engaging in pharmacovigilance activities designed to detect, assess, understand, and prevent drug-related problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participating in the health system's formulary process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interacting with third-party payers to optimize individual patient drug therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working competently with the technology associated with various practice settings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participating in discussions and assignments of human resources management, medication resources management, and pharmacy data management systems, including pharmacy workload and financial performance in community/ambulatory care and hospital/health systems environments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributing actively to discussions on health policy, drug approval processes, legal and regulatory compliance, patient safety, accreditation, and standards setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participating in the management of systems for storage, preparation, and dispensing of medications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allocating and using key resources and supervising pharmacy technical staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participating in purchasing activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participating in the management of medication use systems and applying the systems approach to medication safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participating in the pharmacy's planning process and quality improvement program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conducting a drug utilization review</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participating in the management of the use of investigational drug products</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participating in therapeutic protocol development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participating in the management of medical emergencies</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROFESSIONAL DEVELOPMENT</th>
<th>IPPE</th>
<th>APPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrating attitudes and behaviors consistent with a respected member of the pharmacy profession</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Providing evidence of self-directed learning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrating an aptitude to implement the elements of the Continuing Professional Development</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Site Visit Summary:

Recommended period until next site visit: 3 years Other
Rationale if recommended period is less than THREE years:
Estimated date of next site visit:
Confidential: Follow-up required by Professional Experience Program after visit:
## Appendix B: APPE/IPPE Hospital and Community Student Evaluation of the Preceptor (in eValue™)

| Student _________________________________________ | Cycle _____________ | Date ____________ |
| Preceptor ________________________________________ | Site _______________________________ |

6 - Agree Strongly  
5 - Agree Moderately  
4 - Agree Slightly  
3 - Disagree Slightly  
2 - Disagree Moderately  
1 - Disagree Strongly  
NA - Not Applicable to the Rotation

For the statements below, please select the option that best reflects your degree of agreement with each statement using the above rating scale. Please provide comments for ratings on the high and low extremes of the scale.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>This preceptor is interested in teaching this rotation</td>
<td>NA 1 2 3 4 5 6</td>
</tr>
<tr>
<td>This preceptor related to me as an individual</td>
<td>NA 1 2 3 4 5 6</td>
</tr>
<tr>
<td>This preceptor encouraged students to actively participate in discussions and problem-solving exercises</td>
<td>NA 1 2 3 4 5 6</td>
</tr>
<tr>
<td>Students were encouraged to use resource materials</td>
<td>NA 1 2 3 4 5 6</td>
</tr>
<tr>
<td>This preceptor described their approach to thinking about therapeutic problems</td>
<td>NA 1 2 3 4 5 6</td>
</tr>
<tr>
<td>This preceptor was readily available to answer questions and concerns</td>
<td>NA 1 2 3 4 5 6</td>
</tr>
<tr>
<td>Good direction and feedback were provided</td>
<td>NA 1 2 3 4 5 6</td>
</tr>
<tr>
<td>This preceptor is knowledgeable in their response to questions or their approach to therapy</td>
<td>NA 1 2 3 4 5 6</td>
</tr>
<tr>
<td>This preceptor evaluated me at the mid-point and end of the rotation</td>
<td>NA 1 2 3 4 5 6</td>
</tr>
<tr>
<td>This preceptor evaluated me at the end of the rotation in a manner which was helpful to me</td>
<td>NA 1 2 3 4 5 6</td>
</tr>
<tr>
<td>This preceptor served as a role model for a pharmacist practicing in this practice setting</td>
<td>NA 1 2 3 4 5 6</td>
</tr>
<tr>
<td>The goals and objectives of the rotation were outlined and/or explained at the beginning of the rotation</td>
<td>NA 1 2 3 4 5 6</td>
</tr>
<tr>
<td>Rotation activities were well organized and structured</td>
<td>NA 1 2 3 4 5 6</td>
</tr>
</tbody>
</table>

The preceptor discussed patient care and/or practice related issues with me an average of:

- [ ] > 4 hours per day
- [ ] > 3 to 4 hours per day
- [ ] > 2 to 3 hours per day
- [ ] > 1 to 2 hours per day
- [ ] 0.5 to 1 hour per day
- [ ] < 0.5 hour per day

Overall, how would you rate this preceptor?  
[ ] Excellent  
[ ] Good  
[ ] Fair  
[ ] Poor
Please elaborate and give examples.
Appendix C: Student Evaluation of the Site (in eValue™)

### Preceptor ___________________________ Site ________________________________

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Agree Strongly</td>
</tr>
<tr>
<td>5</td>
<td>Agree Moderately</td>
</tr>
<tr>
<td>4</td>
<td>Agree Slightly</td>
</tr>
<tr>
<td>3</td>
<td>Disagree Slightly</td>
</tr>
<tr>
<td>2</td>
<td>Disagree Moderately</td>
</tr>
<tr>
<td>1</td>
<td>Disagree Strongly</td>
</tr>
<tr>
<td>NA</td>
<td>Not Applicable to the Rotation</td>
</tr>
</tbody>
</table>

For the statements below, please select the option that best reflects your degree of agreement with each statement using the above rating scale. Please provide comments for ratings on the high and low extremes of the scale.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>I had adequate patient or guardian contact on this rotation to meet the learning objectives</td>
<td>NA 1 2 3 4 5 6</td>
</tr>
<tr>
<td>I had access to necessary patient information</td>
<td>NA 1 2 3 4 5 6</td>
</tr>
<tr>
<td>I had access to all necessary reference materials, either hard copy or via electronic means</td>
<td>NA 1 2 3 4 5 6</td>
</tr>
<tr>
<td>This rotation provided opportunities to interact with other health care professionals</td>
<td>NA 1 2 3 4 5 6</td>
</tr>
<tr>
<td>This rotation provided an environment (physical and philosophical) that facilitated my learning</td>
<td>NA 1 2 3 4 5 6</td>
</tr>
<tr>
<td>Others at the rotation site were receptive and willing to interact with me</td>
<td>NA 1 2 3 4 5 6</td>
</tr>
<tr>
<td>My verbal communication skills were enhanced on this rotation</td>
<td>NA 1 2 3 4 5 6</td>
</tr>
<tr>
<td>My written communication skills or documentation skills were enhanced on this rotation</td>
<td>NA 1 2 3 4 5 6</td>
</tr>
<tr>
<td>My clinical skills were enhanced on this rotation</td>
<td>NA 1 2 3 4 5 6</td>
</tr>
<tr>
<td>I was able to apply previously learned materials on this rotation</td>
<td>NA 1 2 3 4 5 6</td>
</tr>
<tr>
<td>I believe this experience will help me be a better pharmacist</td>
<td>NA 1 2 3 4 5 6</td>
</tr>
</tbody>
</table>

Overall, how would you rate this practice site? □ Excellent □ Good □ Fair □ Poor

How might this practice experience be improved?

Please elaborate and give examples.
**Appendix D: IPPE Career Exploration Evaluation of the Site (in eValue™)**

Preceptor ___________________________ Site ___________________________

Use the Following Scale to Indicate Your Agreement with the Following Statements

<table>
<thead>
<tr>
<th>Scale</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Agree Strongly</td>
</tr>
<tr>
<td>5</td>
<td>Agree Moderately</td>
</tr>
<tr>
<td>4</td>
<td>Agree Slightly</td>
</tr>
<tr>
<td>3</td>
<td>Disagree Slightly</td>
</tr>
<tr>
<td>2</td>
<td>Disagree Moderately</td>
</tr>
<tr>
<td>1</td>
<td>Disagree Strongly</td>
</tr>
<tr>
<td>NA</td>
<td>Not Applicable to the Rotation</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Statement</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>The preceptor(s) at this site served as a role model for a pharmacist practicing in this practice setting.</td>
<td>NA 1 2 3 4 5 6</td>
</tr>
<tr>
<td>This site provided an environment (physical and philosophical) that facilitated my learning.</td>
<td>NA 1 2 3 4 5 6</td>
</tr>
<tr>
<td>Others at the site were receptive and willing to interact with me.</td>
<td>NA 1 2 3 4 5 6</td>
</tr>
<tr>
<td>This site provided opportunities to observe interactions amongst health care professionals.</td>
<td>NA 1 2 3 4 5 6</td>
</tr>
</tbody>
</table>

**Overall, how would you rate this practice experience?**

_____ Excellent  _____ Good  _____ Fair  _____ Poor

**Please elaborate and give examples.**

**How might this practice experience be improved?**
Appendix E: Evaluation of Student on APPE Mid-Point and Final (in eValue™)

APPE Assessment of Student Performance

<table>
<thead>
<tr>
<th>Assessment Measurement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 Needs Significant Improvement</strong></td>
<td>The student is not meeting the competency and substantial effort is needed in order to meet the competency. The student rarely performs the competency within expectations and requires constant guidance and supervision.</td>
</tr>
<tr>
<td><strong>2 Needs Improvement</strong></td>
<td>The student is developing skills in this competency; however some minor improvement(s) are needed in order to meet the competency. The student sometimes performs the competency within expectations and requires regular guidance and supervision.</td>
</tr>
<tr>
<td><strong>3 Meets Expectation</strong></td>
<td>The student has adequately demonstrated this competency. The student frequently performs the competency within expectations and requires minimal guidance and supervision from the preceptor.</td>
</tr>
<tr>
<td><strong>4 Exceeds Expectation</strong></td>
<td>The student has demonstrated excellence in this competency. The student consistently performs the competency above expectations and requires minimal guidance and supervision from the preceptor.</td>
</tr>
<tr>
<td><strong>NO Not Observed</strong></td>
<td>The student has not had the opportunity to demonstrate this competency.</td>
</tr>
</tbody>
</table>

**Key Element 1: Foundational Knowledge**

1. Applies knowledge in foundational sciences (e.g. chemistry, anatomy, physiology, pharmacology, pharmaceutics, pharmacodynamics, pharmacokinetics) to solve healthcare problems.
2. Critically analyzes scientific literature related to both drugs and diseases.

**Key Element 2: Patient Care**

3. Collects and interprets patient information to formulate an evidence-based, patient-centered care plan.
4. Interviews patients in an organized manner utilizing a patient-centered approach.
5. Implements and documents patient-centered care plan.
6. Accounts for patients’ health beliefs when creating patient care plans.
7. Monitors patient outcomes and adjusts care plan as needed.
8. Promotes health and wellness through prevention, intervention, and/or educational strategies to improve patient outcomes.
9. Demonstrates appropriate application of evidence-based protocols and guidelines when providing patient care.

**Key Element 3: Leadership and Problem Solving**
10. Identifies and prioritizes actual and potential problems as they relate to this experiential site (e.g., patient care issues that arise in a clinical experience, challenges involved with conducting research, management issues).

11. Defines goals applicable to this experiential site and identifies multiple strategies to achieve these goals.

12. Recommends the most viable plan to achieve goals applicable to this experiential site and reflects on its outcome(s).

13. Demonstrates initiative and creativity to identify and respond to opportunities and challenges.

14. Analyzes patient population needs (e.g. cost, care, access, satisfaction) to guide patient-centered care services.

15. Applies established processes, standards, and best practices related to safe medication use and distribution systems.

16. Utilizes continuous quality improvement techniques to optimize the medication use process.

17. Demonstrates the role of a pharmacist in managing human, financial, technological and/or physical resources.

18. Advocates for patients’ best interest.

**Key Element 4: Communication**

19. Utilizes effective techniques to provide education to others and assesses comprehension of audience.

20. Provides education which contains the most current information relevant for the intended audience.

21. Actively participates and engages as an interprofessional team member.

22. Communicates in a manner that values team-based decision making and respects contributions from other areas of expertise.

23. Demonstrates an attitude that is respectful of social determinants of health (e.g. culture, religion, health literacy, literacy, disabilities, and cognitive impairment.)

24. Communicates with confidence, clarity, respect and empathy to establish rapport and build trusting relationships.

25. Demonstrates effective written communication skills (e.g., drug information, patient care documentation, and provider or patient education materials).

**Key Element 5: Personal and Professional Development**

26. Approaches activities with a desire to learn.

27. Recognizes his/her strengths and areas for growth and initiates strategies to enhance professional and personal development.

28. Instills trust through professional presence (e.g. punctuality, reliability, attire, appropriate workplace behaviors).

29. Adheres to legal and ethical standards of the profession. Yes or No Response

30. Maintains confidentiality of protected information. Yes or No Response

**Designation you would assign for the student’s performance on rotation (Circle One):** Honors Pass Fail
**Evaluation Type (Circle One):**  
Midpoint  
Final

**Were you the primary preceptor for this student? (Circle One):**  
Yes  
No

**Additional Student Performance Comments and Recommendations for Improvement:**

**Confidential Comments to Professional Experience Program Personnel:**

---

### Appendix F: Evaluation of Case Presentation (in eValue™)

Student __________________________ Date __________________

Please use the following criteria to assess case presentations given by the student.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Exceeds Expectation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Meets Expectation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Needs Improvement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Needs Significant Improvement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>Not Observed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For each item below, rate the student’s performance using the above rating scale.

<table>
<thead>
<tr>
<th>Item</th>
<th>Rating</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case history (HPI or current clinical situation) clear and concise</td>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Past medical history (other conditions, their status, relevance to current situation) clear and concise</td>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Medication history (complete list, accurate regimens, how patient actually uses) clear and concise</td>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Knowledge of patient (describes more than chart knowledge of specifics of patient history, indication that patient was interviewed and student has collected additional information)</td>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Drug therapy problems identified and detailed (problem is labeled and described)</td>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Goals of therapy (goal for each condition under discussion is stated)</td>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Therapeutic alternatives given (for each condition/issue discussed, the student gave all reasonable choices for treatment)</td>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Rational choices for therapeutic intervention (recommendation and rationale given for decision)</td>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Intervention plan (what was done or is planned to implement recommendations)</td>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Monitoring plan (parameters and intervals given)</td>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Follow-up schedule (interval and parameters to be assessed for next patient encounter)</td>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Overall quality of the information presented</td>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Appendix G: Evaluation of a Journal Article Presentation (in eValue™)

Please use the following criteria to assess journal article presentations given by the student.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Exceeds Expectation</td>
</tr>
<tr>
<td>3</td>
<td>Meets Expectation</td>
</tr>
<tr>
<td>2</td>
<td>Needs Improvement</td>
</tr>
<tr>
<td>1</td>
<td>Needs Significant Improvement</td>
</tr>
<tr>
<td>NO</td>
<td>Not Observed</td>
</tr>
</tbody>
</table>

For each item below, rate the student’s performance using the above rating scale.

<table>
<thead>
<tr>
<th>Item</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stated the study objective in his/her own words.</td>
<td>NA 1 2 3 4</td>
</tr>
<tr>
<td>Described how the study objective and hypotheses are relevant to community pharmaceutical care.</td>
<td>NA 1 2 3 4</td>
</tr>
<tr>
<td>Stated the study design and how it was relevant to the clinical setting in which the study was performed.</td>
<td>NA 1 2 3 4</td>
</tr>
<tr>
<td>Described the advantages, disadvantages, and limitations of the study design with respect to community pharmaceutical care.</td>
<td>NA 1 2 3 4</td>
</tr>
<tr>
<td>Described the patient/subject population studied, including how they were selected and adequacy of sample size.</td>
<td>NA 1 2 3 4</td>
</tr>
<tr>
<td>Described the study intervention, including all groups studied and details of the specific intervention in different groups if applicable.</td>
<td>NA 1 2 3 4</td>
</tr>
<tr>
<td>Listed the main outcome measures of the study and how they were analyzed.</td>
<td>NA 1 2 3 4</td>
</tr>
<tr>
<td>Explained how the major study endpoints are relevant to the population studied.</td>
<td>NA 1 2 3 4</td>
</tr>
<tr>
<td>Presented the main results of the study with comparison to the original hypotheses.</td>
<td>NA 1 2 3 4</td>
</tr>
<tr>
<td>Described the study conclusions as presented by the authors.</td>
<td>NA 1 2 3 4</td>
</tr>
<tr>
<td>Stated their evaluation and clinical significance of study results.</td>
<td>NA 1 2 3 4</td>
</tr>
<tr>
<td>Anticipated how results of the study might differ in the population of patients cared for in the rotation site.</td>
<td>NA 1 2 3 4</td>
</tr>
<tr>
<td>Identified limitations to applying the study results in the population of patients cared for in the rotation site.</td>
<td>NA 1 2 3 4</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Did the student complete their required hours?</td>
<td></td>
</tr>
<tr>
<td>Was the student on time?</td>
<td></td>
</tr>
<tr>
<td>Did the student exhibit professional dress attire?</td>
<td></td>
</tr>
<tr>
<td>Did the student communicate clearly and professionally?</td>
<td></td>
</tr>
<tr>
<td>Overall, did the student exhibit professionalism?</td>
<td></td>
</tr>
</tbody>
</table>

Comments:
Appendix I: Continuing Professional Development Attendance Verification Form

Continuing Professional Development (CPD)
Professional Service Activity Attendance Verification Form

- **This form is required only for Professional Service** experiences. You do not need to submit a form for Community Engagement nor Professional Leadership activities.
- **Examples:** health screening/fair, immunization clinic, medication education event, medication reviews
- **Minimum of 20 hours of professional service required before December of P3 year.**

Student Name(s): ___________________________ Year (P1-P4): __________

<table>
<thead>
<tr>
<th>Completed By STUDENT</th>
<th>Completed By PRECEPTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity Date(s):</td>
<td>Was the student on time?  ❑ Yes ❑ No</td>
</tr>
<tr>
<td>Site:</td>
<td>Did the student exhibit professional dress attire?  ❑ Yes ❑ No</td>
</tr>
<tr>
<td>Activity:</td>
<td>Did the student communicate clearly and professionally?  ❑ Yes ❑ No</td>
</tr>
<tr>
<td>Number of Contact Hours:</td>
<td>Overall, did the student exhibit professionalism?  ❑ Yes ❑ No</td>
</tr>
<tr>
<td>Pharmacy Organization:</td>
<td>Additional Comments:</td>
</tr>
</tbody>
</table>

Pharmacist Verification (nurse allowed if giving immunizations):

__________________________   ________________   __________
(Print Name)   (Signature)   (Today’s Date)

Student Verification: ❑  *Check this box to confirm you have entered your hours in eValue: CPD Program> Case Logs > Log New Case

* Do not turn in this signed form until you have logged your Professional Service Activity hours in eValue.

Return this form to: Jennifer Seyfer, Director, Professional Experience Program
The University of Iowa College of Pharmacy
180 S Grand Ave. 375 CPB Iowa City, IA 52241
Phone: 319-335-8835 | Email: Jennifer-Seyfer@uiowa.edu
Appendix J: IPPE Community/Hospital Evaluation of Student Performance

IPPE Assessment of Student Performance

<table>
<thead>
<tr>
<th>Assessment Measurement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Needs Significant Improvement</td>
<td>The student is not meeting the competency and substantial effort is needed in order to meet the competency. The student rarely performs the competency within expectations and requires constant guidance and supervision.</td>
</tr>
<tr>
<td>2 Needs Improvement</td>
<td>The student is developing skills in this competency; however, some minor improvement(s) are needed in order to meet the competency. The student sometimes performs the competency within expectations and requires regular guidance and supervision.</td>
</tr>
<tr>
<td>3 Meets Expectation</td>
<td>The student has adequately demonstrated this competency. The student frequently performs the competency within expectations and requires minimal guidance and supervision from the preceptor.</td>
</tr>
<tr>
<td>4 Exceeds Expectation</td>
<td>The student has demonstrated excellence in this competency. The student consistently performs the competency above expectations and requires minimal guidance and supervision from the preceptor.</td>
</tr>
<tr>
<td>NO Not Observed</td>
<td>The student has not had the opportunity to demonstrate this competency.</td>
</tr>
</tbody>
</table>

Key Element 1: Foundational Knowledge

I. Applies knowledge in foundational sciences (e.g. chemistry, anatomy, physiology, pharmacology, pharmaceutics, pharmacodynamics, pharmacokinetics) to solve healthcare problems.

II. Critically analyzes scientific literature related to both drugs and diseases.

Key Element 2: Patient Care

III. Collects and interprets patient information to formulate an evidence-based, patient-centered care plan.

IV. Interviews patients in an organized manner utilizing a patient-centered approach.

V. Promotes health and wellness through prevention, intervention, and/or educational strategies to improve patient outcomes.

Key Element 3: Leadership and Problem Solving

VI. Identifies and prioritizes actual and potential problems as they relate to this experiential site (e.g., patient care issues that arise in a clinical experience, barriers to patient receiving care, management issues).

VII. Demonstrates initiative and creativity to identify and respond to opportunities and challenges.

VIII. Analyzes patient population needs (e.g. cost, care, access, satisfaction) to guide patient-centered care services.

IX. Applies established processes, standards, and best practices related to safe medication use and distribution systems.

X. Utilizes continuous quality improvement techniques to optimize the medication use process.

XI. Describes the role of a pharmacist in managing human, financial, technological and/or physical resources.
XII. Advocates for patients’ best interest.

**Key Element 4: Communication**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>XIII.</td>
<td>Utilizes effective techniques to provide education to others and assesses comprehension of audience.</td>
</tr>
<tr>
<td>XIV.</td>
<td>Provides education which contains the most current information relevant for the intended audience.</td>
</tr>
<tr>
<td>XV.</td>
<td>Demonstrates an attitude that is respectful of social determinants of health (e.g., culture, religion, health literacy, literacy, disabilities, and cognitive impairment.)</td>
</tr>
<tr>
<td>XVI.</td>
<td>Communicates with confidence, clarity, respect and empathy to establish rapport and build trusting relationships.</td>
</tr>
<tr>
<td>XVII.</td>
<td>Demonstrates effective written communication skills (e.g., drug information, patient care documentation, and provider or patient education materials).</td>
</tr>
</tbody>
</table>

**Key Element 5: Personal and Professional Development**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>XVIII.</td>
<td>Approaches activities with a desire to learn.</td>
</tr>
<tr>
<td>XIX.</td>
<td>Recognizes his/her strengths and areas for growth and initiates strategies to enhance professional and personal development.</td>
</tr>
<tr>
<td>XX.</td>
<td>Instills trust through professional presence (e.g. punctuality, reliability, attire, appropriate workplace behaviors).</td>
</tr>
<tr>
<td>XXI.</td>
<td>Adheres to legal and ethical standards of the profession. Yes or No Response</td>
</tr>
<tr>
<td>XXII.</td>
<td>Maintains confidentiality of protected information. Yes or No Response</td>
</tr>
</tbody>
</table>

**Designation you would assign for the student’s performance on rotation (Circle One)**: Pass Fail

**Evaluation Type (Circle One)**: Midpoint Final

**Were you the primary preceptor for this student? (Circle One)**: Yes No

**Additional Student Performance Comments and Recommendations for Improvement:**

**Confidential Comments to Professional Experience Program Personnel**
Appendix K: IPPE Community Learning Activities Checklist

IPPE Community Checklist 2019-20
PHAR 8207 Introduction to Community Pharmacy Practice

Student Name: ___________________________ Preceptor Name: ___________________________

Site Name/City & State: ___________________________ Cycle Dates: __________

<table>
<thead>
<tr>
<th>Daily Worksheet of Professional Experiences</th>
<th>Student initials and dates at completion of activity</th>
<th>Preceptor initials only if activity is NOT completed. (provide explanation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>To be completed by student <strong>DURING THE ROTATION CYCLE</strong> and verified by preceptor and student on final page</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**AREA 1: The Community Environment**

I. Orientation to experience
   A. Review goals and objectives for learning experience
   B. Review preceptor’s expectations for the experience, including, but not limited to:
      1. Expected manner and dress
      2. Confidentiality of information, specifically HIPAA Policies and Procedures
      3. Telephone operation and rules
      4. Scheduling of student hours and obligations concerning absence or tardiness

II. Orientation to pharmacy
   A. Orientation to the philosophy and goals of pharmaceutical services at the pharmacy
   B. Receive introductions to pharmacy personnel and discuss responsibilities of each person
   C. Participate in a guided tour of the pharmacy, noting the location of the various departments, patient care area, equipment, supplies, drug products, and reference materials
   D. Discuss pharmacy policies and procedures

**AREA 2: Prescription receiving, interpretation and review, preparation, verification, dispensing, and counseling**

I. Prescription receiving
   A. Written
      1. Determine whether person presenting the prescription is the patient or patient’s agent
      2. Determine what additional information is needed from the patient or patient’s agent (i.e. insurance card, date of birth, allergy information, etc.)
      3. Inquire whether person prefers to wait, come back later, or have prescription delivered
B. Telephone
   1. Observe appropriate communication required for taking verbal order
   2. Follows procedure for non-pharmacist taking verbal order (up to preceptor’s discretion)
      a. Obtain the necessary information from the prescriber
      b. Accept order efficiently and accurately
      c. Detect errors of omission
      d. Request appropriate clarification
      e. Verify information
C. Facsimile and electronic prescriptions
   1. Describe the applicable rule and appropriateness of facsimile and electronic prescribing
   2. Discuss and understand the policies and procedures for accepting these types of prescriptions
   3. Review the technology used to facilitate in the receipt of facsimile and electronic prescriptions and refill authorizations
   4. List which prescriptions which can legally be taken in these formats

D. Determine completeness and legibility of prescription upon initial receipt and understand required components of a prescription
   1. Name and address of patient
   2. Date prescription was written
   3. Medication name, strength and quantity
   4. Directions for administration
   5. Name, address, and signature of prescriber

E. Understand the method for handling
   1. Prescription transfers
   2. Orders from out-of-state prescriber

II. Interpret and review appropriateness of prescription order prior to preparation
   A. Discuss the philosophy and mechanism by which the pharmacist interprets and reviews new prescriptions
   B. Describe methods to attempt to determine the intent of the prescriber
   C. Interpret the abbreviations used in the writing of prescriptions
   D. Recognize errors of omission and detect other errors which may have been made in the writing of the prescription
   E. Know or be able to obtain the following information for the prescribed medication(s):
      1. Generic name if trade name is prescribed; or, trade name if generic name is prescribed
      2. Manufacturer(s) of the drug product
      3. Therapeutic dosage range
      4. Therapeutic use(s)
      5. Side effects
      6. Contraindications
      7. Drug-drug interactions, drug-disease, drug-laboratory test and drug-nutrient interactions
      8. Storage requirements
      9. Stability (expiration date)
   F. Describe ways to handle problems regarding prescription order errors and/or lack of physician signature
   G. Review mechanisms to analyze the prescription order for legality
   H. Discuss which drugs are commonly abused and how to handle suspected or known prescription forgery
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Review prescription order for validity of prescriber (i.e. Physician, Dentist, Podiatrist, Veterinarian, Optometrist, Physician’s assistant, Nurse Practitioner)</td>
<td></td>
</tr>
<tr>
<td>J. Discuss DEA classifications of medications and further legal requirements of prescription orders and dispensing scheduled medications</td>
<td></td>
</tr>
<tr>
<td>K. Observe how to check for quantity restrictions placed on prescribed medications by various third party payers or the DEA</td>
<td></td>
</tr>
</tbody>
</table>
L. Observe and participate in complete prospective medication review

1. Review patient's medication profile and collect information from the patient to check for:
   a. Allergies
   b. Drug-disease interactions (contraindications)
   c. Drug-drug interactions
   d. Duplication of pharmacological effect or side effects with current medications
   e. Medication appropriateness
   f. Appropriate dosage
   g. Appropriate administration
   h. Medication Adherence

2. Assess patient/caregiver ability to both administer and comply with regimen

3. Analyze the prescription order for safety to patient

4. Observe various methods for resolving medication related problems that arise from prospective medication review

5. Observe communication with prescriber involving medication related problems

6. Differentiate the significance of various computer generated messages and warnings, and observe how the pharmacist and pharmacy technician handle such warnings

7. Examine methods used for documentation and review rationale behind documentation
   a. Discuss when documentation is appropriate
   b. Discuss how and where to make documentation and what format is used (e.g. SOAP format)

III. Patient Medication Monitoring

A. Become familiar with the patient medication record used to provide a profile of patient’s drug therapy and medication history

B. Describe the importance of the medication record system to the patient, pharmacist, and prescriber

C. Demonstrate appropriate handling of confidential material in the medication record

D. Use the patient profile record as one measure of the patient’s compliance with the prescribed therapy

E. Assist with and conduct initial patient interview for the establishment of the medical record (level of participation up to preceptor’s discretion)

IV. Preparation and verification of the prescription order

A. Drug product selection
   1. Select the correct product and dosage form as noted on the prescription
   2. For prescriptions written generically or permitting generic substitution, select a product regarded as meeting the specifications of the order
   3. Inspect product label for medication identification and for expiration date
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<tbody>
<tr>
<td>4.</td>
<td>Inspect drug product for visible signs of decomposition or deterioration</td>
</tr>
<tr>
<td>5.</td>
<td>Perform proper technique when counting number of units and transferring the product to a dispensing container</td>
</tr>
</tbody>
</table>
### B. Extemporaneous compounding or reconstitution:
1. Perform necessary calculations for each ingredient
2. Select correct ingredients to fulfill prescription requirements
3. Measure each ingredient accurately and mix ingredients appropriately

### C. Describe methods for resolving problems such as:
1. Prescribed drug is not in stock
2. Number of dosage units in stock is not sufficient to fill complete prescription order

### D. Packaging the Medication
1. Select proper container according to:
   a. Legal requirements
   b. Physicochemical properties of drug (e.g. instability to light or air)
   c. Convenience to patient (e.g. non-safety caps for elderly patients after authorization)
   d. When to dispense medication in original container

### E. Labeling the Prescription
1. List requirements for label information
   a. Legal requirements
   b. Information for appropriate utilization of medication by the patient
2. Place label on container knowing how to handle unusual containers such as ophthalmics, otics, and topical preparations
3. Place appropriate auxiliary labels on container (up to preceptor’s discretion)

### F. Verification and methods of checking prior to dispensing
1. Review all procedures for completeness and correctness, legality, safety to patient, and proper drug product, strength, and quantity
2. Utilize available technology to assist in error prevention
3. Review for correct labeling
4. Review notations for completeness and accuracy
5. Prepare any oral instructions and collect any written information to be given to patient upon presentation of medication

### V. Dispensing of prescription

#### A. Review pharmacy’s method regarding dispensing of medications to patients

#### B. Describe how technology is used to improved efficiency and safety in the medication dispensing process

#### C. Discuss various systems that can be used for filing prescriptions for legend and scheduled medications

#### D. Determine how pharmacy retains records to comply with Board of Pharmacy Rules

#### E. Differentiate regulations regarding filing of schedule and legend prescription orders

#### VI. Refilling medication orders
| A. | Review the procedures and regulations concerning fill and refill of prescription medications |
| B. | Observe and participate in communicating to patient/patient’s agent when a prescription order cannot be legally refilled (e.g. authorization of refill is not present, authorized refills have been utilized, prescription has exceeded time limit for refills even if authorized refills remain) |
| C. | Review patient medication profile noting over or under utilization of medication by referring to dates patient previously obtained the medication |
| D. | Upon presentation of medication refill, question patient regarding side effects, efficacy, and compliance problem |
| E. | Know appropriate methods for refilling prescriptions in emergency situations |
| F. | Observe and discuss method for handling requests for return of prescription medications previously dispensed |
| G. | Discuss the impact of third-party payers on determination of prescription pricing, prior authorizations, formulary, quantity of medication dispensed and limitations on frequency of filling |

**VII. Patient counseling**

| A. | Collect necessary information from patient to complete patient assessment |
| B. | Discuss legal requirements for counseling |
| C. | Observe and participate in counseling patient/patient's agent regarding his or her knowledge of medication and appropriate use of medication (level of participation is up to preceptor's discretion). As necessary supplement patient's knowledge with information on: |

1. Therapeutic use of medication  
2. How to administer medication  
3. When to administer the medication (e.g. with food, in morning, at bedtime)  
4. Side effects of medication  
5. Duration of therapy  
6. Storage of medication  
7. Question patient concerning an update of profile information (e.g. drug allergies, other medication use, disease-state information)  
8. Inform patient of refill status of prescription |

**AREA 3: Special Products and Populations: Controlled substances, non-prescription products, and durable medical equipment, long-term care facilities**

**I. Controlled Substances**

| A. | Observe how federal and state regulations and restrictions governing controlled substances are made operational in the practice setting |
| B. | Demonstrate appropriate procedures for processing controlled medications in all schedules |
| C. | Observe or discuss preparation of Drug Enforcement Agency order form or electronic Controlled Substance Ordering System (CSOS) |
D. Observe and discuss use of the Iowa (or state) Prescription Monitoring Program

E. Observe and discuss use of the Iowa (or state) Pseudoephedrine Tracking System

F. Review pharmacy’s policies on handling suspected narcotic abusers and prescription forgeries

II. Non-Prescription Medications and Self-Care recommendations
   A. Differentiate between over-the-counter and behind-the-counter products
   B. Utilize references to collect information on non-prescription medication with regards to:
      1. Composition
      2. Effective dosage
      3. Therapeutic activity
      4. Side effects
      5. Contraindications
   C. Collect medication and relevant medical history for patient presenting with a non-prescription, self-care medication request or question

III. Durable Medical Equipment (if applicable)
   A. Become familiar with durable medical equipment (DME) supply and therapeutic indications for such equipment
   B. Review rental, sales, and service policies regarding DME
   C. Become familiar with therapeutic indications and appropriate use of other specialty products in stock (e.g. ostomy supplies, incontinence supplies, oxygen therapy, diabetic supplies)

IV. Long-term care facilities (if applicable)
   A. Visit a nursing home and observe the functions of its staff in providing health care including medication review, drug distribution and control activities
   B. Be able to differentiate between the conventional drug distribution system and the method used in nursing homes
   C. Participate in the pharmacist’s functions in medication review, drug distribution and control activities in the pharmacy and in the nursing home (if feasible)

AREA 4: Related Professional Activities

I. Drug information and literature evaluation
   A. Become familiar with the reference texts, electronic references and other materials available at the pharmacy
   B. Demonstrate the proper use of the materials for the delivery of pharmaceutical services and information
   C. Be able to locate and accurately convey pertinent information in response to requests by patients or health professionals
   D. Discuss medical reporting forms and programs (e.g. USP-ISMP Medication Errors Reporting Program, FDA MedWatch)

II. Inventory control
   A. Discuss importance of inventory control for the pharmacy
   B. Observe and differentiate techniques used for inventory control
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<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>C.</strong></td>
<td>Review ordering procedures and guidelines in use at the pharmacy for inventory control</td>
</tr>
<tr>
<td><strong>III.</strong></td>
<td>Regulatory bodies and licensing requirements</td>
</tr>
<tr>
<td>A.</td>
<td>Know the regulatory agencies which must license the pharmacy and the inspection procedures utilized</td>
</tr>
<tr>
<td>B.</td>
<td>Be familiar with other licenses or permits required of the pharmacy and the procedures to obtain such licenses or permits</td>
</tr>
<tr>
<td>C.</td>
<td>Review your malpractice insurance policy, its limitations, its coverage, and procedures for claims</td>
</tr>
<tr>
<td><strong>IV.</strong></td>
<td>Professional involvement and professional relationships</td>
</tr>
<tr>
<td>A.</td>
<td>Observe and discuss how to develop and maintain working relationships with other health professionals</td>
</tr>
<tr>
<td>B.</td>
<td>Discuss professional education and activities including:</td>
</tr>
<tr>
<td>1.</td>
<td>Continuing education activities</td>
</tr>
<tr>
<td>2.</td>
<td>Professional organizational or association activities</td>
</tr>
<tr>
<td>3.</td>
<td>In-service education</td>
</tr>
<tr>
<td>C.</td>
<td>Review the importance of professional association membership</td>
</tr>
<tr>
<td>D.</td>
<td>List the merits of community and civic involvement on the pharmacist's community and professional stature</td>
</tr>
</tbody>
</table>
AREA 5: Mock Pharmacy Inspection and Final Assignment

Student completed the Mock Pharmacy Inspection Assignment or alternate assignment designated by preceptor. *(Preceptor to initial box to the right when completed)*

| Preceptor initials |

**Preceptor Verification**

I verify that the above learning activities have been completed by the student pharmacist during this experience.

Signature: ____________________________ Date: _____________

**Preceptor Comments:**

**Student Verification**

I have completed the above learning activities during this experience.

Signature: ____________________________ Date: _____________

**Student must complete examples of the Pharmacists’ Patient Care Process on page 8**

Submit final assignment of the pre- and post-rotation concept map of the medication use system and short answer response in E*Value™ after final discussion

Submit completed checklist to the PEP Office in S411 within one week after rotation ends. Checklists may be dropped off in person; mailed to Colleen Gross-Advani, Professional Experience Program, College of Pharmacy, 180 S. Grand Avenue, 375A CPB, Iowa City, IA 52242-1112; faxed to Colleen Gross-Advani at 319.353.5646; or scanned and emailed to colleen-gross-advani@uiowa.edu.
Give an example of when you performed or observed the **Collect** phase of the care process.

Give an example of when you performed or observed the **Assess** phase of the care process.

Give an example of when you performed or observed the **Plan** phase of the care process.

Give an example of when you performed or observed the **Implement** phase of the care process.

Give an example of when you performed or observed the **Follow-up: Monitor and Evaluate** phase of the care process.
## Appendix L: IPPE Hospital Learning Activities Checklist

### IPPE Hospital Checklist 2019-20

**PHAR 8209 Introduction to Hospital Pharmacy Practice**

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Preceptor Name:</th>
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<table>
<thead>
<tr>
<th>Site Name/City &amp; State:</th>
<th>Cycle Dates:</th>
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</table>

<table>
<thead>
<tr>
<th><strong>Daily Worksheet of Professional Experiences</strong></th>
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<tbody>
<tr>
<td><em>To be completed by student <strong>DURING THE ROTATION CYCLE</strong> and verified by preceptor and student on final page</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AREA 1: The Hospital Environment</th>
<th>Student initials and dates at completion of activity</th>
<th>Preceptor initials only if activity is NOT completed (provide explanation)</th>
</tr>
</thead>
</table>

**I. Orientation to experience**

A. Review goals and objectives for the learning experience

B. Review preceptor’s expectations for the experience, including, but not limited to:
   1. Expected manner and dress
   2. Confidentiality of information, specifically HIPAA Policies and Procedures
   3. Telephone operation and rules
   4. Scheduling of student hours and obligations concerning absence or tardiness

**II. Orientation to hospital**

A. Orientation to the philosophy of institutional services and patient needs

B. Brief overview regarding institutional ownership and management

C. Review the interrelationship of the various departments and levels of personnel

D. Review the duties, responsibilities and qualifications of the respective members

E. Discussion of the function and structure of the various institutional committees

**III. How many beds are available at your hospital?**

**IV. Orientation to pharmacy**

A. Orientation to the philosophy and goals of pharmaceutical service at the institution

B. Receive introduction to pharmacy personnel and discuss responsibilities of each person

C. Discuss organizational structure
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<tbody>
<tr>
<td>D.</td>
<td>Discuss overview of pharmaceutical services offered within the institution</td>
</tr>
<tr>
<td>E.</td>
<td>Observe the pharmacy department’s involvement in training programs, committees, etc. (within and outside the institution)</td>
</tr>
<tr>
<td>F.</td>
<td>Participate in a guided tour of the pharmacy, noting dispensing areas, manufacturing, storage, records, etc.</td>
</tr>
<tr>
<td>G.</td>
<td>Receive introduction to the pharmacy’s policies and procedures</td>
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</table>
## AREA 2: Medication Orders, Verification, Preparation, Distribution, Reconciliation and Counseling

### I. Electronic Medical Record (EMR)

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>A.</strong> Specify the EMR system the hospital uses</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th><strong>B.</strong> List at least 3 types of information that are available in the EMR?</th>
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### II. Prescriber order entry

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<tbody>
<tr>
<td><strong>A.</strong> Observe prescriber order entry</td>
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### III. Medication Order Verification

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<table>
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<tr>
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<tbody>
<tr>
<td><strong>A.</strong> Observe the receiving, interpreting, and evaluating medication orders</td>
<td></td>
</tr>
<tr>
<td>1. Observe the normal procedure/workflow for receiving medication orders (e.g. tube systems, ‘runners’, STAT orders)</td>
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</table>

| 2. Discuss hospital policies regarding prescribing authority of physicians and other healthcare professionals |   |

<table>
<thead>
<tr>
<th>3. Observe the pharmacist in verification of prescribed medication (verbal orders and written orders)</th>
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<tbody>
<tr>
<td>a. Check for correct dosage, rate, and frequency</td>
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<tr>
<td>b. Screen for drug allergies</td>
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<tr>
<td>c. Check for adverse drug reactions</td>
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<tr>
<td>d. Screen for drug interactions</td>
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<tr>
<td>e. Screen for therapeutic duplications</td>
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| 4. Observe appropriate communication between pharmacist and prescriber when medication order is deemed inappropriate |   |

| **B.** Discuss the importance of quickly and accurately retrieving drug information and formulating an appropriate response to all levels of healthcare providers (e.g. administration vs. physicians vs. nursing personal) and patients |   |

| **C.** Observe how formularies and non-formulary medication requests affect practice |   |

| **D.** Define the rationale behind automatic stop orders |   |

### IV. Medication Preparation

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<tbody>
<tr>
<td><strong>A.</strong> Describe the process for preparing medication once the order is deemed appropriate</td>
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</tr>
<tr>
<td>1. Proper selection of prescribed medication</td>
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<tr>
<td>2. Appropriate labeling for inpatient dispensing</td>
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</tr>
<tr>
<td>3. Charging and crediting medication</td>
<td></td>
</tr>
<tr>
<td>4. Verification of preparation of medication</td>
<td></td>
</tr>
<tr>
<td>5. Record keeping and dispensing of prescriptions</td>
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</table>
### B. Observe and/or participate in preparation of medication order

1. Compounded medications (if applicable)

2. Parenteral and sterile products
   a. Review of aseptic technique and required equipment with special attention to USP 797 Guidelines
   b. Review of information sources on sterility vs. stability

### C. Participate in unit dose preparation

### D. Observe and/or participate in quality control measures in medication preparation

### V. Medication Distribution

A. Describe the distribution systems used in the practice setting

B. Specify the automated drug distribution system your site uses

C. List at least 3 advantages of an automated drug distribution system
   1. 
   2. 
   3. 

D. Observe the use of the medication administration schedule and methods of delivery of medications to patient

E. Participate if possible in the inspection of medication on nursing units to include regular stock, emergency stock, and controlled drugs and appreciate the method used to record such inspection, including verification of accurate, automated dispensing equipment

F. Review the process for after-hours dispensing (e.g., emergency kits, on-call pharmacist, night drug cabinet) if relevant to institution

G. Review the procedures for collecting and returning medications (e.g., unused, partially used, expired, and/or FDA-recalled medications)

### VI. Medication Reconciliation

A. Observe & participate in the medication reconciliation process

B. Describe the meaning of medication reconciliation (including benefits and challenges), and the role of governing/accrediting bodies in the process

C. Discuss the role each healthcare provider plays in medication reconciliation and the pros/cons of pharmacist participation

### VII. Medication Reconciliations YOU completed:

<table>
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<tr>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
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(some sites may not permit you to complete med recs, so recording 0 is okay if you did not complete any)

Students completing IPPE Hospital Longitudinal at UIHC:

<table>
<thead>
<tr>
<th>Week 4</th>
<th>Week 5</th>
<th>Week 6</th>
<th>Week 7</th>
<th>Week 8</th>
<th>Week 9</th>
<th>Week 10</th>
<th>Week 11</th>
<th>Week 12</th>
<th>Week 13</th>
<th>Week 14</th>
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</table>
### VIII. Medication Counseling

**A.** Observe the role of medication education and counseling in the hospital setting

**B.** Observe and participate in medication education and discharge counseling

### AREA 3: Controlled Substances and Special Products

**I.** Observe processes involving controlled drugs in institutional pharmacy setting

**A.** Differentiate between schedules of various drugs regarding ordering procedures and storage requirements (nursing unit and pharmacy)

**B.** Observe use of nursing audit records and disposition records

**C.** Discuss the process for abandoned controlled substances (discharge, discontinued, and deceased patient)

**II.** Describe your experience at the site with sterile products and the application of USP 797

**III.** Observe and discuss procedures for investigational products (if applicable) including:

- Control methods
- Record keeping
- Consent documents
- Responsibility of pharmacist and investigator

### AREA 4: Related Professional Activities

**I.** Discuss purpose, function and organization of pharmacy and therapeutics committee and responsibility of pharmacist on such committee

**II.** Review operation of hospital formulary system including selection and deletion procedure for medications and procedures for non-formulary requests

**III.** Medication Formulary

**A.** Does your site utilize a formulary?  

   ___ Yes  ___ No

**B.** How strict or lax is the formulary? Describe any variations from the formulary you observed?

**C.** List 2-3 factors that are considered when adding a drug to the formulary

1.  
2.  
3.  

**IV.** Assess the role of interdisciplinary care and pharmacist’s role in interdisciplinary care teams and committees including:

- Educational Activities (e.g. newsletter, bulletin board, in-service programs)
- Pharmacists role in interdisciplinary care teams and/or committees
- Challenges encountered during interdisciplinary involvement
V. Describe at least 2 clinical services you participated in or observed (medication reconciliation, discharge counseling, observing clinical/surgical procedures, etc.)

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<tr>
<td>2.</td>
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VI. Describe any other automation or high tech device/processes you witnessed at your site

VII. Discuss professional education and activities including:
   A. Continuing education activities
   B. Professional organizational or association activities
   C. In-service education

VIII. Examine medical reporting forms and programs (e.g. USP-ISMP Medication Errors Reporting Program, FDA MedWatch)

### AREA 5: DI Request and Final Assignment

<table>
<thead>
<tr>
<th>Preceptor initials</th>
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</thead>
</table>

**Preceptor Verification**
I verify that the above learning activities have been completed by the student pharmacist during this experience.

Signature: ___________________________ Date: ________________

**Preceptor Comments:**

**Student Verification**
I have completed the above learning activities during this experience.

Signature: ___________________________ Date: ________________

**Student must complete examples of the Pharmacists’ Patient Care Process on page 6**

Submit final assignment of the pre- and post-rotation concept map of the medication use system and short answer response in E*Value™ after final discussion.

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Give an example of when you performed or observed the **Follow-up: Monitor and Evaluate** phase of the care process