PRECEPTOR MANUAL FOR EXPERIENTIAL EDUCATION

PROFESSIONAL EXPERIENCE PROGRAM (PEP)
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CHAPTER 1: INTRODUCTION

Contact Information

Professional Experience Program (PEP) Office

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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; administration of Advanced Pharmacy Practice Experience (APPE); administration of the affiliation agreements with practice sites; scheduling of Introductory Pharmacy Practice Experience (IPPE)/APPE Prior Approval requests; management of onboarding requirements for IPPE/APPE students; administration of the IPPE Career Exploration course; administration of the IPPE Clinical course; and onboarding for all IPPE/APPE.

Assistant Director
Colleen Gross-Advani, BBA
Office Location: 375-C CPB
Phone: (319) 335-8861
Email: colleen-gross-advani@uiowa.edu
Overall management of eValue computer management system; scheduling of APPE and IPPE through optimization and changes throughout the year; and administration of the IPPE Community and IPPE Hospital courses.

Director of Preceptor and Site Development
Karri Reising, Pharm.D.
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Phone: (319) 467-4907
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Responsible for development of new practice sites and preceptors; practice site visits; and quality assurance of the Professional Experience Program.

Administrative Program Coordinator
Mindy Miller, MS
Office Location: 375-A CPB
Phone: (319) 335-1540
Email: mindy-miller@uiowa.edu
Administrative components of the professional experience program, administration of the Continuing Professional Development course, new adjunct faculty appointments and appointment renewals and management of the eValue rotation database system.

Professional Experience Program Office and Committees

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
Ben Miskle, PharmD
Clinical Assistant Professor
PEP Committee Chair
benjamin-miskle@uiowa.edu

Members

Associate Dean of Academic Affairs (or designate):	Mary Ray, PharmD
Associate Dean of Student Affairs (or designate):	TBD
Director, Professional Experience Program:	Jenny Seyfer, BSPh, RPh
Assistant Director, Professional Experience Program:	Colleen Gross-Advani, BBA
Director of Preceptor and Site Development:	Karri Reising, PharmD
Administrative Services Coordinator:	Mindy Miller
UIHC liaison:	Sarah Tierney, PharmD, BCPPS

The Preceptor Advisory Committee (PrAC) reports to the PEP Office. Overarching Goal: To solicit the active involvement of preceptors in order to continually improve the experiential curriculum at The University of Iowa College of Pharmacy (UICOP).

Standing Charges:

1. Provide feedback on experiential program policies and expectations for students.
2. Provide feedback on student preparedness for APPEs.
3. Provide feedback on preceptor development opportunities (e.g., Preceptor Regional Events, and online CE programs).
4. Provide feedback on preceptor onboarding and orientation.

Estimated workload:

1. Quarterly virtual meetings
2. Email communication as needed

[1] Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree. Chicago, IL: Accreditation Council for Pharmacy Education. https://www.acpe-accredit.org/deans/StandardsRevision.asp. Accessed April 5, 2015

Membership:

1. Preceptors will serve two years on the committee with allowance for consecutive terms.
    a. Commitment will begin July 1 and will last two full calendar years
2. Committees will be reviewed annually. Appointments are made by the chair of the PEP committee based on recommendations from the PEP committee.
3. Individuals may be reappointed to a committee. However, membership should end after 4 consecutive years.
4. Preceptors will represent a wide variety of pharmacy practice settings.
5. Members will hold appointments at the preceptor, adjunct instructor, adjunct assistant professor, adjunct associate professor, or adjunct professor level.
6. The Preceptor Advisory Committee is a volunteer Committee without remuneration.

Recruitment

1. Recruitment will take place in June each year.

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.

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 their faculty mentor. The practice settings include community pharmacy, hospital pharmacy, ambulatory care/family medicine, acute care medicine and other elective patient care practice settings. Student pharmacists spend six hours at each assigned site and rotate every three weeks. Student pharmacists participate in discussion sessions with classmates and faculty. Additionally, they complete writing assignments which are read and commented on by the student pharmacist's faculty mentor and course coordinator. 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; 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. The medication distribution process in each setting is the focus of this IPPE. 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 Introductory Pharmacy Practice Experience (IPPE Clinical) is a prelude to the Advanced Pharmacy Practice Experiences. This experience involves a P3 student pharmacist observing and participating with a P4 student pharmacist completing an APPE with a patient care focus. Additionally, student pharmacists prepare a case write-up, present the case verbally to faculty at the college, write a SOAP note for the care and identify drug information inquiries from the case.

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 P2 and P3 years.

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." The APPE year runs from April of the P3 year through May of the P4 year. Students will have the choice of completing eight or nine rotations. Four are required rotation types and four to five are elective rotation types, with a maximum of two electives allowed in non-patient care areas from May of the P3 year to May of the P4 year. Additional non-patient care electives are allowed from April of the P3 year through May of the P4 year. Each student pharmacist will have one or two cycles off (referred to as a "bye") during the APPE curriculum.

Course	Required APPE Categories
PHAR: 9413	Acute Care Medicine
PHAR: 9401	Ambulatory Care
PHAR: 9404	Community Clinical Care
PHAR: 9410	Hospital Pharmacy

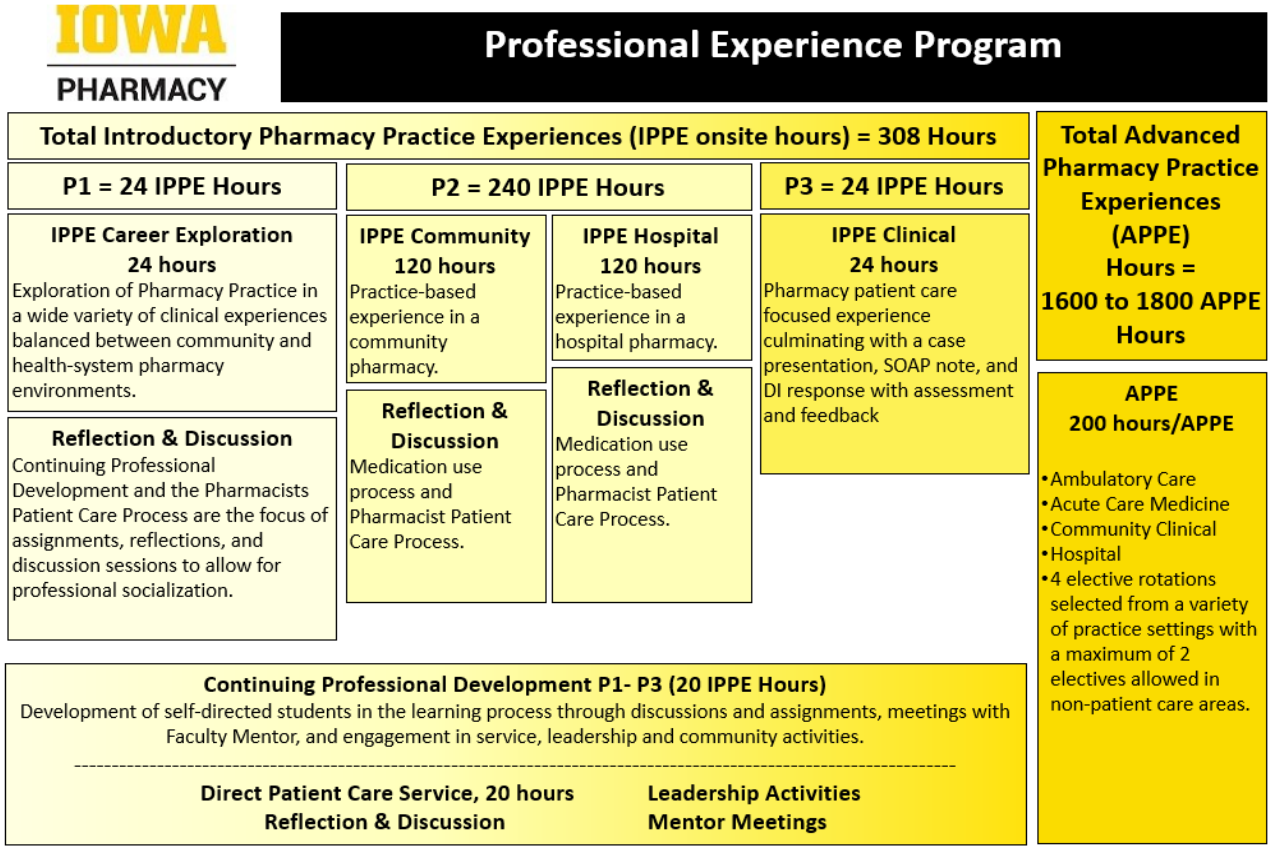
Course	Elective APPE Categories
PHAR: 9433	Academic*
PHAR: 9432	Advanced Community Pharmacy
PHAR: 9402	Ambulatory Care
PHAR: 9432	Community
PHAR: 9421	Community Management*
PHAR: 9422	Compounding/Complimentary Alternative Medicine
PHAR: 9423	Critical Care Medicine
PHAR: 9406	Drug Information
PHAR: 9424	Emergency Medicine
PHAR: 9407	Family Medicine
PHAR: 9408	Hematology/Oncology
PHAR: 9409	Home Health Care
PHAR: 9405	Hospice and Palliative Care
PHAR: 9425	Hospital Management*
PHAR: 9426	Infectious Disease
PHAR: 9437	Informatics*
PHAR: 9438	International Pharmacy Patient Care
PHAR: 9434	International Pharmacy Non-Patient Care*
PHAR: 9411	Long Term Care

PHAR: 9412	Managed Care
PHAR: 9427	Medication Use Evaluation
PHAR: 9441	Neurology
PHAR: 9403	Nuclear Pharmacy
PHAR: 9415	Pediatrics
PHAR: 9420	Pharmacy Practice Underserved Population
PHAR: 9428	Pharmacy Industry*
PHAR: 9444	Pharmacy Innovation*
PHAR: 9429	Pharmacy Regulatory*
PHAR: 9416	Pharmacy Elective
PHAR: 9443	Post-Hospital Rehab
PHAR: 9430	Professional Association*
PHAR: 9417	Psychiatry
PHAR: 9418	Research*
PHAR: 9419	Surgery
PHAR: 9436	Transitions of Care
PHAR: 9431	Veterinary Pharmacy

**** Non-patient care rotations.***

See Figure 1 for a layout of these experiences. Syllabi are available for the experiences. These syllabi for APPEs and IPPEs can be found on the Home Page in eValue.

Figure 1



Doctor of Pharmacy Curriculum Overview

University of Iowa pharmacy students engage in a comprehensive curriculum that creates building blocks for success as a practicing pharmacist. The curriculum begins with emphasis on the foundational sciences of pharmacy such as pharmaceutics and pharmacokinetics, pharmacology, and medicinal chemistry, learning about the US healthcare system and barriers to care, and gaining foundational pharmacy practice skills needed for internships and introductory pharmacy practice experiences (IPPEs). Experiential opportunities in different pharmacy locations allow for exploration of various career settings early on.

Students gain on-site experience during three IPPEs (community, hospital, and clinical) scheduled throughout the second and third academic years. The didactic curriculum in that time continues to build in complexity with organ-system based courses that integrate the basic sciences, health economics, drug information, and therapeutics called Integrated Pharmacotherapy Courses (IPCs). Pharmacy practice lab courses reinforce the application of content, where students learn and practice a variety of essential practice skills. Beginning Fall 2024 for the Class of 2026, full week breaks from delivery of new IPC and practice lab content will be taken at regular intervals, to give students more opportunities to pause and focus on revisiting, applying, and integrating previously covered content in a curricular component known as “Synthesis.” Pharmacy law and ethics is also covered in year three. Students personalize their education throughout their pre-APPE years through a variety of over twenty elective offerings in areas such as specialty pharmacy, pediatrics, substance use disorders, nuclear pharmacy, global health, and more.

Advanced Pharmacy Practice Experience (APPE) readiness is a holistic concept requiring student attainment of knowledge-, skills-, and behavior-based competencies. A formalized APPE-Readiness Plan, implemented Fall 2023 with the Class of 2026, adds a mix of assessments and metrics embedded throughout the first (P1) through third (P3) professional years related to items such as knowledge of key drugs, pharmacy calculations, law, practice skills, accountability behaviors, and professionalism. Students can monitor their own performance in these key metrics and receive additional opportunities to attain competency prior to APPEs.

The last year of the curriculum is comprised of a minimum of eight, 5-week APPEs including four required experiences (clinical community, hospital, ambulatory care, and acute care medicine) and four electives occurring at practice sites throughout the state, the country, and the world. Students can customize their education with these rotations according to their interests or career goals. These experiences allow student pharmacists to apply knowledge and skills and gain professional competence and confidence that enhance their readiness to practice. Table 1 shows the general yearly timeline for activities in our professional experience program.

Table 1

IOWA PHARMACY PHARMD CURRICULUM SUMMARY

Classes of 2026 & Beyond

First Professional Year (P1)

P1 Fall		
Course		**SH**
PHAR:8130	Foundations of Pharmacy Practice I	4
PHAR:8131	Engagement: Professional Skills & Values	1
PHAR:8134	Foundations of Health Services	3
PHAR:8135	Health Information Retrieval & Informatics	3
PHAR:8136	Foundations of Pharmaceutical Sciences	6
PHAR:8152	Fundamentals of Compounding	1
PHAR 8132	Continuing Professional Development	--
PHAR:8133	*IPPE Career Exploration (fall or spring)*	*1*
	Professional Electives[1]	
	Total Required Hours	18-19

P1 Spring		
Course		**SH**
PHAR:8140	Foundations of Pharmacy Practice II	4
PHAR:8148	Pharmacokinetics & Dose Optimization	2
PHAR:8149	Foundations of Pharmacology & Toxicology	3
PHAR:8150	Health, Wellness and Disease	2
PHAR:8151	Discovery I: Introduction and Background	3
PHAR:8153	IP: Dermatology & Sensory	2
PHAR 8132	Continuing Professional Development	--
PHAR:8133	*IPPE Career Exploration (fall or spring)*	*1*
	Professional Electives[1]	
	Total Required Hours	16-17

Second Professional Year (P2)

P2 Fall		
Course		**SH**
PHAR:8250	Applications of Pharmacy Practice I	2
PHAR:8254	IP: Endocrine	3
PHAR:8255	Discovery II: Design & Methods	1
PHAR:8260	IP: Cardiovascular	4
PHAR:8256	IP: Renal, Fluids and Electrolytes	2
PHAR:8132	Continuing Professional Development	--
PHAR:8207	*IPPE Community (timing varies)*	*3*
PHAR:8209	*IPPE Hospital (timing varies)*	*3*
	Professional Electives[1]	
	Total Required Hours	12-18

P2 Spring		
Course		**SH**
PHAR:8261	IP: Neurology & Psychiatry	4
PHAR:8263	IP: Infectious Diseases	4
PHAR:8264	Discovery III: Data Collection and Results	1
PHAR:8265	Applications of Pharmacy Practice II	2
PHAR:8275	Advanced Health Services	2
PHAR:8132	Continuing Professional Development	--
PHAR:8207	*IPPE Community (timing varies)*	*3*
PHAR:8209	*IPPE Hospital (timing varies)*	*3*
	Professional Electives[1]	
	Total Required Hours	13-19

Third Professional Year (P3)

P3 Fall		
Course		**SH**
PHAR:8301	IPPE Clinical	1
PHAR:8370	IP: Respiratory & Allergy	2
PHAR:8372	IP: Gastroenterology & Nutrition	3
PHAR:83XX	IP: Musculoskeletal	4
PHAR:8374	Applications of Pharmacy Practice III	2
PHAR:8376	Discovery IV: Presentation of Results	1
PHAR:8132	Continuing Professional Development	--
	Professional Electives[1]	
	Total Required Hours	13

P3 Spring		
Course		**SH**
PHAR:8378	Pharmacy Law & Ethics	2
PHAR:83XX	IP: Genitourinary & Reproductive	2
PHAR:83XX	IP: Oncology & Hematology	2
PHAR:83XX	Applications of Pharmacy Practice IV	1
PHAR:8132	Continuing Professional Development	1
	Professional Electives[1] or Early APPE	4-6
	Total Required Hours	12[2]

Fourth Professional Year (P4)

P4 Summer	
Course	**SH**
Advanced Pharmacy Practice Experiences (APPE)	12

P4 Fall	
Course	**SH**
Advanced Pharmacy Practice Experiences (APPE)	18

P4 Spring	
Course	**SH**
Advanced Pharmacy Practice Experiences (APPE)	18

[1] Students must complete 6SH professional electives to begin APPEs AND Students must complete and 24 hours of general education electives (can include any pre-pharmacy gen ed courses) to graduate.

[2] Students must take a minimum of 12 semester hours in the P3 Spring semester

IP = Integrated Pharmacotherapy

Professional Experience Program Calendars

Table 2: Preceptor Timeline and Workload			
Month	**APPE**	**IPPE**	**Other**
January		• IPPE Community and Hospital winter cycles end • IPPE Career Exploration spring cycles begin • P1 student preference selection for IPPE Community and Hospital	
February		• IPPE Community and Hospital schedules available for students	
March	• APPE schedules available for preceptors. •	• IPPE Community and Hospital schedules available for preceptors • IPPE Clinical availability collected	
April	APPE Cycle 9 for P3s who elect to take 1 additional rotation begin	• IPPE Clinical schedules available to preceptors and students	
May	• P4 APPE rotation calendar year begins	• IPPE Career Exploration spring cycles end • IPPE Community and Hospital summer rotation calendar begins	• Graduation
June		• Availability requested by PEP office for IPPE Career Exploration • IPPE Clinical rotations begin	• Preceptor dinners with networking and CE program
July		• Availability survey due for IPPE Career Exploration	
August		• IPPE Community and Hospital summer cycles end • IPPE Career Exploration fall cycles begin	• Welcome to the Profession Ceremony for the new P1 Class
September	• APPE availability survey sent to sites	• IPPE Community and Hospital availability survey sent to sites	
October	• Availability due for APPE for next academic year	• Availability due for IPPE Community and Hospital for next academic year	• American Pharmacists Month
November	• P3 student preference selection for APPE	• P2 student preference selection for IPPE Community and Hospital	• Mandatory meetings for P4s and Placement Day
December	• Tentative – Release P3 APPE schedules for C9 only	• IPPE Career Exploration and IPPE Clinical fall cycles end • IPPE Community and Hospital winter cycles begin	

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…."[2] Each site must identify one primary preceptor. The primary preceptor is the primary contact person at the practice site and the preceptor who is responsible for 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.

[2] Preceptor. (n.d.) *The American Heritage® Stedman's Medical Dictionary*. Retrieved November 12, 2007, from Dictionary.com website: http://dictionary.reference.com/browse/preceptor

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 not to 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 3**.

Table 3: Orientation Topics[3,4]

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

[3] Koenigsfeld CF, Tice AL. Organizing a community pharmacy practice experience. Am J Pharm Educ 2006;70(1) :Article 22.

[4] The Community Pharmacist Preceptor Education Program. American Pharmacists Association and National Association of Chain Drug Stores. Available at: http://www.pharmacist.com/AM/Template.cfm?Section=Search1&section=Monographs&template=/CM/ContentDisplay.cfm&ContentFileID=2705

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 they may need to work on during the cycle. Student pharmacists are required to complete a self-assessment prior to the beginning of the IPPE and APPE years. 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 4: Assessment of Student Performance for more information on feedback.

Table 4: Seven Keys to Effective Feedback [5]

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

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.** If preceptor evaluations are not received by this deadline, student pharmacists will receive an incomplete grade that may negatively affect their applications for residency or jobs. 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

[5] Wiggins G. "Seven Keys to Effective Feedback" Educational *Leadership*. 70.1(2012):10-16.

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 Entrustable Professional Activities (EPAs) during their practice-based learning experience.

How to access eValue

Primary Preceptors/Adjunct Faculty
Access eValue using your HawkID, go to: pharmacy.uiowa.edu/eValue

Secondary Preceptors
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
- **Learning Modules**
  - Gain free access to Preceptor Development Courses, Podcasts, and Networking via the CEimpact link

You can find help documents for preceptors by logging into eValue and clicking "Preceptor Help Pages (eValue How-Tos)" on the eValue Home Page.

Guidelines for Case Logs Requirements for APPE Students

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 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.
- Patient care entries are to be made throughout the APPE year, across all patient care experiences.
- Each logged encounter should include all Pharmacotherapy Categories, all Drug Therapy Problems, and all Entrustable Professional Activities (EPAs) relevant to the patient encounter.
- 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.

Tables 5 and 6 on the following pages can be used as a guide for planning patient interactions.

Table 5: Case Logs

DRUG THERAPY PROBLEMS

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

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 Dyslipidemia
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 decompensated
A01-T2-05 Hypertensive crises
A01-T2-06 Peripheral arterial disease
A01-T2-07 Pulmonary arterial hypertension
A01-T2-08 Stroke (ischemic, hemorrhagic, and TIA)
A01-T2-09 Valvular heart disease
A01-T3-01 Aneurysm
A01-T3-02 Aortic dissection
A01-T3-03 Cardiomyopathies
A01-T3-04 Pericarditis

A.02. Dermatology

A02-T1-01 Acne vulgaris
A02-T1-02 Burn injuries, minor
A02-T1-03 Dermatitis
A02-T1-04 Drug-induced derm disorders
A02-T1-05 Wounds, minor
A02-T2-01 Alopecia
A02-T2-02 Photoaging
A02-T2-03 Psoriasis
A02-T2-04 Wounds, major
A02-T3-01 Burn injuries, major

A.03. Ear, Nose, Throat

A03-T1-01 Allergic rhinitis
A03-T1-02 Cerumen impaction
A03-T1-03 Cough
A03-T1-04 Otitis externa
A03-T1-05 Rhinorrhea
A03-T1-06 Sore throat
A03-T3-01 Meniere's disease

A.04. Endocrine Disorders

A04-T1-01 Diabetes, type 1
A04-T1-02 Diabetes, type 2
A04-T1-03 Hypothyroidism
A04-T2-01 Adrenal gland disorders
A04-T2-02 DrugInduced endocrine disorder
A04-T2-03 Hyperglycemic crises
A04-T2-04 Hyperthyroidism
A04-T2-05 Male hypogonadism
A04-T3-01 Pituitary gland disorders

A.05. Gastrointestinal

A05-T1-01 Constipation
A05-T1-02 Diarrhea
A05-T1-03 Drug-induced hepatic disorders
A05-T1-04 GERD
A05-T1-05 Nausea & vomiting, simple
A05-T2-01 Cirrhosis, ESLD, complications
A05-T2-02 Inflammatory bowel disease
A05-T2-03 Irritable bowel syndrome
A05-T2-04 Nausea & vomiting, complex
A05-T2-05 Nonalcoholic steatohepatitis
A05-T2-06 Peptic ulcer disease
A05-T2-07 Pancreatitis
A05-T3-01 Celiac disease
A05-T3-02 Liver diseases, metabolic

A.06. GYN-OB Disorders

A06-T1-01 Contraception
A06-T1-02 Lactation
A06-T1-03 Menopausal symptoms
A06-T1-04 Pregnancy
A06-T2-01 Diabetes mellitus, gestational
A06-T2-02 Endometriosis/Uterine fibroid
A06-T2-03 Female sexual dysfunction
A06-T2-04 Infertility
A06-T2-05 Labor and delivery
A06-T2-06 Menstrual cycle disorders
A06-T2-07 Pregnancy-induced hypertension
A06-T3-01 Polycystic ovary syndrome
A06-T3-02 Pregnancy termination

A.07. Hematology

A07-T1-01 Anemias
A07-T1-02 Drug-induced heme disorders
A07-T2-01 Aplastic anemia
A07-T2-02 Coagulation disorders
A07-T2-03 Sickle cell disease
A07-T3-01 DIC
A07-T3-02 Platelet disorders, purpura
A07-T3-03 Porphyrias

A.08. Immunologic Disorders

A08-T1-01 Allergies/drug hypersensitivities
A08-T2-01 Solid organ transplantation
A08-T2-02 Systemic lupus erythematosus
A08-T3-01 Immunodeficiency

A.09. Infectious Diseases

A09-T1-01 Antimicrobial regimen selection
A09-T1-02 Clostridium difficile infection
A09-T1-03 Fungal infections, superficial
A09-T1-04 Immunization
A09-T1-05 Influenza virus 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 Urinary tract infections, uncomplicated
A09-T2-01 Antimicrobial prophylaxis, procedural
A09-T2-02 Antimicrobial stewardship
A09-T2-03 Bacterial resistance
A09-T2-04 Bloodstream and catheter infections
A09-T2-05 Bone and joint infections
A09-T2-06 Central nervous system infections
A09-T2-07 Fungal infections, invasive
A09-T2-08 Gastrointestinal infections
A09-T2-09 Healthcare-acquired infection prevention
A09-T2-10 Hepatitis, viral
A09-T2-11 Human immunodeficiency virus
A09-T2-12 Infection in the immunocompromised
A09-T2-13 Infective endocarditis
A09-T2-14 Intra-abdominal infections
A09-T2-15 Microbiologic testing (rapid diagnostics)
A09-T2-16 Parasitic diseases (eukaryotes)
A09-T2-17 Prostatitis
A09-T2-18 Sepsis and septic shock
A09-T2-19 Sexually transmitted infections
A09-T2-20 Spirochetal diseases
A09-T2-21 Tick-borne illnesses
A09-T2-22 Travel medicine
A09-T2-23 Tuberculosis
A09-T2-24 Urinary tract infections, complicated
A09-T2-25 Viral infections
A09-T3-01 Bacterial infections, miscellaneous
A09-T3-02 Mycobacterial infections, other
A09-T3-03 Viral infections, miscellaneous

A.10. Musculoskeletal

A10-T1-01 Gout and hyperuricemia
A10-T1-02 Osteoarthritis
A10-T1-03 Osteoporosis
A10-T1-04 Soft-tissue injuries (strains, sprains)
A10-T2-01 Rheumatoid arthritis
A10-T3-01 Hereditary autoinflammatory diseases
A10-T3-02 Mixed connective tissue disease
A10-T3-03 Myopathies (dermatomyositis)
A10-T3-04 Reiter syndrome
A10-T3-05 Rhabdomyolysis
A10-T3-06 Sjogren syndrome
A10-T3-07 Spondyloarthritides
A10-T3-08 Systemic sclerosis
A10-T3-09 Vasculitides

A.11. Neurologic Disorders

A11-T1-01 Headache (tension, migraine)
A11-T1-02 Pain, neuropathic
A11-T1-03 Pain, nociceptive
A11-T2-01 Epilepsy
A11-T2-02 Fibromyalgia
A11-T2-03 Multiple Sclerosis

A11-T2-04 Neurocognitive disorders
A11-T2-05 Parkinson disease
A11-T2-06 Sleep-wake disorders
A11-T2-07 Status epilepticus
A11-T3-01 Amyotrophic lateral sclerosis
A11-T3-02 Autoimmune neurologic disorders
A11-T3-03 Cerebral Palsy
A11-T3-04 Huntington Disease
A11-T3-05 Myasthenia Gravis
A11-T3-06 Tic disorders

A.12. Nutritional Disorders

A12-T1-01 Essential nutrients
A12-T1-02 Overweight and obesity
A12-T2-01 Enteral nutrition
A12-T2-02 Malabsorptive syndrome
A12-T2-03 Nutrition assessment
A12-T2-04 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-T2-05 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 Xerosis (dry eye)
A14-T2-01 Glaucoma
A14-T2-02 Macular degeneration
A14-T2-03 Ophthalmic disorders, other

A.15. Psych and Behavioral

A15-T1-01 Alcohol use disorder
A15-T1-02 Anxiety disorders
A15-T1-03 Depressive disorders
A15-T1-04 Insomnia
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/acute agitation (non-ICU)
A15-T2-04 Obsessive-compulsive disorders
A15-T2-05 Phobias
A15-T2-06 Schizophrenia
A15-T2-07 Substance use disorders
A15-T2-08 Trauma-and-stressor-related (PTSD)
A15-T3-01 Autism spectrum disorders
A15-T3-02 Eating disorders
A15-T3-03 Personality disorders

A.16. Renal, Fluids, Electrolytes

A16-T1-01 Chronic kidney disease and complications
A16-T1-02 Drug dosing in renal dysfunction
A16-T1-03 Drug-induced renal disorders
A16-T1-04 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 Polycystic 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 Interstitial lung disease

A.18. Urologic Disorders

A18-T1-01 Erectile dysfunction
A18-T1-02 LUTS, BPH
A18-T1-03 Urinary incontinence
A18-T3-01 Interstitial cystitis
A18-T3-02 Neurogenic bladder

Disorders of Special Populations

B.01 Pediatrics

B01-T1-01 Dehydration assessment/oral replacement
B01-T1-02 Dosage calculations
B01-T1-03 Dosage forms (peds 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
B01-T2-02 Kidney disorders and dialysis
B01-T2-03 Neonatal critical care
B01-T2-04 Patent ductus arteriosus
B01-T2-05 Pediatric advanced life support (PALS)
B01-T3-01 Enuresis
B01-T3-02 Kawasaki disease
B01-T3-03 Necrotizing enterocolitis

B.02 Geriatrics

B01-T1-06 Pharmacokinetics and pharmacodynamics
B02-T1-02 Falls and fall-risk-increasing drugs
B02-T1-03 Frailty
B02-T2-01 Geriatric syndromes (dizziness, falls, gait)

B.03 Critically Ill Patients

B01-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

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 Anticoagulation overdose and reversal
C01-T2-03 Antidepressant overdose
C01-T2-04 Antihypertensive medication toxicity
C01-T2-05 Aspirin poisoning
C01-T2-06 Cannabinoid toxicity
C01-T2-07 Digoxin toxicity
C01-T2-08 Sympathomimetic toxicity
C01-T3-01 Anticholinergic toxicity
C01-T3-02 Cholinergic toxicity
C01-T3-03 Disaster/emergency preparedness
C01-T3-04 Heavy metal poisoning
C01-T3-05 Plant exposure

Table 6: Entrustable Professional Activities

Entrustable Professional Activities (EPA)

E1 Patient Care	
E1.1 **Collect Information** *Collect information to identify a patient's medication-related problems and health-related needs.*	☐ E1.1.01 Collect a medical history from a patient or caregiver. ☐ E1.1.02 Collect a medication history from a patient or caregiver. ☐ E1.1.03 Discuss a patient's experience with medication. ☐ E1.1.04 Determine a patient's medication adherence. ☐ E1.1.05 Use health records to determine a patient's health-related needs relevant to setting of care and the purpose of the encounter.
E1.2 **Analyze Information** *Analyze information to determine the effects of medication therapy, identify medication-related problems, and prioritize health- related needs.*	☐ E1.2.01 Perform point of care testing and interpret the results. * ☐ E1.2.02 Assess a patient's pain. * ☐ 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 a referral. ☐ 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). ☐ E1.2.05 Interpret laboratory test results. ☐ E1.2.06 Identify drug interactions. ☐ E1.2.07 Perform a comprehensive medication review (CMR) for a patient. ☐ E1.2.08 Assess a patient's health literacy using a validated screening tool. ☐ E1.2.09 Compile a prioritized health-related problem list for a patient. ☐ E1.2.10 Evaluate an existing drug therapy regimen.
E1.3 **Establish Patient-Centered Goals** *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.*	☐ E1.3.01 Follow an evidence-based disease management protocol. ☐ E1.3.02 Develop a patient-specific treatment plan. * ☐ E1.3.03 Manage drug interactions. ☐ E1.3.04 Select monitoring parameters to determine the therapeutic and adverse effects related to the treatment plan ☐ E1.3.05 Determine the appropriate time interval(s) to collect monitoring data. ☐ E1.3.06 Create a patient-specific education plan.
E1.4 **Implement Care Plans** *Implement a care plan in collaboration with the patient, caregivers, and other health professionals.*	☐ E1.4.01 Write a note that documents the findings, recommendations, and plan from a patient encounter. ☐ E1.4.02 Educate a patient regarding the appropriate use of a new medication, device to administer a medication, or self-monitoring test. ☐ E1.4.03 Educate a patient on the use of medication adherence aids. ☐ E1.4.04 Assist a patient with behavior change (e.g., use shared decision making and motivational strategies).
E1.5 **Follow-up/Monitor Care Plans** *Follow-up and monitor a care plan.*	☐ E1.5.01 Collect monitoring data at the appropriate time interval(s). ☐ E1.5.02 Evaluate the selected monitoring parameters to determine the therapeutic and adverse effects related to the treatment plan. ☐ E1.5.03 Recommend modifications or adjustments to an existing medication therapy regimen based on patient response. ☐ E1.5.04 Present a patient case to a colleague during a handoff or transition of care.
E2 Interprofessional Team Member	
E2.1 **Collaborate** *Collaborate as a member of an interprofessional team.*	☐ E2.1.01 Contribute medication-related expertise to the team's work. ☐ E2.1.02 Explain to a patient, caregiver, or professional colleague each team member's role and responsibilities. ☐ E2.1.03 Communicate a patient's medication-related problem(s) to another health professional. ☐ E2.1.04 Use setting appropriate communication skills when interacting with others ☐ E2.1.05 Use consensus building strategies to develop a shared plan of action.
E3 Population Health Promoter	
E3.1 **Identify At-Risk Patients** *Identify patients at risk for prevalent diseases in a population.*	☐ E3.1.01 Perform a screening assessment to identify patients at risk for prevalent diseases in a population (e.g., hypertension, diabetes, depression).
E3.2 **Minimize ADEs** *Minimize adverse drug events and medication errors.*	☐ E3.2.01 Assist in the identification of underlying system-associated causes of errors. ☐ E3.2.02 Report adverse drug events and medication errors to stakeholders.

E3.3 **Maximize Appropriate Medication Use** *Maximize the appropriate use of medications in a population.*	☐ E3.3.01 Perform a medication use evaluation. ☐ E3.3.02 Apply cost-benefit, formulary, and/or epidemiology principles to medication-related decisions.
E3.4 **Immunize** *Ensure that patients have been immunized against vaccine-preventable diseases.*	☐ E3.4.01 Determine whether a patient is eligible for and has received CDC-recommended immunizations. ☐ E3.4.02 Administer and document CDC-recommended immunizations to an adult patient. ☐ E3.4.03 Perform basic life support.
E4 Information Master	
E4.1 **Educate Patients/Professional Colleagues** *Educate patients and professional colleagues regarding the appropriate use of medications.*	☐ E4.1.01 Lead a discussion regarding a recently published research manuscript and its application to patient care. ☐ E4.1.02 Develop and deliver a brief (less than 1 hour) educational program regarding medication therapy to health professional(s) or lay audience.
E4.2 **Use Evidence-Based Information** *Use evidence -based information to advance patient care.*	☐ E4.2.01 Retrieve and analyze scientific literature to make a patient-specific recommendation. ☐ E4.2.02 Retrieve and analyze scientific literature to answer a drug information question.
E5 Practice Manager	
E5.1 **Oversee Pharmacy Operations** *Oversee the pharmacy operations for an assigned work shift.*	☐ E5.1.01 Implement pharmacy policies and procedures. ☐ E5.1.02 Supervise and coordinate the activities of pharmacy technicians and other support staff. ☐ E5.1.03 Assist in training pharmacy technicians and other support staff. ☐ E5.1.04 Assist in the evaluation of pharmacy technicians and other support staff. ☐ E5.1.05 Identify pharmacy service problems and/or medication safety issues.
E5.2 **Fulfill Medication Orders** *Fulfill a medication order*	☐ E5.2.01 Provide patient with appropriate durable medical equipment or assistive device. * ☐ E5.2.02 Maintain the pharmacy inventory. ☐ E5.2.03 Assist in the management of a pharmacy budget. ☐ E5.2.04 Interpret pharmacy quality and productivity indicators using continuous improvement quality techniques. ☐ E5.2.05 Assist in the preparation for regulatory visits and inspections. ☐ E5.2.06 Enter patient-specific information into an electronic health or pharmacy record system. ☐ E5.2.07 Prepare commonly prescribed medications that require basic sterile compounding or basic non-sterile compounding prior to patient use. ☐ E5.2.08 Determine if a medication is contraindicated for a patient. ☐ E5.2.09 Identify and manage drug interactions. ☐ E5.2.10 Determine the patient co-pay or price for a prescription. ☐ E5.2.11 Ensure that formulary preferred medications are used when clinically appropriate. ☐ E5.2.12 Obtain authorization for a non-preferred medication when clinically appropriate. ☐ E5.2.13 Assist a patient to acquire medication(s) through support programs. ☐ E5.2.14 Perform a prospective drug utilization review (DUR) ☐ E5.2.15 Appropriately prepare medications for patient use, including selecting appropriate product, applying special handling requirements, measuring, and preparing product for final verification. ☐ E5.2.16 Perform final verification for the accuracy, validity, and appropriateness of the filled prescription or medication order prior to the delivery of the medication to the patient or patient's representative.
E6 Self-Developer	
E6.1 **Create Written CPD Plan** *Create a written plan for continuous professional development.*	☐ E6.1.01 Create and update a curriculum vitae, resume, and/or professional portfolio. ☐ E6.1.02 Perform a self-evaluation to identify professional strengths and weaknesses.

CHAPTER 3: PROFESSIONAL EXPERIENCE PROGRAM POLICIES AND PROCEDURES

Preceptor and Site Requirements

Teaching Facility or Organization Requirements

All practices sites must exhibit the following (ACPE Standard 22):

- 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 (MTM).
- 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 to a written affiliation agreement between the University of Iowa 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, etc.), informal documents articulate expectations.

Preceptor Requirements

All preceptors for University of Iowa student pharmacists must exhibit all the following (ACPE Standard 20d):

- Licensed pharmacist in good standing with the licensing authority in the state in which the preceptor practices pharmacy.
    - 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 (ACPE Standards 11d and 20a).
- Have one year of pharmacy practice experience with a minimum of six months experience at respective practice site.
    - In circumstances where the preceptor is not a pharmacist, but another healthcare professional, they must have at least one-year experience with a minimum of six months at the 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.[6] These preceptors should offer availability for scheduling of UI student pharmacists in their practice on a routine basis.
    - Definition of preceptor: A pharmacist or other healthcare professional 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.

For more information about rules and regulations related to Iowa preceptors, please see https://www.legis.iowa.gov/law/administrativeRules/chapters?agency=657 and view rules related to pharmacist-interns.

Pharmacy Residents as Preceptors

Hospital and Community Pharmacy Residents participating in the College of Pharmacy's Pharmacy Educator Preparation Program (PEPPR) may be appointed as an Adjunct Instructor for the time in which they are participating in the residency program.

[6] University of Iowa College of Pharmacy Academic Personnel Policies Qualification for Faculty Ranks. Approved 08/12/2002.

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

Appointments will be made for a period of one to 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 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 credential's 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 Adjunct Track will review the dossier of the candidate – 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 aid 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.

Table 7: Adjunct Faculty Appointment and Promotion Guidelines
Department of Pharmacy Practice and Science
The University of Iowa College of Pharmacy

	Education	Experience	Achievements
Instructor	-B.S. Only -No Residency -No exceptional educational experience	-None in COP -Previous history of teaching in practice setting < 6 years	-No presentations -No publications -No pharmacy positions held -Not in mgt in practice setting
Assistant Professor	-Pharm.D. -no residency -no exceptional -Other advanced degree	-None in COP -Previous history of teaching in practice setting < 6 years	
Assistant Professor	-B.S. -with residency -with exceptional educational experience	-Previous faculty member in COP -6+ years satisfactory teaching for COP	Minimal presentations and publications -Considered quality mentor -In mgt/leadership in practice setting -Leader in pharmacy (State/Local)
Associate Professor	-Pharm.D. -residency or equivalent exp. Or exceptional educational experience -Other advanced degree	-Previous faculty member in COP -6+ years satisfactory teaching for COP	-Significant presentations and publications -Leader in pharmacy (State, Local, National) -Acknowledged quality mentor -Significant pharmacy positions held
Associate Professor	-B.S. -with residency -with exceptional educational experience	-Previous faculty member in COP -12+ years satisfactory teaching for COP	-In mgt/leadership in practice setting -Board Certification in practice area -Significant number of student rotations delivered
Professor	-Pharm.D. -residency or equivalent exp. Or exceptional education experience -Other advanced degree	-Previous faculty member in COP -12+ years satisfactory teaching for COP	-Significant national presentations or publications -National leader in pharmacy -Acknowledged quality mentor -Significant pharmacy positions held -Leader in practice setting -Board Certification in practice area -Significant service contributions to college -Implemented practice innovations -Significant number of student rotations offered

Experiential Program Criteria Procedures

All preceptors in the following roles will be automatically offered an adjunct appointment:

- All UIHC preceptors.
- All VAMC preceptors based out of IC VAMC per agreement with the VA.
- Hospital and Community 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.
- All current adjunct appointments up for renewal will be granted an adjunct if they provide requested updated paperwork.
- All primary preceptors.

Non-primary preceptors **may** be considered for an adjunct appointment after having precepted UICOP students for a minimum of two years. Other criteria are in place to grant an adjunct appointment. Please contact PEP for further information.

Adjunct Faculty HawkID/Email Activation Guide

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 e-mailed your new HawkID along with your appointment confirmation letter. A temporary password will not be provided in the email. To get your temporary password, please contact the ITS Help Desk at 319-384-4357. Once you are given your temporary password, you will then be able to reset your password to one of your choosing. 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 and search your name.
    i. Email cop-iowa-prof-exp@uiowa.edu if you need your University ID #.
2. If you have not previously had a HawkID and 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/
    i. Email cop-iowa-prof-exp@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.
2. Click on the “My Self Service” tab.
3. Click on the “Settings” tab.
4. Click “Email Routing” and follow on-screen instructions.

Preceptor to Student Ratios

Per an Iowa Board of Pharmacy rule, ***a preceptor may supervise no more than two pharmacist-interns concurrently***[7]. 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 (ACPE Standard 20b).

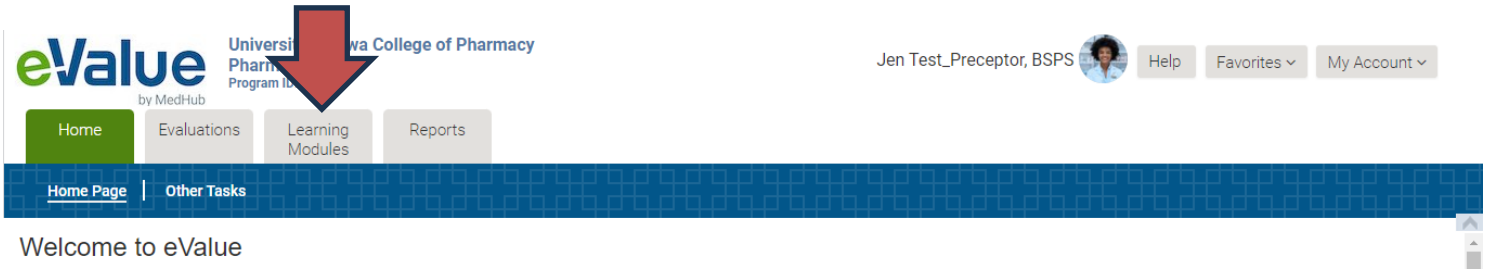
Preceptor Development

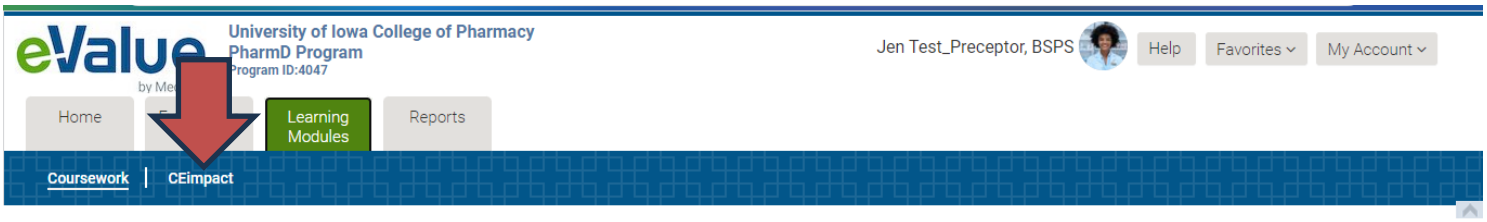
Preceptor development is intended to assist pharmacist preceptors in enhancing their skills as teachers and evaluators of student pharmacist performance. As outlined in the Accreditation Council for Pharmacy Education (ACPE) Standards 2016, Preceptors must be oriented to our college's mission, the specific 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.

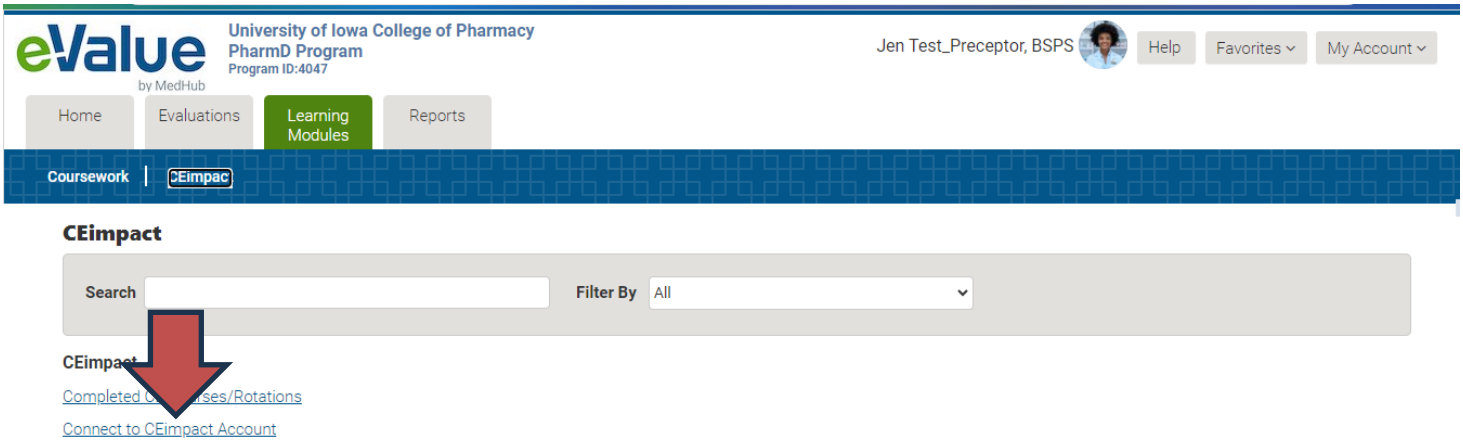
- All new preceptors must complete the CEimpact Preceptor Orientation Module and The University of Iowa College of Pharmacy Preceptor Orientation Video. Both are available on the CEimpact website which is accessed through eValue (see below for directions). These must be completed prior to teaching student 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 CEimpact Preceptor Academy
        - To obtain access to CEimpact for free, use the link in eValue (see below for instructions).
    - Annual Preceptor Networking Dinner and CE Program.
    - Other preceptor development programs offered through professional pharmacy organizations and continuing education providers.

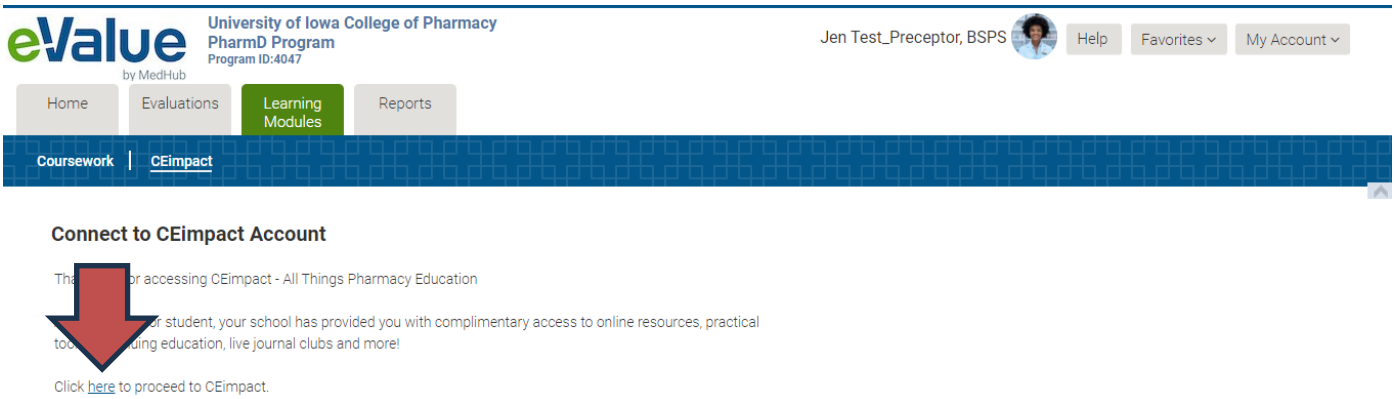
[7]Iowa Board of Pharmacy. Des Moines, IA. Available at: https://pharmacy.iowa.gov/preceptor. Accessed July 31, 2023.

Login to eValue then follow the red arrows as indicated below.









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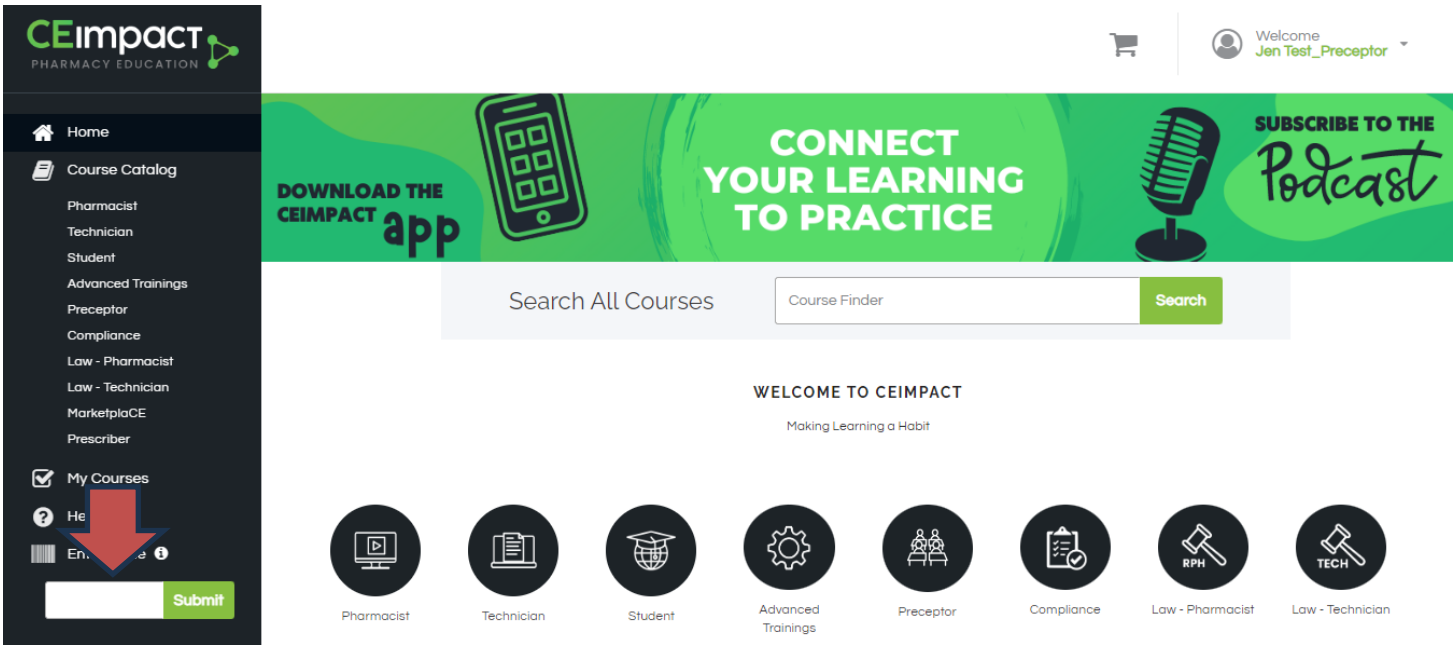
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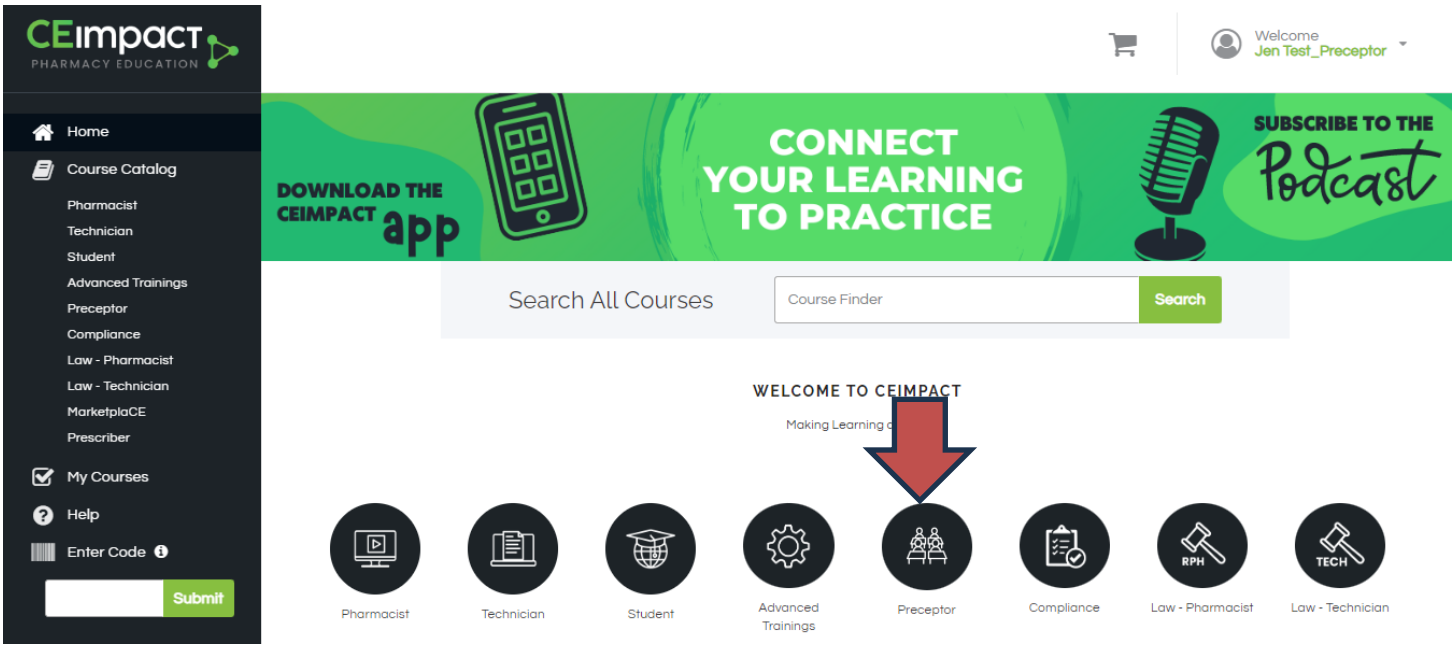
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Time and Attendance Policies for Students

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 any IPPE or APPE will be made-up at the preceptor's discretion.

- If the student misses more than **five** days of an **APPE**, they will not pass the course.
- If the student misses more than **three** days of an **IPPE Community or Hospital**, they will not pass the course.

According to the Student Manual for Experiential Education, 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 student 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. Students are instructed to 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 their 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 their 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

Students are informed that 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 will 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. Practice sites that provide housing will make the final determination if service animals will be permitted at site-provided housing.

IMP3 Contract Students

Iowa Monitoring Program for Pharmacy Professionals (IMP3) Contract Students

IMP3 believes the skills and reputation of pharmacy professionals and student pharmacists can be maintained if monitoring and supportive services are put in place at an early stage, IMP3 may confidentially assist pharmacy professionals and student pharmacists in obtaining the necessary support for healthy recovery from substance abuse, mental and/or physical disabilities.

IMP3 was established in 2016 to monitor and support pharmacy professionals and student pharmacists who report difficulties with mental health, physical disabilities and/or drug and alcohol abuse or dependence.

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.[8]

COVID-19 Policies

- Students should follow site policy for Covid-19 exposure or positive test.
- Please refer to experiential absence policy for time missed.
- Contact the PEP office (Jennifer-seyfer@uiowa.edu) if student exposure/positive test affects experiential learning.

[8] Jeff Reist, personal communication, June 9, 2014

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.

Table 8: Educational Requirements to Complete Pharmacy Practice Experiences

1.	Registration as interns in the state of Iowa and as appropriate in other states	
2.	Basic Life Support Certification for Healthcare Providers	
3.	Liability Insurance (minimum of $1,000,000 per occurrence, $3,000,000 aggregate)	
4.	Health Insurance Coverage through the University of Iowa or another provider	
5.	Criminal Background Check	• Iowa Child and Dependent Adult Abuse Check • Iowa Sex Offender Registry Check • Social Security Trace • Criminal Record • OIG and GSA Excluded Parties
6.	UI Health Care Mandatory Compliance Training	• Cultural Diversity and Limited English Proficiency Plan (once) • HIPAA Privacy & Security (annually) • HIPAA Training (once), then Fraud, Waste, and Abuse (annually thereafter) • New Hire Orientation: Students and Part-Time Staff (once) • Patient and Staff Rights and Responsibilities (once) • Safety/Infection Control (Initial) (once), then: Safety/Infection Control (Renewal) (annually) • Domestic Violence (every 5 years) • Mandatory Reporter: Child Abuse Training (every 3 years) • Mandatory Reporter: Dependent Adult Abuse Training (every 3 years) • Take Five: Best Practices During a Pandemic (once) • Personal Protective Equipment and Isolation Refresher for COVID-19 (once)
7.	Health Screening Program and Health Evaluation	**Health Screening Questionnaire** **Tuberculin Skin Test**. *A two-step TB skin test (TST) is required at the start of the program; a blood test- IGRA (Interferon Gamma Release Assay- Quantiferon Gold or TSpot) is an alternative.*

8. Immunization Information – documented as current and up to date as required by Student Health	**MMR (measles, mumps, rubella).** (*2) vaccines or positive antibody titers (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 28days apart. For health science students, there is no age exemption for MMR.* **Varicella.** *(2) vaccines or positive antibody titer. Currently accept report of disease history. Starting fall 2016 if had varicella as a child must have a titer to document immunity.* **Hepatitis B.** (*3) vaccine series, completed at the appropriate intervals, followed by antibody titer 4-8 weeks after third vaccine. The titer is REQUIRED, even if series was completed as a child. If antibody titer is negative, boosters and re-checking titer.* **Tetanus, Diphtheria, Pertussis.** *(1) Td (tetanus/diphtheria) at least every 10 years.* **Recommended:** Influenza (annually), Meningococcal, Hepatitis A, Human Papilloma Virus.
9. UI Healthcare CMS COVID-19 vaccination status	Student have documented either their vaccination or their exemption by satisfying one of the following criteria: 1. Submit your COVID-19 vaccination information through self-service; or 2. Apply for a medical exemption; or 3. Submit an attestation for a religious or strongly held belief exemption.

Sexual Harassment

Sexual harassment subverts the mission of the University and threatens the well-being of students, faculty, and staff. All members of the UI community must uphold the UI mission and contribute to a safe environment that enhances learning. Incidents of sexual harassment must be reported immediately. For assistance, please see:
https://diversity.uiowa.edu/resources/tixge-resources

Nondiscrimination

Nondiscrimination Statement
(Amended 9/98; 6/04; 12/06; 5/15; 5/12/22; 5/24/24)
The University of Iowa prohibits discrimination in employment, educational programs, and activities on the basis of race, creed, color, religion, national origin, age, sex, pregnancy (including childbirth and related conditions), disability, genetic information, status as a U.S. veteran, service in the U.S. military, sexual orientation, gender identity, or associational preferences. The university also affirms its commitment to providing equal opportunities and equal access to university facilities. For additional information on nondiscrimination policies, contact the Senior Director, Office of Civil Rights Compliance, the University of Iowa, 202 Jessup Hall, Iowa City, IA 52242-1316, 319-335-0705, daod-ocrc@uiowa.edu.
https://opsmanual.uiowa.edu/community-policies/nondiscrimination-statement

Quality Assurance

Providing quality professional experiential education to student pharmacists requires ongoing oversight to ensure 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 **Accreditation Council for Pharmacy Education (ACPE)** Accreditation Standards and Key Elements for the Professional Program in Pharmacy 2016 clearly state minimal requirements for establishing practice facilities and preceptors and the ongoing Quality Assurance process.

Establishing New Practice Sites

Development of preceptors and practice sites for practice experiences is accomplished through:
1) Solicitation by the Professional Experience Program (PEP).
2) Request of practitioners at the practice site.
3) Student request.
In all cases, sites and preceptors must meet basic criteria for experiential practice and are assessed using predefined criteria for the initial evaluation. The Professional Experience Program (PEP) Team will evaluate all new sites before they are approved for student placement. The Director of Preceptor and Site Development will gather information about the site and preceptor(s) via a virtual or telephone interview and email communications. The Director of Preceptor and Site Development will then present the gathered information to the Professional Experience Program (PEP) Team for approval.

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

- 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 (ACPE Standard 20b).
- 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 (MTM).
- 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 (ACPE Standards 11d and 20a). Preceptors must

exhibit the aptitude and desire to teach and facilitate learning, and serve as positive, professional role models for students. (ACPE Standards 20c and 20d).
Several topics should be discussed with preceptors during the approval process. 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 curriculum vitae or resume.
- Preceptor training through CEimpact.
- Fully executed Affiliation Agreement (the legal contract between the site and The University of Iowa).

Current Site Quality Assurance

The Director of Preceptor and Site Development will re-evaluate all active experience sites in person on an ongoing basis. Sites not within driving distance, or under certain circumstances, may be evaluated via virtual or telephone communications. Some 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.

The Director will evaluate the site and preceptor(s) 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 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. To protect students' anonymity, preceptors will be able to view their evaluations only after two student pharmacists have completed that evaluation. 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. 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.*
5. Select **Site** from the **Site** dropdown.
6. If desired, select a rotation from the **Course/Rotation** dropdown to view information for a specific rotation.
7. Select **Student Evaluation of Preceptor** from the **Evaluation Type** list.
8. Select **HTML** from the **Format Option** list.
9. Select **Next** to see summary evaluation information.

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[9,10].

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 may include a student's name, telephone number, address, and dates of attendance. Students have the right to request that the school does not disclose directory information.

To whom does FERPA apply?

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.

[9] Family Educational Rights and Privacy Act (FERPA). U.S. Department of Education. Retrieved August 4, 2014, from http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.hl

[10] FERPA handbook for Faculty and Staff. University of Iowa Registrar Office. Retrieved August 11, 2014, from https://registrar.uiowa.edu/ferpa-handbook-faculty-and-staff

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.[11]

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

- Free access and continuing education credit for the preceptor development modules offered through CEimpact.
- Eligibility for yearly preceptor awards recognition.
- Student pharmacist involvement and contributions at your practice site.
- In addition, the following benefits are provided to adjunct faculty:
    - 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.

[11] Skrabal MA, Kahaleh AA, Nemire RE, Boxer H, et.al. Preceptors' Perspectives on Benefits of Precepting Student Pharmacists to Students, Preceptors, and the Profession. J Am Pharm Assoc. 2006; 46:605-12.

Online Drug Information Resources for Adjunct Faculty

Adjunct faculty members 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 HawkID/Email Activation Guide on page 35 of this manual.

Online Drug Information 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 mobile Micromedex (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.
- PubMed
  References from scientific journals.

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.

How to Access Mobile Databases from Hardin Library

http://guides.lib.uiowa.edu/mobile

Updated 5/5/2023 VDuba

- ✓ Initial access requires HawkID.
- ✓ Users must log in to (free) personal accounts to use many of the apps.
- ✓ Passwords may need to be changed periodically.

AccessMedicine Mobile

Go to AccessMedicine via Hardin Library http://purl.lib.uiowa.edu/accessmed

- Create an account by clicking on the box at the top right of the screen that says, "University of Iowa Hardin Library."
- Select "Sign in or Create a Free Personal Account."
- Once you have your username and login, download the AccessMedicine Unbound Medicine app from the App store, Google Play, or the Windows store.
- Login with your AccessMedicine Account username and password you just created.

ClinicalKey

Go to http://purl.lib.uiowa.edu/clinicalkey

- Click on the Register link at the top right of the screen.
- Create a personal account using your University of Iowa email.
- Click on the "hamburger menu" icon in the upper right-hand corner (three horizontal lines).
- Choose "Remote Access" from the list of options. Enter your University of Iowa email.
- 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.
- 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.
- Open the App Store, Google Play, or the Windows store on your mobile device.
- Search for "ClinicalKey" and install at no charge.
- Once in the app, you will be prompted to choose an edition. Choose "Global."
- Click on "ClinicalKey."
- Enter your username and password created in step 3.

DynaMed Plus Mobile

Access DynaMed Plus in a browser at http://purl.lib.uiowa.edu/ebsco/dynamed

- Create an account by clicking on "Sign-In/Create Account" on the right side of the screen. This works best at a desktop computer. Click on "Mobile" at the bottom of the screen.
- Follow the instructions from "Learn more about how to install and authenticate the DynaMed app."

Johns Hopkins ABX Guide

Go to http://purl.lib.uiowa.edu/JHG

- Click on "Log in" to register your personal account.
- Click on "Mobile" to download uCentral to access ABX Guide.
- Click "Download" to open the uCentral app installation page.
- 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.

The Medical Letter

Go to http://purl.lib.uiowa.edu/MedLetter

- Click the Mobile App link under "About Us" on the left side of the screen.
- Fill in the registration form using your Iowa email to set up a password.
- Open the App Store or Google Play on your mobile device, search for "The Medical Letter" and install at no charge.
- Log in with the password you created earlier.

Merative mobileMicromedex

Access Micromedex with HawkID via the Hardin Library Website:
http://proxy.lib.uiowa.edu/login?url=http://purl.lib.uiowa.edu/micromedex

1. Click on "Mobile Application Access" on the upper right of the screen or click on the "Download Mobile Apps" icon on the lower right of the screen.
2. Click on "Micromedex Native Mobile Apps."
3. Follow the instructions for the apps you want. You can choose from:
    - Micromedex® Drug Reference
    - Micromedex® Drug Interactions
    - Micromedex® IV Compatibility
    - Micromedex® NeoFax Reference
    - Micromedex® Pediatric Reference
4. Follow "Step 1" through "Step 3" instructions to access the mobile app.
5. "Step 4" is your password for the mobile apps. The passwords are case sensitive. Please enter it exactly as it appears from the "Step 4" instructions.
6. The passwords expire and you will receive a notice when using the app to retrieve the new password. Follow these same instructions to see the new "Step 4" passwords. (You will not have to reload the app from the app store, just retrieve the new password from the online database.)

Stat!Ref Mobile

Access STAT!Ref via the Hardin Library Website:
http://purl.lib.uiowa.edu/statref

- Click the "Profile" link in the upper left corner.
- Follow the instructions to register an account.
- Click "Log In/Create Account"
- Click on "STAT!Ref Mobile Apps" and follow the access instructions.

UpToDate Mobile

Access the UpToDate website using a web browser: http://purl.lib.uiowa.edu/uptodate.

- Register for an UpToDate account using your university email address.
- Write down your new username and password as this will be used later.
- Submit your registration.
- Read and accept the terms and conditions.
- Install the mobile application on your device from the app store.
- Open the application.
- Input the username and password you chose during the registration process.
- Allow notifications. This will alert you when you need to re-validate your account, as mentioned below.
- Users will need to re-validate their access every 90 days. This can be done by accessing UpToDate on a University network, via Epic 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.

Additional Resources

Below is a list of additional resources available via the internet. This list is not all-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/

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.

American Journal of Pharmacy Education. Available at: http://www.ajpe.org/

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.

Advanced Preceptor Training Program. Available at: https://www.pharmacist.com/Education/eLearning/Advanced-Training/Advanced-Preceptor. *This website provides baseline plus three additional content tracks for preceptor development.*

American Society of Health-System Pharmacists.

Preceptor Information. Available at: https://www.ashp.org/Pharmacy-Practice/Resource-Centers/Preceptor-Toolkit

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.

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 serves, and a preceptor toolbox with resources for teaching student pharmacists.

Preceptor Mini-Series.

Preceptor Tools and mini-series. Avalable at : https://www.ttuhsc.edu/interprofessional-education/preceptor_training.aspx *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.*

The Community Pharmacist Preceptor Education Program.

Preceptor Education**.** Available at: http://elearning.pharmacist.com/Portal/Files/LearningProducts/6b07c742b2e94cdaac7fc8000f27f843/assets/Preceptor%20monograph_061312.pdf. *This website offers a comprehensive resource covering the basics of precepting suitable for both new and experienced preceptors.*

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.*

Awards and Recognition for Preceptors

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

2023	Faculty	**Ben Miskle**, PharmD, UIHC Medication Assisted Treatment Clinic
	APPE	**Andrew Smelser**, PharmD, UIHC SFCH - General Pediatrics - Endocrinology, Gastroenterology, and Nephrology
	IPPE	**Sharon Rickertsen**, PharmD, CVS #10032 Pharmacy - Marion
2022	Faculty	**Ryan Jacobsen**, PharmD, UIHC IRL Ambulatory Care Heart and Vascular Clinic
	APPE	**Michael Gassman**, PharmD, UIHC Internal Medicine
	IPPE	**Kelsey King**, PharmD, Hy-Vee #1281 – Iowa City
2021	Faculty	**Kashelle Lockman**, PharmD, UIHC Supportive & Palliative Care
	APPE	**Ryan Hobbs**, BSPharm, UIHC Cardiovascular Intensive Care
	IPPE	**Amanda Macke**, PharmD, CVS #16897 Pharmacy - Cedar Rapids
2020	Faculty	**Mike Farley**, PharmD, Mercy Hospital Acute Care - Iowa City
	APPE	**Kevin Schleich**, PharmD and **Chad Triplett**, PharmD, UIHC Family Medicine Clinic
	IPPE	**Amanda Mather**, PharmD and **Ryan Kingery**, Shenandoah Medical Center
2019	Faculty	**Jim Hoehns**, PharmD, Northeast Iowa Family Practice Center - Waterloo
	APPE	**Pamela Wiltfang**, PharmD, NuCara Health Solutions
	IPPE	**William Drilling**, BSPharm, Drilling Morningside Pharmacy
2018	Faculty	**Emily Beckett**, PharmD, Broadlawns
	APPE	**Brett Heintz**, PharmD, VAMC Infectious Disease
	IPPE	**Tom Haas**, BSPharm, **Nick Howell**, PharmD, **Amanda Smith**, PharmD, **Jessica Jackson**, PharmD, Hy-Vee #1080 Pharmacy – Coralville
2017	Faculty	**Mike Ernst**, PharmD, UIHC Family Medicine Clinic
	APPE	**Lisa Ploehn**, PharmD, **Lisa** Garner, PharmD and **Kaye Wright**, BSPharm, Main at Locust Pharmacy
	IPPE	**RaShauna Applewhite**, PharmD **and Lane Nelson**, PharmD, CVS #8539 Pharmacy - Iowa City
2016	Faculty	**Shannon Heintz**, PharmD, VAMC Surgery and Transplant
	APPE	**David Thompsen**, **Megan Alderton**, **Emily Augustine and Kathryn Hensley**, UIHC Surgery
	IPPE	**Kate Kurt**, **Jared Ehtessabian**, **Nicole Goodall**, **Jennifer Noel**, **Amanda Powers**, **Kelly Ungs**, **Kay Zepeski**, **Abbey Richman and Pete Maier**, Mercy Medical Center - Dubuque
2015	Faculty	**Erika Ernst**, PharmD, UIHC Infectious Diseases
	APPE	**Christina Neve**, PharmD, Target #T1113 Pharmacy - Coralville
	IPPE	**Nic Mastascusa**, PharmD, Hot Shots Nuclear Medicine
2014	Faculty	**Michael Farley**, PharmD, Mercy Hospital - Iowa City
	APPE	**Mathew Porepp**, PharmD, UIHC
	IPPE	**Craig Clark**, BSPharm, Clark's Pharmacy

2013	Faculty	**Heather Bream-Rouwenhorst**, PharmD, UIHC
	APPE	**Brett Faine**, PharmD, UIHC
	IPPE	**Luke Bartlett**, PharmD, Walgreens #05077 Pharmacy – Iowa City
2012	Faculty	**Jill A. Fowler**, PharmD, UIHC
	IPPE	**Joe Mac**, PharmD and **Sarah Overturf**, PharmD, UIHC
	APPE	**Douglas Morgan**, BSPharm, MS **and Cam Davis**, PharmD, UIHC
2011	Faculty	**Matthew Cantrell**, PharmD, VAMC
	IPPE	**Mark Sorenson**, BSPharm, UIHC
	APPE	**Michele Birdsell**, BSPharm, Henry County Health Center

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

2009 **Sarah Johnson**, UIHC Antimicrobial Management
Tim Becker and 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** and **Ryan Jacobson**, UIHC Ambulatory Care
Amy Rueber, **Mark Rodemeyer** and **Erina Thomas**, People's Clinic Pharmacy
David Buresh, **Dale Lewis**, **Kelly Phan**, **Patrick Their**, **Connie Clancey**, **Jessica Havel**, **Julie Karlan**, **Lisa Lambi**, **Kathy Werling** and **Jim Willett**, St. Luke's Hospital

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

2006 **Gary Milavetz**, PharmD, UIHC
Al Shepley, Ruth Clark, Amy Jackson and Lisa Tortora, Shepley Pharmacy
Mark Jones, PharmD, Genesis Family Medical Center

2005 **Nancy Bonthius**, UIHC
Jen Moulton, Cheryl Clarke, Julie Kuhle and Tom Temple, Iowa Pharmacy Association
Lee Kral, UIHC

2004 **Tina Hisel**, Broadlawns Medical Center
Todd Shields and **Sharon Rickertsen**, PharmD, Hartig Drug
Dan Cullinan and **John Hamiel**, Washington County Hospital and Clinics

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.

Honors	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.**
Pass	The student's overall performance meets the preceptor's expectation in all or nearly all competencies.
Fail	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.**

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.'

Table 9: Student Pharmacist Performance Rating Scales		
4	Exceeds Expectations	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.
3	Meets Expectations	The student has adequately demonstrated this competency. The student frequently performs the competency within expectations and requires minimal guidance and supervision from the preceptor.
2	Needs Improvement	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.
1	Needs Significant Improvement	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.
N/O	No Opportunity	No opportunities exist on this APPE to allow student to demonstrate skills.

Student pharmacist 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, 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 time for discussion between the student and preceptor to address areas of improvement and clarify expectations.

Table 10: Anchors by Category for IPPE and APPE Assessment of Student Performance				
	1-Needs Significant Improvement	**2-Needs Improvement**	**3-Meets expectation**	**4-Exceeds Expectation**
General Categories	I would not hire this student for a vacant position at my site.	I would not hire this student until he/she developed greater competence. Student is aware of most elements of a skill but performs them incompletely and/or needs additional prompting.	I would hire this student but would expect to provide continued supervision for some time. Student is aware of all elements of a skill and consistently performs them without prompting.	I would create a job to hire this student and expect him/her to function independently. Student is able to teach faculty something new. Student is a mentor and role model to others.
Overall Anchors	Student is not meeting the competency and substantial effort is needed in order to meet the competency. Student rarely performs the competency within expectations and requires constant guidance and supervision.	Student is developing skills in this competency; however, some minor improvement(s) are needed in order to meet the competency. Student sometimes performs the competency within expectations and requires regular guidance and supervision.	Student has adequately and consistently demonstrated this competency. Student frequently performs the competency within expectations and requires minimal guidance and supervision from the preceptor.	Student far exceeds most, or all students related to this competency and has demonstrated excellence in this competency. Student always performs the competency above expectations and requires minimal guidance and supervision from the preceptor.
Foundational Knowledge	Has little to no recall of foundational knowledge of the sciences. Needs constant review to make basic decisions.	Has some foundational knowledge of the sciences but needs some review of basic concepts in order to make decisions.	Has a solid foundation of the sciences but may need infrequent review of concepts. Can identify literature sources for information.	Has a strong foundational knowledge of science. Brings well-referenced, evidence-based recommendations to the team.
Patient Care	Needs extensive assistance in collecting and evaluating patient information. Recommendations are often incorrect and without supportive evidence. Unable to implement or monitor plan.	Needs occasional assistance in collecting and evaluating patient information. Makes recommendations that are usually correct, but often without depth of understanding. Needs occasional assistance in implementing plan and monitoring patient.	Collects and evaluates appropriately chosen patient information. Makes appropriate patient care recommendations which are individualized, and evidence based. Can implement and monitor plan.	Efficiently collects and evaluates appropriate patient information without direction. Can independently implement and monitor plan. Makes detailed, individualized evidence-based, patient care recommendations. A mentor and role model to other students.
Leadership and Problem Solving	Cannot perform management functions. Unable to work within the structure and policies of the practice site. Is a negative factor in the practice site.	Performs management functions but inefficient and ineffective at times. Struggles to work within the structure and policies of the practice site. Adds little to practice site.	Able to identify most problems and develop solutions with little guidance. Performs management functions efficiently. Contributes positively to practice site.	Able to identify problems and develop well-thought-out solutions accurately and consistently. Uses situational leadership appropriately to lead a team. Is an asset to practice site. Develops and implements plan using quality outcome measures without direction or assistance.

Communication	Written and oral communications are frequently inappropriate, incomplete, or disrespectful. Is not engaged with team members.	Written and oral communications are occasionally inappropriate, incomplete, or disrespectful. Is only occasionally engaged with team members.	Written and oral communications are appropriate, complete, and respectful at all times. Is engaged with team members.	Written and oral communications are excellent in content quality and style. Manages oral and written information exchange using experienced techniques. Is fully engaged and respectful with team members.
Personal and Professional Development	Is not able to recognize deficiencies even when pointed out. Resistant to change behavior even when directed.	Needs to have deficiencies pointed out before able to change.	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.

Please see Appendix E, F, and G for the Evaluation of APPE 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).

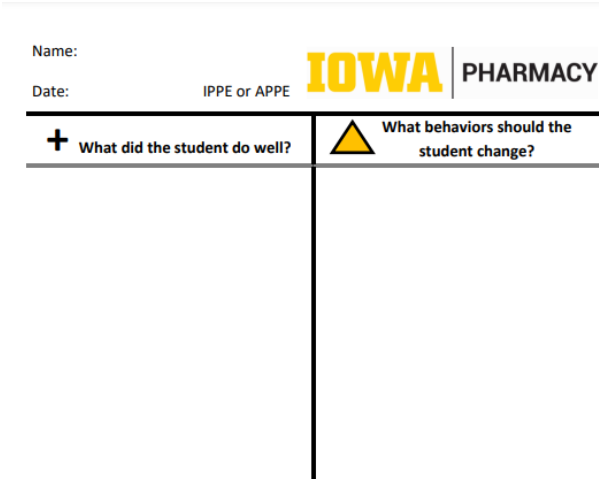
Preceptors should evaluate students completing IPPE Community and IPPE Hospital at the midpoint and end of the experience by completing the Evaluation form found in (Appendix J).

IPPE Evaluations and Forms	
Type of IPPE	**Form or Evaluation**
IPPE Career Exploration	• Preceptor Evaluation in eValue (Appendix H)
IPPE Community	• IPPE Student Evaluation in eValue (Appendix J) • Checklist Verification (Appendix K)
IPPE Hospital	• IPPE Student Evaluation in eValue (Appendix J) • Checklist Verification (Appendix L)
IPPE Clinical	• Preceptor Evaluation in eValue (Appendix H)
Continuing Professional Development	• Verification form for patient care service activities in paper version (Appendix I)

The Plus/Delta Form

The Plus/Delta assessment and feedback form is a quick and effective tool for preceptors to provide feedback to the student pharmacist. This technique can be used to provide formative, concise, and timely feedback to student pharmacists. The printable form can be found on the eValue home page under “Preceptor Quick Links and Information.”

https://www.e-value.net/login.cfm



Name:

Date: IPPE or APPE IOWA | PHARMACY

+ What did the student do well?	What behaviors should the student change?

Tips for Giving Feedback Using

The + / Δ (Plus / Delta) Card

- The +/Δ card is used to record and give feedback to student pharmacists.
- The “Plus” or “+” represents areas in which the student performed well.
- The “Delta” or “Δ” represents areas the student should change in order to improve.
- This technique can be used to provide formative, concise, and timely feedback to student pharmacists after a given activity (e.g. patient counseling attempt or case presentation).
- The information on the cards can be saved and used to provide summative feedback during the student’s midpoint and final evaluations.

Center for Management and Organization Effectiveness. http://www.cmoe.com/blog/the-plusdelta-of-a-plusdelta.htm. Updated July 16, 2008. Accessed June 7, 2011.

Managing Student Knowledge, Skills, Attitude, or Behavior Concerns

Though we strive to prepare students for the academic and professional expectations of the experiential learning environment, preceptors play an essential role in educating and professionalizing our students. We appreciate all preceptors do to assist in each student's growth. Despite the skills of the preceptor, challenges may arise. As early as the first rotation week, an experienced preceptor may be able to identify concerns that, if not addressed, may place the student at risk of rotation failure. It is important for the preceptor to "trust their gut" in these situations and reach out to the College's Professional Experience Program (PEP) for assistance. Please see contact information below. The following serves as initial guidance for preceptors for addressing most problems. Unique situations should be addressed by contacting the PEP staff right away. Please see contact information below.

Minor Concerns – Low risk of rotation failure

1) As soon as the preceptor becomes concerned, they should meet with the student to reiterate the defined expectations and goals for the rotation experience.
2) Provide verbal coaching to the student regarding areas for improvement.
3) Document details of the concern and plan a meeting date in writing for future reference, if needed. The Plus/Delta Feedback Form discussed in the previous section can be helpful in this situation. (A printable version of this form can be found under the *Preceptor Quick Links and Information* section of the eValue home page, and an electronic version can be found under the *Tasks: Initiate Ad hoc Evaluations* section of the eValue home page.)
4) A formal Student Improvement Plan (SIP) is not required at this point unless the preceptor would like to have more formal documentation in place.

A. Continued Concerns Despite Coaching – Moderate risk of rotation failure if concerns are not addressed and corrected.

1) Call the PEP staff member administering the IPPE or APPE rotation.
2) PEP staff will generate a Student Improvement Plan (SIP) evaluation in eValue to the preceptor.
3) Complete the Student Improvement Plan (SIP) in eValue. Include requirements that must be met to demonstrate improvement. These requirements should be as "SMART" as possible: **S**pecific, **M**easurable, **A**chievable, **R**ealistic/**R**elevant, and **T**imed (i.e., when will re-evaluation take place). Note the consequences if the concern is not resolved by the re-evaluation time.
4) eValue will send an email to the student to sign and comment on the SIP.
5) After the student signs and comments on the SIP, eValue will email you that the SIP is ready for additional comments by the preceptor. Wait until the time specified in the SIP to re-address with the student areas needing improvement, then complete and submit comments on the SIP in eValue.
6) Complete midpoint evaluation, referring to the noted concerns and details of the SIP.
7) Provide feedback to the student on their progress at regular intervals, as applicable. The electronic SIP form in eValue allows for follow-up documentation of the student pharmacist's progress.

Complete final evaluation for the student, considering their ability to meet the conditions of the SIP. Depending on the type of the concern, lack of improvement may or may not result in rotation failure.

B. Serious Concerns – High risk of rotation failure or dismissal from site

1) Continue to document the nature of all concerns via the electronic SIP form in eValue.
2) Contact the PEP staff as early as possible for guidance. The Director or Assistant Director will guide the preceptor on the next course of action depending on the student's specific circumstances.

Figure 2 on the next page demonstrates the Student Improvement Plan Process Flow.

Appendix O on page 110 illustrates an example of how the Student Improvement Plan appears in eValue.

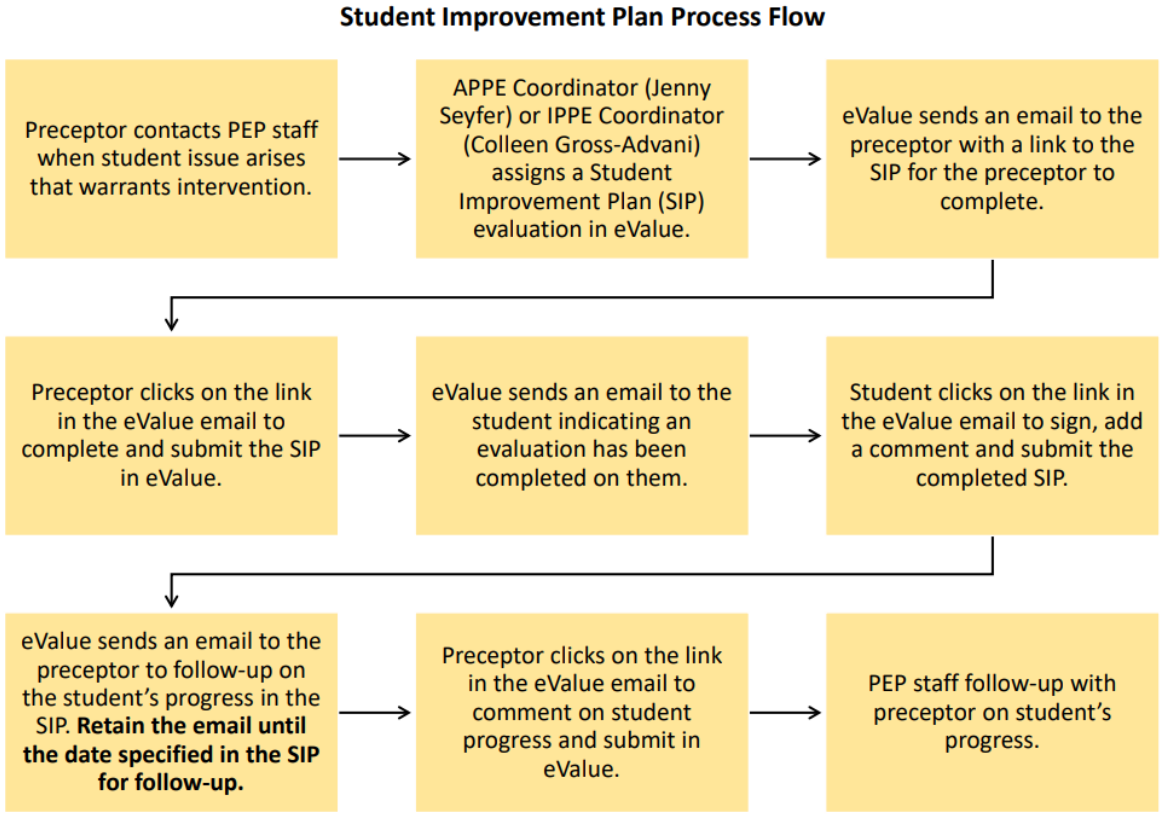
"Failing" a student

Unless a concern is very serious, a Student Improvement Plan (SIP) is strongly recommended to provide the student with an opportunity to remedy concerns. Preceptors may fail a student on a rotation when accompanied by appropriate documentation of their deficiencies. The SIP provides a way to document these deficiencies. Please contact the PEP staff if a student is at risk of failure or dismissal from the site. When a student fails a rotation, they will repeat the course at a different site and time. The student has the option to appeal the failing grade.

Professional Experience Program (PEP) Contacts for Preceptors

Course	PEP Contact	Email Address	Phone Number
IPPE Career Exploration	Jenny Seyfer	jennifer-seyfer@uiowa.edu	(319) 335-8835
IPPE Community	Colleen Gross-Advani	colleen-gross-advani@uiowa.edu	(319) 335-8861
IPPE Hospital	Colleen Gross-Advani	colleen-gross-advani@uiowa.edu	(319) 335-8861
IPPE Clinical	Jenny Seyfer	jennifer-seyfer@uiowa.edu	(319) 335-8835
APPE (All)	Jenny Seyfer	jennifer-seyfer@uiowa.edu	(319) 335-8835

Figure 2: Student Improvement Plan Process Flow



APPENDICES

Appendix A: Quality Assurance Site Visit Form (in eValue)

Subject:
Evaluator:
Site:
Period:
Dates of Course/Rotation:
Course/Rotation: Quality Assurance
Form: Quality Assurance Evaluation of Site

1. Date of site visit (*Question 1 of 20 - Mandatory)*

2. Reason for visit (*Question 2 of 20 - Mandatory)*

Selection	Option
	New site
	Routine/regular interval
	Intervention

3. Type of visit (*Question 3 of 20 - Mandatory)*

Selection	Option
	On-site visit
	Phone visit

4. Participants to site visit

(Question 4 of 20 - Mandatory)

a. other faculty or staff involved in site visit	
b. Preceptors involved it site visit	

5. Has the preceptor or site previously provided practiced-based learning for students? *(Question 5 of 20 - Mandatory)*

Selection	Option
	Yes
	No

6. If yes, which of the following has experience in practiced-based learning? *(Question 6 of 20)*

Selection	Option
	Preceptor
	Site
	Both preceptor and site

7. Has the previous practice-based learning been for the UI College of Pharmacy? *(Question 7 of 20)*

Selection	Option
	Yes
	No

8. When was the practiced-based experience? *(Question 8 of 20)*

9. Any additional comments? *(Question 9 of 20)*

10. SITE INFORMATION

(Question 10 of 20 - Mandatory)

Site Evaluation Criteria	Yes	No	Partially	NA
a. There is adequate patient volume and breadth for student learning				
b. The student has access to patient information				
c. The student has access to a computer with Internet capabilities				
d. The student will need to bring a personal laptop to site				
e. There is adequate space for student involvement with pharmacy activities and interaction with pharmacists, other health professionals and patients				
f. The site and staff display a professional image				

g. The site administration and staff support student involvement at the site				
h. Activities, projects, and assignments will fulfill learning objectives of the learning experience(s)				
i. Amount and quality of time spent with the student is appropriate				
j. Information in eValue has been reviewed				
k. Expectations of the preceptor and site have been discussed and are understood				
l. Student expectations and responsibilities are clear and are expressed to the student at the beginning of the experience				

11. How does the site communicate expectations and orient the student to the site? *(Question 11 of 20 - Mandatory)*

12. Have there been any issues with students either academically or with professionalism or soft skills? *(Question 12 of 20 - Mandatory)*

Selection	Option
	Yes
	No
	Some issues
	Not Applicable

13. Describe any student issues (*Question 13 of 20, Confidential)*

(Question 14 of 20)

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

(Question 15 of 20)

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

(Question 16 of 20 - Mandatory)

16. Site Visit Summary

(Question 17 of 20 - Mandatory, Confidential)

	3 Years	Other (provide rationale)
17. Recommended period until next site visit		

(Question 18 of 20, Confidential)

18. Rationale if recommended period is less than THREE years	

19. Estimated date of next site visit (*Question 19 of 20 - Mandatory)*

(Question 20 of 20, Confidential)

20. 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.

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

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: APPE/IPPE Hospital and Community Student Evaluation of the Site (in eValue)

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.

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

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

Please elaborate and give examples.

How might this practice experience be improved?

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

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

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

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

Assessment Measurement		
1	**Needs Significant Improvement**	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.
2	**Needs Improvement**	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.
3	**Meets Expectation**	The student has adequately demonstrated this competency. The student frequently performs the competency within expectations and requires minimal guidance and supervision from the preceptor.
4	**Exceeds Expectation**	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.
NO	**Not Observed**	The student has not had the opportunity to demonstrate this competency.

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 their 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.

4	Exceeds Expectation	Student had demonstrated excellence in this competency.
3	Meets Expectation	Student meets competency.
2	Needs Improvement	Student is developing skills in this competency; however, some minor improvement(s) are needed in order to meet the competency.
1	Needs Significant Improvement	Student is not meeting the competency and substantial effort is need in order to meet the competency.
NO (Not Observed)	Not Assessable	Not able to assess

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

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

Appendix G: Evaluation of a Journal Article Presentation (in eValue)

Student _____ Date _____

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

4	Exceeds Expectation	Student had demonstrated excellence in this competency.
3	Meets Expectation	Student meets competency.
2	Needs Improvement	Student is developing skills in this competency; however, some minor improvement(s) are needed in order to meet the competency.
1	Needs Significant Improvement	Student is not meeting the competency and substantial effort is need in order to meet the competency.
NO (Not Observed)	Not Assessable	Not able to assess

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

Stated the study objective in their own words.	NA 1 2 3 4
Described how the study objective and hypotheses are relevant to pharmacy practice	NA 1 2 3 4
Stated the study design and how it was relevant to the clinical setting in which the study was performed.	NA 1 2 3 4
Described the advantages, disadvantages, and limitations of the study design with respect to pharmacy practice.	NA 1 2 3 4
Described the patient/subject population studied, including how they were selected and adequacy of sample size.	NA 1 2 3 4
Described the study intervention, including all groups studied and details of the specific intervention in different groups if applicable.	NA 1 2 3 4
Listed the main outcome measures of the study and how they were analyzed.	NA 1 2 3 4
Explained how the major study endpoints are relevant to the population studied.	NA 1 2 3 4
Presented the main results of the study with comparison to the original hypotheses.	NA 1 2 3 4
Described the study conclusions as presented by the authors.	NA 1 2 3 4
Stated their evaluation and clinical significance of study results.	NA 1 2 3 4
Anticipated how results of the study might differ in the population of patients cared for in the rotation site.	NA 1 2 3 4
Identified limitations to applying the study results in the population of patients cared for in the rotation site.	NA 1 2 3 4

Appendix H: IPPE Career Exploration Preceptor Evaluation of Student (in eValue)

Student _____ Date _____
Preceptor _____ Site _____

EVALUATION RUBRIC

Needs Significant Improvement
Substantial effort is needed to meet the competency. The student rarely or never performs the competency within expectations. ---> *The student's performance is far below the level needed for success in future practice experiences and/or as part of a healthcare team.*

Needs Improvement
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. ---> *The student's performance is below the level needed for success in future practice experiences and/or as part of a healthcare team.*

Meets Expectation
The student has adequately demonstrated this competency. The student frequently performs the competency within expectations. ---> *The student's performance is at the level needed for success in future practice experiences and/or as part of a healthcare team.*

Exceeds Expectation
The student has demonstrated excellence in this competency. The student consistently performs the competency above expectations. ---> *The student's performance is above the level needed for success in future practice experiences and/or as part of a healthcare team.*

COMMUNICATION

(Question 1 of 7 - Mandatory)

	Needs Significant Improvement	Needs Improvement	Meets Expectation	Exceeds Expectation

The student proactively contacted the preceptor, leaving adequate time to arrange the observation experience.				
The student communicated respectfully and professionally when arranging the observation experience with the preceptor.				
The student was respectful and appropriate in their interactions and communication with the preceptor, interprofessional team members, pharmacy personnel, and/or patients during the on-site observation experience.				

Comments - Communication (*Question 2 of 7)*

PERSONAL AND PROFESSIONAL DEVELOPMENT

(Question 3 of 7 - Mandatory)

	Needs Significant Improvement	Needs Improvement	Meets Expectation	Exceeds Expectation
The student approached the experience with a desire to learn and demonstrated curiosity regarding the preceptor's pharmacy practice area.				
The student's appearance was professional and in accordance with College of Pharmacy and practice site policies.				

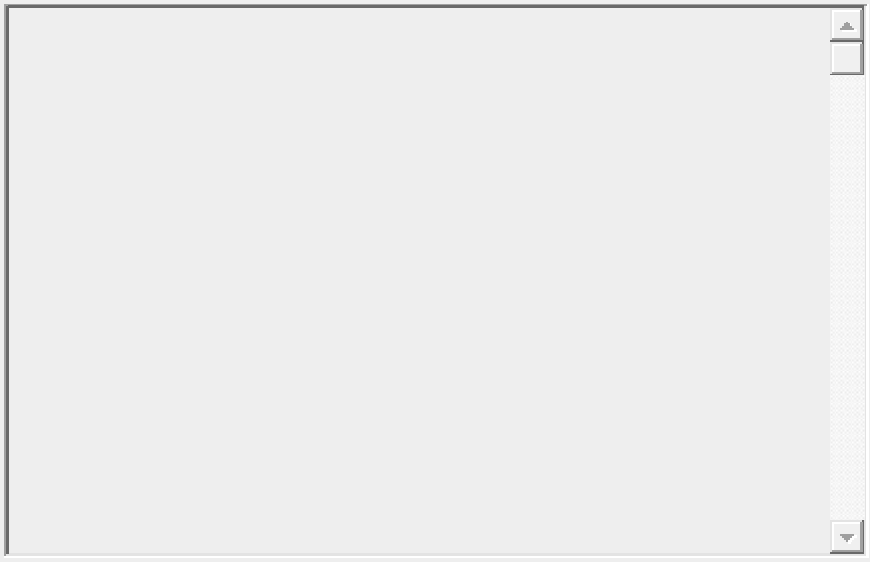
Comments - Personal and Professional Development (*Question 4 of 7)*

(Question 5 of 7 - Mandatory)

	No	Yes
Did the student complete their required 6 hours?	○	○

Additional Comments (*Question 6 of 7)*

Confidential Comments to Professional Experience Program Personnel (*Question 7 of 7, Confidential)*



Review your answers in this evaluation. If you are satisfied with the evaluation, click the **SUBMIT** button below. Once submitted, evaluations are no longer available for you to make further changes.

Appendix I: IPPE Clinical Preceptor Evaluation of Student (in eValue)

Student _____ Date _____
Preceptor _____ Site _____

	Yes	No
Did the student complete their required hours?		
Was the student on time?		
Did the student exhibit professional dress attire?		
Did the student communicate clearly and professionally?		
Overall, did the student exhibit professionalism?		

Comments:

Appendix J: 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.
- **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):** _____

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

Pharmacist Verification (nurse allowed if giving immunizations):

_____ _____ _____

(Print Name) *(Signature)* *(Today's Date)*

Student Verification: _____

(Signature)

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

☐ *Check this box to confirm. eValue > CPD Program> Case Logs > Log New Case*

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 52242
Phone: 319-335-8835 |**Email:** Jennifer-seyfer@uiowa.edu

IOWA PHARMACY

Appendix K: IPPE Community/Hospital Evaluation of Student Performance

IPPE Assessment of Student Performance

Assessment Measurement		
1	**Needs Significant Improvement**	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. **Must provide comments to indicate deficiencies**.
2	**Needs Improvement**	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.
3	**Meets Expectation**	The student has adequately demonstrated this competency. The student frequently performs the competency within expectations and requires minimal guidance and supervision from the preceptor.
4	**Exceeds Expectation**	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. **Must provide comments to justify rating**.
NO	**Not Observed**	The student has not had the opportunity to demonstrate this competency.

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	
XIII.	Utilizes effective techniques to provide education to others and assesses comprehension of audience.
XIV.	Provides education which contains the most current information relevant for the intended audience.
XV.	Demonstrates an attitude that is respectful of social determinants of health (e.g., culture, religion, health literacy, literacy, disabilities, and cognitive impairment.)
XVI.	Communicates with confidence, clarity, respect, and empathy to establish rapport and build trusting relationships.
XVII.	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	
XVIII.	Approaches activities with a desire to learn.
XIX.	Recognizes their strengths and areas for growth and initiates strategies to enhance professional and personal development.
XX.	Instills trust through professional presence (e.g., punctuality, reliability, attire, appropriate workplace behaviors).
XXI.	Adheres to legal and ethical standards of the profession. Yes or No Response
XXII.	Maintains confidentiality of protected information. Yes or No Response
Designation you would assign for the student's performance on rotation (Circle One): Fail Pass	
Evaluation Type (Circle One): Midpoint Final	
Were you the primary preceptor for this student? (Circle One): Yes No	
Please provide comments to support performance designation.	
Confidential Comments to Professional Experience Program Personnel only	

Appendix L: IPPE Community Learning Activities Checklist

IPPE Community Checklist 2023-24
PHAR 8207 Introduction to Community Pharmacy Practice

Student Name: _____ Preceptor Name: _____

Site Name/City & State: _____ Cycle Dates: _____

Daily Worksheet of Professional Experiences *To be completed by student **DURING THE ROTATION CYCLE** and verified by preceptor and student on final page*	**Student initials and dates at completion of activity**	**Preceptor initials only if activity is <u>NOT</u> completed. (provide explanation)**
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: Drug or product procurement		
I. Drug/product ordering and returns		
A. Describe processes for obtaining drugs from authorized wholesalers 1. Ordering 2. Invoices 3. Returns 4. Product availability issues/backorders		

II. Inventory control		
A. Discuss importance of inventory control for the pharmacy B. Observe and differentiate techniques used for inventory control		
III. Handling and storage		
A. Review process for receiving drugs from wholesaler 1. Controls versus non-controls 2. Refrigerated items 3. Hazardous drugs		
IV. Recalls		
A. Discuss process for drug recalls		

AREA 3: Prescription receiving, interpretation and review, preparation, verification, dispensing, and counseling		
I. Prescription receiving		
A. Describe the applicable rules, and exemptions, for receiving prescriptions in various formats 1. Electronic 2. Written 3. Verbal / telephone 4. Facsimile 5. Transfer		
B. Discuss and understand the policies and procedures for accepting electronic, written, verbal, facsimile, or transfer prescriptions		
C. Review the technology used to facilitate the receipt of prescriptions and refill authorizations		
D. Determine completeness and legality of prescription upon 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, signature, and DEA number of prescriber (when indicated)		
E. Understand the methods for handling prescription transfers 1. Observe appropriate communication required for taking verbal transfer order 2. Follows procedure for non-pharmacist taking verbal transfer order (up to preceptor's discretion) a. Obtain or provide the necessary information from or to the transferring pharmacy b. Accept or provide order efficiently and accurately c. Detect errors of omission d. Request appropriate clarification e. Document appropriately		
F. Understand the method for handling orders from out-of-state prescribers		
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 (e.g., JCPP Pharmacists' Patient Care Process)		
B. Describe methods to attempt to determine the intent of the prescriber (e.g., using ICD-10 codes when available)		
C. Interpret the abbreviations used in the transcribing 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 prescription order omissions or errors and how to document modifications or clarifications		
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 or illegitimate prescribing		
I. Review prescription order for validity of prescriber (i.e., Physician, Dentist, Podiatrist, Veterinarian, Optometrist, Physician's assistant, Nurse Practitioner)		
J. Discuss DEA classifications of medications and further legal requirements of prescription orders and dispensing scheduled medications		
K. Observe how to check for quantity restrictions placed on prescribed medications by various third-party payers or the DEA		
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		
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 or conduct patient interview for the establishment of a medication record (e.g., comprehensive medication review, med rec; level of participation up to preceptor's discretion)		
IV. Preparation and verification of the prescription order		
A. Hazardous drug procedures (USP 800) 1. Review the site's policies and procedures related to handling of hazardous drugs 2. Identify drug products considered hazardous per NIOSH list		
B. 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 4. Inspect drug product for visible signs of decomposition or deterioration 5. Perform proper technique when counting number of units and transferring the product to a dispensing container		
C. 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		
D. Describe methods for resolving problems such as: 1. Prescribed drug is not available or is backordered 2. Prescribed drug is not in stock or number of dosage units in stock is not sufficient to fill complete prescription order		
E. 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 upon patient request and authorization) d. When to dispense medication in original container		
F. 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)		
G. 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 methods for dispensing of medications 1. Determine if the prescription will be picked-up, mailed, or delivered 2. Determine whether person receiving the prescription is the patient or patient's agent 3. Determine what additional information is needed from the patient or patient's agent (i.e., insurance card, date of birth, allergies, etc.)		
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		
F. Discuss how potential or actual medication dispensing errors are identified, documented, reviewed, and communicated, if pertinent		
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, 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 with drug regimen		
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, morning, bedtime) 4. Side effects of medication 5. Duration of therapy 6. Action taken in the event of a missed dose 7. Storage of medication 8. Question patient concerning an update of profile information (e.g., drug allergies, other medication use, disease-state information) 9. Inform patient of refill status of prescription		
AREA 3: Special Products and Services: Controlled substances, non-prescription products, immunizations, and durable medical equipment		
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 prescription legitimacy, refills, suspected narcotic abusers, or 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. Therapeutic activity 2. Appropriate dosage 3. Side effects 4. Contraindications		
C. Collect medication and relevant medical history for patient presenting with a non-prescription, self-care medication request or question		
III. Immunizations (if applicable)		
A. Discuss pharmacists' authority to order and administer vaccinations 1. Vaccines which may be ordered or administered 2. Age restrictions 3. Delegation of vaccine administration		
B. Discuss policies and procedures for infection control and prevention of needlesticks		
C. Prior to vaccine administration, observe or participate in: 1. Review the statewide immunization registry 2. Review of pertinent patient information and vaccine questionnaire 3. Discussion of risks and benefits associated with vaccination 4. Vaccine preparation following manufacturer's instructions and sterile technique (up to preceptor's discretion)		
D. Observe or participate in vaccine administration (up to preceptor's discretion)		
E. Document and report vaccination as applicable		
F. Discuss management and reporting of vaccine adverse events		
IV. 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., diabetic supplies, nebulizers, compression socks, walking aids, etc.)		
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. Regulatory bodies and licensing requirements		
A. Know the regulatory agencies which must license the pharmacy and the inspection procedures utilized		

B. Be familiar with other licenses or permits required of the pharmacy and the procedures to obtain such licenses or permits C. Review your malpractice insurance policy, its limitations, its coverage, and procedures for claims		
III. Professional involvement and professional relationships		
A. Observe and discuss how to develop and maintain working relationships with other health professionals		
B. Discuss professional education and activities including: 1. Continuing education activities 2. Professional organizational or association activities 3. In-service education		
C. Review the importance of professional association membership		
D. List the merits of community and civic involvement on the pharmacist's community and professional stature		

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.

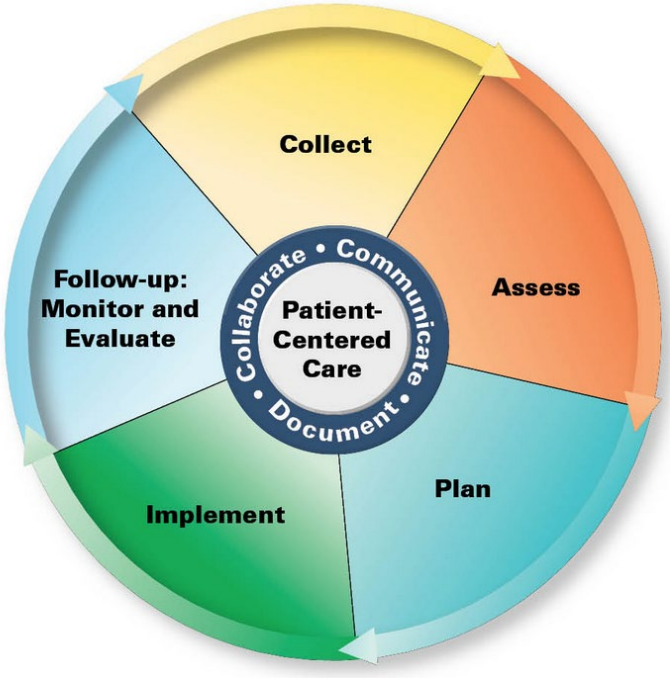
Signature: _____ Date: _____

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™ <u>after</u> final discussion*

Submit completed checklist to the PEP Office in 375 CPB 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, 375C-1 CPB, Iowa City, IA 52242-1112; or scanned and emailed to colleen-gross-advani@uiowa.edu.

AREA 6: Pharmacists' Patient Care Process



Pharmacists' Patient Care Process

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

Using principles of evidence-based practice, pharmacists:

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

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

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

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

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

Graphic from http://media.pharmacist.com/emailimages/PCC_Diagram.jpg

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 M: IPPE Community Mock Pharmacy Inspection

Instructions for Completing the Mock Pharmacy Inspection

Goal: The goal of this exercise is to assist the student in understanding and application of state pharmacy board laws and rules that pertain to Community Pharmacy Practice. It is NOT the goal of this assignment to be punitive to the pharmacy. This worksheet will not be shared with University of Iowa College of Pharmacy Faculty or Staff.

Directions for Completion:

1. The student will serve the role as the pharmacy inspector/compliance officer and will conduct a review of the pharmacy utilizing the worksheet questions below.
2. Although pharmacy board inspections are typically unannounced, it is up the discretion of the primary preceptor when the mock pharmacy inspection will take place. The student should not disrupt the pharmacy workflow to complete this exercise.
3. The primary preceptor will direct the student as to which staff to utilize to help answer the questions. Pharmacists, interns, technicians, or support staff or a combination of staff may be utilized to aid the student in completing the mock inspection.
4. The student will complete the Mock Pharmacy Inspection worksheet by inquiring with staff and/or reviewing documents as deemed appropriate by the preceptor.
5. The preceptor will verify that the assignment was completed by initialing on the IPPE Community Checklist under Area 5. This worksheet is NOT to be turned into University of Iowa College of Pharmacy Faculty or Staff.

Resources:

- This Mock Pharmacy Inspection was created using rules in the Iowa Administration Code – Pharmacy Board [657], which can be found online at: https://www.legis.iowa.gov/law/administrativeRules/chapters?agency=657
- Additional Rules and Regulations pertaining to Hazardous Drugs can be found in the United States Pharmacopeia (USP) General Chapter 800 found online at: https://www.usp.org/compounding/general-chapter-hazardous-drugs-handling-healthcare

Items and information utilized to create the inspection form were used with permission from the Iowa Board of Pharmacy Executive Director, Andrew Funk.

Mock Pharmacy Inspection

Inspection Date:	**Inspection completed with: (select all that apply)** ☐ Pharmacist in Charge ☐ Staff Pharmacist ☐ Technician ☐ Intern ☐ Support Staff ☐ Other	
Locate the Pharmacy License #: ☐ Yes ☐ No	**Locate the Pharmacy CSA #:** ☐ Yes ☐ No **CSA Date Expired:** ☐ Yes ☐ No	**Locate the Pharmacist in Charge License #:** ☐ Yes ☐ No
AVE # Prescriptions/Week:	**Number of Pharmacist Hrs Per Week:**	**Number of Intern Hours Per Week:**
Number of Tech Hours Per Week:	**Number of Pharmacy Support Personnel Hrs per Week:**	**Annual Controlled Substance Inventory Conducted:** ☐ Yes ☐ No

Business Activities/Practices (check all that apply):

☐ General Dispensing ☐ Controlled Substance Dispensing ☐ Pseudoephedrine Sales ☐ OTC Sales ☐ Unit Dose/Med Paks ☐ Delivery/Mail Outs ☐ Compounding ☐ Medication Therapy Management ☐ Statewide Protocol – Naloxone ☐ Statewide Protocol – Immunizations ☐ Statewide Protocol - Nicotine ☐ Technician Product Verification ☐ Collaborative Practice Agreements ☐ Other: _____

C = Compliant D = Deficient NA = Does Not Apply to this Licensee/Registrant

#	Question	C	D	NA
1	Pharmacy Area contains 1) refrigerator with thermometer measuring within range 36-46 degrees F (2-8 degrees C) and record of minimum daily verification, 2) sink in sanitary condition with hot and cold running water, 4) secure barrier, 5) clean and orderly workspaces and drug storage, 6) equipment in sanitary condition and in good working order, 7) proper temperature/humidity for storage of drugs *657.8.5 Environment and equipment requirements.*			
2	Drugs and devices on dispensing shelves are: 1) stored in a manner that protects their identify and integrity, 2) properly labeled with an expiration date, and 3) not expired. *IAC 657.8.7 Procurement, storage, and recall of drugs and devices.*			
3	Pharmacy maintains supplier invoices of prescription drugs upon which the actual date of receipt of the drugs by the pharmacist or other responsible individual is clearly labeled *IAC 657.8.7 Procurement, storage, and recall of drugs and devices.*			
4	License/registration: 1) For pharmacy is current and visible to the public, 2) For each pharmacist, wall license with current renewal card is current and visible to public, 3) For each Tech or Pharmacy Support Personnel, registration certificate is available in the pharmacy *IAC 657.8.4 Pharmacist identification and staff logs* and *155a.35 Pharmacy license*			

5	Notice stating, Iowa law requires the pharmacist to discuss with the patient any prescriptions dispensed to the patient that are new or a change in drug therapy, is posted in every prescription pickup area, including every drive-through pick-up lane. *IAC 657.6.14 Patient counseling and instruction*			
6	Records are 1) maintained for two years, 2) those within one year are kept in the pharmacy department (unless digital copy is immediately available for non-controlled substances), 3) maintained in a secure location, retrievable within 72 hours *IAC 657.6.16 Records*			
7	Transfer of prescriptions: 1) for controlled substances, is completed between pharmacists or interns, 2) for non-controlled substances, completed by pharmacist, intern, or certified pharmacy technician, 3) via fax only after direct communication between authorized individuals, 4) contain all the required information for transfer in subrule 6.9(5) *Record of transfer out* & subrule 6.9(7) *Record of transfer received* *IAC 657.6.9 Transfer of prescription*			
8	Continuous Quality Improvement (CQI) program is in place and includes: 1) documentation of errors that reach the patient, 2) a description of the event, 3) date and time of event, 4) identification of person who discovered the event, 5) identification of the person reporting and reviewing the event, and 6) recommendations for changes to pharmacy system *IAC 657.8.26 Continuous quality improvement program.*			
9	Pseudoephedrine product purchase is recorded in the PSE Tracking System *IAC 657.10.34 Dispensing products containing ephedrine, pseudoephedrine, or phenylpropanolamine without a prescription*			
10	Perpetual Inventory 1) are maintained in a manual or electronic record format, 2) changes are documented and reported, 3) on-hand counts of selected CIIs match the perpetual inventory values, 4) CII inventory is reconciled at least annually, 5) records are maintained at the registered location for a period of two years *IAC 657.10.18 Schedule II perpetual inventory*			
11	Annual controlled substance inventory 1) is taken within 372 days of previous inventory, 2) all controlled substances have been inventoried, including PSE products and products prepared by the pharmacy, but not yet delivered to patients, 3) responsible individual conducting the inventory has signed the inventory, 4) date and time (open/close) of inventory *IAC 657.10.19 Physical count and record of inventory*			
12	Changes on C-II prescriptions are NOT made for, 1) prescribers name, 2) patients, name, 3) “Do Not Fill Before” date, or 4) the controlled substance *IAC 657.10.29 Schedule II – Issuing multiple prescriptions and 657.10.30 Schedule II—changes to a prescription.*			

13	Partially filled CII prescriptions are properly filled and executed. 1) Insufficient quantities are supplied to the patient within 72 hours of the original fill. 2) Patient or prescriber requests for partial fills: remaining portion of partial fill can be dispensed up to 30 days from the date the prescription was issued for no more than the original quantity. *IAC 657.10.27 Schedule II prescriptions – partial filling*			
14	Multiple C-II prescriptions issued on the same date contain, 1) the authorized fill date and 2) do not exceed a 90-day supply. *IAC 657.10.29 Schedule II – issuing multiple prescriptions*			
15	Accountability of CIII-V medications by one or more of the board approved measures: 1) perpetual log, may be electronic; 2) documented audit and reconciliation of all controlled substances at least every 6 months; or 3) documented cycle counts at least every 90 days with identified discrepancies investigated and documented *IAC 657.10.20 Schedule III through V accountability*			
16	Vaccine Administration: 1) Documentation of initial training, life support and CE for each authorized pharmacist/technician/intern is available for inspection, 2) Statewide immunization registry is consulted prior vaccine administration, 3) vaccine administration is reported to the registry and to the patient's PCP, if known, 4) pharmacy maintains sufficient quantity of non-expired emergency supplies as identified in the vaccine administration protocol *Iowa Code 155A.46; SWP*			
17	Naloxone Statewide Protocol: 1) documentation of one hour of ACPE accredited CE on subject for each pharmacist that dispenses, 2) eligibility is assessed by pharmacist, 3) purchaser is trained by the pharmacist, 4) the product is labeled – not covering the expiration date, 5) dispensing reported to the Iowa Prescription Monitoring Program and the recipients primary health care provider (if applicable), 6) records are maintained for 2 years *IAC 657.39.7 Opioid antagonist dispensing by pharmacist—standing order; SWP*			
18	Med Paks: 1) preserve and protect integrity/identify of drugs, 2) are free of extraneous matter, 3) reusable containers are cleaned and used ONLY for the same patient, 4) no more than 1 month is dispensed at one time, 5) drugs returned from med paks are NOT returned to pharmacy stock *IAC 657.22.5 Patient med paks*			
19	Med Pak beyond use date does not exceed 60 days from date of preparation or shortest manufacturer exp date-whichever is shorter *IAC 657.22.5 Patient med paks*			
20	Med Pak labeling includes 1) Patient name, 2) unique ID for the patient med pack, 3) RX #'s for each drug, 4) drug name, strength, dosage form, quantity, directions for use, and prescriber for each drug product, 5) preparation date, 6) beyond-use date, 7) pharmacy name, address, phone #, and 8) responsible RPh identification			

	IAC 657.22.5 Patient med paks			
21	Med Pak record keeping includes 1) patient name and address, 2) RX #'s for each drug product contained therein, 3) med pak unique ID, 4) preparation date, 5) beyond-use date, 6) special labeling instructions, and 7) RPh identification *IAC 657.22.5 Patient med paks*			
22	Pharmacy has completed and documented an Assessment of Risk (AOR) for all Hazardous Drugs (HDs) it handles which includes: 1) type of HDs, 2) dosage form, 3) risk of exposure, 4) packaging, 5) manipulation *IAC 657.8.5 Environment and equipment requirements & USP 800, Section 2*			
23	AOR documents alternative containment strategies/work practices to minimize occupational exposure and identifies Personal Protective Equipment (PPE) to be used *IAC 657.8.5 Environment and equipment requirements & USP 800, Section 2*			
24	AOR for HDs is reviewed and documented at least every 12 months *IAC 657.8.5 Environment and equipment requirements & USP 800, Section 2*			
25	A designated area is available for HD receipt/unpacking and HD storage *IAC 657.8.5 Environment and equipment requirements & USP 800, Section 5*			
26	HDs are stored: 1) in a manner to prevent breakage/spillage if the container falls, 2) off the floor, 3) within regular inventory if authorized by AOR and policy *IAC 657.8.5 Environment and equipment requirements & USP 800, Section 5*			
27	Appropriate PPE per AOR, including chemotherapy gloves, are worn when HDs are unpacked *IAC 657.8.5 Environment and equipment requirements & USP 800, Section 10*			
28	All areas where HDs are handled and all reusable equipment/devices (i.e., counting trays) are deactivated, decontaminated, and cleaned *IAC 657.8.5 Environment and equipment requirements & USP 800, Section 15*			
29	A spill kit is readily available in all areas where HDs are routinely handled *IAC 657.8.5 Environment and equipment requirements & USP 800, Section 16*			
30	Training pertinent to HDs includes: 1) overview of HD list and risks, 2) review of SOPs for HD handling, 3) proper use of PPE, equipment, and devices, 4) response to know/suspected HD exposure, 5) spill management, 6) labeling, 7) transport, 8) storage, 9) disposal, 10) use of Safety Data Sheets *IAC 657.8.5 Environment and equipment requirements & USP 800, Section 9*			
31	Competency in HD handling is reassessed every 12 months *IAC 657.8.5 Environment and equipment requirements & USP 800, Section 9*			

IAC = Iowa Administrative Code USP = United State Pharmacopeia HD = Hazardous Drugs
AOR = Assessment of Risk

Appendix N: IPPE Hospital Learning Activities Checklist

IPPE Hospital Checklist 2023-24

PHAR 8209 Introduction to Hospital Pharmacy Practice

Student Name: _____ Preceptor Name: _____

Site Name/City & State: _____ Cycle Dates: _____

***** Students must write out answers in the gray-shaded cells *****

Daily Worksheet of Professional Experiences *To be completed by student **DURING THE ROTATION CYCLE** and verified by preceptor and student on final page*	**Student initials and dates at completion of activity**	**Preceptor initials only if activity is NOT completed (provide explanation)**
AREA 1: The Hospital Environment		
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 D. Discuss overview of pharmaceutical services offered within the institution E. Observe the pharmacy department's involvement in training programs, committees, etc. (within and outside the institution) F. Participate in a guided tour of the pharmacy, noting dispensing areas, manufacturing, storage, records, etc. G. Receive introduction to the pharmacy's policies and procedures		

I. Electronic Medical Record (EMR)		
A. Specify the EMR system the hospital uses		
B. List at least 3 types of information that are available in the EMR?	1. 2. 3.	
II. Prescriber order entry A. Observe prescriber order entry		
III. Medication Order Verification		
A. Observe the receiving, interpreting, and evaluating medication orders		
1. Observe the normal procedure/workflow for receiving medication orders (e.g., tube systems, 'runners,' STAT orders)		
2. Discuss hospital policies regarding prescribing authority of physicians and other healthcare professionals		
3. Observe the pharmacist in verification of prescribed medication (verbal orders and written orders) a. Check for correct dosage, rate, and frequency b. Screen for drug allergies c. Check for adverse drug reactions d. Screen for drug interactions e. Screen for therapeutic duplications		
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 health care 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		
A. Describe the process for preparing medication once the order is deemed appropriate 1. Proper selection of prescribed medication 2. Appropriate labeling for inpatient dispensing 3. Charging and crediting medication 4. Verification of preparation of medication 5. Record keeping and dispensing of prescriptions		
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: Week 1: _____ Week 2: _____ Week 3: _____ (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: Week 4: _____ Week 5: _____ Week 6: _____ Week 7 _____ Week 8 _____ Week 9 _____ Week 10: _____ Week 11: _____ Week 12: _____ Week 13 _____ Week 14 _____		

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: A. Control methods B. Record keeping C. Consent documents D. 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: A. Educational Activities (e.g., newsletter, bulletin board, in-service programs) B. Pharmacists' role in interdisciplinary care teams and/or committees C. Challenges encountered during interdisciplinary involvement		

IV. Describe at least 2 clinical services you participated in or observed (medication reconciliation, discharge counseling, observing clinical/surgical procedures, etc.)	1. 2.	
V. Describe any other automation or high-tech device/processes you witnessed at your site		
VI. Discuss professional education and activities including: A. Continuing education activities B. Professional organizational or association activities C. In-service education		
VII. Examine medical reporting forms and programs (e.g., USP-ISMP Medication Errors Reporting Program, FDA MedWatch)		

AREA 5: DI Request and Final Assignment	
Student completed at least one drug information request using UICOP DI question format or format provided 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.

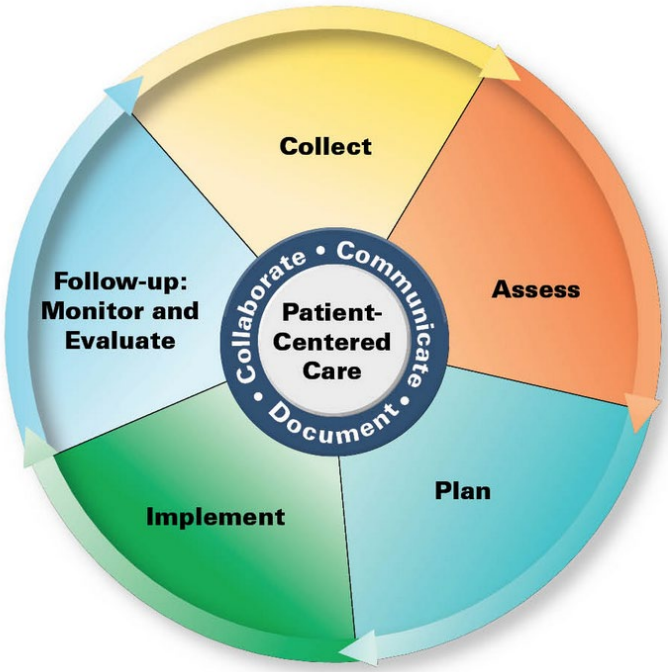
Signature: _____ Date: _____

Student must complete examples of the Pharmacists' Patient Care Process on page 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.*

Submit completed checklist to the PEP Office in 375 CPB 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, 375C-1 CPB, Iowa City, IA 52242-1112; or scanned and emailed to colleen-gross-advani@uiowa.edu.

AREA 6: Pharmacists' Patient Care Process



Pharmacists' Patient Care Process

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

Using principles of evidence-based practice, pharmacists:

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

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

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

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

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

Graphic from http://media.pharmacist.com/emailimages/PCC_Diagram.jpg

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 O: Student Improvement Plan Example

Once submitted this evaluation will be available for review and for comments to be added by the following roles: Student, Preceptor and PEP Administrator.

Evaluator:	Jen Test_Preceptor - Preceptor	**Subject:**	susie test_P4 - P4
Activity:	9401 Ambulatory Care Rotation	**Site:**	test ambulatory care pharmacy
Evaluation Type:	Student Improvement Plan	**Completion Date:**	05/16/2024
Request Date:	05/16/2024		
Period:	APPE 23-24 Cycle 9	**Dates of Activity:**	04/01/2024 **To** 05/03/2024
Subject Participation Dates:	04/01/2024 **To** 05/03/2024		

The Experiential Education Student Improvement Plan (SIP) will assist you in documenting concerns about a student pharmacist's knowledge, skills, attitude and/or behavior. A SIP provides the student pharmacist with an opportunity to remedy concerns.

Level of Concern (based on risk of failing the rotation): ***(Question 1 of 5 - Mandatory)***

Selection	Option
	Minor Concern - low risk of rotation failure
	Continued concerns despite coaching - moderate risk of rotation failure if concerns are not addressed and corrected
X	Serious concerns - high risk of rotation failure or dismissal from site

Description of Knowledge, Skills, Attitude, or Behavior Concern(s): ***(Question 2 of 5 - Mandatory)***

Please include if the concern relates to foundational knowledge, patient care, leadership & problem solving, communication and/or personal & professional development.

Susie has shown up an hour or two late each day the first week, even after talking with her about the importance of arriving for shift on time. Her foundational knowledge seems to be lacking as she cannot answer even basic questions about anticoag medicatons.

SMART Goals: To be completed by the preceptor and the student pharmacist working together.

Specific: Describe the specific skills, behaviors or duties that need to be improved
Measurable: What does improvement look like? How will success be evaluated?
Achievable: What resources and/or support will be offered to assist the student in meeting their goals, if applicable?
Realistic/Relevant: Are goals are reasonable and achievable in the period indicated and relate to student/rotation success?
Time-Bound: Plan a specific timeline for goal completion. Set interim deadlines or check-ins, if applicable.
(Question 3 of 5 - Mandatory)

Susie must arrive on-site by 7 am the remainder of the rotation. She should review her class notes on anticoag medications and the supplemental reading materials I emailed her so she can answer questions from patients and on rounds. I will review Susie's progress toward these goals next Friday, May 24.

Student signature and comments:

(Question 4 of 5)

By typing your name below, student pharmacist acknowledges reviewing the SIP with their preceptor. Student pharmacists may provide additional comments below.

Is the student progressing in the Student Improvement Plan?

(Question 5 of 5)

Preceptor: Jen Test_Preceptor wrote the following on 05/17/2024 11:48 AM:

Susie has been on time each day this week and is better able to answer questions about anticoag medications. I will monitor her progress through the remainder of the rotation.

Additional Evaluation Comments
See the confidential comment above
See the confidential comment above
Acknowledgment by PEP staff Type name and date this SIP was reviewed by PEP staff
Save My Comment