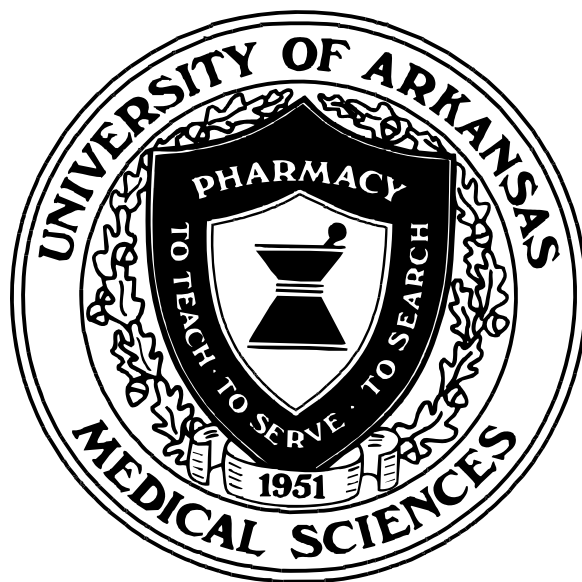


**DEPARTMENT OF
PHARMACY PRACTICE**

**Advanced Pharmacy Practice
Experience Community Manual
2011-2012**



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Advanced Pharmacy Practice Experience General Rotation Course Syllabus

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“Any concerns, questions, or procedural matters related to this course should be addressed in the following order of progression: the appropriate Experiential Director, Assistant Dean for Experiential Education, and finally the Dean’s office.”

“The course syllabus is a general plan for the course; the syllabus may be modified at any point during the year and deviations communicated to the class via UAMS email.”

4TH PROFESSIONAL YEAR – ADVANCED PHARMACY PRACTICE EXPERIENCE

Pharmacy Practice 6714 (Direct Patient Care), 6724 (Indirect Patient Care), 6734 (Elective)

Prerequisites

Senior Status (4th professional year)

Description

The Pharmacy Practice Course is a 36-week experiential program containing 1,440 hours divided into 9 experiences (one calendar month each), each consisting of a minimum of 160 hours. Each experience is designed to guide the student in the process of integrating basic pharmacy-related concepts to patient care in specific areas of pharmacy practice. Using an educator/practitioner as a role model, emphasis is placed on the contributions pharmacists can make toward patient care with < 50% of the students time spent in dispensing/technical activities.

P4 APPE Requirements 2011-2012

- **Direct Patient Care (5)** - every student will be assigned to the following types of experiences:
 - Two (2) Acute Patient Care – Inpatient;
 - One (1) Ambulatory Care;
 - One (1) Acute Care or Ambulatory Care;
 - One (1) of the following: Advanced Community Pharmacy Clerkship in either Medication Therapy Management or Nonprescription Medications.
- **Indirect Patient Care (2)** - every student will be assigned to:
 - One (1) Community Management;
 - One (1) Hospital/Health-System.
- **Elective (2)**
 - every student will be assigned to two experiences: To be assigned from any approved experience including Direct Patient Care (see above), Indirect Patient Care (see above), or other experiences such as Drug Information, Toxicology, Public Health, Managed Care, Industry, Legislative/Regulatory, Informatics, Hospital/Health-System, Community Management, or Management

Policy for interaction

Students should contact the Preceptor/Faculty associated with APPE via their office phone or email. If unable to reach the individual, students may contact the appropriate Experiential Director or Assistant Dean for Experiential Education by phone or email.

Attendance

There are **no excused absences** and **no recognized student holidays** for experiential course work. In case of illness, students must: a) call the Dean's Office (501) 686-5557, AND b) call the preceptor as early as possible on the day that will be missed. If a student anticipates being

absent from the experience on a specific date (e.g., job/residency interview, college sponsored meeting/function during APPE hours, other course's requirements, etc.), he or she must make arrangements with the preceptor prior to that date. A minimum of 160 hours is required for each experience; therefore, it is the student's responsibility to reschedule hours missed with the preceptor's approval. If a student is sick or absent for more than one fourth of any APPE, he or she may complete the experience only with permission of the preceptor and the appropriate Experiential Director.

1. **No student holidays are recognized.** If a rotation site does not meet on any Monday through Friday day, that day must be made up pursuant to preceptor scheduling.
2. **No EXCUSED absence for illness is recognized.** If a student must miss a rotation day due to illness, that day must be made up pursuant to preceptor scheduling.
3. **No EXCUSED absences for family emergency.** If a student must miss a rotation day due to family emergency, that day must be made up pursuant to preceptor scheduling.
4. **No EXCUSED absences for residency or job interview.** If a student must miss a rotation day for a residency or job interview, that day or days must be made up pursuant to preceptor scheduling.

Emergency

In the case of an emergency, the student should **call** the appropriate Experiential Director immediately at either 501-944-7639 (Flowers) or 501-425-9529 (Pace). This does not include absence for routine illness, job interviews, flat tires, etc. These issues are addressed in the Attendance policy above.

Goals

Direct Patient Care Goals:

- To optimize patient specific rational pharmacotherapy that is based on the best available evidence in patient care environments.
- To demonstrate effective communication skills as it relates to the patient and health care team with accompanying documentation exercises.
- To demonstrate the retrieval, evaluation, and application of professional literature as it relates to patient centered care.
- To demonstrate professional and ethical behaviors as it relates to patient centered care and interdisciplinary respect.

Indirect Patient Care Goals:

- Manage and administrate a professional practice.
- Demonstrate knowledge of the various components and complexities of the health care system.
- Demonstrate knowledge of the various components and issues dealing with population based health.
- Retrieve, evaluate, and manage professional information and literature.
- Understand and apply information technologies to support distribution management and clinical services.
- Identify, assess, and solve problems to provide a professional judgment for specific situations.
- Communicate and collaborate with other health care professionals, policy makers, and patients regarding medication management.

Objectives

Specific objectives will be provided during each individual APPE.

E*Value

E*Value can be accessed at www.e-value.net. Pending evaluations are available on the initial screen. Schedules can be retrieved through E*Value by clicking on “Reports” then “Schedules” then “Rosters” on the left hand tool bar. This will bring up a Roster Schedule Report page. It is not necessary to make a selection under the Curriculum field. “Start date” and “End date” should be changed to the appropriate time frame. The schedule is then generated by clicking on Next.

Grading

A student may be failed in an APPE for violation of patient confidentiality, tardiness, or failure to show up for a rotation, cheating on exams, quizzes or other assignments, plagiarism, or other action which, in the opinion of the preceptor and the Advanced Practice Experiential Director and/or Assistant Dean for Experiential Education, is unprofessional conduct damaging to the reputation of the College of Pharmacy and/or the APPE site.

Midpoint Evaluation /Interim Report: This report is designed to allow the student and the preceptor the opportunity to discuss strengths and weaknesses which the student has displayed during the first half of the experience.

Any student receiving <2 on any item may be removed from the APPE program and required to complete a remediation plan prior to restarting APPEs. Students who are removed from an APPE will receive a “WF” and will have to repeat the same type of experience.

Incomplete Grade

A grade of “I” (incomplete) is assigned when a student, for reasons sufficient to the preceptor, has not been able to complete some vital portion of the APPE. The student must finish the requirements of the APPE at the same practice site and at the discretion of the preceptor. All incomplete work must be completed within six months following the beginning of the experience. If the work is not completed by the designated time, the grade will become an 'F' unless the Dean, in conjunction with the preceptor and the Advanced Practice Experiential Director and/or Assistant Dean for Experiential Education, grants an extension of time.

Failing Grade

If a student fails an APPE, he/she must repeat that experience. No APPE may be attempted more than twice. In the event that a student does not achieve the expected level of competency at the end of the APPE, the Scholastic Standing Committee will determine whether credit will be granted for the APPE program or a recommended Individualized Education Program (IEP) will be developed as described in the APPE Scholastic Rules. For students who are not awarded Credit for an APPE, failure to successfully complete an IEP will result in an “F” and will be viewed as the student’s second attempt to complete the APPE. If a student successfully remediates an APPE and fails a second APPE, he/she will be dismissed from the College of Pharmacy.

Withdrawal

Withdraw failing (WF) - A student who withdraws at any time during an APPE and is failing at the time of the withdrawal will be given a ‘WF’. The “WF” will be regarded as a failing grade;

therefore, the student must repeat the same type of APPE, required or elective, within one year of the withdrawal for a grade. If the student receives a second 'WF' or failing grade in any APPE, the student will be dismissed from the College of Pharmacy. A student may repeat only one APPE to remove a grade of 'F' (failing grade) or 'WF' (withdrawn failing).

For remediation of an “F” or “WF” the following rules will be applied:

- A student who fails an APPE will be required to complete the same type of experience. The practice site and scheduled time for the repeat APPE will be scheduled at the discretion of the Advanced Practice Experiential Director and/or Assistant Dean for Experiential Education and the College of Pharmacy according to availability.
- A student who fails an APPE shall be withheld from any further scheduled experience until the failed APPE is repeated at the earliest available date.

Withdraw Passing (WP) - A student who withdraws at any time during an APPE and at that time has a passing grade as judged by the preceptor will receive a grade of 'WP.' At the discretion of the Advanced Practice Experiential Director and/or Assistant Dean for Experiential Education, the student may repeat the APPE in which the 'WP' was received, some part of that APPE as designated by the preceptor, or another APPE so long as the student meets the experiential requirements for graduation.

Preceptors may request that a student be removed, as a result of behavior or performance, from a practice site.

Academic Dishonesty

Students are expected to abide by the Pledge of Professionalism and Honor Code. These documents can be found at http://www.uams.edu/cop/current_students/pdfs/honor_code.pdf. Students who commit academic dishonesty or professional misconduct during an APPE may be given an “F” for the experience in which the violation occurred and/or the matter may be referred to the Honor Council and/or Scholastic Standing for review. Examples of academic dishonesty include but are not limited to plagiarism or cheating as defined in the student handbook.

Professionalism in the Experiential Learning Environment

Preceptors and site staff contribute their pharmacy and time to teach students how to practice pharmacy. These individuals allow the College of Pharmacy to place a student under the preceptor's tutelage. While the student is in the pharmacy, patients and other health professionals will recognize him or her as a part of that pharmacy; the student's conduct and actions will reflect upon the pharmacy. Students are expected to conduct themselves as professionals. The student will respect the operating procedures of the institution and the instructions of the preceptor.

Professional Attire

The student must be neat in appearance and maintain a professional decorum while on rotation. The student is required to be professionally attired at all times while *on site*, including a name

tag, required identification and his/her pharmacy jacket, unless instructed otherwise by the preceptor. Although the term “professionally attired” can be interpreted differently, the following general guidelines should be followed:

- When contacting the preceptor prior to beginning the experience, students should ask if there is a dress code. If the site has a specific dress code, students are expected to abide by it. If a student does not abide by the site’s dress code, the preceptor may require the student to leave and change into more professional attire before returning. The student is expected to make up any time lost. If there is not a specific dress code at the site, the student should use the preceptor’s attire as a guide.
- If uncertain about a site’s dress code (e.g. the first day), a safe attire would be slacks, dress shirt, and necktie for males and dress or slacks/appropriate top, skirt/appropriate top for females.
- Some types of clothing should be avoided. Examples include “hipster” style slacks, tops that reveal the mid-section, visible undergarments, “beach-style” footwear, and transparent clothing.
- Clothing should always be neat and clean.

Confidentiality: The pharmacy

The student will learn certain aspects of the pharmacy which should be kept confidential including pricing procedures and other aspects of operation. The preceptor is placing significant trust in the student by taking him or her into the pharmacy as a co-professional. The student must appreciate and respect this trust by not betraying the preceptor's confidence. **Violation of these confidences is grounds for immediate dismissal from the Experiential Program and may also result in additional disciplinary action as deemed necessary by the College of Pharmacy.** (See the College of Pharmacy Handbook- UAMS Confidentiality Policy for more details.)

Confidentiality: The patient

The student must keep confidential all information pertaining to the patient's health and any other information of a personal nature, which may be learned in the externship program. Discussion of any patient specific information must only be done in a professional manner and in an appropriate environment. **Violation of patient confidentiality is grounds for immediate dismissal from the Experiential Program and may also result in additional disciplinary action as deemed necessary by the College of Pharmacy.**

Loyalty

The student should exhibit loyalty to the pharmacy to which he or she is assigned. During this time, he or she should feel as a part of the organization.

Guidelines for Students

1. All students must attend the APPE orientation offered by the Experiential Education Office prior to beginning the fourth professional year.
2. Students are responsible for regularly monitoring their UAMS email messages, as this is the primary means of communicating important information in a timely manner. Students are responsible for maintaining a current UAMS email password throughout their academic experiences. If the password expires, the student must call the UAMS Technical Support Center at 501-686-8555.
3. If a student believes there is a personality conflict with the preceptor, or other problems with the experience which could affect the final grade, he or she should contact the appropriate Experiential Director immediately.
4. **Students are responsible** for getting all evaluations and grades from the preceptor, including mid-term evaluation by the preceptor.
5. Students **CANNOT** do a rotation at a site where they have either received intern credit or worked before or during pharmacy school. Failure to notify the Experiential Education Office of a scheduling conflict of this nature is likely to delay the student's progression through academic course work and may result in disciplinary action.
6. The general policy of the UAMS College of Pharmacy is for students to complete all experiences within the State of Arkansas. Out-of-state experiences may be done only with approval from the Experiential Education Office. Students participating in out-of-state experiences must have and are responsible for obtaining an intern license from that state. Students should apply for the out-of-state intern license at least 6 months before the start of the experience. Students are responsible for all expenses (travel, lodging, additional fees, etc) for any APPE site, unless provided for by the APPE site (e.g. AHEC housing, I.H.S.).
7. If you are ill, you must: a. call the Dean's Office (501) 686-5557; and b. call the preceptor.
8. If you cannot attend an APPE on a specific date (e.g. job/residency interview, college sponsored meeting/function during APPE hours, etc.) you must notify the preceptor and the Dean's Office prior to that date. You are required to obtain a minimum of 160 hours for each experience. It is the student's responsibility to reschedule hours missed with the preceptor's approval.

Student Requirements

Students must complete **Midpoint and Final self-assessments** using the **Longitudinal Achievement Based Assessment** to enhance feedback discussions regarding student performance. These self-assessments are found by logging into E-Value at <https://www.e-value.net>. They must be completed in a timely manner (within 5 business days of the Midpoint and Final assessment). **Failure** to submit a completed assessment within five working days may result in a grade of **Incomplete (see Incomplete Grade)**. Additionally, students must complete Pre, Mid-Point and Final Longitudinal Self-Assessments in E*Value within the specified time periods.

Students must complete the **Preceptor and Site Evaluation** located in E-Value as the items relate to the individual preceptor and experiential site. It is important that this evaluation be completed within **five** working days of the last day of participation on the experience. **Failure to complete all evaluations will result in not being cleared for graduation by the Registrar.**

Results from preceptor and site evaluations will be aggregated and forwarded to the preceptors without individual identification.

Students must **CALL YOUR PRECEPTOR** at the assigned site **the week prior** to initiation of the APPE to ask what the starting time should be and if there are any special instructions that you need to be aware of prior to the first day of the experience.

In addition to meeting the expectations set forth in this manual, students must comply with the **College of Pharmacy Policies and Procedures Governing Students in the Experiential Program** located in this document.

Guidelines for Preceptors

The preceptor is an integral and vital part of the total educational experience of the Doctor of Pharmacy student. This role cannot be overemphasized. In assuming the responsibility for training and educating students, the preceptor displays to the public, his/her peers, and other health professionals a commitment to the advancement of the profession through the provision of quality pharmaceutical care.

In assuming this role of teacher/mentor, the preceptor must foster the development of a strong sense of mutual admiration and professional courtesy. While working on a one-to-one basis, the preceptor assumes much more than a teacher or pharmacist role model. The preceptor must identify the student's strengths and weaknesses, while concomitantly providing an atmosphere whereby the student may grow intellectually as well as professionally. The preceptor must recognize that the student's greatest deficiency is inexperience, while the preceptor's greatest asset is knowledge through experience. The student may be able to share with the preceptor newly acquired clinical and scientific knowledge and, in turn, the preceptor will guide the student through the application of that knowledge to daily professional practice. The preceptor may therefore not only teach, but learn as well.

Preceptor Requirements

The preceptor must:

- Hold a faculty appointment with the UAMS COP or be a registered Arkansas State Board of Pharmacy licensed Preceptor if the practice site is in Arkansas. Pharmacists whose preceptor certificate has expired need only to renew. Please call the Board (501-682-0190) for a renewal form.
- Maintain professional competency by fulfilling continuing education requirements as determined by the appropriate State Board of Pharmacy and be in good standing with the Board.
- Provide professional clinical services and exercise patient care responsibilities.
- Assure that the minimum training time of 160 hours and other experiential requirements are fulfilled during the scheduled time period.
- Supervise the student and review, in detail, expectations for the student with respect to appearance, attitude, site specific processes of prescription processing, and patient care responsibilities. (The primary preceptor may delegate some of these responsibilities to other qualified persons.)
- Allow adequate time for communication and be willing to discuss all aspects of professional practice in accordance with ethical, moral, and legal standards.
- Provide necessary support systems to allow an atmosphere of maximal/optimal learning for the student.
- Offer constructive criticism in a professional manner as well as praise for outstanding achievements.
- Not enter into any personal or professional relationship with a student that would jeopardize or interfere with objectivity or effective teaching. Not reimburse the student for services rendered, either directly or indirectly.
- Observe the law, uphold the dignity and honor of the profession, and accept its moral and ethical principles.
- Complete the longitudinal achievement based assessment form at the mid-point and final student evaluation for the student. Both will be submitted electronically using

E*value by logging onto the website at <https://www.e-value.net> in a timely manner (within 5 business days of the Midpoint and Final assessment).

- All experiential practice sites must be approved by the Experiential Education Office.

For any further information or questions, contact:

Mrs. Ellie Dickinson – (501) 686-6494
Experiential Education Coordinator
Room EdII 6/108d
E-mail eedickinson@uams.edu
Fax (501) 686 - 8104

Professional Practice Program Benefits for Preceptors

1. **Faculty Recognition** - Preceptors can be formally recognized for their contributions to pharmacy experiential education through designations by the appropriate academic rank modified by the prefix *Clinical*. These designations are designed to recognize individual pharmacist's contributions to pharmacy education and the appropriate title will be determined by the Dean of the College of Pharmacy and the Chairman of the Department of Pharmacy Practice on an annual basis.
2. **Program materials** - Preceptors will receive one each of the following before the beginning of each rotation cycle:
 - Picture of the fourth professional year class
 - Advanced Practice Experience - General Course Syllabus
 - College of Pharmacy Catalog - available on the webpage (www.uams.edu/cop)
3. **Continuing Education** - The College of Pharmacy is pleased to support the efforts of its volunteer preceptors who seek to enhance their practice skills through continuing education (C.E.). The college will continue to provide assistance to defer the expense of obtaining those educational benefits. During the 2011-2012 school year, active rotation sites will be provided 12 hours of C.E. credit for any College of Pharmacy sponsored C.E. program. This credit may be used by the preceptor of record or his appointee. Please contact the UAMS COP CE Office (501-686-5396) to use your credit.
4. **Preceptor License** - It is necessary for pharmacists who precept College of Pharmacy students to obtain a **Preceptor License** from the Arkansas State Board of Pharmacy. These must be requested individually from the State Board of Pharmacy. The College of Pharmacy will be happy to reimburse pharmacists for any costs involved in obtaining a Preceptor License. After you receive your preceptor license, please send a copy to the Director of Experiential Education with your social security number and we will reimburse you.
5. **Library Access** - Preceptors will have improved access to UAMS resources including email, and the University of Arkansas for Medical Sciences library. In addition, you will also be able to obtain materials through Interlibrary Loan at no cost. This package expands preceptor access to all of the UAMS library's on-line resources including PubMed with full-text articles from journals in the library's collection and information databases such as the Lexi-Comp on-line access and DynaMed. With this access comes a UAMS e-mail address that will

enhance the communication between volunteer preceptors and the College.

- **Procedure:**

Please fill out the enclosed “Non-Employee Information Sheet” and the “Confidentiality Form,” both can be found on the UAMS Experiential website at <http://www.uams.edu/cop/experiential/default.asp> and fax back to 501-686-8104. This information is needed to add preceptors into the system so you can log on and access the UAMS library. Additionally, we must have a copy of your Preceptor Agreement Form on file at the College.

- **Area Health Education Centers**

All health care professionals are eligible to use the collections of the Area Health Education Center (AHEC) and to request interlibrary loans of articles for journals not located in their AHEC library. Check with your AHEC library for the terms for interlibrary loans as some provide this service without charge for health care professionals and to students as well. Attached is a listing of AHEC libraries.

- **Free Assistance and Training From the UAMS Librarians**

The UAMS librarians will provide assistance via phone, email, in person, and/or meet with groups of five or more health care professionals and provide training at no charge.

As with faculty, preceptors are encouraged to utilize the expertise available at the college on problems they may have at their practice site. We want preceptors to be active participants in our educational program - share your ideas at every opportunity. If we can assist you with any area of your practice, don't hesitate to call on us.

Pharmacist’s Letter: Preceptor Training and Resource Network

To set up your access:

- A. If you already have access to *Pharmacist's Letter* your subscription most likely includes *Preceptor Training & Resource Network*, which means you can access it the same way you access *Pharmacist's Letter*.
- B. If you **don't** have access to *Pharmacist's Letter*, you need to set up a UAMS College of Pharmacy Preceptor CE ID # as follows:
 1. Go to www.pharmacistsletter.com/?referer=uams.edu/ptrn
 2. Click **I Don't Have a CE ID #** in the yellow box on the right
 3. Fill out the form with your information and click **Continue**
 4. Verify your information and click to confirm your status as a preceptor for UAMS College of Pharmacy

Your CE ID # will be automatically created and you'll be able to use it from any Internet-connected computer to access *Preceptor Training & Resource Network*.

To access *Preceptor Training & Resource Network*:

Go to www.pharmacistsletter.com/ptrn, enter your CE ID # in the top box and click **Login**. (You won't need a password.)

Your access to *Preceptor Training & Resource Network* includes:

- Access to UAMS College of Pharmacy's preceptor requirements, preceptor application forms, school specific training modules, etc.
- Preceptor CE (home-based courses and live webinars)
- Sample student syllabi, activities, assignments and schedules
- Orientation, grading and evaluation tools
- Targeted professionalism, patient safety and practice-based teaching resources
- *PL Journal Club* (APPE teaching tools)
- *Pharmacy 101* (IPPE teaching tools)
- End-of-rotation exams
- Preceptor discussion board

Need help?

Contact *Preceptor Training & Resource Network* with questions.

Darcy Meade

(209) 472-2240

preceptor@pletter.com

Pharmacist's Letter

3120 W. March Lane

P.O. Box 8190

Stockton, CA 95208

College of Pharmacy Policies and Procedures Governing Students in the Experiential Program

All Pharmacy students in the experiential program at any practice site must accept and adhere to the Policies and Procedures of that site. This may include, but is not limited to, random drug testing. According to the policies of the College of Pharmacy, all students must fulfill each of the following criteria for experiential activities:

1. The student must have a valid and current *Intern License* issued by the Arkansas State Board of Pharmacy. If the student does an experience outside of Arkansas, the student must obtain an intern license from that state as well.
2. The student is required to have a current health insurance policy.
3. The student must hold a current professional liability insurance policy (minimum insurance limits of \$1,000,000/\$3,000,000). Insurance is provided through Pharmacists Mutual and is paid from student fee collections at Fall registration.
4. The student must possess current American Heart Association (AHA) Healthcare Provider Cardiopulmonary Resuscitation (CPR) Certification. A copy of the CPR card must be submitted at APPE orientation.
5. The student must have a physical examination and current immunization record on file in the UAMS Employee Health/Student Preventive Health Service (EH/SPHS). The following vaccinations, history of illness, and/or titers are required for enrollment: Tetanus-diphtheria-pertussis (Tdap), Measles-Mumps-Rubella (MMR), Hepatitis B, and Varicella. The student may be required to provide proof of physical examination and current immunization records depending on experiential site. Copies may be obtained by calling the Health Center at 686-6565.
6. The student must adhere to the guidelines of the Pharmacy Practice Department and to the assigned rotation site as to dress, responsibility, confidentiality, and conduct.
7. The student may not receive monetary compensation from any Preceptor or Experiential Site.
8. The student must have a current TB Skin Test on file with the UAMS EH/SPHS and adhere to UAMS monitoring protocol as described below.

Working with patients entails an occupational hazard of contracting tuberculosis due to inadvertent exposure to a person with unrecognized tuberculosis. Such new infection has a 5-10% chance of progressing to actual tuberculosis. For this reason, all students must be tested annually by way of a Tuberculin Skin Test (TST). All new students will have a TST at Fall registration, establish a baseline, and then annually thereafter as a condition of being a student at UAMS.

All new students require a baseline TST. The new student may provide documented proof of a TB skin test as long as it has been no longer than twelve months prior to UAMS hire date. This documented TST will count toward one of the two required

readings of the baseline TST. Students who have been vaccinated with BCG should refer to the UAMS EH/SPHS for more specific guidance in these cases.

The baseline TST will include a two-step process if the new student has 1) never had a TST or has no documentation of TST, or 2) if it has been greater than twelve months since the new student had a documented, negative, TST reading result. The 1st TST will be placed at Fall registration. The two-step process will require the student to return within 10 – 21 calendar days for the 2nd placement and reading which will then be recorded as the baseline TST.

New students reporting prior positive TSTs must provide TST and chest radiography documented and confirmable proof. If no documented proof of a past positive is available, a TST will be placed and read with 48-72 hours. The student may request the TST be done with one-half dose (2.5 tuberculin units or 0.05ml). If the TST is positive, the reading will then be recorded in millimeters of induration for UAMS baseline records. However, the student must understand that, if the half dose test results in a negative TST, a 2nd placement of the full dose 0.10 ml, will be required with the results of the 2nd placement and reading being recorded as the baseline TST.

Students with existing medical conditions that prohibit them from participating in the TST process should contact EH/SPHS. Arrangements will be made in a confidential manner (with the Arkansas Department of Health) to complete the annual medical screening requirements. TST results are determined as follows:

- Students with an induration of 0-4mm will be recorded as negative. (A negative test does not rule out the presence of TB.)
- Students with a TST induration of 5-9mm will be considered intermediate. Intermediate skin tests will be repeated on the day of 1st reading with the 2nd placement and reading (recorded within 48-72) as the TST result.
- An induration of >5mm may be considered “positive” in the following groups:
 - Contact with an active case of TB
 - HIV positive persons
 - Chest x-rays consistent with old, healed TB
 - Recipients of organ transplants, and other immunosuppressed conditions (receiving the equivalent of > 15mg/day of prednisone for > 1 month)
- Students with a TST induration of ≥10 millimeters will be referred to the Arkansas Department of Health for further evaluation and preventive therapy if indicated. Chest radiography will be performed at the Pulaski County Health Unit and reviewed by a radiologist at the unit. Only the TB Control Officer for the State of Arkansas, or his designee, may determine the adequacy of a course of treatment, or documentation of treatment, resulting from a positive TST. Further information may be obtained from UAMS SPHS.

9. Students who receive needle stick or other sharp injuries or certain body fluid exposures will, on many occasions, need laboratory monitoring for a period of time. Additionally, the student may be offered appropriate medication therapy as in the case of HIV exposure. The cost of this monitoring will be paid by the institution and student insurance, not the student. This monitoring and the appropriate billing will be handled through SPHS. Students should contact SPHS immediately after such an injury occurs

(or contact the Emergency Room if SPHS is not open). Full policy is available at <http://intranet.uams.edu/uh/Policy/Human%20Resources/hr401.htm>).

10. The use or possession of any illicit drug by any student while on University property or on a University affiliated assignment will not be tolerated as described by the campus drug-free workplace policy.¹ Any College of Pharmacy student who illegally uses, gives, sells or in any way transfers a controlled substance to another person, or manufactures a controlled substance while involved in an Experiential Program rotation will be subject to immediate dismissal from the rotation and may also result in additional disciplinary action as deemed necessary by the College of Pharmacy. In some cases rotation sites may require random, mandatory drug screening. Students should anticipate that requests for participation in site specific screening may be made, and students on rotation at those sites will be expected to comply.

Failure to comply with these policies can result in dismissal from the College of Pharmacy.

Health Insurance Portability and Accountability Act (HIPAA)

Training of all UAMS employees and students on the HIPAA regulations and related policies and procedures to protect the confidentiality of patient information is mandatory. Students are required to sign a written acknowledgement that they have reviewed a HIPAA self-study packet and completed a post-test on the regulations and related policies. This written acknowledgement is on file in the UAMS HIPAA Office. Various clerkship and internship sites may also require HIPAA training to be completed at each individual location.

¹ University of Arkansas for Medical Sciences - Policy on the Drug Free Workplace (Policy no. 860.1) Adopted by the Chancellor's Cabinet - 7/28/89).

SENIOR CALENDAR
2011 - 2012 Academic Year
UAMS College of Pharmacy

Summer 2011

APPE Rotations begin..... Wednesday, June 1
P4 Class Meeting (9:00AM) Wednesday, June 1
P4 Registration (11:00AM)..... Wednesday, June 1

Fall Semester 2011

P4 Summative Exam.....Wednesday, November 30- Friday, December 2
P4 Class Meeting (9:30AM)Monday, December 12
Career Fair (8:00AM – 6:00PM)Monday, December 12

Spring Semester 2012

P4 Class Meeting (1:00PM) Wednesday, January 4
P4 Registration (3:00PM)..... Wednesday, January 4
Graduate Intern Application Pickup (8:00AM – 4:00PM) May 9-10
Senior Honors Convocation Friday, May 18
Commencement..... Saturday, May 19

CALENDAR
UAMS COLLEGE OF PHARMACY

Academic Year 2011 - 2012

SUMMER AND FALL SEMESTER 2011

APPE Rotations begin	Wednesday, June 1
P4 Class Meeting (9:00AM)	Wednesday, June 1
P4 Registration (11:00AM).....	Wednesday, June 1
APA Convention (Little Rock, AR)	June 9-11
Fourth of July Holiday	Monday, July 4
P1, P2, & P3 Registration	Tuesday, August 9
Labor Day Holiday	Monday, September 5
NCPA Meeting (Nashville, TN)	October 8-12
APhA-ASP Midyear Regional Meeting.....	TBA
Fall Break.....	TBA
Veteran's Day Holiday	Friday, November 11
Thanksgiving Holiday.....	November 24-25
P-4 Summative Exam***	Wednesday, November 30- Friday, December 2
ASHP Mid-Year (Las Vegas, NV)	December 2-6
Career Fair (8:00AM – 6:00PM)	Monday, December 12

SPRING SEMESTER 2012

First Day of Rotation	Tuesday, January 3
P4 Class Meeting (1:00PM) ***	Wednesday, January 4
P4 Registration (3:00PM) ***	Wednesday, January 4
P1, P2 & P3 Registration	Wednesday, January 4
Martin Luther King, Jr. Holiday.....	Monday, January 16
Presidents' Day / Daisy Bates Holiday.....	Monday, February 20
APhA Meeting (New Orleans, LA)	March 9-12
Spring Break	March 12-16
Graduate Intern Application Pick-up (8AM - 4PM) ***	May 9-10
Honors Convocation***	Friday, May 18
Commencement***	Saturday, May 19

*** - Required Attendance for Senior Students

College of Pharmacy
2011-2012 Sunrise, Webchart, Logician Online Training Instructions

All College of Pharmacy P-4 APPE students in Direct Patient Care or Hospital experiences at the UAMS main campus acquire online Sunrise, WebChart with EPF, UHC Patient Safety Net and Logician training before starting their UAMS rotation. This online training may be done any time prior to starting the experience. Once you complete the online tutorials, bring the forms to Dr. Schwanda Flowers for her to sign and submit. You may call the Technical Support Center at 686-8555 on the following workday to receive your Sunrise, Logician and EPF codes. WebChart is accessed the following day as well by using your network log on and password.

You will only need this online training once, even if you have more than one direct patient care or Hospital rotation at UAMS campus. Please see the attached list of students for the month you are scheduled on the next page. ***Please remember to keep up with your login and password information once you complete the online tutorials.***

Process for doing tutorials:

There are four tutorials to be completed during this on-line training. If you would like to access these tutorials from outside the UAMS domain you must have VPN access. If you would like information on VPN access, please call the IT Technical Support Center at 686-8555.

Select the following link, <http://intranet.uams.edu/cctc/training/info/> , “Online Education”, then each of the following tutorials. After completing each tutorial select the link to Clinical Computer Training Center, Online Education, and then the next tutorial.

- 1) Sunrise Introduction Online Training
- 2) WebChart & EPF Training
- 3) UHC Patient Safety Net
- 4) Annual HIPAA update

The Centricity, formerly Logician, tutorial can be accessed by this link:
<http://intranet.uams.edu/centricity/trainreadprint.asp>.

Once you have completed the on-line training you can select the following link and verify your training. <https://secure.uams.edu/TrainingTracker/frmCompletedTraining.aspx>

Call the Technical Support Center at 686-8555 one working day after completing the tutorials and ask for your Sunrise Clinical Manager, EPF, and Logician codes. WebChart is accessed by using your UAMS Network User name and password. Your system access codes are confidential and for your use only. Please do not share your codes with anyone.

If you have any questions you may contact the Clinical Computer Training Center by email at CCTC@uams.edu or by calling 686-8966.



Community Management

**Community Director of Experiential Education
Anne Pace, PharmD.**

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(Email is the preferred method for interacting)

University of Arkansas for Medical Sciences

College of Pharmacy

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“Any concerns, questions, or procedural matters related to this course should be addressed in the following order of progression: the Instructor or Course Coordinator, Departmental Chair, and finally the Dean’s office.”

“The course syllabus is a general plan for the course; the syllabus may be modified at any point during the year and deviations communicated to the class via UAMS email.”

Purpose

The primary purpose of the indirect care advanced practice clerkship in community pharmacy practice is to teach effective management techniques to senior pharmacy students through direct skill training and mentoring. Mentorship by proven pharmacy managers and owners will help students to develop the necessary skills for both these goals as students take part in structured, hands-on, experiential assignments designed to apply the management skills that are part of the classroom curriculum while at the same time practicing their patient care skills in a working community pharmacy practice setting.

While management techniques may be taught in a classroom setting, true understanding of management cannot fully be learned until experience is gained, and management concepts are applied. Furthermore, effective management has been the driving force behind most successful businesses.

Nearly every pharmacist in America has some role in the workplace as a manager. Whether this is managing personnel, inventory, or accounts, many times pharmacists are forced to learn appropriate management techniques on-the-job. This rotation should offer pharmacy managers and student pharmacists a unique opportunity to prosper professionally. Additionally, because this clerkship will take place in the day-to-day setting of a community pharmacy, there will also be the opportunity for students to obtain additional practice of their patient care skills in a community setting.

Goals and Objectives

Note: Community Pharmacy Practice Clerkship goals are numbered; UAMS COP Competency Statements addressed by this clerkship follow in parentheses.

Practice Foundation Skills

1. Take personal responsibility for attaining excellence in the ability to provide patient care in the community practice setting. (1.1; 1.3)
2. Demonstrate ethical conduct in all practice-related activities. (1.5b)
3. Demonstrate the characteristics of a professional. (1.5)
4. Appreciate the need to adapt patient care for diversity. (1.3c)
5. Display a caring attitude toward patients in all aspects of job responsibilities. (2.3)
6. Maintain confidentiality of patient and proprietary business information. (2.4b)
7. Manage time effectively to fulfill practice responsibilities. (2.2)
8. Communicate clearly when speaking or writing. (1.4, 2.3b, 2.4a)
 - Organize all written and oral communication in a clear, concise and logical manner.
 - Address all communication at the level appropriate for the audience.
 - Use correct grammar, punctuation, spelling, style, reference system, and formatting conventions in preparing all written communications.
 - Speak clearly and distinctly

- Use listening skills effectively in performing job functions.
- Use persuasive communication techniques effectively.
- Prepare all communications so that they reflect the positive image of a pharmacy professional

Management Goals (2.1-2.4)

1. Improve student's understanding of the concepts involved in marketing management. At the end of the rotation the student should be able to:
 - Defend product selection and location for specified section of the OTC department.
 - Describe a promotional plan for a specified section of OTC products.
 - Discuss rationale for addition of a patient care service in an area such as, but not limited to, OTC recommendation, compounding, charge accounts, delivery service, nursing home service, Disease State Management, health screenings or immunizations.
2. Operations Management. At the end of the rotation the student should be able to:
 - Prepare a strategic plan for expansion of a pharmacy service.
 - Evaluate a particular store's performance in an area such as patient satisfaction or error prevention effectiveness.
 - Develop a plan for continuous quality improvement in an area such as management training, continuing education, compliance with corporate goals, benefits or promotion practices.
 - Compose a policy for improvement for pharmacy services.
 - Discuss the company's HIPPA policies and how they work to stay HIPPA compliant
 - Discuss the company's organizational structure.
3. Expand student's experience in human resource management. At the end of the rotation the student should be able to:
 - Define legal issues that must be considered during hiring and termination of an employee.
 - Formulate and develop the tools required to search for an employee.
 - Describe the pharmacy's benefit schedule.
 - List methods used by the company in employee retention.
 - Explain the procedure for analyzing and managing a mis-filled prescription or other inappropriate employee action.
 - Evaluate a pharmacy's risk for medication error and determine a plan to reduce any risk found in the evaluation.
 - Recommend staffing levels for a pharmacy department.
4. Improve student's financial management skills. At the end of the rotation the student should be able to:
 - Define each individual's role in inventory control. (e.g., Corporate office, District Manager, Pharmacy Manager, Staff Pharmacist).
 - Determine appropriateness of current prescription inventory level.
 - Discuss methods used in controlling inventory.
 - Describe benefits of pharmaceutical rebates and their role in financial management of pharmacy assets.
 - Explain the rationale involved in determining prescription drug pricing.

Requirements

- Problem Scenario Case Presentations
- Written Job Description
- Interview Session (real or mock)
- Staffing Change Evaluation
- Topic Presentation
- Management Project
- Mid and Final Evaluations from Preceptor

Requirements are described below.

Problem Scenario Case Presentations

For this experience, each student must document **in writing** two (2) problem scenarios from their experience and discuss what was done wrong in each scenario, assess the risks to each party involved, and specify how you would handle the situation if you were in charge of this pharmacy. If there are instances where the law was broken, please highlight this in your assessment. Also, each student will present their two scenarios by the end of the month to their preceptor. Below are two examples of problem scenarios and the information that would be included in your documentation.

Medication Mix-up

The pharmacist was filling a prescription for Coumadin® 2mg. He had just finished typing the label and counting out the Coumadin® when the telephone rang. The pharmacist answered the phone and it was a physician ordering a prescription over the telephone for another patient for Lanoxin® 1.25mg. The pharmacist set the bottle with the Coumadin® to the side on top of the prescription, since he expected that patient to be in momentarily. After typing the label for Lanoxin®, he counted out the Lanoxin® and put them in a bottle and set them on top of the label and the prescription. He was interrupted by another telephone call. In the confusion he picked up the Lanoxin® label and placed it on the bottle containing the Coumadin®. He places the medication in the bag for the patient who should have received Lanoxin®. He handed the prescription to the patient when he arrived. The patient took the medication home and noted there was difference in the appearance of the tablets. The patient called back to the pharmacy and said that the tablets were a different color than they had been getting before. One of the clerks who answered the phone said, without checking with the pharmacist, "Don't worry, it is probably just a generic. It's okay!" The patient took the Coumadin® for several days before excess bleeding began. When the patient was admitted to the hospital, he was bleeding rectally and from the nose.

I writing, discuss what the pharmacist did wrong. Describe risk management procedures that the pharmacist should institute for all prescriptions in order to prevent this type of mistake from occurring again. Specify how you would handle the clerk's part in this error.

Inappropriate Duty Fulfillment

You are the pharmacy manager for a store with a significant staff of 3 pharmacists, including yourself, 2 technicians, and numerous clerks. One day while filling prescriptions you notice one of your technicians giving OTC advice to a patient before ringing up the sale for that customer. At first you think that maybe this technician is only helping someone to find a specific product

that they have requested. The next day you notice a similar situation and find out that not only is this technician recommending products to your patients, but they are also giving advice as to drug interactions and off-label pediatric dosing.

In writing, discuss what the technician is doing wrong. What risk does this pose to you as the pharmacist in charge of this pharmacy? Specify how you would handle this situation.

Staffing Change Evaluation

Evaluate a store's need for a change in staffing. Write a proposal for this staffing change or create a timeline for the projection of staffing needs with certain levels of production being met thus requiring a staffing change.

This project will require you to gain a basic understanding of the guidelines that the district or store managers follow to decide when staffing changes are necessary.

Job Description Written & Interview Session

Become familiar with interviewing pharmacists, technicians, and other support staff. Write a job description for a position opening in a pharmacy and conduct an interview for this position. Discuss with your preceptor what important traits/characteristics they look for in potential employees.

Hand in the written job description as well as a summary of the concepts learned that apply to interviewing. (What do you look for in employees? What red flags do you look for in CV's and resumes? How do you determine how well you think someone will perform in this job?)

Topic Presentation

Prepare and present a lecture to your preceptor on a product that has been approved in the last 6-9 months. The purpose of this presentation is to educate pharmacists and other staff about this new product. Be sure to discuss the choice of topic with your preceptor prior to beginning the work on this presentation. The student and preceptor may seek Continuing Education credit for the presentation from the Arkansas State Board of Pharmacy prior to the presentation.

Management Project

Examples

If your preceptor does not have a project in mind for you during the clerkship, you may choose one of the following:

1. Merchandising Assignment
Discuss this assignment with your preceptor before beginning the project.

Studies show that products sell better from an end-cap than from regular shelf placement. Choose a category of products (OTC, gift or seasonal items) and design a display on an

end-cap. Mark the products you place in this display with a special sticker (maybe a colored dot) and track the sale of items from this section over the course of two weeks. Compare the sales of the items from here to items from regularly shelved items and report your results in the form of a report at the end of the rotation.

**This project may need to be coordinated with an OTC Manager or Department Manager depending on your rotation setting.

2. Disease State Management or other Clinical Service

You are the owner of an independent pharmacy in Anywhere, AR. You have completed the DSM Training Seminar for your state. You are very proud of this new program and can't wait to let the physician's offices in your area know about the new service. Write a letter of introduction for this new service. This letter will be mailed out to all physicians in your town. Not only should this letter serve as an introduction of your service, but should also enlist the support of the physicians for your clinic.

Discussion Topics & Concepts

- Inventory Control
- Daily Cash-out/Sales Record
- In-house Charge Accounts
- Personnel Management
- Monthly Financial Records
- Third-party Billing
- Industrial Billing
- Daily Ordering
- Marketing and Services

Discuss these topics with your preceptor as time and opportunity allow. This will be your best chance to learn about and obtain practical experience in these areas of management.

Inventory Control

1. If possible, the student will perform inventory control. This will include evaluating all promotions, rebates and deals encountered by the prescription department as well as direct buying versus wholesaler deals.

Daily Cash-out/Sales Record

1. If possible, the student will perform this task.
2. Reconcile all cash registers used in the pharmacy at the close of each day and prepare each register for use for the following day. This activity should include, but not be limited to:
 - a. Reconcile cash in the cash register with cash sales and the residual, i.e., amount left in the register each day for change.
 - b. Separate charges (in house and credit card) from cash and amounts paid on accounts, then reconcile with the cash register tape.
 - c. Reconcile refunds and paid-outs with tape.
 - d. Identify and separate sales tax items and non-taxed items. Discuss how sales tax is paid to the state and how often
3. Policy/procedure for making bank deposits:
 - a. How often?

- b. Time of day.
- c. Who makes the deposit?
- d. Fill out the deposit slips and record.
- e. If allowed by your preceptor, accompany the person making the deposit at least one time.

In-house Charge Accounts

1. Discuss with preceptor policy and procedure for individuals establishing credit with the pharmacy.
2. The student should discuss how often billing is done, the policies for collecting past due accounts, when and how long the pharmacy will 'carry' an account for a customer, and who handles this.

Personnel Management

1. Who does the hiring and firing in the pharmacy
2. Examine an application for employment and discuss procedures for checking the application.
3. Discuss discrimination and sexual harassment with the pharmacist. Does the pharmacy have a written policy in place?
4. Discuss the payment of 'unemployment' wages for an employee. Who can file for unemployment? How do you pay it and who decides how much is paid?

Monthly Financial Statements

1. If possible, review a monthly statement and ledger with your preceptor, including, but not limited to, the following (your preceptor may want to give you example data):
 - a. Policy and procedure for deriving the monthly statement
 - b. An analysis of the statement
 - c. Indicate the areas shown in the statement that should be investigated for possible trends, good or bad.
2. Make suggestions as to how the statement may be better organized or utilized and get your preceptor's comments on those suggestions.

Third Party Billing

1. If possible, process and reconcile at least one reimbursement check from a third party.
2. The student should consider the actual payment by the third party (i.e. how long until paid, effect on cash flow, etc.), an analysis of the pharmacy costs in processing the paperwork, and an opinion as to the pricing structure for reimbursement.

Industrial Billing

1. If possible during the course of the clerkship, the student should assist in the processing of industrial billings.
2. The following information is usually required to process industrial prescriptions and is obtained from the patient, the physician, or the employer:
 - a. Date of injury
 - b. Place of employment
 - c. Insurance company and address
 - d. Claim number
3. The student should also be familiar with how these claims are handled on a weekend when prior authorization may not be available.

Daily Ordering

1. If possible, the student should do the merchandising order from the pharmacy, including:
 - a. Ordering from wholesaler.
 - b. Ordering direct.
 - c. OTC ordering.
2. The student should discuss with the preceptor how the following return merchandise situations are handled:
 - a. Incorrect merchandise delivery
 - b. Returns of out of date inventory to the wholesaler or manufacturer. How often is this done? How is the inventory collected/ screened for return?
3. The student should also be involved with reconciling invoices with order sheets.

Marketing and Services

1. Discuss specialty products and services offered by the pharmacy. How did the pharmacist decide which products and services to offer? (i.e. Private label products, herbal products, Disease State Management services)
2. How does the pharmacy market and bill for the services discussed above? How did the pharmacist decide on the promotion and pricing strategy?
3. Does the pharmacy deliver? How do they provide this service? Do they charge for it? Why did they choose the delivery service they use?

NONPRESCRIPTION MEDICINES AND MEDICATION THERAPY MANAGEMENT

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Goals and Objectives

At a minimum, the student is expected to achieve all the competencies bolded below during these experiences.

University of Arkansas for Medical Sciences College of Pharmacy Competency Statements

Domain 1: Patient Care-Ensuring Appropriate Pharmacotherapy and Therapeutic Outcomes	
Description: The graduate will provide patient-centered care in cooperation with patients, prescribers, and other members of an inter-professional health care team based upon sound pharmacotherapy principles and evidence.	
Competency Number	Description
1.1	<p>Evaluate patient data and make an assessment:</p> <ul style="list-style-type: none"> a. Identify and collect information from profiles, pharmacy and medical records, and patient (caretaker) history that will influence optimal drug choice and dosage, b. Obtain a medical history (e.g., chief complaint, medical, medication management, financial, social, cultural, review of systems), c. Conduct physical assessment, and d. Assess patient quality of life.
1.2	<p>Conduct a systematic review of the patient prior to recommending any drug or non-drug therapy:</p> <ul style="list-style-type: none"> a. Identify drug-related problems including adverse drug reactions, drug interactions, and/or suboptimal treatment, b. Recognize common signs or symptoms indicative of disease control issues or drug-related problems, c. Ascertain levels of chronic disease control, d. Assess and address barriers to health care, and e. Collaborate with the patient or patient advocate to prioritize problems.
1.3	<p>Design and implement an individual patient-centered pharmacotherapy plan to maximize desired effects and minimize undesired effects:</p> <ul style="list-style-type: none"> a. Conduct a focused evidence-based review of the necessary literature to determine the best evidence to support pharmacotherapy recommendations, applying pharmaceutical science principles, b. Select prescription or non-prescription medications (including doses and dosage schedules), applying both pharmaceutical science and therapeutic principles, c. Evaluate patient factors that are relevant to selecting pharmacotherapy (e.g., sex, age, race, ethnicity, culture, and genetics), d. Define treatment goals and plan to monitor pharmacotherapy for safety and effectiveness, e. Consider non-drug therapy, therapeutic lifestyle changes, and preventive care issues, f. Conduct patient education including verification of patient understanding of proper use of medication/device, g. Implement interventions to prevent or remedy non-adherence, and h. Implement interventions to resolve drug-related problems and unintended drug consequences.

1.4	<p>Document patient care activities:</p> <ul style="list-style-type: none"> a. Document assessment and pharmacotherapy plan for individual patient encounters, b. Record actions taken to achieve desired therapeutic outcomes, and c. Document patient and provider education activities.
1.5	<p>To demonstrate professional citizenship in the delivery of patient care:</p> <ul style="list-style-type: none"> a. Communicate with other health care professionals to obtain and share pertinent patient information and pharmacotherapy recommendations, b. Perform duties in accordance with legal, ethical, social, economic, and professional guidelines, c. Maintain professional competence by identifying and analyzing emerging issues, products, and services that may impact patient care, and d. Recognize and solve problems using creativity, analysis, and intuition.
Domain 2: Dispensing and Pharmacy Resource Management	
Description: The graduate will manage and use resources of the health care system, in cooperation with patients, prescribers, and other health care providers and administrative and supportive personnel to promote health and to provide, assess, and coordinate safe, accurate, and time-sensitive medication distribution.	
Competency Number	Description
2.1	<p>Demonstrate accurate, safe, and time-sensitive preparation, dispensing, and administration of pharmaceuticals:</p> <ul style="list-style-type: none"> a. Accurately transcribe verbal and written prescriptions and ensure appropriateness of these drug orders, b. Accurately and safely compound and package drugs for distribution in appropriate dosage forms, c. Select appropriate drug product, with respect to patient preference, manufacturing source, generic availability, and third-party reimbursement, and d. Apply appropriate labeling, including patient-specific auxiliary labels.
2.2	<p>Manage pharmacy resources to optimize pharmacotherapy outcomes:</p> <ul style="list-style-type: none"> a. Employ principles of personnel management to the operation of a pharmacy, b. Use principles of fiscal resource management, c. Employ medication distribution and control systems to operate the pharmacy efficiently, and d. Evaluate and use appropriate automation and information technology to optimize medication dispensing and patient care.
2.3	<p>Educate patients and health care providers about requirements for effective therapy:</p> <ul style="list-style-type: none"> a. Establish rapport with patients and other health care professionals to promote a team approach to patient care, b. Counsel patients regarding purposes of their medications, potential adverse drug reactions, and other required information, and c. Provide medication information to patients and health care providers to promote rational drug therapy.
2.4	<p>To demonstrate professional citizenship in the distribution of medications:</p> <ul style="list-style-type: none"> a. Communicate with patients, providers, personnel, and other stakeholders to provide accurate and safe medication

	<p>dispensing and resource management,</p> <p>b. Perform duties in accordance with legal, ethical, social, economic, and professional guidelines,</p> <p>c. Maintain professional competence by identifying and analyzing emerging issues, products, and services that may impact medication distribution and the pharmacy business, and</p> <p>d. Recognize and solve problems using creativity, analysis, and intuition.</p>
Domain 3: Health Improvement, Wellness, and Disease Prevention	
Description: The graduate will promote improved health, wellness, and disease prevention.	
Competency Number	Description
3.1	<p>Demonstrate skills needed to participate in or provide preventive services:</p> <p>a. Participate in disease prevention,</p> <p>b. Provide lifestyle and wellness counseling,</p> <p>c. Provide drug-therapy evaluation and monitor for medication safety, and</p> <p>d. Participate in public health education programs.</p>
3.2	<p>Apply research processes to inform pharmaceutical policy:</p> <p>a. Demonstrate the ability to conduct drug literature evaluations,</p> <p>b. Design quality improvement projects to improve medication use,</p> <p>c. Apply evidence-based principles when making pharmaceutical policy recommendations, including drug benefit design recommendations, and</p> <p>d. Apply principles of pharmacoconomics and outcome assessment.</p>
3.3	<p>To demonstrate professional citizenship to promote wellness and prevent disease:</p> <p>a. Collaborate with various stakeholders pertaining to public health issues and pharmaceutical policy,</p> <p>b. Perform duties in accordance with legal, ethical, social, economic, and professional guidelines,</p> <p>c. Maintain professional competence by identifying and analyzing emerging issues, products, and services that may improve disease prevention and wellness and inform pharmaceutical policies, and</p> <p>d. Recognize and solve problems using creativity, analysis, and intuition.</p>

Grading Policies

Students will be graded by the onsite preceptor based on the rotation Goals and Objectives. Whenever possible, deficiencies are to be discussed (ideally mid-way through the rotation) with the student and every effort made to correct them before a student completes the assigned experience. The student and preceptor should complete a mid-rotation evaluation.

Grading should be done online using the grading rubric.

Nonprescription Medications Experience

Purpose

The purpose of the Advanced Community Practice Experience is to integrate drug knowledge and clinical application within a community pharmacy with emphasis in nonprescription drug therapy. This will be accomplished through student readings, case presentations, drug literature evaluation, and nonprescription drug marketing and economic factors. During the course of this rotation, the pharmacy student will be given an opportunity to provide direct patient care in the community pharmacy practice environment, to refine their skills in communication, patient care, health and wellness promotion, and practice management and to gain the experience and abilities needed to prosper professionally in a competitive healthcare system.

Breakdown of Grades

Grade based on completion of the following activities:

- 4 OTC SOAP notes
- Special Project (clinical **OR** management)

Requirements

Each student will be required to upload their four (4) OTC SOAP notes and special project into E*Value by the **20th of the month**. The Community Experiential Director will review these documents and will provide a Pass or Fail. If the student receives a Fail, they must review the comments and redo the projects. The student must receive a Pass in order to complete the rotation. If this is not done by the final day of the month, the student will receive an Incomplete on the experience until they receive a Pass on each of the required components.

In addition to the required components, the pharmacist preceptor may assign the student any of the listed optional projects to complete. These do not need to be uploaded into E*Value.

The required components are described below.

OTC Case Presentation

General Guidelines

From a list of 86 commonly found nonprescription drug disease states, the student is to work-up and present a total of **four (4)** patients. Each case **must** represent different domains (Appendix E).

Where applicable the student must secure patient information release forms. In all instances the patient should **not** be identified by name but by other identifiable means such as a case number or assigned number. The cases should come from patients requiring assistance with the selection of an OTC product (drug, device, nutritional supplement, alternate medicine, etc.). It may be possible to NOT recommend a product and instead refer the patient to his or her physician.

Students will prepare a detailed SOAP note for each case. Under the Assessment portion of the note, goals for the patient must be stated. Under the Plan portion of the note, explain how the goals will be met for the patient using the product(s) selected. Students can use the accompanying Nonprescription Patient History Form to gather information in order to prepare the SOAP note (Appendix D).

Follow-up with the patient **is required** to ensure that recommendations are effective and without adverse events, to promote goodwill for the pharmacy, and to ensure the patient receives the best possible care.

When presenting the patient, the student will thoroughly review the SOAP note. This will be followed by the student's opinion of the 2-3 key points about the patient's disease every pharmacist should know, and 2-3 points from the chapter and/or literature that were new or of special interest to the student.

The student will present the four (4) SOAP notes to their preceptor at the mid-point of the month.

When preparing the SOAP notes, keep the following in mind:

- Include all relevant information that is helpful in selecting (or NOT selecting) an appropriate product. This may include patient-specific symptoms, concomitant disease states, allergies, pregnancy status, other medications (prescription and OTC), etc.
- It is not necessary to include information that is not available to community pharmacists (i.e. CBC, BUN, etc.). However, if a physical assessment or laboratory value can be obtained at the site and is important to the case, it should be included (e.g., BP, HR, blood glucose readings, cholesterol, etc.).
- Include general health education if it is important to your case.
- If the recommendation is for non-pharmacologic therapy or referral to a physician, include this in the SOAP note.

Also, the following are general questions that don't need to be included in the SOAP note, but the student should be prepared to answer and discuss during the case presentation.

1. What OTC products are available in this category? Be sure to include trade names and any new products available in this category.
2. What conditions are they used for, and how effective are they in the treatment or prevention of these conditions?
3. Who cannot or should not use these products and why?
4. Are there any food or drug interactions that can occur with these products?
5. What side effects may occur and what precautions should someone who uses these products take, if any?
6. How should these products be used and for how long?
7. Is there any controversy in the use of these products?
8. What can be done to help alleviate or prevent the condition without utilizing drug therapy?

Format for Presentation Handout

The OTC cases should be written in the “SOAP” format (Appendix C). A discussion of the above questions should be verbally presented, but does not have to be included in the SOAP note handout. Information in the SOAP note handout should include (as available):

S: Patient History

- Chief Complaint
- History of Present Illness
- Past Medical History

Medication History

- Related to chief complaint.
- Unrelated current/past history of Rx/OTC meds.

Review of Systems/Physical Exam (very general observations)

O: Available labs or objective data

A: Problem list and assessment of each problem

P: Recommendations

- How to take (dose/time/meals)
- Side effects to be aware of and how to minimize
- Drug/food interactions
- Drug/disease state interactions
- Non-pharmacologic recommendations
- Monitoring parameters (what to do if condition worsens, signs/symptoms of serious adverse reactions)

Patient education:

- Disease/drugs/general information (health education)

Follow-Up:

- The patient should be contacted within an appropriate period of time (one day to one week) to discuss the recommended treatment and follow-up on results. If the recommended treatment is not effective, alternate solutions should be recommended.

Special Project Information

This project can be a clinical or management. Examples of the project are:

- Develop a paper, brochure, or poster for the pharmacy on a specific topic
- Develop and present a CE program (Appendix A)
- Organize and implement a health screening

The project should be site-specific. The student should work with their preceptor to come up with an idea for a project. Documentation of the project must be submitted in E*Value.

Optional Projects

The preceptor may assign any of the following projects at their discretion. These are not required to be uploaded into E*Value as a required component of the experience.

- **OTC Topic Presentation**

The student should pick a topic related to nonprescription medicines or self-care to present. The topic should be either an OTC product or self-care topic that is in the news or a new OTC product. The student should review 2-3 articles in current literature related to the presentation topic. The student should prepare a brief handout to accompany the presentation.

- **Herbal Topic Presentation**

The student should develop a 5 minute presentation on an herbal topic that they will present to the preceptor and/or pharmacy staff. The student can also develop a brief handout. The handout should be created as a reference for the pharmacist.

- **Formulary development**

Develop a formulary for a nonprescription (OTC) disease state listed in Appendix E. Include at least six products you would carry and explain your inclusion criteria. Data may be presented in table or manuscript format. At a minimum the formulary should include product name, indication, strengths available, lower/upper age limits, contraindications and warnings or side effects.

Medication Therapy Management

Purpose

The purpose of the Advanced Community Practice Experience is to integrate medication therapy management into the community pharmacy setting and to embrace the concept that the pharmacist must be responsible and accountable for optimal drug therapy. During the course of this experience, the pharmacy student will be given an opportunity to provide direct patient care in the community pharmacy practice environment, to refine their skills in communication, patient care, health and wellness promotion, and practice management and to gain the experience and abilities needed to prosper professionally in a competitive health care system. Emphasis will also be placed on utilizing primary literature and evidence-based medicine to determine therapeutic plans.

Breakdown of Grades

Grade based on completion of the following activities

- At-risk case SOAP note and presentation
- Primary literature article review
- Special Project (Clinical **OR** Management)

Requirements

Each student will be required to upload their At-Risk SOAP note and primary literature article review into E*Value by the **20th of the month**. The Community Experiential Director will review these documents and will provide a Pass or Fail. If the student receives a Fail, they must review the comments and redo the projects. The student must receive a Pass in order to complete the rotation. If this is not done by the final day of the month, the student will receive an Incomplete on the experience until they receive a Pass on each of the required components.

The student is also required to complete a special project. This should be turned in to the preceptor, but this does not need to be uploaded into E*Value.

In addition to the required components, the preceptor may assign the student any of the listed optional projects to complete. These do not need to be uploaded into E*Value.

The required components are described below.

At-Risk Patient Case and Literature Review

At-Risk Patient MTM

The student should choose a patient for their medication therapy management (MTM) encounter within the first days of the experience. The student's preceptor will help in identifying the patient. The patient must have at least 2 chronic conditions and be on 8 chronic medications. After the MTM, the student will write up the encounter in a SOAP note (Appendix F).

Literature review

The student will also find a primary literature article (original research) to review related to a condition or medication their patient has or is on.

Review one (1) primary literature article. Guidelines for the article are:

- Choose a drug used for treatment of the disease and discuss an article relating to that drug. Write-up a description of the study and then discuss your conclusions based on the article of the treatment for the disease.

OR

- Choose an article studying multiple different medications used for treatment of the condition. Write-up a description of the study and compare and contrast the different treatments. Discuss your conclusions based on the study you reviewed.

At a minimum, the student must include the following in the description of the articles:

- Study design, number of patients, inclusion/exclusion criteria, etc.
- Statistics – brief overview and an assessment
- Results
- Clinical significance versus statistical significance
- Place in therapy

The retrieval of clinical literature outside of UAMS may present a barrier to students.

Suggestions for overcoming this barrier are to:

- Obtain a password for OVID from the library. This can be utilized to perform literature searches via the Internet. Many full-text articles are available for downloading.
- Return to the UAMS library for articles (students have a half-day during the course of the rotation that can be utilized for this purpose).
- Utilize the AHEC libraries (Ft. Smith, Jonesboro, El Dorado, Fayetteville, and Texarkana).

Preceptors – library access

If you want library access, please contact Mrs. Ellie Dickinson to fill out the appropriate forms.

All preceptors also have access to DynaMed.

Instructions for DynaMed:

Follow the link below, about halfway down the page there is a Dynamed section and it says **“To register for DynaMed click [here](#).”** This will take you to the Dynamed registration page. An email with username, password and login instructions will be sent to the email address entered on the registration form. After receiving login information, a handheld version of the program can be requested by replying with the name/type of the device being used to the librarian who

sends the login information. The librarian will send a serial number with instructions for installing on the handheld device.

<http://www.library.uams.edu/services/outreach.aspx>

Special Project (Choose a clinical or management project)

Clinical Project Information

The project should be site specific. The following are suggestions for clinical projects. The student may choose a project different than those listed based on the site's individual needs.

Suggestions for clinical projects

- Write a drug information paper for a question asked (at least 3 current, primary literature sources must be summarized and critiqued).
- Develop a protocol that could be used in a patient care service.
- Determine outcomes for a disease state (via literature review) and/or help implement data collection processes.

Management Project

The preceptor may have ideas for the management project. Some examples include developing marketing materials for one of their services, developing and presenting a CE program, etc.

If the preceptor doesn't have any ideas for a project, the student may choose one of the following:

1. Merchandising Assignment
(Discuss this assignment with the preceptor before beginning the project.)
Studies show that products sell better from an end-cap than from regular shelf placement. Choose a category of products (OTC, gift or seasonal items) and design a display on an end-cap. Mark the products placed in this display with a special sticker (maybe a colored dot) and track the sale of items from this section over the course of two weeks. Compare the sales of the items from here to items from regularly shelved items and report the results in the form of a report at the end of the rotation.
2. Disease State Management or other Clinical Service
You are the owner of an independent pharmacy. You have decided to start a new clinical program and can't wait to let the physician's offices in your area know about the new service. Write a letter of introduction for this new service. This letter will be mailed out to all physicians in your town. Not only should this letter serve as an introduction of your service, but should also enlist the support of the physicians for your clinic.
3. Health Screening
Design and implement a health fair (other than just blood pressure screening) to be held in the pharmacy. Suggestions for screenings are 'brown bag review', a diabetes foot screening, a breast cancer screening awareness day. Prepare for the screening day by designing advertising materials and patient education materials to be used.

Optional Activity

Herbal Topic Presentation

The student should develop a 5 minute presentation on an herbal topic that they will present to the preceptor and/or pharmacy staff. The student can also develop a brief handout. The handout should be created as a reference for the pharmacist.

Appendices

Appendix A

Request for Board of Pharmacy Approval of Continuing Education – this form is supplied to help promote student-presented Continuing Education programs at experiential sites.

- Please follow Arkansas State Board of Pharmacy requirements for continuing education.
- Please mail or fax a copy of the Board approved CE form and the participant count for the program to:

Schwanda Flowers, PharmD.
UAMS – College of Pharmacy
Department of Experiential Education
4301 West Markham Street Slot 522-1
Little Rock, AR 72205-7122
Fax: 501-686-8104

In addition to the Board of Pharmacy approval form, students should have participants evaluate their CE presentation. The evaluation form can be found at <http://www.uams.edu/cop/experiential/forms/default.asp>. The evaluations should be mailed or brought to the Experiential Department.

ARKANSAS STATE BOARD OF PHARMACY
101 EAST CAPITOL, Suite 218
LITTLE ROCK, AR 72201
Phone: (501) 682-0190 Fax: (501) 682-0195

FOR BOARD USE ONLY:

Drug Therapy or Patient Management: YES NO

Program ID # _____

REQUEST FOR BOARD OF PHARMACY APPROVAL OF CONTINUING EDUCATION

NOTE: THIS FORM MUST REACH THE BOARD OF PHARMACY OFFICE AT LEAST 15 DAYS BEFORE THE C.E. PROGRAM IS TO BE HELD. REQUESTS NOT RECEIVED WITHIN 15 DAYS OF THE DATE OF THE PROGRAM WILL BE RETURNED NON-APPROVED..

APPROVAL REQUESTED BY:

NAME: _____

PLEASE PRINT

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ FAX #: _____

This is to affirm that the undersigned will be responsible for assuring that participants are present and that the program criteria is appropriate to meet the needs of the participating pharmacists.

****Signature of applicant for C.E. Program Approval:** _____

PROGRAM INFORMATION: (PLEASE LIMIT SPEAKERS CV'S OR RESUMES TO 5 PAGES OR LESS)

TITLE: _____ PRESENTER/SPEAKER: _____

LOCATION OF PROGRAM: _____

DATE PROGRAM TO BE PRESENTED: _____

PROGRAM BEGINS AT _____ a.m./p.m. AND ENDS AT _____ a.m./p.m.

DESCRIPTION OF PROGRAM CONTENT:

PROGRAM OBJECTIVES AND GOALS:

THE PROGRAM IS: LIVE AUDIO VISUAL CORRESPONDENCE
IF THE PROGRAM IS AN AUDIO VISUAL PRESENTATION PLEASE PROVIDE THE NAME OF THE LIVE MODERATOR: _____

DESCRIBE THE EVALUATION PROCESS:

SPECIFY HOW ACCREDITATION CERTIFICATION WILL BE PRESENTED TO PARTICIPANTS:

NUMBER OF HOURS REQUESTED:
 1 HOUR 2 HOURS
 1 ½ HOURS OTHER _____

NUMBER OF HOURS APPROVED:
 1 HOUR 2 HOURS
 1 ½ HOURS OTHER _____

APPROVED BY: _____ DATE: _____
EXECUTIVE DIRECTOR



THE INDIVIDUAL REQUESTING THE C.E. PROGRAM MUST ASSURE THAT EACH PARTICIPANT IS PRESENT AND COMPLETES THIS PORTION OF THE FORM.

NAME OF PARTICIPANT: _____ AR LICENSE # _____

PARTICIPANTS MUST KEEP A COPY OF THIS FORM FOR CE VERIFICATION

Appendix B
NPM Case Presentation Evaluation
(Competency 1.1, 1.2, 1.3, 1.4, 1.5, & 2.3)

- I. Preparation**
- 1. Patient Presentation** _____/15
- Soap Note, results clearly presented
 - All Rx and NPM medications listed
 - All data needed for necessary points
 - Appropriate triage questions (i.e., pregnancy status, age, other disease states)

- II. Knowledge**
- 1. Drug therapy** _____/30
- Understands patient's drug therapy. Links problems with drug therapy (including appropriateness)
 - Discusses alternate NPM choices available and rationalizes choice of product
 - Understands mechanisms of drugs' action
 - Anticipates common or serious drug interactions and ADRs
 - Pertinent pharmacokinetics/dosing considered
 - Cost of therapy justified

- 2. Monitoring** _____/15
- Appropriate parameters to assess efficacy and toxicity presented
 - Defines endpoints of therapy (what to monitor, how often, when to seek emergent help or see physician)

- 3. Follow-up** _____/10
- When to f/u, what to f/u (must discuss)
 - F/U was completed, or attempt documented

- 4. Patient information/counseling** _____/10
- How to explain purpose(s) of drug therapy
 - Important instructions for drug use
 - Side effects/precautions that should be communicated
 - Use of devices, equipment, etc. for delivery of medication
 - Other (eg, blood glucose testing, PEFR)

- III. Style of presentation/delivery/organization** _____/10
- | | |
|------------------------|---------------------------|
| -- Well organized | -- Pertinent information |
| -- Diction | -- Voice projection |
| -- Personal appearance | -- Distracting mannerisms |
| -- Reliance on notes | |

- IV. Response to questions** _____/10
- Responses appropriate and straightforward

100 points possible _____

At-Risk Case Presentation Evaluation (Competency 1.1, 1.2, 1.3, 1.4, 1.5, & 2.3)

- III. Preparation**
- Patient Presentation**
- Soap Note, results clearly presented _____/10
 - Chronological course adequately detailed
 - All data needed for necessary points
- IV. Knowledge (Pt. Specific therapy and Topic Discussion)** _____/3
- Discussion of disease state/pathophysiology**
- Pertinent sequelae, mechanisms presented
 - Signs and symptoms reviewed
- Drug therapy** _____/17
- Understands patient's drug therapy. Links problems with drug therapy (including appropriateness)
 - Understands mechanisms of drug action
 - Anticipated common or serious drug interactions and ADRs
 - Pertinent pharmacokinetics/dosing considered
- Monitoring** _____/15
- Appropriate parameters to assess efficacy and toxicity presented
 - Defines endpoints of therapy (what to monitor, how often, when to seek emergent help or see physician)
- Patient information/counseling** _____/10
- How to explain purpose(s) of drug therapy
 - Important instructions for drug use
 - Side effects/precautions that should be communicated
 - Other (eg, blood glucose testing, PEFR)
- V. Primary LIT: Review** _____/12
- Study design
 - Statistics (in handout with assessment of appropriateness)
 - Results
 - Conclusions (Authors and students)
 - Place in therapy
- IV. Style of presentation/delivery/organization** _____/10
- | | |
|--------------------------|---------------------------|
| -- Well organized | -- Pertinent information |
| -- Diction | -- Voice projection |
| -- Personal appearance | -- Reliance on notes |
| -- Distracting mannerism | -- Eye/contact w/audience |
- V. Handout** (also include visual aids if applicable) _____/8
- Handout referenced throughout and with appropriate citations.
 - Organization of handout
- VI. Response to questions** _____/15
- Responses appropriate and straightforward

100 points possible _____

Appendix C

OTC Example SOAP Note #1

Student name:

Date:

SOAP note #1

S: FB is a 22 y/o WF who is in no apparent distress. She came in the pharmacy with the complaint of "I have a fever blister".

PMH: Not significant

PSH: Not significant

FH/SH: Lives at home with her parents and younger brother, no tobacco or alcohol. Runs with a local club to stay in shape.

Current Medications:

Aleve as needed for cramping and sore muscles

O: Ht: 5'7"Wt: 115lbs BP: 112/66 HR: 56

A: Fever Blister

Goals of Therapy

- Make current blister return to dormant stage
- Keep blisters from coming back in the future

P: Fever Blister

- Educated patient on potential triggers of fever blister (ex. Stress)
- Educated patient on cause of fever blisters (Herpes Simplex – Herpes Labialis)
- Educated patient on Abreva ® how it works and how it is used
- Educated patient transmission of herpes simplex to others
- Educated patient on L-lysine (1000-3000mg qday) and it benefits for fever blisters.

Follow-up: Contacted patient one week later and she stated that the blister is gone and she has started taking L-lysine 1500mg daily.

OTC Example SOAP Note #2

Name

Date

SOAP note #2

- S:** JF is a 58 y/o WM who presented to the pharmacy with a CC of a "itching rash" on his right and left legs. Patient states rash developed 2 days ago. On questioning patient states he cleared some land 3 days ago that contained a large amount of brush.
PMH: HTN
MEDS: lisinopril 10mg every am
OTC: neosporin ointment (?) for 2 days without relief.
- O:** Raised, erythematous, pruritic rash on JF's left and right shins. Rash had some small areas that were oozing a clear secretion.
BP 136/89.
- A:** Contact dermatitis due to poison ivy/oak/sumac treated unsuccessfully with triple antibiotic.
- Relieve itching
 - Prevent spread of irritant
 - Prevent secondary infection
- P:**
1. Recommended diphenhydramine 25mg to be taken once he got home, and instructions to take 25mg at bedtime. Cautioned on diphenhydramine's anti-cholinergic properties as well as drowsiness and residual hang over effect.
 2. Instructed JF to wash areas thoroughly with soap and water then gently pat dry and apply calamine lotion to rash TID.
 3. Advised to apply hydrocortisone 1% cream to more severely inflamed vesicles TID.
 4. Advised to wash hands thoroughly with soap and water after application of lotion/cream to prevent spread of irritant.
 5. Educated patient on need to trim nails and avoid scratching area to reduce risk of spread and secondary infection.
 6. Instructed to have rash examined by a physician if it continues to spread or does not respond to treatment within four days.

Follow-up: Called patient 4 days later. Patient stated that he took the diphenhydramine, but it made him groggy in the morning, so he just used the cream. The rash doesn't itch as much and it is starting to go away.

Appendix D

Nonprescription (OTC) Patient History

(For your use as you choose, you don't need to turn this in.)

Student Name _____
Rotation Site _____
Date ___/___/___

Patient Information:

Male Female (Pregnant Yes No) Race Caucasian African American Other
Date of Birth ___/___/___ Telephone: ___ -

Symptoms of Current Complaint _____

History of Present Illness _____

Past Medical History _____

Drug Allergies _____

Previous treatments used for current complaint and effects experienced :

Medication (OTC or Rx)	Dose/ Frequency	Generic ingredients	Effects experienced

Unrelated Current/ Past Drug History:

Medication (Rx)	Dose	Indication	Starting Date

Physical assessment/ General observations

Temperature __F⁰ Blood Pressure ____/____mmHg

Therapy plan: Include any non-drug recommendations

Patient education:

Drug information: (if OTC medicine was recommended)

Recommended OTC Drug Therapy	Generic Name	Interactions	Side Effects

Follow up:

Patient questions:

Appendix E

Commonly Recognized Problems/Diseases/Domains

Acne

acne vulgaris

Anthelmintics

anisakiasis
ascariasis
enterobiasis
hookworm
whipworm

Antidiarrheals

diarrhea

Antacids

gastritis
gastroesophageal reflux
heartburn
NSAID-induced ulcer
overindulgence/hangover
peptic ulcer disease

Asthma

asthma

Cold, Cough, Allergy

allergic rhinitis
common cold
cough
influenza
sore throat

Dermatologics

bug bites/stings
burns/sunburn
dandruff
dermatitis
diaper rash
dry skin
lice
poison ivy/oak
prickly heat
psoriasis
scabies

Emetics/Antiemetics

nausea
poisoning treatment
vomiting

External Analgesics

bursitis
skeletal muscle pain

Foot Care

bunions
calluses
corns
diabetic foot care
warts

Hemorrhoidals

hemorrhoids

Internal Analgesics

arthralgia
fever
headache
myalgia
neuralgia

Laxatives

constipation
laxative abuse

Menstrual Products

dysmenorrhea
premenstrual syndrome
vaginal dryness

Ophthalmics

blepharitis
conjunctivitis
contact lens problems
dry eyes
hordeolum

Oral Health

canker sores
caries prevention
cold sores
denture problems
gingivitis
toothache

Otics

earwax
swimmer's ear

Sleep Aids

insomnia

Stimulants

adjunct therapy with analgesics
sleepiness

Topical Anti-Infectives

impetigo
tinea capitis
tinea corporis
tinea pedis
tinea cruris
vaginal candidiasis

Weight Control

obesity

MISCELLANEOUS(Comprehensive)

- contraceptive methods & products
- diabetes care
- hair growth
- infant formula products
- in-home diagnostic products
- alternative medicine
- pediatric use of OTC's
- personal care products
- pregnancy/breast feeding & OTC's
- smoking cessation
- vitamins/minerals (nutrition)
- geriatric use of OTC's

Appendix F

At-Risk Patient Note Example

s: DP is a 64 y/o WM who is in no apparent distress. DP was diagnosed with diabetes within the last year and he suffers from essential hypertension. Patient states that he feels that “my blood pressure and blood glucose levels are under control.” Yet he does not know what the goals of therapy are for either disease state. He visits with his primary care physician only 1 to 2 times per year. He has had no problems with excessive thirst and increased frequency of urination since starting therapy.

PMH: Diabetes Mellitus (2001)
Hypertension (1990’s)

PSH: Not of significance

SH: He is a long time farmer, who lives with his wife. He follows the instructed diet for diabetic patients and he does nightly foot inspections. He denies smoking, alcohol, or illicit drug use.

FH: Brother and Nephew—DM-2
Brother—HTN

Allergies: NKDA

Current Medications:

Prescription Rx:

Enalapril 20 mg (one po daily)
Valsartan 160mg (one po daily)
Digoxin 0.25mg (one po daily)
Atenolol 50 mg (one po daily)
Hydrochlorothiazide (one po daily)
Glipizide ER 10mg (one po qam)
Metformin 500mg (1.5 qam and pm, 1 at noon)

OTC:

Aspirin 81mg (one po daily)

O:

Vitals: Ht: 6’2” (188cm) Wt: 210lb (95.4kg)
BP: 160/75 BG: Before Breakfast: 115/ Bedtime: 140
HgA_{1c}: around 7 (seven months ago)

A:

1. **DM-2**

Goals of therapy:

- Preprandial blood glucose of 90-130mg/dL
- Bedtime glucose of 100-140mg/dL
- LDL<100mg/dl
- HgA_{1c} of <7
- Prevent microvascular and macrovascular complications
- Appropriate lifestyle modifications
- Appropriate therapeutic regimen

2. **HTN**

Goals of therapy:

- BP: 130/80 mm Hg

- Prevent further complications
- P:**

1. DM-2

- Educated patient on goals of BG
- Educated patient on lipid goals and need to get lipid profile
- Educated patient on purpose of foot inspection and care
- Educated patient on proper dietary intake
- Educated patient on need for yearly ophthalmic visits
- Counseled patient on need for more frequent doctor's visits

Glucophage:

- Educated on how to take medication
- Educated on s/s of lactic acidosis
- Educated patient on need of SrCr level

Glucotrol XL:

- Educated patient on how to take medication
- Educated on s/s of hypoglycemia

2. HTN

- Educated patient on goals of BP for diabetics
- Educated patient on proper dietary intake
- Educated patient on need for exercise
- Educated patient on need to take weekly BP readings

Hydrochlorothiazide:

- Educated patient on how to take med in morning
- Educated patient on hypokalemia s/s

Digoxin:

- Educated patient on how to take med
- Educated patient on s/s of digoxin toxicity
- Educated patient on informing other physicians of digoxin use for future drug interactions
- Educated patient on need to get serum electrolyte levels routinely

Valsartan

- Educated patient on how to take medication

Enalapril

- Educated patient on how to take medication
- Educated on adverse effects (cough, angioedema)
- Educated patient on need to monitor serum potassium levels

Atenolol

- Educated patient on how to take medication
- Educated patient on adverse effects (fatigue, depression)
- Educated patient not to stop medication suddenly
- Educated patient on orthostatic hypotension

Appendix G

Longitudinal Achievement Based Assessment Form

Longitudinal Achievement Based Assessment Form

*(The student and preceptor each complete one copy of this form in E*Value at the mid-point and end of the APPE)*

Student Name _____

Starting Date _____

APPE Site _____

Preceptor's Signature

Student's Signature

Assessment Guidelines:

1. At midpoint and on the last day of the APPE, the preceptor reviews the student's performance including any related documentation to assess development of skills in each of the competency areas. The preceptor completes the Longitudinal Achievement Based Assessment Form by entering a proficiency score for each item listed under the competency areas that is applicable to the APPE. The final page of the assessment includes written comments on strengths and areas in need of improvement with a suggested plan for continued student development. These assessments are formally reviewed with the student at a midpoint and final meeting.
2. The student completes midpoint and final self-assessments using the Longitudinal Achievement Based Assessment Form and reviews these documents with the preceptor during the midpoint and final meetings to discuss any discrepancy between the student's and preceptor's assessments.
3. By the last day of the APPE, the assessments are documented in E*Value to be used as a tool for continuing student development in the remaining experiences.
4. At the beginning of the next APPE, the student will review past assessments with the preceptor and discuss the APPE activities on which the student will focus to further develop proficiency in the competency areas.
5. Preceptor and student assessments are reviewed by the Office of Experiential Education. If the student is not demonstrating adequate proficiency as outlined in the Longitudinal Achievement Based Assessment Procedure for APPEs, the student will be contacted by the Assistant Dean for Experiential Education, and a remediation plan will be coordinated, as appropriate.
6. For successful completion of the APPEs, Doctor of Pharmacy candidates must achieve and maintain a proficiency score of "4" for each of the items.

Proficiency Score

- | |
|---|
| <p>5 - Meets requirement at a level beyond that expected for a new graduate
4 - Meets requirement with minimal or no prompting and intervention from the preceptor
3 - Meets requirement with moderate prompting and intervention from the preceptor
2 - Meets requirement with extensive prompting and intervention from the preceptor
1 - Does not meet requirement even with prompting and intervention from the preceptor
0 - Though opportunities existed, student did not engage in requirement; therefore not able to assess
NA - Not applicable to experience or not observed</p> |
|---|

UAMS COP Competencies

Domain 1: Patient Care-Ensuring Appropriate Pharmacotherapy and Therapeutic Outcomes

The graduate will provide patient-centered care in cooperation with patients, prescribers, and other members of an inter-professional health care team based upon sound pharmacotherapy principles and evidence.

- 1.1 Collect and evaluate data
- 1.2 Conduct a systematic review of the patient prior to recommending any drug or non-drug therapy
- 1.3 Design and implement an individual patient-centered pharmacotherapy plan to maximize desired effects and minimize undesired effects.
- 1.4 Document patient care activities

Domain 2: Dispensing and Pharmacy Resource Management

The graduate will manage and use resources of the health care system, in cooperation with patients, prescribers, and other health care providers and administrative and supportive personnel to promote health and to provide, assess, and coordinate safe, accurate, and time-sensitive medication distribution.

- 2.1 Demonstrate accurate, safe, and time-sensitive preparation, dispensing, and administration of pharmaceuticals
- 2.2 Manage pharmacy resources to optimize pharmacotherapy outcomes
- 2.3 Educate patients and healthcare providers about requirements for effective therapy

Domain 3: Health Improvement, Wellness, and Disease Prevention

The graduate will promote improved health, wellness, and disease prevention.

- 3.1 Demonstrate skills needed to participate in or provide preventive services
- 3.2 Apply research processes to inform pharmaceutical policy
- 1.5, 2.4, & 3.3 Demonstrate professional citizenship in the delivery of patient care, in the distribution of medications, and to promote wellness & prevent disease

Patient Care

- ___ 1.1 Obtains appropriate patient information from patient (medical and medication history, financial, social, cultural, quality of life indicators (ADLs, ADEs), and physical assessment data) to incorporate into assessment.
- ___ 1.1 Obtains appropriate patient information from records (medical and medication history, financial, social, cultural, quality of life indicators (ADLs, ADEs), and physical assessment data) to incorporate into assessment.
- ___ 1.1 Conducts patient-specific physical assessment (BP, blood sugar, Coaguchek, etc) as appropriate
- ___ 1.2 Assesses patient-specific signs/symptoms of adverse effects of drug therapies
- ___ 1.2 Assesses patient-specific signs/symptoms of disease control/severity
- ___ 1.2 Assesses patient-specific signs/symptoms therapeutic effects of pharmacotherapeutic recommendations (pharmacologic and non-pharmacologic)
- ___ 1.2 Assesses potential drug-drug, drug-diet, and drug-disease interactions
- ___ 1.2 Assesses barriers to health care (cultural, social, financial, literacy, etc)
- ___ 1.2 Prioritizes problems related to self-care interventions
- ___ 1.2 Prioritizes problem list based on patient and health care provider collaborative relationships
- ___ 1.2 Anticipates changes in patient needs based on emerging differences in patient's signs/symptoms of disease control or barriers to optimal therapy
- ___ 1.3 Knows drug categories and indications.
- ___ 1.3 Knows factual content of steps necessary for proper medication/device use.
- ___ 1.3 Compares and contrasts the pros and cons of interventions useful in preventing or remedying non-adherence or drug related consequences.
- ___ 1.3 Defines plan to monitor pharmacotherapy effectiveness.
- ___ 1.3 Addresses relevance of patient factors (cultural, social, financial, literacy, etc) to select appropriate pharmacotherapy.
- ___ 1.3 Evaluates desired outcome of non-pharmacologic, lifestyle, and preventive care interventions based on needs of individual patients.
- ___ 1.3 Recommends/modifies non-pharmacologic, lifestyle changes, and preventive care interventions based on individual needs of a patient.
- ___ 1.3 Selects/modifies patient-specific medication therapy and defines individual patient treatment goals and plan to optimize pharmacotherapy outcomes.
- ___ 1.3 Conducts individually tailored patient education based on an understanding of the patient's needs/preferences and situation (cultural, social, economic, & education). Education includes

verification of patient understanding.

- ____ 1.3 Evaluates the current level of adherence to a treatment plan (pharmacologic and non-pharmacologic) and drug related consequences.
- ____ 1.3 Implements intervention individually tailored to the patient to prevent or remedy non-adherence or drug related consequences and follows up with patient.

Documentation

- ____ 1.4 Documentation is easy to read and understand.
- ____ 1.4 Terminology is written on the appropriate level for the patient or healthcare providers.
- ____ 1.4 Records information clearly and accurately with no typographical or numerical errors.
- ____ 1.4 Records information completely (all required elements of area norm such as SOAP note, patient profile, etc).
- ____ 1.4 Documentation is well organized and easy to follow with no extraneous information included.

Medication Distribution, Processing, and Dispensing

- ____ 2.1 Identifies brand and generic drugs
- ____ 2.1 Verifies all parts of a legal prescription
- ____ 2.1 Accurately transcribes verbal and written prescriptions
- ____ 2.1 Dispenses prescription drugs in appropriate packaging
- ____ 2.1 Generates an accurate prescription label
- ____ 2.1 Dispenses and administers prescription drugs including basic compounding. (ex. Compounding done in any community or hospital pharmacy)
- ____ 2.1 Verifies accuracy using a multiple check system
- ____ 2.1 Verifies pertinent patient information is correct
- ____ 2.1 Demonstrates proper immunization administration technique

Resource Management

- ____ 2.2 Demonstrates knowledge of personnel necessary to ensure delivery of pharmacotherapy to patients in light of regulatory constraints
- ____ 2.2 Demonstrates knowledge of management techniques related to ensuring appropriate personnel and fiscal resources necessary to deliver pharmacotherapy
- ____ 2.2 Demonstrates knowledge of distribution systems and other technology used in the delivery of pharmacotherapy to patients
- ____ 2.2 Optimizes pharmacotherapy delivery to the patient within the constraints of fiscal and human resource

Communication

- ____ 2.3 Incorporates basic components of patient counseling (Prime Questions; open vs. closed ended questions) and maintains control of the interaction
- ____ 2.3 Demonstrates positive interactions with patients/caregivers/ healthcare providers
- ____ 2.3 Includes required patient counseling information (OBRA '90)
- ____ 2.3 Develops rapport with patients and healthcare professionals
- ____ 2.3 Communicates specific drug therapy recommendations (including purpose of medications, potential adverse drug reactions, and other relevant information) to healthcare providers
- ____ 2.3 Communicates a clear follow up plan with patients and healthcare providers to monitor therapeutic outcomes

Public Health

- ____ 3.1 Participates in a variety of health and wellness screenings and "brown-bag" events (applies basic drug therapy and monitoring parameters to specific patients)
- ____ 3.1 Provides public health education and disease prevention information
- ____ 3.1 Organizes a health and/or wellness screening or "brown-bag" event
- ____ 3.1 Demonstrates formal presentation skills on public health/disease prevention topics

Drug Information and Evidence-Based Medicine

- ____ 3.2 Collects basic data from primary literature (population, methods, etc)
- ____ 3.2 Conducts a literature search using appropriate keywords and databases
- ____ 3.2 Describes a variety of drug benefit designs regulated by third party administrators or institutional P&T committees
- ____ 3.2 Includes appropriate information for evaluation from literature search
- ____ 3.2 Evaluates drug literature for efficacy factors
- ____ 3.2 Evaluates drug literature for safety factors
- ____ 3.2 Evaluates drug literature for cost factors
- ____ 3.2 Describes how drug benefit design and process influence drug therapy
- ____ 3.2 Describes how the institutional formulary management process affects drug therapy
- ____ 3.2 Recommends alternative therapy based on plan specification

Professionalism

- ____ 1.5, 2.4, 3.3 Demonstrates appropriate grooming and professional dress
- ____ 1.5, 2.4, 3.3 Displays proper respect for all individuals
- ____ 1.5, 2.4, 3.3 Maintains strict confidentiality
- ____ 1.5, 2.4, 3.3 Acknowledges limitations in therapeutic knowledge
- ____ 1.5, 2.4, 3.3 Places patient's welfare above personal self interest and is accountable and responsible for patient care
- ____ 1.5, 2.4, 3.3 Understands and complies with all state and federal regulations concerning prescription competencies
- ____ 1.5, 2.4, 3.3 Asks questions, independently seeks to increase knowledge, seeks constructive criticism
- ____ 1.5, 2.4, 3.3 Behaves ethically in all aspects of practice
- ____ 1.5, 2.4, 3.3 Is punctual
- ____ 1.5, 2.4, 3.3 Uses personal technology (cell phone, text device, Facebook, etc) appropriately

Describe student strengths:

Describe competency areas that need improvement:

Describe a plan of action for continued student competency development:

