

**DEPARTMENT OF  
PHARMACY PRACTICE**

**Advanced Pharmacy Practice Experience  
Health-System Pharmacy Manual  
2011-2012**



Schwanda Flowers, Pharm.D.  
Assistant Dean for Experiential Education

Kathryn Neill, Pharm.D.  
Hospital Experiential Director

Anne Pace, Pharm.D.  
Community Experiential Director

**UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES  
4301 WEST MARKHAM STREET - SLOT 522-1  
LITTLE ROCK, AR 72205-7122  
(501) 686-6494  
Fax: (501) 686-8104**



# *Table of Contents*

Topic	Page number
APPE General Rotation Course Syllabus	6
Description Policy for Interaction	8
Attendance Policy Emergency Policy	9
APPE Goals	9-10
Health-System Pharmacy APPE Competency Statements	11-12
E*Value, Grading Policies	13
Withdrawal Policy Academic Dishonesty	14
Professionalism in the Experiential Learning Environment	14-15
Guidelines for Students	16-17
Guidelines for Preceptors	18-19
Preceptor Benefits	19-21
College of Pharmacy Policies & Procedures Governing Students in the Experiential Program	22-24
HIPAA	24
Senior Calendar	25
UAMS College of Pharmacy Calendar	26
Sunrise, WebChart, Logician Training Instructions	27
Health-System Management (Indirect Patient Care)	28
Purpose	30
Goals & Objectives	31-32
Suggested Projects	33-36
Suggested Discussion Topics & Concepts	37-38
Acute / Ambulatory Care (Direct Patient Care)	40
Purpose Goals & Objectives	42



Suggested Assignments & Projects	43-45
Supporting Documents	46
Request for Board of Pharmacy Approval for CE	48,50
Problem Scenario Case Presentation Discussion Points for Evaluation & Feedback	52
Management CE Evaluation Form Discussion Points for Evaluation & Feedback	53
Arkansas State Board of Pharmacy Inspection Report (MOCK)	54-55
SOAP Note or Patient Care Plan Discussion Points for Evaluation and Feedback	56
A Worksheet for Articles about Treatment	57
Patient History Form (Example 1)	58-59
Patient History Form (Example 2)	60
Format for SOAP Note	61
Patient Care Plan	62
Patient Intervention Log	64
Patient Monitoring Form	66-67
Longitudinal Achievement Based Assessment Form	68-74



# *Advanced Pharmacy Practice Experience General Rotation Course Syllabus*

Assistant Dean of Experiential Education  
Schwanda K. Flowers, PharmD.  
Office: 6/108B  
Office Phone: 501-686-7920  
Email: [skflowers@uams.edu](mailto:skflowers@uams.edu)  
(Email is the preferred method for interacting)

Hospital Experiential Director  
Kathryn K. Neill, PharmD.  
Office: 6/108C  
Office Phone: 501-603-1515  
Email: [kkneill@uams.edu](mailto:kkneill@uams.edu)  
(Email is the preferred method for interacting)

Community Experiential Director  
Anne Pace, PharmD.  
Office – 6/132c  
Office Phone- 501-686-8780  
Email: [apace@uams.edu](mailto:apace@uams.edu)  
(Email is the preferred method for interacting)

University of Arkansas for Medical Sciences  
College of Pharmacy  
4301 West Markham Street, Slot 522-1  
Little Rock, AR 72205-7122  
Fax: 501-686-8104

“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.”



## 4<sup>TH</sup> 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) 765-6171 (Neill). 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.

In the development of this manual, the Accreditation Council for Pharmacy Education's (ACPE) and the Center for the Advancement of Pharmaceutical Education's (CAPE) educational outcomes were used as a guide for educational outcome performance.

### ACPE's 2007 Standards state:

Provide patient care in cooperation with patients, prescribers, and other members of an interprofessional health care team based upon sound therapeutic principles and evidence-based data, taking into account relevant legal, ethical, social, cultural, economic, and professional issues, emerging technologies, and evolving biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences that may impact therapeutic outcomes. Also, to manage and use resources of the health care system, in cooperation with patients, prescribers, other health care providers, and administrative and supportive personnel, to promote health; to provide, assess, and coordinate safe, accurate, and time-sensitive medication distribution; and to improve therapeutic outcomes of medication use.

### The 2004 AACP educational outcome expectations include:

PHARMACEUTICAL CARE: Provide pharmaceutical care in cooperation with patients, prescribers, and other members of an interprofessional health care team based upon sound therapeutic principles and evidence-based data, taking into account relevant legal, ethical, social, economic, and professional issues, emerging technologies, and evolving pharmaceutical, biomedical, sociobehavioral, and clinical sciences impacting outcomes.

SYSTEMS MANAGEMENT: Manage and use resources of the health care system, in cooperation with patients, prescribers, other health care providers, and administrative and supportive personnel, to promote health; to provide, assess, and coordinate safe, accurate, and time-sensitive medication distribution; to improve therapeutic outcomes of medication use; and to ensure cost effective medication utilization.

## Health-System Pharmacy Competency Statements

Competency	Description
<b>Domain 1: Patient Care-Ensuring Appropriate Pharmacotherapy and Therapeutic Outcomes</b>	
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.	
1.1	<p>Evaluate patient data and make an assessment</p> <ol style="list-style-type: none"> <li>a. Identify and collect information from profiles, pharmacy, lab, and medical records, and patient (caretaker) history that will influence optimal drug choice and dosage</li> <li>b. Obtain a medical history (e.g., chief complaint, medical, medication management, financial, social, cultural, review of systems)</li> <li>c. Conduct a physical assessment               <ul style="list-style-type: none"> <li>• Apply knowledge of clinical laboratory data to monitor drug regimens</li> <li>• Accurately describe laboratory tests associated with monitoring a drug.</li> </ul> </li> <li>d. Assess patient quality of life</li> </ol>
1.2	<p>Conduct a systematic review of the patient prior to recommending any drug or non-drug therapy:</p> <ol style="list-style-type: none"> <li>a. Identify drug-related problems including adverse drug reactions, drug interactions, and/or suboptimal treatment,</li> <li>b. Recognize common signs or symptoms indicative of disease control issues or drug-related problems,</li> <li>c. Ascertain levels of chronic disease control,</li> <li>d. Assess and address barriers to health care, and</li> <li>e. Collaborate with the patient or patient advocate to prioritize problems.</li> </ol>
1.3	<p>Design and implement an individual patient-centered pharmacotherapy plan to maximize desired effects and minimize undesired effects</p> <ol style="list-style-type: none"> <li>a. Conduct a focused evidence-based review of the necessary literature to determine the best evidence to support pharmacotherapy recommendations, applying pharmaceutical science principles</li> <li>b. Select prescription or non-prescription medications (including doses and dosage schedules), apply both pharmaceutical science and therapeutic principals               <ul style="list-style-type: none"> <li>• Apply pharmacokinetic principals,</li> <li>• Describe mechanisms of action of drugs,</li> <li>• Evaluate drug therapy for the presence of pharmacotherapeutic duplications and interactions</li> <li>• Identify indications, contraindications, warnings, and precautions associated with a drug product's active and inactive ingredients</li> </ul> </li> <li>c. Evaluate patient factors that are relevant to selecting pharmacotherapy (e.g., sex, age, race, ethnicity, culture, and genetics)</li> <li>d. Define treatment goals and plan to monitor pharmacotherapy for safety and effectiveness,               <ul style="list-style-type: none"> <li>• Explain what the therapeutic outcome should be</li> </ul> </li> <li>e. Consider non-drug therapy, therapeutic lifestyle changes, and preventive care issues,               <ul style="list-style-type: none"> <li>• Understand relevant diet, nutrition, and non-drug therapies</li> </ul> </li> <li>f. Conduct patient education including verification of patient understanding of proper use of medication/device</li> <li>g. Implement interventions to prevent or remedy non-adherence, and</li> <li>h. Implement interventions to resolve drug-related problems and unintended drug consequences.               <ul style="list-style-type: none"> <li>• Explain adverse reactions associated with drugs dispensed</li> </ul> </li> </ol>
1.4	<p>Document patient care activities</p> <ol style="list-style-type: none"> <li>a. Document assessment and pharmacotherapy plan for individual patient encounters,</li> <li>b. Record actions taken to achieve desired therapeutic outcomes, and</li> <li>c. Document patient and provider education activities.</li> </ol>
1.5	<p>Demonstrate professional citizenship in the delivery of patient care</p> <ol style="list-style-type: none"> <li>a. Communicate with other health care professionals to obtain and share pertinent patient information and pharmacotherapy recommendations,               <ul style="list-style-type: none"> <li>• Collaborate with other health professionals such as other pharmacists, medical staff, nurses, laboratory personnel, dieticians, and respiratory therapists</li> </ul> </li> <li>b. Perform duties in accordance with legal, ethical, social, economic, and professional guidelines,</li> <li>c. Maintain professional competence by identifying and analyzing emerging issues, products, and services that may impact patient care.</li> <li>d. Recognize and solve problems using creativity, analysis, and intuition.</li> </ol>

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.	
2.1	Demonstrate accurate, safe, and time-sensitive preparation, dispensing, and administration of pharmaceuticals <ol style="list-style-type: none"> <li>a. Accurately transcribe verbal and written prescriptions and ensure appropriateness of these drug orders,               <ul style="list-style-type: none"> <li>• Can separate drug order from non drug orders., recognize drug interactions, know drug products., considers dose in relationship to age or size of patient</li> </ul> </li> </ol>
2.2	Manage pharmacy resources to optimize pharmacotherapy outcomes: <ol style="list-style-type: none"> <li>a. Employ principles of personnel management to the operation of a pharmacy,</li> <li>b. Use principles of fiscal resource management,</li> <li>c. Employ medication distribution and control systems to operate the pharmacy efficiently, and</li> <li>d. Evaluate and use appropriate automation and information technology to optimize medication dispensing and patient care.</li> </ol>
2.3	Educate patients and health care providers about requirements for effective therapy <ol style="list-style-type: none"> <li>a. Establish rapport with patients and other health care professionals to promote a team approach to patient care</li> <li>b. Counsel patients regarding purposes of their medications, potential adverse drug reactions, and other required information and</li> <li>c. Provide medication information to patients and health care providers to promote rational drug therapy.               <ul style="list-style-type: none"> <li>• Demonstrate efficient use of drug information resources and, where applicable, retrieve therapeutic information from the Internet.</li> </ul> </li> </ol>
2.4	Demonstrate professional citizenship in the distribution of medications <ol style="list-style-type: none"> <li>a. Communicate with patients, providers, personnel, and other stakeholders to provide accurate and safe medication dispensing and resource management</li> <li>b. Perform duties in accordance with legal, ethical, social, economic, and professional guidelines               <ul style="list-style-type: none"> <li>• Follow legal and professional guidelines</li> <li>• Demonstrate reliability in assignments</li> <li>• Demonstrate appropriate appearance and adherence to the institutional policies of experiential site</li> <li>• Demonstrate adherence to schedule</li> <li>• Demonstrate appropriate attitude toward learning experience</li> </ul> </li> <li>c. Maintain professional competence by identifying and analyzing emerging issues, products, and services that may impact medication distribution and the pharmacy business</li> <li>d. Recognize and solve problems using creativity, analysis, and intuition.</li> </ol>
Domain 3: Health Improvement, Wellness, and Disease Prevention	
Description: The graduate will promote improved health, wellness, and disease prevention.	
3.1	Demonstrate skills needed to participate in or provide preventive services: <ol style="list-style-type: none"> <li>a. Participate in disease prevention,</li> <li>b. Provide lifestyle and wellness counseling,</li> <li>c. Provide drug-therapy evaluation and monitor for medication safety, and</li> <li>d. Participate in public health education programs.</li> </ol>
3.2	Apply research processes to inform pharmaceutical policy: <ol style="list-style-type: none"> <li>a. Demonstrate the ability to conduct drug literature evaluations,</li> <li>b. Design quality improvement projects to improve medication use,</li> <li>c. Apply evidence-based principles when making pharmaceutical policy recommendations, including drug benefit design recommendations, and</li> <li>d. Apply principles of pharmacoeconomics and outcome assessment.</li> </ol>
3.3	Demonstrate professional citizenship to promote wellness and prevent disease: <ol style="list-style-type: none"> <li>a. Collaborate with various stakeholders pertaining to public health issues and pharmaceutical policy,</li> <li>b. Perform duties in accordance with legal, ethical, social, economic, and professional guidelines,</li> <li>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</li> <li>d. Recognize and solve problems using creativity, analysis, and intuition.</li> </ol>

## E\*Value

E\*Value can be accessed at [www.e-value.net](http://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](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.

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 THEIR 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 they 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](mailto: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](http://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](http://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](http://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.<sup>1</sup> Any College of Pharmacy student who illegally uses, gives, sells or in any way transfers a controlled substance to another person, or manufacturers 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.

---

<sup>1</sup> 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

## 2011-2012 UAMS Online Training Instructions (Sunrise, WebChart/EPF, Centricity (formerly Logician), UPF, & HIPAA)

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](mailto:CCTC@uams.edu) or by calling 686-8966.



# Advanced Pharmacy Practice Experience Indirect Patient Care (APPE-IPC) Health-System Management

Kathryn K. Neill, PharmD.  
Hospital Experiential Director  
Assistant Professor of Pharmacy Practice  
Office – 6/108C  
Office Phone- 501-603-1515  
Email: [kkneill@uams.edu](mailto:kkneill@uams.edu)  
(Email is the preferred method for interacting)

University of Arkansas for Medical Sciences  
College of Pharmacy  
4301 West Markham Street, Slot 522-1  
Little Rock, AR 72205-7122  
Fax: 501-686-8104

*“Any concerns, questions, or procedural matters related to this course should be addressed in the following order of progression: the Instructor (Preceptor), the Experiential Course Coordinator, 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.”*

*This manual is for teaching purposes only and should be used in conjunction with the 4<sup>th</sup> Professional Year Experiential Course and Practice Site Specific Manuals as a required resource for this APPE.*



## PURPOSE

The purpose of the indirect care advanced pharmacy practice experience (APPE) in health-system pharmacy management is to provide the student opportunity to apply didactic information to institutional management practices through direct project involvement and mentoring. Nearly every pharmacist in America has some management responsibility in the workplace whether the role is managing personnel, inventory, or accounts. Though instruction for management techniques is gained through the didactic course work, repeated application of these techniques to a variety of scenarios is needed to develop effective management strategies. Furthermore, effective management decisions are the driving force behind most successful businesses.

The Health-System Management APPE offers pharmacy managers and student pharmacists a unique opportunity to prosper professionally through a variety of exposures to increase the student's awareness of basic pharmacy operations, differences in practitioner philosophies and problem solving skills, importance of effective communication between pharmacists and other health care providers, roles and responsibilities of a health-system pharmacist, importance of monitoring drug utilization and outcomes, organizational requirements necessary to achieve efficient operations, and application of local, state and federal regulations governing the prescription dispensing process. The student also gains an appreciation for the impact of patient and healthcare provider education on health and drug-related matters.

Mentorship by proven pharmacy managers helps students develop the skills necessary to meet practice goals as students take part in structured, hands-on, experiential assignments designed to help the student apply didactic information to the health-system patient, be involved in indirect patient care in an institutional setting, gain experience in processing of medication orders and the utilization of distribution systems unique to health-system pharmacy practice, and gain an appreciation for health-system pharmacy and its impact on the health care system and public health. Because this practice experience occurs in the day-to-day setting of a health-system pharmacy, the opportunity for students to obtain additional practice of their patient care skills is often afforded.

## GOALS AND OBJECTIVES

*Due to numerous sites and varying opportunities, Introductory Pharmacy Practice Experience (IPPE) goals should be reviewed for student comprehension to ensure focused development of APPE goals.*

Institutional IPPE goals include:

- To process prescriptions in a manner compatible with state of the art hospital pharmacy practice
- To develop a concern for the patient's health and welfare
- To develop an appreciation for the impact of health-system pharmacy practice on the health care system and public health
- To foster the development of a responsible professional attitude and judgment
- To foster an appreciation for patient education regarding health and drug-related matters
- To provide a variety of exposures to the basics of pharmacy operation and to different practitioner philosophies and problem solving skills
- To foster the application of didactic information to the hospitalized patient

Health-System Pharmacy APPE Goals:

- Demonstrate accurate, safe, and time-sensitive preparation, dispensing, and administration of pharmaceuticals
- Manage pharmacy resources to optimize pharmacotherapy outcome by applying principles of personnel management, fiscal resource management, medication distribution and control systems to the operation of a pharmacy
- Demonstrate professional citizenship in the distribution of medications and delivery of patient care by communicating with patients, healthcare professionals, and other stakeholders
- Apply research processes to inform pharmaceutical policy
- Demonstrate knowledge of the committee functions and regulatory processes associated with Hospital Pharmacy (JCAHO, Pharmacy Therapeutics Committee, Nursing/Pharmacy, state and federal law, etc.)
- Recognize the importance of developing multidisciplinary teams in an institutional environment
- Educate patients and health care providers about requirements for effective therapy
- Demonstrate ability to document actions taken to achieve desired outcomes

## Suggested Objectives for Health-System Management APPE (Domain 2.1-2.4)

1. Improve student's understanding of the concepts involved in formulary management.
  - *Defend product selection and criteria for use or limitations for institutional formulary.*
  - *Complete a drug monograph for pharmacy and therapeutics formulary discussion.*
2. Improve student's understanding of the concepts involved in operations management.
  - *Prepare a strategic plan for implementation of a new pharmacy service or expansion of an existing pharmacy service. Examples: pharmacokinetic monitoring programs, renal dosing, nutrition support, disease state management clinic, etc.*
  - *Evaluate pharmacy'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 institution's HIPPA policies and how the pharmacy works to stay HIPPA compliant.*
  - *Discuss the pharmacy's organizational structure.*
3. Expand student's experience in human resource management.
  - *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.
  - *Define each individual's role in inventory control. (e.g., Corporate office, Pharmacy Director, 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.*

## SUGGESTED PROJECTS

- Problem Scenario Case Presentations
- Staffing Change Evaluation
- Written Job Description
- Interview Session (real or mock)
- Mock State Board Inspection
- Topic Presentation
- Special Project
- Educational Support/Inservice
- Management Projects

Example projects are described below.

### Problem Scenario Case Presentations

The student will document in writing a problem scenario from their experience and discuss in writing what was done wrong, assess the risks to each party involved, and specify how he/she would handle the situation if in charge of this pharmacy. If there are instances where the law was broken, this should be highlighted in the assessment. The student should present the scenario to the preceptor. Below are 2 examples of problem scenarios and the information that would be included in the documentation. A tool to guide feedback for these projects entitled **Problem Scenario Case Presentation Discussion Points for Evaluation and Feedback** is located in the **Supporting Documents** section of this manual.

### **Medication Mix-up**

The pharmacist was filling a prescription for Coumadin® 2mg. He had just finished typing the label and packaging 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 bag with the Coumadin® tablet to the side on top of the prescription. After typing the label for Lanoxin®, he packaged the Lanoxin® and put it 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 package containing the Coumadin®. The incorrectly labeled prescription was delivered to the patient's nurse. The nurse noticed there was difference in the appearance of the tablet from the day before. The nurse called the pharmacy and said that the tablet was a different color than had been delivered before. One of the technicians who answered the phone said, without checking with the pharmacist, "It is probably a different generic. It's okay!" The nurse administered the Coumadin®. The error was recognized when the nurse receiving the incorrectly labeled Lanoxin® prescription called and spoke with a pharmacist after noticing that the tablet looked different than another patient's Lanoxin®.

In 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 technician's part in this error.

### **Inappropriate Duty Fulfillment**

You are the pharmacy manager for a pharmacy with a staff of 3 pharmacists, including yourself, 6 technicians, and 2 student interns. One day while filling prescriptions you notice one of your technicians answering questions for a nurse at the pharmacy window. At first you think that maybe this technician is pointing out labeling instructions on the product dispensed. However, the next day you notice a similar situation and find out that not only is this technician answering compatibility questions from the nursing staff, she is also giving advice as to drug interactions and off-label 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 pharmacy'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 the student to gain a basic understanding of the guidelines that the pharmacy manager follows 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 the preceptor what important traits/characteristics he/she looks 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 an applicant will perform in this job?)

### Mock State Board Inspection

The student completes a mock Arkansas State Board of Pharmacy inspection. Preferably this should be done on one of the first days of the experience to orient the student to the site. The mock Arkansas State Board of Pharmacy Inspection Report is provided in the Supporting Documents section.

### Topic Presentation

Prepare and present a lecture to the 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 the preceptor prior to beginning 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. Students should complete and submit the Request for Arkansas Board of Pharmacy Approval for Continuing Education. The form can be found in the Supporting Documents section of this manual.

## Special Project Information

This project may be clinical or management in focus. Preferably, the project should be site-specific. Examples of the project are:

- Develop a paper, brochure, or poster for the pharmacy on a specific topic
- Develop a tool for data collection or documentation of pharmacy services
- Organize and implement a health screening. Prepare for the screening day by designing advertising materials and patient education materials to be used.

## Educational Support/Inservice

The preceptor may assign the student a topic of interest to the practice site. The student should develop a 5-10 minute presentation on that topic that can be presented to appropriate healthcare providers (pharmacists, interns, residents, nursing staff, etc). The student will also develop a brief handout (1 page front and back maximum) for the presentation. The handout should be created as a reference for the audience. Examples: Do-Not-Crush list for common medications, Maximum Concentration Chart for Common Drips, Renal Dosing Chart for Medications Commonly Administered in the ICU, etc.

## Management Projects

### Medication Reconciliation

You are the manager of a health-system pharmacy in Anywhere, AR. You would like to develop a plan to use pharmacy staff to provide medication reconciliation in the emergency department of your institution. Develop a model to provide this service as well as a plan to monitor the effectiveness of the service once implemented. All staff (pharmacists, interns, technicians, students) and technology (electronic medical records, patient profiles, etc) should be considered.

\*\*This project may need to be coordinated with the Pharmacy Manager and/or Emergency Department (or selected site) Manager depending on your APPE setting.

### Clinical/Pharmacy Service

You are the manager of a health-system pharmacy in Anywhere, AR. You have developed a protocol for renal dosing of medications commonly administered in your institution. You are very proud of this new protocol and would like for physicians to consider signing a practice agreement with the pharmacy to manage renal dosing of these medications for their patients. You can't wait to let the physicians know about the new service. Write a letter of introduction for this new service to be sent to all physicians who practice in your institution. Not only should this letter serve as an introduction of your service, but should also enlist the support of the physicians for this pharmacy service.

*An alternative to either of the above scenarios is to provide an evaluation/review of the effectiveness of a service that is already place.*

## Formulary Development

Develop a specialty drug formulary. The preceptor may want to narrow the focus to a specific disease state. Decide which products should be carried and explain the 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.

## Suggested Discussion Topics & Concepts

- Inventory Control
- Accounts Management
- Personnel Management
- Monthly Financial Records
- Third-party Billing
- Industrial Billing
- Daily Ordering
- Marketing and Services

*These topics may be discussed as time and opportunity allow. These discussions provide students the best opportunity to learn about and obtain practical experience in these areas of management.*

### **Inventory Control**

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.

### **Accounts Management**

Discuss pharmacy policies and procedures for patient billing. 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 patient, and who handles billing.

### **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. 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 is unemployment paid, and who decides how much is paid?

### **Monthly Financial Statements**

1. If possible, review a monthly statement and ledger, including, but not limited to, the following (the preceptor may want to give 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 obtain the preceptor's comments on those suggestions.

## Third Party Billing

If possible, process and reconcile at least one reimbursement check from Medicaid, PAID, PCS, or other companies. 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

If possible during the course of the experience, the student should assist in the processing of industrial billings.

1. 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
2. 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.
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 manager decide which products and services to offer? (i.e. Private label products, specialty compounded products, Clinical/pharmacy services)
2. How does the pharmacy market and bill for the services discussed above? How did the pharmacy decide on the promotion and pricing strategy for these services?
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?



# Advanced Pharmacy Practice Experience Direct Patient Care (APPE-DPC) Acute & Ambulatory Care Medicine

Kathryn K. Neill, PharmD.  
Hospital Experiential Director  
Assistant Professor of Pharmacy Practice  
Office: 6/108C  
Office Phone: 501-603-1515  
Email: [kkneill@uams.edu](mailto:kkneill@uams.edu)  
(Email is the preferred method for interacting)

University of Arkansas for Medical Sciences  
College of Pharmacy  
4301 West Markham Street, Slot 522-1  
Little Rock, AR 72205-7122

*"Any concerns, questions, or procedural matters related to this course should be addressed in the following order of progression: the Instructor (Preceptor), the Experiential Course Coordinator, 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."*

*This manual is for teaching purposes only and should be used in conjunction with the 4<sup>th</sup> Professional Year Experiential Course and Practice Site Specific Manuals as a required resource for this APPE.*



## PURPOSE

In view of the significant number of pharmacists who choose clinical pharmacy as a career, the APPE-DPC - Acute & Ambulatory Care Medicine experiences are integral to pharmacy training. These experiences provide the student with opportunities to apply knowledge of pathophysiology, pharmacology, pharmacokinetics, and communication to individual patients in acute and ambulatory care settings and to be directly involved in the care of these patients. When applicable these experiences also identify unique barriers within a private institution or specialized clinical practice and give students the resources and experience necessary to overcome those challenges.

The Acute and Ambulatory Care APPEs provide exposures to clinical pharmacy practice and increase the student's awareness of the variety of practice settings, differences in practitioner philosophies and problem solving skills, importance of effective communication between pharmacists and other health care providers, role and responsibilities of a health-system or ambulatory care pharmacist, and importance of monitoring patient specific outcomes. The student also gains an appreciation of the impact of clinical pharmacy services on the health care system and public health and an appreciation of patient education on health and drug-related matters.

## GOALS AND OBJECTIVES

- To optimize patient specific rational pharmacotherapy that is based on the best available evidence in patient care environments.
- To demonstrate effective communication skills with the patient and health care team and in 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 related to patient centered care and interdisciplinary respect

## SUGGESTED ASSIGNMENTS & PROJECTS

### Case Presentation

The student is to work-up and present one or more patients. 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 specific pharmacotherapeutic recommendations (drug, device, dietary/nutritional support, alternate medicine, etc.). It may be possible to NOT recommend a product and instead refer the patient to his or her physician.

The following are general questions that may not necessarily be included in the documentation, but the student should be prepared to answer and discuss during the case presentation.

1. What therapies (pharmacologic and/or non-pharmacologic) are available for this disease process? Be sure to include trade names and any new products available in this category.
2. Are there any compelling reasons to use or not use certain available therapies for specific patients?
3. Are there any food or drug interactions that can occur with products recommended?
4. What side effects may occur from the recommended therapy, and what precautions should the patient take, if any?
5. Is there any controversy in the use of the recommended therapy?
6. What can be done to help alleviate or prevent the condition without utilizing drug therapy?

### SOAP Note

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 may use the accompanying Patient History Form to gather information in order to prepare the SOAP note. Recommendations should be supported by literature review material.

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 reviewed literature that were new or of special interest to the student.

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

- Include all relevant information that is helpful in selecting (or NOT selecting) an appropriate therapy. This may include patient-specific symptoms, concomitant disease states, allergies, pregnancy status, other medications (prescription and OTC), 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.

### **Patient Care Plan**

The student should choose a patient for care plan who has at least three current disease processes requiring therapeutic assessment. The student should complete the Patient Care Plan Document located in the Supporting Documents for this manual. Recommendations included in the care plan should include both pharmacologic and non-pharmacologic therapies. All recommendations should be supported by a reference, preferably primary literature or a guidelines statement.

### **Topic Presentation**

Prepare and present a lecture to the preceptor on a therapeutic topic involving drug therapy. The purpose of this presentation is to educate pharmacists and other staff. Be sure to discuss the choice of topic with the preceptor prior to beginning work on this presentation. The student should prepare a handout to accompany the presentation. The student and preceptor may seek Continuing Education credit for the presentation from the Arkansas State Board of Pharmacy prior to the presentation.

### **Educational Support/Inservice Project**

The preceptor may assign the student a topic of interest to the practice site. The student should develop a 5-10 minute presentation on that topic that can be presented to appropriate healthcare providers (pharmacists, interns, residents, nursing staff, etc). The student will also develop a brief handout (1 page front and back maximum) for the presentation. The handout should be created as a reference for the audience. Examples: Do-Not-Crush list for common medications, Maximum Concentration Chart for Common Drips, Renal Dosing Chart for Medications Commonly Administered in the ICU, etc.

### **Special Project Information**

This project may be clinical or management in focus. Preferably, the project should be site-specific. Examples of the project are:

- Develop a paper, brochure, or poster for the pharmacy on a specific topic
- Develop and present a CE program
- Organize and implement a health screening. Prepare for the screening day by designing advertising materials and patient education materials to be used.
- 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.

## Formulary Development

Develop a specialty drug formulary. The preceptor may want to narrow the focus to a specific disease state. Decide which products should be carried and explain the 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.

## Literature Review

The student will prepare a literature review and evaluation for one of the disease states covered for a specific patient the student has followed. The student should review at least 2 primary literature articles and choose 1 of the following to present his or her findings:

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

## OR

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

The student may use the **Worksheet for Articles About Treatment** located in the **Supporting Documents** to guide literature review and presentation. At a minimum, include the following in the description of the articles:

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

References should be included in the handout. The topic presentation and literature review should be 15-20 minutes.

# Supporting Documents

Request for Board of Pharmacy Approval of Continuing Education

Problem Scenario Case Presentation Discussion Points for Evaluation and Feedback

Management CE Evaluation Form Discussion Points for Evaluation and Feedback

Arkansas State Board of Pharmacy Inspection Report (MOCK)

SOAP Note or Patient Care Plan Discussion Points for Evaluation and Feedback

A Worksheet for Articles about Treatment

Patient History Form (Example 1)

Patient History Form (Example 2)

Format for SOAP Note

Patient Care Plan

Patient Intervention Log

Patient Monitoring Form

Longitudinal Achievement Based Assessment Form



### Request for Board of Pharmacy Approval of Continuing Education

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



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**



Problem Scenario Case Presentation  
Discussion Points for Evaluation and Feedback

Student \_\_\_\_\_

Date \_\_\_\_\_

Preceptor \_\_\_\_\_

Site \_\_\_\_\_

I. Preparation

1. Scenario presentation

- Problems clearly stated
- Risk to all parties assessed
- Management procedures clearly stated
- All information needed for necessary points

II. Knowledge

1. Pharmacy Law

- Understands each problem associated with scenario
- Links problems with appropriate law

2. Management Responsibilities

- Understand appropriate disciplinary action
- Development of risk management procedures
- Disciplinary actions justified

III. Style of presentation

- Well organized
- Diction
- Personal appearance
- Reliance on notes
- Pertinent information
- Voice projection
- Distracting mannerisms

IV. Response to questions

- Responses appropriate and straightforward

Management CE Evaluation Form  
Discussion Points for Evaluation and Feedback

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Preceptor: \_\_\_\_\_

Site: \_\_\_\_\_

I. Introduction

Were the objectives of the presentation clearly stated with an appropriate rationale for the objectives/hypothesis?  
Were the objectives reasonable and attainable?

II. Drug therapy/monograph

Did the student clearly and concisely describe:

- MOA
- Indications
- Adverse Events
- Side Effects
- Off label uses
- Counseling advice

III. Data Analysis\Statistics

Were descriptive or inferential statistics used to examine the study?  
Were these properly applied to the type of data?  
Were the results of the significance testing interpreted correctly?  
What influence does the number of patients analyzed have on the interpretation of the reported results?  
Were the results statistically significant?

IV. Results

Was an appropriate summary of results provided?  
Was appropriate discussion of tables and figures given?  
Did the student analyze the flaws of the study?  
Were the results clinically meaningful?

V. Presentation

Did the student present facts in a logical, organized sequence?  
Was an interactive discussion facilitated?  
Was appropriate use of medical terminology given?  
Was the student able to answer questions accurately?

**Arkansas State Board of Pharmacy Inspection Report (MOCK)**

Time In \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Permit Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

D.E.A. # \_\_\_\_\_ Averages # Rx's per day: 30-50 [ ] 50-100 [ ] over 100 [ ]

Telephone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Licensed Pharmacists License # \_\_\_\_\_ Are interns employed? [ ] Yes [ ] No

Preceptor \_\_\_\_\_ Is buff card displayed? [ ] Yes [ ] No

PIC _____	_____ [ ] Y [ ] N	Interns _____	Permit # _____
_____	_____ [ ] Y [ ] N	_____	_____
_____	_____ [ ] Y [ ] N	_____	_____
_____	_____ [ ] Y [ ] N	_____	_____

Number of Technicians \_\_\_\_\_

Type of Pharmacy  
(Check all that apply):

Pharmacist to tech ratio \_\_\_\_\_

Independent [ ] Chain [ ] Leased Dept [ ]

Pharmacy Hours: Open \_\_\_\_\_ AM Close \_\_\_\_\_ PM

Specialty (Describe) \_\_\_\_\_

Pharmacist in charge day off \_\_\_\_\_

**Requirements**

KEY: [C] Compliant [NC] Non-Compliant [U] Unsatisfactory

**General Condition of Rx Dept:**

- All control and legend drugs in date and labeled, all out of date is isolated [ ] [ ]
- Hot and cold running water \_\_\_\_\_ Distilled water \_\_\_\_\_ [ ] [ ]
- Law Book and required reference material current [ ] [ ]
- Refrigerator-Biologicals and drugs organized and in date [ ] [ ]
- Work area adequate, clean, and neat [ ] [ ]
- Sink clean and accessible. Soap \_\_\_\_\_ Towel \_\_\_\_\_ [ ] [ ]
- Proper drug security while open [ ] [ ]
- Adequate space and lighting [ ] [ ]
- Pill tray and tablet counter clean [ ] [ ]

**Pharmaceutical Services:**

- Pharmacist available after hour emergencies. If not, is notice displayed. [ ] [ ]
- Patient prescription profiles available. [ ] [ ]
- Compliant in counseling, Reg. 09-00-0001. Routine D.U.R. [ ] [ ]
- Proper use of Safety Caps [ ] [ ]
- Waiting and seating area. Number of chairs [ ] [ ]
- Pharmacist available to the public [ ] [ ]

General Appearance of Pharmacy:

- All necessary permits current and properly displayed in conspicuous place [ ]
- Personnel professionally attired. [ ]
- Attractive over-all store appearance. [ ]
- Rx department \_\_\_\_\_, Front \_\_\_\_\_, Storage \_\_\_\_\_, Toilet \_\_\_\_\_ [ ]

Controlled Substance and Record Keeping

- Proper D.E.A. inventory available dated \_\_\_\_\_ and signed. [ ]
- All C-II wholesale invoices and order forms properly filed and available [ ]
- Proper information on C-II Rx records, signature, date, and patient address [ ]
- Daily Log or Bound log book signed [ ]
- Exempt C-V sales recorded and in compliance with regulations [ ]
- Emergency schedule 2 prescriptions properly recorded [ ]
- Sales of control drugs to other practitioners properly recorded [ ]
- Proper inventory and handling of out-of-dated D.E.A. controlled drugs [ ]
- Proper refill requirement control and non-control 6months / 5 refill limit [ ]
- Prescription transfers proper and documented [ ]
- Records kept for minimum of two years [ ]

Professionals involvement:

- Compounding Pharmacy with compounding area. [ ]
- Disease State Management Certified. Written Protocol \_\_\_\_\_ [ ]
- Counseling area available. [ ]
- Name tags worn or required: Pharmacist \_\_\_\_\_ Technician \_\_\_\_\_ Clerk \_\_\_\_\_ [ ]

YOU ARE DIRECTED TO TAKE PROMPT ACTION TO CORRECT ANY DEFICIENCIES, WHICH HAVE BEEN NOTED.

Pharmacies with no more than three (3) non-compliant deficiencies or one (1) unsatisfactory on the last inspection by the Board of Pharmacy will be designated as suitable for Intern training. Any Pharmacy non-compliant for two (2) inspections in succession may be called before the Board to show cause why the permit should not be revoked or refused.

Remarks:

---



---



---



---

Date of Inspection \_\_\_\_\_ Signed \_\_\_\_\_ Pharmacist on Duty

FLAGED FOR REINSPECTION ON APROXIMATELY  
90 DAYS DUE TO DEFICIENCIES [ ]

Time Out \_\_\_\_\_ Signature Inspector \_\_\_\_\_

## SOAP Note or Patient Care Plan Discussion Points for Evaluation and Feedback

Student \_\_\_\_\_

Date \_\_\_\_\_

Preceptor \_\_\_\_\_

Site \_\_\_\_\_

- I. Preparation
  1. Patient Presentation
    - Soap Note, results clearly presented
    - All Rx and OTC medications listed
    - All data needed for necessary points
    - Appropriate triage questions (i.e., pregnancy status, age, other disease states)
  
- II. Knowledge
  1. Drug therapy
    - Understands patient's drug therapy. Links problems with drug therapy ( including appropriateness)
    - Discusses alternate 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
    - 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
    - When to f/u, what to f/u (must discuss)
    - F/U was completed, or attempt documented
  
  4. Patient information/counseling
    - 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
  - Well organized
  - Diction
  - Personal appearance
  - Reliance on notes
  - Pertinent information
  - Voice projection
  - Distracting mannerisms
  
- IV. Response to questions
  - Responses appropriate and straightforward

## A Worksheet for Articles about Treatment

### **Determine *Relevance***

*Is this article worth taking the time to read? If the answer to any of these questions is No, it may be better to read other articles first.*

#### **Based on the conclusion of the abstract:**

**A.** Did the authors study an outcome that patients would *care* about? (Be careful to avoid results that require extrapolation to an outcome that truly matters to patients)

Yes (go on )                      No (**stop**)

**B.** Is the problem studied one that is *common* to your practice and the intervention feasible?

Yes (go on )                      No (**stop**)

**C.** Will this information, if true, require you to *change* your current practice?

Yes (go on )                      No (**stop**)

### **Determine *Validity***

*If the answers to all three questions above are Yes, then continued assessment of the article is mandatory.*

#### **D. Population**

1. Are the studied patients similar enough to your patients that you can apply the results in your practice?                      Yes              No (**Stop**)

#### **E. Study design**

1. Was it a controlled trial?                      Yes              No (**Stop**)  
2. Were the subjects randomly assigned?                      Yes              No (**Stop**)  
3. Were steps taken to conceal the treatment assignment from study personnel entering patients into the study?                      Yes              No  
4. Were patients and study personnel “blind” to treatment?                      Yes              No

#### **F. Study conduct**

1. Were all patients who entered the trial properly accounted for at its conclusion?                      Yes              No  
2. Was follow-up complete?                      Yes              No  
3. Were patients analyzed in the groups to which they were randomized (“intention-to-treat” analysis)?                      Yes              No  
4. Were the intervention and control groups similar? (Table 1)                      Yes              No

#### **G. Study results**

1. What were the results? \_\_\_\_\_  
\_\_\_\_\_

2. Are the results clinically as well as statistically significant?                      Yes              No  
3. If a negative trial, was the power of the study adequate?                      Yes              No  
4. Were there other factors that might have affected the outcome?                      Yes              No  
5. How will it change your practice?  
\_\_\_\_\_  
\_\_\_\_\_

Patient History Form (Example 1)

**Patient Information:**

Male  Female      Pregnant: ( Yes  No)      Race:  Caucasian  African American  Other

Date of Birth \_\_\_/\_\_\_/\_\_\_      Telephone: \_\_\_ -

**Symptoms of the Current Complaint:**

**History of the 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 \_\_F<sup>0</sup>                      Blood Pressure \_\_\_\_/\_\_\_\_mmHg

**Therapy plan:** Include any non-drug recommendations

---

---

---

---

**Patient education:**

---

---

**Drug information: (if medication was recommended)**

Recommended Drug Therapy	Generic Name	Interactions	Side Effects

**Follow up:**

---

---

---

**Patient questions:**

---

---

PATIENT HISTORY FORM (Example 2)

Chief Complaint

---

History of Present Illness

---

Past Medical History

---

Medication History

- Allergies
- Prescription medications
- OTC medications
- Use issues

Nutrition

Social

Developmental

Physical Exam Findings

---

Laboratory Data

---

Hospital Course

Problem List Chronological Order

Assessment/Plan

Summary

---

## Format for SOAP note

Information in the SOAP note 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
- 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 to discuss the recommended treatment and follow-up on results. If the recommended treatment is not effective, alternate solutions should be recommended.

PATIENT CARE PLAN

Student \_\_\_\_\_

Problem	Pharmacotherapeutic Assessment	Plan	Monitoring Parameters
Problem # __  <u>Subjective</u>  <u>Objective</u>	<u>Assessment</u>  <u>Goals / Desired Outcome</u>		
Problem # __  <u>Subjective</u>  <u>Objective</u>	<u>Assessment</u>  <u>Goals / Desired Outcome</u>		











**UAMS College of Pharmacy**  
*OFFICE OF EXPERIENTIAL EDUCATION*

*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<br/>4 - Meets requirement with minimal or no prompting and intervention from the preceptor<br/>3 - Meets requirement with moderate prompting and intervention from the preceptor<br/>2 - Meets requirement with extensive prompting and intervention from the preceptor<br/>1 - Does not meet requirement even with prompting and intervention from the preceptor<br/>0 - Though opportunities existed, student did not engage in requirement; therefore not able to assess<br/>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:

