



SCHOOL OF PHARMACY

UNIVERSITY of WASHINGTON

Office of Professional Pharmacy Education

Advanced Pharmacy Practice Experiences Course Syllabus

PHARMP 571, 572, 573, 574, 575, 576, 577, 578, 581, 582, 583, 584, 585, 586, 587

2014-2015

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http://oppe.pharmacy.washington.edu/PracticumSite/SiteHome.lasso

http://sop.washington.edu/pharmopp

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# Rotation Schedule

**July 2014 – June 2015**

## **4-week blocks**

(June 2 – 27, 2014)

July 7 – August 1

August 4 – 29

September 1 – 26

October 6 – 31

November 3 – 28

December 1 – 26

January 5 – 30, 2015

February 2 – 27

March 2 – 27

April 6 – May 1

May 4 – 29

June 1 – 26

## **6-week blocks**

June 23 – August 1

August 4 – September 12

September 15 – October 24

October 27 – December 5

December 29 – February 6

February 9 – March 20

March 23 – May 1

May 4 – June 12

## Chapter 1: General Practicum Information

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### Introduction

Congratulations on reaching your fourth year of pharmacy school! This next year you will complete your advanced pharmacy practice experiences (APPEs). In this syllabus, we try to answer as many of your questions as possible.

You will obtain 1200 of the 1500 hours you need for pharmacist licensure through your APPEs. The other 300 hours must be obtained through an early practice experience or internship and documented separately on forms as required by the Washington State Pharmacy Quality Assurance Commission.

This syllabus contains several sections. The introduction covers basic information you may already know, but it's always good to have such information in writing in case a situation arises and you can't remember exactly what was communicated verbally to you. There are guidelines for professional behavior, a list of material you should know, activities you should plan to do next year, and information about what to do when things go wrong. We hope your year is fulfilling, creative, educational, and not too stressful as you "put it all together."

As always, if you have concerns, call or email your questions to the following people:

Forms and records, deadlines, site assignments, grades,  
general questions about anything pertaining to APPEs: Curtis Jefferson, MS  
Advanced Pharmacy Practice Experience Coordinator  
*appemgr@uw.edu*  
Phone: 206-685-8738

Affiliation agreements, compliance, and on-boarding re-  
quirements: Kelsey Meyer, BS  
Professional Pharmacy Education Program Assistant  
*oppe@uw.edu*  
Phone: 206-616-8703

Patient care concerns, professional behavior, things going  
wrong, things you really love and just want to tell: Teresa O'Sullivan, PharmD, BCPS  
Director of Experiential Education, Advanced Practice  
*terrio@uw.edu*  
Phone: 206-543-3324

Issues with the database or electronic access to records  
and forms: Stanley Weber, PharmD, FASHP, BCPP  
Associate Dean for Professional Education  
*weberst@uw.edu*  
Phone: 206-616-8762

Financial aid questions, graduation requirements, letters  
of good standing or completion of graduation require-  
ments: Nanci Murphy, PharmD  
Associate Dean  
Office of Academic and Student Programs  
*murphyna@uw.edu*  
Phone: 206-543-2453

Mailing and physical address

Office of Professional Pharmacy Education  
UW School of Pharmacy, Box 357631  
Seattle, WA 98195-7631

Physical location:  
South Campus Center, Suite 244  
1601 NE Columbia Road

**Be sure to make and keep a copy of everything for your files.**

## Prerequisites

Before you begin advanced practice experiences there are some things you must have done. Remember that you will *not* be able to begin your advanced practice experiences until these activities have been completed. Make copies of any documents and when all requirements are completed, mail or bring them in a packet to the Office of Professional Pharmacy Education. (Mailing address on front cover of syllabus.)

Retain for your file the originals of all required documents and take this file with you on the first day of each APPE. Your file should include the following: current WA state intern license, HIPAA completion certificate, copy of your background check, individual immunization summary, proof of first aid and CPR certification, and certificate of bloodborne pathogens training.

You may be asked to submit part or all of this documentation to the site or preceptor a month or more prior to the start of your rotation. The site may also have additional requirements and forms that you will need to have signed. Be sure to ask when you make first contact *at least one month* before the beginning of the rotation.

Prerequisite activities (check when complete)

- Make photocopies of your current **Washington state intern license**. Apply for an intern license for any out-of-state sites, if the State Board of that state requires intern licensure. OPPE requires a copy of any out-of-state licenses you need to obtain for your rotations.
- Print a copy of your **HIPAA training completion certificate**.
- Obtain a copy of your **background check** from Verified Credentials. (<http://scholar.verifiedcredentials.com/washington>)
- Obtain an updated copy of your **Individual Immunization Summary** from *myshots@uw.edu* showing that you are current through the date of your last day of APPEs. Be sure to request a new copy after you update your TB screening in May/June through the Health Sciences Immunization Program (HSIP). You will also need to get the influenza vaccine this coming autumn. Every time you update immunization and screening information with HSIP, request a new copy of the Individual Immunization Summary and place it in your document file.
- Complete and obtain certification of training in **infection control and bloodborne pathogens**.
- Load or update your **resume** online for OPPE review.
- Obtain proof of **current first aid and CPR certification at the healthcare provider level** and submit a copy of the proof to the OPPE office. (This should have been done as part of PharmP 532.)
- Successfully complete your **community and hospital IPPEs** and **PHARMP 541**.
- Pass all **Therapeutics classes** with a minimum grade of 1.7 in any individual class and minimum 2.0 average overall. Pass all **Therapeutics Skills classes** with a minimum average grade of 2.0. The Office of Academic and Student Programs will confirm your grades.
- Agree to abide by the **Guidelines for Professional Conduct** and acknowledge understanding of the infection control policy, indemnification policy, and health insurance policy.
- Students traveling outside the United States need to sign the **Global Health Training and Education program contract**. Students will need to visit the Travel Clinic, if travelling to an area where there are vaccine-preventable diseases.

**University of Washington**  
**Health Sciences Immunization Program**  
Hall Health Primary Care Center, Box 354410  
Seattle, WA 98195-4410

**Individual Immunization Summary**

Student	ID
DOB	HSI Major

PPD					
Date Given			Pro Rx Begin		Pro Rx Declined
Date Read			Pro Rx End		
MM Reaction					
Status					

Chest X-Ray	Result	Comment

Hepatitis B				Lab Date	Value	Result
Dose 1		Decline	Booster 1	HBsAb		
Dose 2			Booster 2	HBsAg		
Dose 3				Core Ab		

Titers			
Date	Type	Result	Comment

Vaccine			
Date	Type	Status	Comment
	Tdap		
	Influenza (Trivalent Inactivated Vaccine)		
	Tetanus/Diphtheria		
	Meningococcal		
	Hepatitis A		
	Hepatitis A		
	MMR		
	MMR		
	Varicella		

Required Exams/Training		
Exam/Training Type	Date Due	Last Exam Date
Tetanus/Diphtheria		
PPD		

**VACCINE STATUS CODE: I= IMMUNIZATION; DIS=DOCUMENTED BY DISEASE;  
HIS=HISTORY OF DISEASE; S=SUSCEPTIBLE; EX=PERMANENT EXEMPTION; W=TEMPORARY  
WAIVER**

\_\_\_\_\_  
**Clinic Representative**

## The APPE Curriculum

You will need to complete a total of 1,440 hours of experiential learning during the fourth year. Most of you will complete the equivalent of nine full-time, 40+ hours/week, four-week learning blocks. **The Office of Professional Pharmacy Education will register you for your APPEs approximately two weeks before the start of the quarter.**

An APPE *must* involve experiential learning. “Experiential” means that you learn at a practice site, rather than in a classroom. “Learning” means that you cannot do the same tasks you’ve been doing for the past three years. The goal of each APPE is for you to emerge knowing and understanding something that you didn’t know or understand as well before you began the learning experience. You will set these goals for yourself and at the end of each APPE will be required to describe to us what you have learned.

There are four core learning experiences that all students must complete:

- One APPE (PHARMP 571 or PHARMP 581) must be a general medicine rotation completed in an inpatient/acute care environment.
- One APPE (PHARMP 572 or PHARMP 582) must occur in a health system setting: we interpret this as a second inpatient care experience.
- One APPE (PHARMP 573 or PHARMP 583) must be in an ambulatory clinic site.
- One APPE (PHARMP 574 or PHARMP 584) must be in either a chain or independent community pharmacy site.

These required advanced pharmacy practice experiences must be conducted in the United States or its territories and possessions (including the District of Columbia, Guam, Puerto Rico, and U.S. Virgin Islands).

Further information on core and non-core APPEs:

- Five of the nine learning experiences must involve direct patient care. Direct patient care means that you are interacting one-on-one with patients most days of the experience. The interaction can be in person or remote (e.g., over the phone). In addition to the four core experiences, you may complete PHARMP 575 or PHARMP 585 (Patient Care APPE) or PHARMP 577 or PHARMP 587 (Senior Care APPE) to satisfy the direct patient care requirement. As evidence of direct patient care you will be required to submit two patient care notes online for every direct patient care (PHARMP 571 through 575 and PHARMP 577 or PHARMP 581 through 585 and PHARMP 587) experience. For example, if you do nine direct patient care rotations you will submit 18 patient care notes online.
- If you are completing the geriatric certificate program you must be registered for and complete a Senior Care APPE (PHARMP 577 or PHARMP 587).
- Up to four of your APPEs can involve learning outside the patient care setting. PHARMP 576 is a 6-credit and PHARMP 586 is a 9-credit course involving learning in an environment where pharmacists don’t provide direct patient care, e.g., industry, pharmacy management, drug information, and health policy development. You may have anywhere from zero to four PHARMP 576 courses and zero to two PHARMP 586 courses on your transcript.
- If you are completing an experience that is shorter in length than 160 hours (6 credits) of learning, PHARMP 578 is a variable-credit course that will enable you to complete an appropriate number of credits. In general, University guidelines state that you need 25 to 30 hours of experiential learning for each credit of practice experience for which you are enrolled. PHARMP 578 can be completed in either a patient care or non-patient care setting.

Within these guidelines, you are free to design your experiential learning as your interests and site availability dictate.

A preceptor will evaluate your learning but the Experiential Education Director will assign the grade, taking into account the preceptor’s evaluation and, where appropriate, the student’s response to that evaluation.

## **APPE-Specific Learning Goals and Objectives**

### *Core Learning Experiences:*

#### **PHARMP 571/581: Advanced Pharmacy Practice Experience in Inpatient/Acute Care General Medicine**

The student's learning goal for this experience is to develop the essential skills necessary to provide patient-specific care to patients with a variety of medical conditions typically seen in the inpatient setting.

#### Learning objectives:

1. Evaluate pathophysiology, clinical presentation, treatment goals, drug therapy, monitoring parameters, outcome measures, prognosis, and long-term management of common medical conditions in the acute care setting.
2. Identify drug-related problems; formulate and implement patient-specific, evidence-based patient care plan, and follow up to determine patient progress.
3. Succinctly and clearly present oral and written outlines of patient work-ups.
4. Synthesize succinct, evidence-based answers to drug information questions posed by patients or health care colleagues.
5. Evaluate patient understanding of provided information about medical conditions, drug therapy, outcome goals, potential side effects (and what to do if side effects occur), and other medication-related information.
6. Demonstrate professional conduct and demeanor that is ethical and responsible displaying integrity, compassion, empathy, and respect.

#### **PHARMP 572/582: Advanced Pharmacy Practice Experience in Hospital or Health-System Pharmacy**

The student's learning goal for this experience is to develop the essential skills necessary to provide patient-specific care for conditions specific to an assigned service in the inpatient care setting.

#### Learning objectives:

1. Retrieve, analyze, and interpret the scientific, professional, and lay literature to support patient care.
2. Establish professional relationships with patients, caregivers, prescribers, and other members of the interprofessional health care team.
3. Communicate and collaborate verbally and in writing with patients, caregivers, health care providers, and others to improve patient care.
4. Formulate, implement, evaluate, and revise patient care plans.
5. Demonstrate professional conduct and demeanor that is ethical and responsible displaying integrity, compassion, empathy, and respect.

#### **PHARMP 573/583: Advanced Pharmacy Practice Experience in Ambulatory Care**

The student's learning goal for this experience is to develop the essential skills necessary to provide patient-specific care to patients in the ambulatory care (clinic-based) care setting.

#### Learning objectives:

1. Evaluate pathophysiology, clinical presentation, treatment goals, drug therapy, monitoring parameters, outcome measures, prognosis, and long-term management of common medical conditions in the ambulatory care setting.
2. Identify drug-related problems; formulate and implement patient-specific, evidence-based patient care plans, and follow up to determine patient progress.
3. Succinctly and clearly present oral and written outlines of patient work-ups.
4. Synthesize succinct, evidence-based answers to drug information questions posed by patients or health care colleagues.

5. Evaluate patient understanding of provided information about medical conditions, drug therapy, outcome goals, potential side effects (and what to do if side effects occur), and other medication-related information.
6. Demonstrate professional conduct and demeanor that is ethical and responsible displaying integrity, compassion, empathy, and respect.

#### **PHARMP 574/584: Advanced Pharmacy Practice Experience in Community Pharmacy**

The student's learning goal for this experience is to develop the essential skills necessary to provide patient-specific care in the community pharmacy setting.

Learning objectives:

1. Provide medication therapy management; review profile and perform medication history to create a personal medication record; and design medication action plan for a patient.
2. Communicate and collaborate verbally and in writing with patients, caregivers, health care providers, and others to improve patient care.
3. Assess patients and recommend over-the-counter medication, non-drug therapy, medical goods, and complementary therapies beneficial for patient care.
4. Triage patients to appropriate health care providers and social service agencies.
5. Provide public health and wellness services and educational materials tailored to the needs of patients and caregivers in the community practice setting.
6. Demonstrate professional conduct and demeanor that is ethical and responsible displaying integrity, compassion, empathy, and respect.

#### ***Non-Core Learning Experiences***

#### **PHARMP 575/585: Advanced Pharmacy Practice Experience in Patient Care**

The student's learning goal for this experience is to develop the essential skills necessary to provide patient-specific care in the assigned care setting.

Learning objectives:

1. Retrieve, analyze, and interpret the scientific, professional, and lay literature to support patient care.
2. Establish professional relationships with patients, caregivers, prescribers, and other members of the interprofessional health care team.
3. Communicate and collaborate verbally and in writing with patients, caregivers, health care providers, and others to improve patient care.
4. Formulate, implement, evaluate, and revise patient care plans.
5. When needed, prepare and distribute medical products as part of the patient's care plan.
6. Demonstrate professional conduct and demeanor that is ethical and responsible displaying integrity, compassion, empathy, and respect.

#### **PHARMP 576/586: Advanced Pharmacy Practice Experience in Non-Patient Care Setting**

The student's learning goal for this experience is to distinguish the role of a pharmacist in a non-patient care setting.

Learning objectives:

1. Retrieve, analyze, and interpret the scientific, professional, and lay literature when necessary in this work setting.
2. Establish professional relationships with other members of the work team.
3. Communicate and collaborate verbally and in writing with others in this work setting.
4. Manage projects, personnel, product distribution, or other systems to meet professional standards.



5. Demonstrate professional conduct and demeanor that is ethical and responsible displaying integrity, compassion, empathy, and respect.

#### **PHARMP 577/587: Advanced Pharmacy Practice Experience in Senior Care**

The student's learning goal for this experience is to develop the essential skills necessary to provide patient-specific care for conditions specific to patients in the senior or geriatric care setting.

Learning objectives:

1. Retrieve, analyze, and interpret the scientific, professional, and lay literature to support patient care.
2. Establish professional relationships with patients, caregivers, prescribers, and other members of the interprofessional health care team.
3. Communicate and collaborate verbally and in writing with patients, caregivers, health care providers, and others to improve patient care.
4. Formulate, implement, evaluate, and revise patient care plans.
5. Demonstrate professional conduct and demeanor that is ethical and responsible displaying integrity, compassion, empathy, and respect.

#### **PHARMP 578: Advanced Pharmacy Practice Experience Elective**

The student's learning goal for this experience may involve patient care or learning in a non-patient care setting. Generally, one or more of the following objectives will be met:

Learning objectives:

1. Retrieve, analyze, and interpret the scientific, professional, and lay literature to support patient care.
2. Establish professional relationships with patients, caregivers, prescribers, and other members of the interprofessional health care team.
3. Communicate and collaborate verbally and in writing with patients, caregivers, health care providers, and others to improve patient care.
4. Formulate, implement, evaluate, and revise patient care plans.
5. Demonstrate professional conduct and demeanor that is ethical and responsible displaying integrity, compassion, empathy, and respect.

## Chapter 2: Important Policies and Guidelines

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Prior to starting your APPEs, you must read and sign a statement indicating that you understand the following student guidelines.

### Student Guidelines for Professional Conduct

Students must:

- Communicate effectively and professionally
  - Maintain an active email account and check email daily. All announcements to fourth-year students will be done using email. Save important emails to a special APPE email folder.
  - Take the initiative in communicating with physicians, patients and other health professionals only when given permission by the preceptor. Students should expect to gain experience in making professional decisions, with the preceptor encouraging greater autonomy as the student learns and demonstrates his or her problem-solving skills.
  - Behave with respect and courtesy toward the preceptor, all other pharmacists and pharmacy staff, technicians, interns, patients and their families, and medical and nursing staff.
  - Reference all information sources in handouts and other written work. Plagiarism is the unacknowledged use of someone else's work and is considered academic dishonesty. Information obtained from specific sources should be paraphrased and referenced using an acceptable reference style. Some assignments may require use of quoted material; all quoted information must be enclosed by quotation marks and the source of the quote identified in the reference list.
- Honor schedule commitments
  - Students must adhere to the practicum schedule agreed upon between the student and the preceptor at the beginning of the rotation. On the first day of a rotation students will print out and bring a blank calendar to populate with their preceptor. The calendar should be populated with due dates, holidays, *preceptor approved* personal time requests, etc. Students will arrive at the practicum site on time and will not leave before the agreed-upon time without first asking for permission from the preceptor. If a valid reason exists for being absent or late, the student must notify the preceptor as soon as possible. Students should be aware that the preceptor or site may request documentation of a reason for being late or absent. Many clinical sites will ask for a detailed description of symptoms or a note from a physician for an absence due to illness.
  - Students will be allowed state holidays off only with the explicit permission of the preceptor. Holiday matters need to be discussed with the preceptor and agreed upon at the start of the rotation. ***Preceptors have the final decision on holiday and personal time requests by their students.*** Students should not schedule vacations or plan life events, such as weddings, during a month when they are also scheduled to complete an APPE.
  - Failure to show up at any scheduled time without notifying the preceptor, failure to contact the preceptor at least one month in advance of the scheduled start date and failure to arrive on time for the first day of the practicum or failure to arrive on time more than twice during a practicum may result in a grade of **no credit**. The student will have to complete an additional practicum in a similar area. This could lead to a delay in graduation and/or extra tuition expenses.
  - Students are responsible for planning and committing to the practicum/site schedule they have set up at the beginning of the fourth year. However, **one** discretionary site change request will be honored during the year. The student must complete this process online, at least four (4) weeks prior to the first day of the APPE being changed. Instructions are on the practicum webpage. Once a student has used his/her discretionary site change the webpage will not allow additional requests. **Note:** Schedule changes initiated by the site do not count toward the one-time student-initiated site change.
  - Students who are interested in completing projects outside of standard rotation requirements or participating in special services offered by the site must let the preceptor know in advance so these activities can be planned and accomplished.

- Be responsible for learning at the site
  - Students should *actively participate* in pharmacy practice during the practicum and seek guidance from their preceptor, other pharmacy staff, health professionals and the Experiential Education Director.
  - The student, not the preceptor, is responsible for learning gained at the site. Pharmacy preceptors volunteer valuable work time to facilitate pharmacy student learning, but the preceptor's first duty is to patients and the work site. Students should not expect their preceptors to be available at all times.
- Maintain confidentiality
  - Students may not communicate patient-specific confidential information to any individual outside the care team. All students must complete all required HIPAA training requested by any site.

The HIPAA regulations, Title 45 CFR § 164.514, specifically state that **all names, geographic subdivisions smaller than a state, dates (birth, death, admission, discharge), medical record numbers, phone/fax numbers, and email addresses must be de-identified.** Additionally, **no other dates, patient initials, names of health care sites, names of other health care professionals providing care to the patient, or any other such identifying information should be on any written material regarding specific patients, e.g., documentation notes, presented cases.** Students must remove all of the above identifying information before submitting patient care notes and when presenting patient information to individuals outside the care team. Students can only view confidential information about patients to whom they are directly providing care – this includes viewing one's own medical record. *Failure to do so can result in dismissal from the APPE and no credit for the course. It may also be considered reckless behavior, which could result in refusal of the University to represent the student in the event of a lawsuit.*

- Students must also not communicate proprietary information about site policies and procedures, customers, fee structures or other billing information or any other such information to any individual outside of the site. However, students observing business practices that may be fraudulent, illegal, or unethical are obligated to report such information to the appropriate regulatory agency.
- Students with concerns or grievances may only share these concerns with the individual involved, with their preceptor in as private a setting as possible, or with the Experiential Education Director. Students and preceptors must not discuss concerns or grievances with any other students, pharmacy staff, other preceptors, patients, or other health care personnel. Gossiping about other students, health care professionals, patients, or staff is considered unprofessional behavior.
- Students should avoid sharing detail about previous APPEs with current preceptors or staff.
- Behave professionally
  - Exhibit professional appearance both in manner and dress. Business casual (implies ties for guys) is the norm for the first day. After that, follow the standards of dress and behavior specified by the site.
  - Arrive at each site with name tag, lab coat, and appropriate learning materials.
  - Submit all required evidence of learning on or prior to given deadlines (see below).
- Follow the policies and procedures of the site and regulatory agencies
  - Students must bring a copy of their intern license to the APPE site to be posted as required by law on the first day of the practice experience. Students must obtain an intern license for every state in which they are scheduled to do a practicum. They must also adhere to federal regulations and the laws of the state(s) in which they are doing their advanced learning experience.
  - Students may be asked to make available to the site their background check, immunization record, HIPAA training certification, CPR card, and/or additional forms either on the first day of training or well before the student arrives onsite to start rotations. Some sites will require a urine drug screen in addition to the comprehensive background check.

Failure to adhere to these guidelines could potentially result in a grade of “no credit” for the learning experience.

In addition, students should:

- Have a plan for personal health care/protection
  - It is strongly recommended that each PharmD student acquire comprehensive health and accident insurance that will provide continuous coverage while participating in the practicum program. Affordable health insurance is available to all University of Washington students. For more information contact the UW Student Insurance Office. Prior to the start of APPEs the student will need to sign the standard insurance waiver indicating that the individual student assumes responsibility for his or her own health needs, health care costs, and health insurance coverage.
  - Students planning out-of-the-country experiences will need to sign a Global Health Training and Education Program Contract, copies of which are available online. They will also visit the UW Travel Medicine Clinic for pre-travel advice and information.
  - Students must know and practice appropriate risk management and infection control techniques. If any incident occurs which might entail risk for student, patient or site, students should seek treatment immediately and then contact the OPPE. Students should *not* sign any forms, unless instructed to do so by the Risk Management Office of the University.
- Contact the APPE coordinator or director with any concerns about a site or preceptor
  - Contact should be made in a timely manner if students want assistance in resolving questions or problems. If there is a problem, it is important to have the preceptor complete a mid-practicum evaluation by the end of the second week of the experience.
- Understand grading policies and procedures
  - Grades are credit/no credit with the exception of PHARMP 577 & PHARMP 587, which are numerically graded.
  - No grade will be awarded until all required paperwork is submitted.
  - The preceptor evaluates student performance and makes a grade recommendation to the APPE coursemaster. The APPE coursemaster assigns the grade.
  - A student who feels that a grade recommendation by a preceptor is arbitrary or capricious should contact the coursemaster and provide the student's perceptions of performance in the form of a written response to the preceptor's evaluation. The coursemaster will take this information into account when assigning the grade.
  - If a student receives a grade of "no credit" for an APPE, the student will need to stop scheduled APPEs and repeat the same course (at a different site).
  - All APPEs use the same course prefix of PHARMP. Although the numbers vary to designate the practice experience, all APPEs are considered the same course. According to School of Pharmacy Faculty approved policy, a student who fails the same course twice will be dismissed from the program, therefore a student who receives a grade of "no credit" in more than one APPE, regardless of course number designation, will be dismissed from the Doctor of Pharmacy degree program.

You also need to read and be familiar with the following guidelines:

### **Student Guidelines for Infection Control and Exposure Management**

*oppe.pharmacy.washington.edu/PracticumSite/forms/Student\_Guidelines\_for\_Infection\_Control.pdf*

### **University of Washington Indemnification Policy**

*oppe.pharmacy.washington.edu/PracticumSite/forms/Indemnification\_Policy.pdf*

### **University of Washington Sexual Harassment Guidelines**

*oppe.pharmacy.washington.edu/PracticumSite/forms/Sexual\_Harassment\_Guidelines.pdf*

## Deadlines for Submission of Learning Evidence

Students are responsible for submitting completed APPE work on time. Work is to be submitted electronically via the APPE website. Formatting requirements for word-processed documents include one-inch margins with text in 10 or 12-point font. See *Chapter 3: APPE Requirements: Assignments and Things You Need To Do This Year* for assignment details and instructions.

Document	Due date
Goal and objectives ( <i>required online</i> )	Submit online on the first day of practicum
Mid-practicum evaluation of student by preceptor ( <i>online only</i> )	No later than the end of the second week of each practicum (particularly important if there is evidence of a problem of any kind)
Final evaluation of student by preceptor ( <i>online submission preferred</i> )	Online on the last day of each practicum. Deadline for receiving credit for each practicum is five working days after the end of that practicum.
Site/preceptor evaluation by student ( <i>required online</i> )	Submit online just before completion of each practicum
Patient care notes as evidence of ability to provide patient care ( <i>required online</i> )	Submit two patient care notes online before the end of every direct patient care practicum

Project description	Due date
First oral seminar	Submit seminar handout no later than January 1, 2015
Therapeutic skills log	No later than March 1, 2015
Writing project using primary literature	No later than March 1, 2015
Long case	No later than March 1, 2015
Second oral seminar	Submit the seminar handout no later than March 1, 2015

**ALWAYS RETAIN A COPY OF ALL THE FORMS YOU COMPLETE AND EVERYTHING YOU SUBMIT TO US FOR YOUR PERSONAL FILES.**

If any part of the required documentation has not been submitted by the Friday a week after the final day of the monthly rotation, course credit will be delayed. If all material is still not received by the last day of the relevant quarter, a grade of “no credit” may be submitted for that experience.

### **Chapter 3: APPE Requirements: Assignments and Things You Need To Do This Year**

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During your advanced practice experiences you are absolutely required to:

- Write a learning goal and objectives for every APPE.
- Provide quality care to every assigned patient. You will need to submit online two patient care notes, in the form of a SOAP note, as evidence of your ability to provide care for two different patients during every direct patient care experience.
- Verbally present patients to your preceptor(s).
- Present two oral seminars, each at least 20 minutes in length, accompanied by professionally formatted handouts for the audience.
- Write a document where you evaluate and reference primary literature.
- Submit one full formal patient work-up (long case).
- Certify that you have performed core assessment skills by submitting a log of what you did and found.
- Have preceptors submit final evaluations for each advanced practice experience.
- Complete a site evaluation for every APPE.

These requirements are outlined in greater detail below.

#### **Provide Quality Care to your Patients**

We hope the majority of your experiences this year will involve problem detection and solving for the patients you see at your APPE site. By now you should be very familiar with the process of patient workup, but a copy of the steps is included in How To Do a Patient Workup (Chapter 6) if you need it. The information in the How To Do a Patient Workup is what the preceptors expect you to know and, hence, what they expect you to do. Remember that the information in How To Do a Patient Workup is a *thought process*: something you do in your head, not something you actually write out (unless your preceptor recommends that you do so). With the exception of the one long case required, you will write *only a documentation note* for your patients.

#### **Your preceptors will expect, at a minimum, the following therapeutic knowledge and skills:**

##### Therapeutic knowledge

- Indications, usual doses, mechanism of action, common adverse reactions, route of administration and elimination, and precautions (“Nine to Know”) for every single drug one of your patients is receiving or might receive
- Drug interactions, pediatric and geriatric dosing alterations, fluids/electrolytes, pain, dermatology, drug allergy
- Infectious disease: antimicrobial agents, antibiotic resistance, antimicrobial pharmacokinetics, antibiotic allergy, AIDS.
- Pulmonary: asthma, COPD, allergic rhinitis, pharyngitis, sinusitis, theophylline pharmacokinetics
- GI: GERD, IBD, PUD, hepatitis, cirrhosis, alcohol withdrawal, emesis, diarrhea, constipation, hemorrhoids
- CV disease: hypertension, hyperlipidemia, thrombosis, CHF, dysrhythmias
- Renal disorders: ARF, CRF, renal insufficiency, drug dosing and pharmacokinetics in renal disease
- Endocrine: diabetes, thyroid, ocular disorders, osteoporosis, contraception, infertility, HRT
- Psychiatric disorders: mood disorders, psychoses, anxiety, OCD
- Neurologic disorders: seizures, headache, CVA, Parkinson’s, dementia
- Rheumatology: arthritis, gout
- Immunology: hematology/oncology, transplant

## Therapeutic skills

- Patient interviewing (for problem detection and drug monitoring)
- Documentation
- Vitals: blood pressure, heart rate, respiratory rate, and temperature
- Pain assessment
- Mental status assessment
- Renal and hepatic function assessment
- Assessment of laboratory data
- Adherence assessment
- CPR and first aid therapy

## Assessment of drug therapy for specific disease states

- CHF: JVD, edema, heart and lung sounds, history
- Obstructive lung disease: peak flow, PFTs, lung sounds, ABGs, inhaler use, history
- Diabetes: neurologic (including foot exams), glucose monitoring (various meters), insulin injection technique, diet
- Hypertension: BP, history, compliance, diet
- Hyperlipidemia: history, lipid fractionation from fingerstick
- Anticoagulation: history, diet, INR testing via fingerstick
- Depression: screening questions
- PUD/GERD: history
- Arthritis: history, joint examination, grip strength
- Osteoporosis: history, bone density measurement

## Other skills

- Retrieve information from appropriate drug and medical information resources
- Speaking clearly and organizing material logically in oral presentation
- Justify statements with evidence or logical reasoning
- Triage primary care questions/problems
- Communicate clearly and cheerfully even in difficult circumstances

## What patient care activities will you be asked to do?

The preceptors have been told to have you do as many of the following activities as possible:

- Patient interviewing
- Monitoring of drug therapy
- Documentation of patient care activities
- Physical assessment
- Patient counseling/teaching
- OTC therapy assessment/triage
- Refill authorization (if protocol in place)
- Specialized services such as prescribing through collaborative drug therapy agreements, where such services are offered and when a student has been trained

Your ability to provide quality care for your patients will be assessed by your preceptor and will be part of your final evaluation (for the five advanced experiences where direct patient care is required).

### **Give Informal and Formal Patient Presentations**

For each patient care rotation you do, you will be required to outline verbally for your preceptor subjective and objective information about the patients you are assigned. You will also need to outline your assessment and plan. These may be in the form of formal patient presentations or informal patient presentations. What are patient presentations and how will you document that you have met this requirement?

#### **Informal patient presentations**

You may be expected at any time to give a brief 2-3 minute overview/update to your preceptor on any of the patients assigned to you. You should know how to do these after having presented them during spring quarter in your small groups. The whole point of these informal patient presentations is for you to let your preceptor know what is going on with the patients he or she has assigned to you and to get the preceptor's "OK" on your plan of action for the rest of the practicum day. Informal patient presentations are one way that you will provide an immense amount of value to the preceptor and site at which you are doing the practicum. The SBAR technique is a great way to communicate information in an organized manner. An example of the format is presented below.

- **Situation:** patient age and problem "Mr. Smith is a 65-year old male for whom we have no information about laboratory values."
- **Background:** Pertinent medical conditions, medications, labs, and other information to consider. (e.g., He was recently-diagnosed with heart failure and started on furosemide 20mg po daily and lisinopril 10mg po daily; the physician inquired about adding spironolactone. He also has arthritis for which he takes 600mg of ibuprofen 3 times daily.)
- **Assessment:** Relate what problems you think the patient may have. ("I am concerned about Mr. Smith's kidney function and potassium concentration. Having the patient on a diuretic, an ACE inhibitor, and a NSAID may set him up for drug-induced kidney damage. The lisinopril will increase his potassium which can be balanced by the loop. I don't think the spironolactone is indicated at this time because it's really only useful in severe CHF.")
- **Recommendation:** Your plan for each drug-related problem or disease state. State exactly what you will do and your deadline for getting it done (e.g., "I would like to call the physician's office and see if the patient has a recent chem-7 drawn, and if not, recommend that he get that done. I would also recommend not starting spironolactone at this point.").

Since your preceptor is in charge of providing care to the patient, it is OK to use patient names and dates in your informal presentation, as long as people not providing care to the patient cannot overhear your discussions.

#### **Formal patient presentations**

Some preceptors may want you to present a "formal" patient presentation, sometimes as often as weekly. In addition to being valuable evidence of learning for your portfolio and a test of your therapeutic knowledge base and thought process, formal patient presentations can provide a teaching/learning tool for your preceptor and the other pharmacists who listen to the presentation. Your formal presentations will be made verbally, but you must provide for all listeners a neatly word-processed outline of patient information. Please assemble your patient information using the standard patient history and physical presentation format. There is an example in the appendices and also a blank format.

Do not use any patient names, initials, health care provider names, site names, or dates in your formal patient presentations. Since most of your audience will not be providing direct patient care, use of names, initials, dates, or other identifiers would be a violation of patient confidentiality. See the case at the end of How To Do a Patient Workup for an example of one way to prepare your handout and presentation information. Take your guidance from your preceptor as to how he or she would like the patient presentations prepared.



*You will submit to the database at one time during the year, one of your formal patient work-ups (long case).*

### **Prepare and Present at least two 20-minute Oral Seminars**

In addition to the informal and formal patient presentations you give during each of your patient care rotations, you are also required to present at least two different 20-minute or longer seminars to an audience of two or more people twice during your clerkship year. *The oral seminars are not the same as formal patient presentations.* One of these seminars must cover some therapeutic topic. At these seminars the student will distribute a neatly word-processed handout for attendees and preferably will use other visual aids such as overheads or slides in the presentation. *These handouts are to be submitted online as evidence of fulfillment of the two seminar requirements.*

In addition, one of the preceptors listening to your presentation is encouraged to evaluate the content and delivery of your presentation in writing on the Patient Presentation Assessment Form, which can be found in Chapter 6 of this packet. This evaluation should be returned to you and used as a tool to improve your presentation skills. The preceptor will also evaluate your presentation in a special section on the Final Evaluation, which will be submitted to the Director of Experiential Education. Do not submit the presentation assessment to us.

When giving an educational presentation, students may use charts, graphs, diagrams, drawings, cartoons, or pictures obtained from electronic or print resources as visual aids to enhance or clarify concepts in the educational presentation, but the source of all graphics must be identified using an acceptable reference format.

If a student makes handouts for an audience and has used tables, charts, graphs, figures, or pictures in the handout, there is a maximum of one illustration from any single source and a maximum of nine sources for the entire presentation permitted. All resources used must be referenced using an acceptable reference format. There should be a maximum of one handout for each audience member. Handouts containing works created by someone else cannot be made available to the general public without written permission from the owner of the work.

### **Complete a Writing Project**

You are required to create a substantial written document that involves evaluation of the primary literature. The paper must

- be at least five pages in length.
- exhibit excellent technical writing skills.
- include analysis of data obtained from a minimum of three pieces of the primary literature.
- have all appropriate information cited.
- contain a reference list written using the National Library of Medicine (NLM) format.

*Your project must be submitted online as evidence of fulfillment of the written project requirement.*

This project can be conducted through a student's work site (but must be done on non-paid time), or through a non-APPE site. This project can be started and even completed prior to the APPE year.

Suggestions for your written project include:

- Create a collaborative drug therapy agreement that did not previously exist and was not primarily created using a template written by another individual.
- Compose a written response to a drug information question.
- Prepare a pharmacy and therapeutics (P&T) monograph.

- Conduct and write a research project examining some aspect of quality. Examples include a drug use evaluation, medication safety analysis, and workflow analysis.
- Formulate a set of institution-specific clinical practice guidelines.
- Generate a detailed handout for a substantial oral presentation (cannot be for one of the 20-minute seminars).
- Write a business plan. This can be done in partnership with another student, but each individual student must write at least 5 pages of material and cite at least 3 pieces of primary literature, in the document.

### **Certify that You have Practiced Patient Assessment**

Because you've not had many opportunities in your Therapeutics Skills coursework to assess a real patient with a medical condition, we want to be sure that you have this chance in your APPE year. To this end, we ask that you perform the following during your practicum year and record the skill online in your Core Assessment Skills Log:

- Auscultate a pair of abnormal lungs
- Auscultate an abnormal heart
- Inspect a skin lesion or rash
- Assess level of acute or chronic pain control
- Perform a diabetic foot examination

In addition, each student will need to complete at least 5 of the following:

- Assess a minor wound
- Inspect at least one patient with a swollen joint
- Assess at least one patient with an abdominal complaint
- Assess peripheral edema
- Assess the inhaler technique, triggers, frequency of medication use, and understanding of disease state for at least one patient with asthma
- Assess adherence in a patient older than 75 years of age
- Assess adherence in a patient younger than 14 years of age
- Assess symptoms of a patient receiving a medication for a mood disorder
- Screen for osteoporosis
- Assess symptoms of an infection (e.g., upper respiratory tract) to determine whether patient should continue self-care or seek care from the patient's primary care provider

Although obtaining vital signs (HR, BP, temp, RR, height, weight, age, smoking status) are not listed here, we assume you'll perform these minimal assessment skills on all patients for whom you provide care and will ask your preceptors to evaluate your ability to perform these skills.

### **Submit your Final Evaluation Forms**

You are responsible for asking your preceptor ahead of time for a meeting to discuss and complete the final evaluation online. The evaluation should be submitted (online at: [oppe.pharmacy.washington.edu/PreceptorSite/PrecepHome.lasso](http://oppe.pharmacy.washington.edu/PreceptorSite/PrecepHome.lasso)) on the last day of your rotation. Since you will have entered your learning goal and three to five learning objectives for the rotation at the beginning of the rotation, they will be visible on the screen so the preceptor can view them while completing the final evaluation.

Your preceptor is to submit the final evaluation preferably online, but if it is needed, a paper copy of the final evaluation can be copied from the pages in this packet in Chapter 6 or the preceptor guide. Be sure both you and your preceptor sign the paper form; this guarantees that you are aware and have read the evaluation. Signature is implied with online submission. If the final evaluation is submitted online the student and our office will simultaneously receive confirmation by email. The deadline for the preceptor to submit the final evaluation is **five working days after the end of a rotation**. Realistically, this does not always happen. If, after reminding the preceptor twice, the evaluation still has not been submitted, the student should email the APPE Coordinator for assistance.

**Submit Site and Preceptor Evaluation Forms**

You are required to evaluate every preceptor and site using the online form. Enter your site evaluation during the final week, just before the rotation ends. The preceptor cannot see it until the end of the academic year.

**Submit Goals and Objectives**

You are required to write goals and objectives for every rotation to help facilitate and direct your learning (see Chapter 5).

## Chapter 4: If Things Go Wrong

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The majority of your practice-based learning will be enjoyable experiences. Sometimes unanticipated challenges occur. Although each challenge arising in practice-based learning is unique, it is possible to identify some general categories of situations that trigger contact with the experiential education office.

**The experience doesn't meet expectations.** It is impossible to enter a practice-based situation without expectations. If expectations (either student's or preceptor's) for the experience are unrealistic or unaligned, then disappointment will occur. It is important to identify clearly what your expectations are for a learning experience. Writing down your expectations (before beginning a learning experience) will help you clarify what they are and will allow you to discuss with your preceptor whether your expectations are reasonable for that site.

If the learning activities agreed upon by you and your preceptor (e.g., contact with patients) are not occurring (e.g., you're spending most of the time performing tasks you have previously mastered, such as product preparation and distribution), then you should speak with your preceptor early on in the experience about other tasks which would allow you to learn new skills or hone partially-developed skills.

**The experience seems disorganized/unplanned.** Development of an activity schedule aids greatly in organization of a practice-based experience. If your preceptor does not have such a schedule already in place, then create one yourself based on the discussion you have with the preceptor about learning opportunities, prior to start of the practice-based experience. Give the schedule to your preceptor for approval/concordance/modification.

**The preceptor/site personnel are inconsistent/unwelcoming/overly critical.** It is difficult to be in a situation where criticism occurs frequently and encouragement or identification of skills performed well does not seem to occur. In this case it is again important to inform the preceptor of the situation and events triggering the impression.

**The preceptor/site personnel display unprofessional behavior.** It is difficult to initiate a conversation with the preceptor when this occurs; many students will choose to say nothing rather than appearing to criticize the site or preceptor. It is important, however, that the preceptor be informed of the situation and the events that triggered the student's impression.

**The preceptor's evaluation is not submitted by the deadline.** It is challenging to determine the fine line between gentle reminding and appearing to harass a busy preceptor about evaluation submission deadlines. If a preceptor's evaluation is not submitted by the deadline, then students should make at least two but not more than three attempts to remind the preceptor. After that, it is best to inform the experiential education office about each of the attempts and let the office make further attempts to obtain the evaluation.

**Life happens.** The most frequent reason for things going wrong from a student perspective has nothing to do with the practice-based experience itself, but rather personal situations that occur. Loved ones can become ill or die, students can develop health conditions that make it difficult to meet preceptor expectations, an unanticipated event at the site or elsewhere can be emotionally disturbing: the list could go on. It is important to remember that preceptors in general are very flexible about life events, as long as they are informed about what is going on. If you confide in your preceptor that you are having a challenging personal situation, you have every right to expect that your preceptor will not share the specifics of the situation with other individuals at the site.

### Responding to challenging situations

First talk to the preceptor. Be specific, straightforward, and tactful. Approach the conversation collegially, e.g., "I think we may have a problem here and I really want to talk about it to understand your point of view." In most situations you will be able to address the situation without any further intervention.

If the situation is one where you are afraid of sounding overly critical about the site or individuals at the site, then it will be vital to write down in advance all of the actions you observed that led to your response to the situation. When you discuss the actions with your preceptor, you can then in a calm voice outline what actions you observed, and how you interpreted those actions. The preceptor may be able to give you additional information that will allow you to change your interpretation about what you observed or the preceptor may wish to make an intervention at the site. Either way, you owe your site and preceptor the opportunity to respond to your observations and interpretations.

If you and your preceptor determine that you will need some time off from the site, do inform the OPPE that you and the preceptor have agreed that you will be taking time away from the site and how that time will be accounted for (Made up at a later time? Waived?).

If you feel that your attempts to engage the preceptor in a meaningful dialogue are unsuccessful, or if you feel uncomfortable speaking with the preceptor about an issue, then it is time to inform the OPPE about what has occurred. It will be easiest for us to respond to your written account of what occurred. Be prepared to also inform our office of your desired outcome for the situation.

Another reason that students contact our office is to check grounding of fears. We want to be available to listen to your concerns (and your compliments of your sites, preceptors, or activities!). We are very busy between teaching and site coordination activities, however, so please contact us again if we don't return a call or email within a day.

If you are concerned about a site and don't feel it is worrisome enough to call us about, but you still want to tell us about an issue, there is also a section on the Site Evaluation where you may communicate information about a site only to our staff. None of the information in this section will be shared with the preceptors.

## Chapter 5: Tips for Learning

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### How to Write Learning Goals and Objectives

The goal and objectives for each of the advanced learning experiences serve as the primary criteria for your performance evaluation. Some sites have predetermined learning objectives and some do not. Either way, it is up to you to tailor the learning objectives to meet your learning needs: this is not your preceptor's function! The first day (or before) of the practicum is the appropriate time to decide upon learning objectives with your preceptor. Talk to your preceptor if you have a project you want to do. Don't wait until after the first day to bring it up!

**The goal statement.** Your goal statement summarizes in one sentence the “big picture” of what you hope to learn during the practicum. Since the purpose of each of your practicums is to change and improve the way you currently practice, your goal statement should summarize how the experience will help you accomplish the change. Goal statements can use non-quantifiable verbs such as assist, care for, establish, provide, give, help, know, and understand.

**The learning objectives.** The objectives, unlike the goal, should be specific and measurable. Although each course has written learning objectives, you are not required to use only these learning objectives. You can either add to or modify existing learning objectives so that you can tailor the experience to meet your learning needs.

General principles for writing learning objectives for an APPE experience:

- Aim for 3 to 5 measurable objectives, although you may end up with more if the scope of each objective is small.
- Use performance (i.e., action) verbs at the beginning of each learning objective to define how that skill will be measured. To assist you in preparing the wording of your learning objectives, you will find on the next page a table containing both categories of cognitive domains in “Bloom’s Taxonomy for Cognitive Learning Objectives,” as well as verbs that correlate well with each domain. Notice how the taxonomy progresses from the lowest levels of learning (knowledge and comprehension) at the top of the table to the highest levels of learning (analysis, evaluation, and synthesis) at the bottom. You should strive to move beyond mere knowledge (i.e. listing of facts) in your experiential learning. Write your objectives such that you will be forced to learn at the highest levels.
- Do not create a long list of disease states that you will specifically encounter. Instead, focus on patient care skills that are specific to or transferable beyond the type of service you may be on.
- Do not list learning activities as learning objectives unless the learning activity contains a verb that will allow your preceptor to measure your learning. Examples of learning activities that are not worded as learning objectives:
  - Attending rounds. (verb doesn't measure learning)
  - Watching an open heart surgery. (verb doesn't measure learning)
  - Filling prescriptions. (verb doesn't measure learning)
  - Sharpening patient care skills. (verb doesn't measure learning and is too vague)

**Revised Bloom’s Taxonomy for Cognitive Learning Objectives** (Anderson LW, Krathwohl DR, editors. A taxonomy for learning, teaching, and assessing: a revision of Bloom’s taxonomy of educational objectives. New York: Addison, Wesley, Longman, Inc; 2001.)

Description of the Major Categories in the Cognitive Domain	Illustrative Verbs for Stating Specific Learning Objectives
<p>1. <b>Remember:</b> the ability to retrieve relevant knowledge from long-term memory. This involves recall of specific facts (e.g. being able to describe disease states or drug pharmacology), but does not imply any ability to use those facts to achieve desired outcomes. Knowledge represents the lowest level of learning outcomes in the cognitive domain. Example: learner can define CHF and list the drugs used to treat it.</p>	<p>define, describe, identify, label, list, locate, match, name, outline, recall, recognize, reproduce, select, state</p>
<p>2. <b>Understand:</b> the ability to construct meaning from instructional messages. This may be shown by translating material from one form to another (words to numbers), by interpreting material (explaining or summarizing), and by estimating future trends (predicting consequences or effects). These learning outcomes go one step beyond the simple remembering of material. Example: learner can explain why drugs used to treat CHF should help to reduce symptoms.</p>	<p>combine, compare, compute, convert, estimate, explain, extend, generalize, give example, infer, interpret, paraphrase, rewrite, summarize</p>
<p>3. <b>Apply:</b> the ability to carry out or use a procedure in a given situation. This may include the application of such things as rules, methods, concepts, principles, laws, and theories. Learning outcomes in this area require a higher level of understanding than those of “Comprehension.” Example: learner can modify doses of drugs used for an uncomplicated patient with CHF.</p>	<p>apply, change, demonstrate, determine, manipulate, modify, operate, perform, predict, provide, relate, show, solve</p>
<p>4. <b>Analyze:</b> the ability to break down material into its component parts so that the organizational structure may be understood. This may include the identification of the parts, analysis of the relationships between parts, and recognition of the organizational principles involved. Learning outcomes here represent a higher intellectual level than understanding because they require identification of both the content and the structural form of the material. Example: given a list of information about a patient’s medications, multiple disease states, and symptoms, a learner can distinguish the use of each medication and identify therapies that may be suboptimal.</p>	<p>analyze, categorize, classify, detect, diagram, differentiate, dissect, distinguish, identify, illustrate, infer, relate, select, separate, subdivide, survey</p>
<p>5. <b>Evaluate:</b> the ability to judge the value of material for a given purpose, based on defined criteria. These may be internal criteria (organization) or external criteria (relevance to the purpose) and the student may determine the criteria or be given them. Learning outcomes in this area are highest in the cognitive hierarchy because they contain elements of all of the other categories, plus conscious value judgment based on clearly defined criteria. Example: learner can independently assess efficacy and toxicity of all medications for any patient.</p>	<p>appraise, assess, check, choose, contrast, critique, debate, decide, evaluate, judge, justify, measure, relate, support</p>
<p>6. <b>Create:</b> the ability to put parts together to form a new whole. This may involve the production of a unique communication (seminar), a plan of operation (research proposal), or a set of abstract relations (scheme for classifying information). Learning outcomes in this area stress creative behaviors, with major emphasis on the formulation of new patterns or structures. Example: learner can modify a suboptimal treatment regimen of any patient with selected multiple disease states.</p>	<p>combine, compose, create, devise, design, generate, modify, organize, plan, predict, produce, rearrange, reconstruct, relate, reorganize, revise, write</p>

## Plan your Learning Activities

The next thing you need to think about is how to accomplish your goal. As you plan the journey between your current skill level and your desired level, you will probably see several clearly delineated steps in the learning process leading to the overall goal. What you need to do is to write down each of these steps. They will become the list of activities (your learning plan) you will perform at your practicum.

Learning activities can include just about anything that reasonably helps you reach your learning goal. One thing you should strive for, however, is to *avoid choosing passive learning activities*. For example, the ability to describe the side effects of medications used for arthritis therapy may be nice, but that kind of objective won't change the way you practice. Alternatively, creation of a standardized arthritis pharmacotherapy documentation system with built-in prompts for interview questions and physical exam information could change and improve the way you practice. If coupled with an algorithm (plan) to follow if efficacy fails to occur, or toxicity does occur, your learning experience would produce a powerful tool enabling you and your preceptor to provide complete and consistent care to patients who have arthritis. Careful examination of the verbs in categories 4–6 of “Bloom’s Taxonomy” may help you to design active learning experiences.

## Putting It All Together

The information in the next several paragraphs should serve as a jumping-off point for practicum goal/objective/activity planning, since patient workup and drug information communication are the most basic of cognitive skills that a pharmacist must possess. If you haven't mastered these skills—be honest with yourself about your level of competence—then you should plan on using your first APPEs to improve your abilities in these areas.

*Patient Work-up.* All pharmacists graduating from this program need to display the ability to do a quick and accurate patient workup. The process of patient workup includes:

- Gathering objective and subjective patient information
- Analyzing it to determine medical and drug-related problems
- Developing and enacting a treatment plan (including referral) for any detected problems
- Developing and enacting a monitoring plan for treatment compliance, efficacy, and adverse effect.

Plan to devote a lot of learning time to master this process quickly and efficiently.

*Communicating drug information in a professional manner.* Most of your APPEs will include communication of drug information, and you should create at least one learning objective aimed at skill-building in this area. The focus of these objectives should vary to match the learning theme. Suggested areas for emphasis include:

- Creating patient information brochures.
- Writing chart notes, written consults, or letters to other health care providers efficiently—you should be able to complete a consult note in 3 minutes or less; practice until you can do this.
- Composing a newsletter article on general or specific health or drug topic.
- Generating a formalized drug literature review for a P&T committee, MUM report, journal club, or seminar presentation.

*Factual information.* Although quality patient care requires a good understanding of factual information, keep in mind that the purpose of the practicum is to build new practice skills. The acquisition of new factual information should play a minor role in your practicum activities: 20% or less of your practicum learning time. The majority of APPE learning time should be spent *using* the information you have already learned in your therapeutic coursework in some constructive, even innovative, manner.



For APPEs that do not involve patient care, you will not need to submit two documentation notes. You may instead submit some other evidence of your learning, such as a literature evaluation document or seminar handout.

If an APPE does not involve patient care it must be registered as PHARMP 576 or 586. This must be determined *before* registration for that particular quarter. Compounding and retail management experiences in particular are sometimes mis-registered depending on how you and your preceptor design your goal and objectives. If you neglect to inform the OPPE office that an APPE which has traditionally involved patient care has changed to a non-patient care rotation, it will be necessary for you to do a late change. This is a hassle you want to avoid.

## Theories of Learning

There are three currently accepted ways in which people learn: behavioral, cognitive, and sociocultural. Each are valid methods of learning and you will find that you use all three, although you may have associated only one method of learning with formal education prior to starting pharmacy school.

**Behavioral learning** is the type with which you are likely most familiar, as it involves learning designed by another individual. It involves learning in incremental steps, with each step building upon a previous step. To use the illustration of building a chair, using behavioral learning you would first get a book on chair-building, then gather the tools and read how to use each tool properly, then sketch out a plan of how the chair would be built, and then follow that plan to build the chair. Traditional lecturing (i.e., didactic teaching) is generally behaviorist as the lecturer usually starts with the basics and builds on those basics. Sound like most of your therapeutics lectures? Acquisition of psychomotor skills also occurs most optimally via behavioral learning.

**Cognitive learning** (also referred to as constructivist learning) involves learning that is constructed by the learner. Learners in this mode feel as if they're "jumping in with both feet." To continue the illustration of building a chair, a cognitive learner would simply gather the tools and materials and start building the chair, learning as he or she went along. In this way the learner would have achieved the endpoint (the finished chair) much more quickly than the behaviorist, although the chair would likely be less elegant than the behaviorist's chair. Problem-based learning is quintessential cognitive learning, so all those patient cases you received in your small groups involved cognitive learning.

**Sociocultural learning** (also referred to as socio-constructivist learning) involves meaning derived through social interaction. It's harder to compare and contrast this type of learning with the other two methods, since the description of this type of learning is very abstract. Basically, all of your social norms are acquired through this mode of learning. Your attitudes toward a patient or a class or an assignment are subtly influenced by what the group around you feels and how the individuals of that group react as a collective whole. To continue with the chair-building example, if you were building the chair via sociocultural learning, you would build it with a group of people and the experience of building that chair, as well as the final endpoint of the chair, would be determined by the group consensus. If the group decided it was a stupid assignment, then the endpoint might be "no chair." If the group decided that everyone needed to use the chair, then the result might be a bench. Many of your values, norms, and attitudes have been formed through sociocultural learning. Role modeling is the primary method of sociocultural learning and you will pick up more than you realize of this type of learning during your fourth year.

So what kind of learning can you expect to perform during your fourth year (and beyond)? Well, really, you will use all three types, although cognitive and sociocultural learning will comprise the majority. This combination will result in something called *self-directed learning*. Knowledge from this type of learning is often retained better, because the information is received in context. Learners have a visual and auditory "picture" in their brains to accompany the "facts." Let's explore this concept a little more.

## Self-directed Learning

Most adult learning and, indeed, much of childhood learning is self-directed. Self-directed learning occurs when the person doing the learning has the *primary* responsibility for the design, initiation, completion, and evaluation of a learning experience. Self-directed learning is actually the way you learn best because you

have been doing it since you were born. We as educators, however, have *conditioned* you to think that the best way to learn is didactically—in a classroom setting. You think this because almost all of your formalized learning at the primary, secondary, and tertiary instructional levels was conducted in a passive learning format (educators lectured, you took notes). Active learning, which you do every day, does not result in a diploma or other item showing proof of learning, yet you probably use more of the information from your active learning experiences on a daily basis than that material gained from didactic coursework.

At this point you may be mildly alarmed at the idea of using self-directed learning in a formal course of study because, if your self-directed learning is anything like mine, it is usually conducted haphazardly. This is how adult learning commonly occurs: through trial-and-error, fortuitous and unanticipated experiences, and, very occasionally, by design. Because adult learning is triggered by the needs of an individual at a particular time and includes constant redefining of process and goals, it is often only recognized retrospectively. Do you remember scenarios in which you experienced the “aha!” phenomenon (that instance defined in a cartoon by the light bulb appearing over the character’s head)? You probably didn’t consciously decide to learn, but had picked up bits and pieces of information here and there, and a chance encounter or remark made everything come together. You only recognized the presence of a learning experience afterward. Fortunately, self-directed learning *can* occur in a more structured fashion.

One important point that I would like to address is that self-directed learning is *not* synonymous with learning alone. If you do not believe me, then think again about your process of making the decision to enroll in the PharmD program. Remember that all along in your decision-making you were assisted in the information gathering process by people and written materials. Your experiential learning will also not involve learning alone. Rather, it will be a purposeful endeavor to gather together the resources you need, within an organized framework, so that learning can occur. The only difference between the self-directed learning you will do in your practicum and the self-directed learning you have done all of your life is that the learning you acquire in your practicum will be planned ahead of time, so you can recognize the learning as it happens.

### Steps involved in self-directed learning

1. Decide what knowledge and/or skill you want to learn.
2. Estimate your current level of the knowledge or skill, and define specifically the level of knowledge or skill you desire to achieve.
3. Identify the specific activities, methods, resources, expenses, and equipment you will need for learning.
4. Decide where to learn, which will also involve identifying who can teach you what you want to know.
5. Set specific outcomes and deadlines (target dates) for your activities, both final and intermediate; identify personal motivators that you will use to increase your motivation throughout the learning experience.
6. Decide when to begin your learning experience.
7. Outline a reasonable pace at which you will proceed during the learning episode.
8. Create time for the learning; obtain all resources or equipment you will need.
9. Begin the learning experience; modify it if you detect factors that hinder your learning or progress.
10. Appraise the outcome of the experience.

These steps have been modified from material originally published in: Tough A. *The adult’s learning projects: a fresh approach to the theory and practice in adult learning*. 2nd ed. Toronto: Ontario Institute for Studies in Education, 1979. Because this process has been well described and validated, you should use it as a tool to plan your self-directed learning.

So how can you optimize your learning experiences? First of all, embrace the concept of self-directed learning. Do not go to your APPEs with the primary purpose of being at the site for eight hours. Instead, go to the site each day with a clear picture of what you hope to learn that day and a plan for how you hope to learn it. Second, do not expect to be taught everything by your preceptor. Your preceptor will be one of many sources of information you will use to enable your learning to occur. Other sources will include textbooks (behavioral learning), other health care professionals (sociocultural learning), and the patients themselves (cognitive learning). Third, do not pass up opportunities for learning when they present themselves. If you think back

over your lifetime, you will probably remember some of your best (positive and negative) learning experiences happened without much advance notice. Finally, be aware that the quality of your learning experiences will primarily depend upon your attitude toward that learning.

## **Chapter 6: Important Guidelines, Policies, and Forms**

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### **How To Do a Patient Workup**

*oppe.pharmacy.washington.edu/PracticumSite/forms/Patient\_Workup.pdf*

### **Student Guidelines for Professional Conduct**

*oppe.pharmacy.washington.edu/PracticumSite/forms/Student\_Guidelines\_for\_Professional\_Conduct.pdf*

Students should read and be familiar with the standards to which they will be held while in any experiential education course. Issues with conduct involving email communications, adhering to site schedules, mutual respect between student and preceptor, communication with physicians and other health care professionals, appearance and dress code, patient confidentiality, internship licenses, and risk management are covered in this document. Please review these guidelines on this website. You will be required to sign a statement saying that you have read and will adhere to these guidelines.

### **Student Guidelines for Infection Control and Exposure Management**

*oppe.pharmacy.washington.edu/PracticumSite/forms/Student\_Guidelines\_for\_Infection\_Control.pdf*

Students should read and be familiar with the guidelines and procedures for preventing and managing exposure to infectious diseases. Since you will be working in direct patient care settings, your risk for exposure is real. Especially for blood borne pathogens like HIV and hepatitis, students should know what they need to do in case of an accidental exposure. Student action in these cases is required within a few hours of exposure for proper protection. If you are concerned that you have been exposed to a blood borne pathogen, please do not hesitate to act. Follow these procedures as soon as possible. Please review these guidelines on this website so that you are prepared for this potential risk.

### **University of Washington Indemnification Policy**

*oppe.pharmacy.washington.edu/PracticumSite/forms/Indemnification\_Policy.pdf*

Students should read and be familiar with this policy regarding University protection for expenses, settlements, damages, or claims regarding actions of students that cause patient harm or other legal action.

### **University of Washington Sexual Harassment Guidelines**

*oppe.pharmacy.washington.edu/PracticumSite/forms/Sexual\_Harassment\_Guidelines.pdf*

Students should read and be familiar with the guidelines regarding sexual harassment. Students with concerns about, or who are victims of, sexual harassment by a preceptor or other personnel or students at a practicum site should follow these guidelines. There are protections against this type of behavior.

### **School of Pharmacy Care Definition, Practice Foundations, and Ability-Based Outcomes**

*oppe.pharmacy.washington.edu/PracticumSite/forms/UW\_ABOs\_Public.pdf*

Ability-Based Outcomes (ABOs) are the final or terminal competency statements that are the objective of our entire professional degree curriculum. They are the desired endpoints or achievements of the activity. All course work in the PharmD degree program is intended to prepare the student for mastery of one of these terminal ABOs.

### **Evaluation of Student Presentation**

*oppe.pharmacy.washington.edu/PracticumSite/forms/APPE\_Presentation\_Eval\_Form.pdf*

#### **Mid APPE Evaluation Form**

*oppe.pharmacy.washington.edu/PracticumSite/forms/APPE\_Mid\_Eval\_Form.pdf*

#### **Final APPE Evaluation Form**

*oppe.pharmacy.washington.edu/PracticumSite/forms/APPE\_Final\_Eval\_Form.pdf*