Pharmacology 541:
Introductory Pharmacy Practice Experience in Clinical Skills
Student Syllabus
Spring Quarter 2015

Teresa O’Sullivan PharmD, BCPS
Director of Experiential Education, Advanced Practice
UW School of Pharmacy, Box 357631
Seattle WA 98195–7631
PHONE: 206.543.3324  FAX: 206.221.2689  EMAIL: terrio@uw.edu

Curtis Jefferson, MS
APPE Operations Specialist
UW School of Pharmacy, Box 357631
Seattle WA 98195–7631
PHONE: 206.685.8738  FAX: 206.221.2689  EMAIL: appemgr@uw.edu

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

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Course introduction

This course is intended to serve as a bridge between the learning you have been doing in your didactic, laboratory, and IPPE classes, and your APPEs. You will register for this course in Spring Quarter of 2015 and will need to complete all assignments by the end of May. A grade of “credit” in PHARM 541 is required for eligibility to begin APPEs. The criteria for a grade of “credit” are:

- Completion of a patient interaction during a visit to a care site (this should be done during winter quarter, if not already done during your hospital IPPE).
- Completion of the Pharmacy Curriculum Outcomes Assessment (PCOA) exam.
- Attendance at the APPE orientation session.
- Completion of first aid and CPR training, with certification good through spring of 2015. (This should already be done as part of PharmP 532.)
- Completion of Bloodborne Pathogens refresher training valid through spring of 2015.
- Compliance with all immunization requirements through spring of 2015.
- Attendance at the seminar small group sessions in spring quarter.
- Oral presentation of seminar to small group; submission of seminar handout: done in spring quarter.
- Submission of an acceptable SOAP note for the case patient.
- Submission of a written personal reflection about the patient interview experience (due at the same time you submit your SOAP).
- Successful completion of the oral exam.

Anticipated course schedule

<table>
<thead>
<tr>
<th>Week</th>
<th>Date</th>
<th>Time</th>
<th>Topic</th>
<th>Assignments Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>April 2</td>
<td>11:30-12:20</td>
<td>Course Overview &amp; Planning Patient Care</td>
<td>#1 Single-patient task list assignment (Canvas)</td>
</tr>
<tr>
<td></td>
<td>April 9</td>
<td>11:30-12:20</td>
<td>Prioritizing Care for Multiple Patients</td>
<td>#2 SOAP Note (APPE Database) #3 Reflection (APPE Database) #4 Multiple-patient task list assignment (Canvas)</td>
</tr>
<tr>
<td>3</td>
<td>April 17</td>
<td>12:30-5:20</td>
<td>PCOA</td>
<td>#5 PCOA Completion (in class)</td>
</tr>
<tr>
<td>4</td>
<td>April 23</td>
<td></td>
<td>No Class Meeting</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>April 30</td>
<td>11:30-1:20</td>
<td>Seminar Presentations</td>
<td>#6 Presentation handout (Canvas)</td>
</tr>
<tr>
<td>6</td>
<td>May 7</td>
<td>Assigned</td>
<td>Oral Exam</td>
<td>#7 Oral Exam (in class)</td>
</tr>
<tr>
<td>7</td>
<td>May 14</td>
<td>11:30-1:20</td>
<td>APPE Orientation</td>
<td>#8 In-Class Orientation Task (Canvas)</td>
</tr>
<tr>
<td>8</td>
<td>May 21</td>
<td></td>
<td>No Class Meeting</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>May 29 (Fri.) June 1 (Mon.)</td>
<td>Assigned</td>
<td>PPD Test &amp; Read</td>
<td>#9 PPD Completed &amp; Recorded (HSIP)</td>
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</tr>
<tr>
<td>10</td>
<td>June 4</td>
<td></td>
<td>No Class Meeting</td>
<td>#10 Bloodborne Pathogens Refresher (Canvas) #11 Background Check (Canvas)</td>
</tr>
</tbody>
</table>
Course goal
This course is designed to successfully transition students from classroom coursework into APPEs. The course not only serves to help students be more prepared for APPEs through orientations and class activities, but also serves as one of the School’s measures of APPE-readiness.

Learning objectives
1. Gather and evaluate data for a real patient to identify medication-related issues.
2. Create a patient-specific plan to address the drug-related issue.
3. Write a documentation note to identify and explain the medication-related issue; the note should be similar to care notes students will write during the APPEs.
4. Prepare and deliver a seminar presentation similar to what will be expected during APPEs.
5. Delineate student expectations for the APPE year and complete activities required by APPE sites.
6. Analyze a given patient case and demonstrate comprehension of prior coursework through written and oral examination.

Orientation
You will need to attend the APPE orientation session, held during spring quarter. The purpose of this session is to explain procedures, answer your questions, ensure you fill out necessary paperwork, and let you know what to expect for the coming year. If you must miss the orientation sessions, send an email to the APPE Operations Specialist and PharmP 541 coursemaster explaining the issue. If an absence is excused, makeup work will be required.

First aid/CPR training
You will need to have CPR (at the healthcare provider level) and first aid training with certification expiring no earlier than end of May of the fourth professional year. Most of our site contracts stipulate that the training must be either the American Heart Association or American Red Cross training programs (a couple of sites will only accept American Heart Association training). In order to prove that you have received this training, you will need to have on file in our office a copy of your certification cards. This requirement should have been completed as part of PharmP 532.

Bloodborne Pathogens refresher training
You will need to complete your annual Bloodborne Pathogens refresher training via Pharmacists’ Letter in early June. A copy of the completion certificate will need to be filed with OPPE prior to the end of the quarter.

Background Check
Due to the requirements of many of our affiliation agreements, students will need to complete a background check at the end of this year. If you have completed a background check with Certiphi within the past year, you will need to complete a WATCH Background Check and instructions to do so will be available on Canvas. Students who have not completed a background check with Certiphi in the past year will need to do so. Instructions will be provided to those students directly from OPPE. You will need to complete this in early June.

HIPAA training
All students should have completed the University of Washington Medical Center HIPAA training course previously. All students need to have on file a photocopy of their training certificate.

Immunizations
All students need to be current with required vaccinations and screenings, per records from the Health Sciences Immunization Program. By the end of the quarter, all students must have on file proof of current compliance with
immunization requirements with a compliance expiration date through May of the fourth professional year for all immunizations and screenings except influenza (influenza will need to be updated by October 1st of the APPE year).

**PCOA exam**

In the third week of the quarter, you will take the Pharmacy Curriculum Outcomes Assessment (PCOA) exam. This 220-question exam will probe your knowledge of the basic biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences. The exam has two benefits: student performance at our school is compared to student performance at other schools, and it can help students identify areas for knowledge improvement before they sit the North American Pharmacist Licensure Examination (NAPLEX).

**Patient care note**

Considering the patient that you interviewed during your IPPE or in the last quarter in preparation for this course, choose one drug-related problem this patient is experiencing or might possibly experience that you think is most important and write a SOAP note about that problem. Remember that you will use no patient initials, no dates, no care provider names, and no location names smaller than a state. Make your note as short as possible without omitting vital S and O information. Remember that the assessment is where you explain your critical thinking, so don’t skim on this section. You will submit this note via the OPPE database. If it needs more work, you will be asked to edit the note. These are the elements on which your note will be evaluated:

- Use of a header identifying what the note is about.
- Addressing a drug-related problem, not a diagnosis-related problem.
- Addressing only one drug-related problem. *Note: this is another common reason why SOAP notes are returned for redo.*
- Adequate subjective and objective information to back up your assessment and plan.
- No extraneous information in the subjective and objective section. *Note: this is the most common reason why SOAP notes are returned for redo.*
- Clearly-explained reasoning behind your suggested changes in the plan.
- Inclusion of a precise monitoring plan for efficacy and/or toxicity.
- Conciseness: your SOAP note should be less than one page in length and will preferably be closer to one-half page in length unless the issue is complex.
- No non-standard abbreviations used in the note, and particularly no prohibited abbreviations in the note.
- No dates or other identifiers included in the document.

If two or more of these elements are not followed, the note will be returned for redo.

**Common FAQ:** “Should I list all the drugs that the patient is receiving in the S or O section of a SOAP note?”

**Answer:** This depends on the purpose of the note. If the note is written as a medication review (for example after an medication therapy management (MTM) interaction with the patient), or at intake or discharge, the purpose of the note is to review each of the medications that the patient is receiving and so all medications should be listed. If the purpose of the note is to address one or more drug-related problems, then you will only list those medications involved in the drug-related problem(s). As a general rule, if you do not mention a medication anywhere in the assessment or plan, the medication should not be listed in the subjective or objective section of the note.

You will always list all medications that the patient is taking in a formal patient presentation handout, where you use the patient history and physical database format.

Once you are done writing your note, review it, specifically looking for HIPAA no-nos. Look for and eliminate any of the following:

- Calendar dates of any kind (the one exception can be the day you write the note)
• Names or initials of any patient, caregiver, health care provider, or any other individual
• Names or locations of any business, institution, care facility, or geographic area smaller than a state
• Patient or medical identification numbers or codes of any kind, including phone numbers, web sites, and email addresses

Learning reflection
You must write a short one-paragraph reflection on this learning experience. Outline how this experience did or did not help you know what to better expect in the advanced learning experiences you will soon be doing. Note what you would do differently if you were redoing this experience, knowing what you know now. Identify any practice skills you plan to work on in your first few APPEs. You will submit this reflection via the database, similar to how you submit your care note.

Presentation to small group

Seminar. You will give a short didactic presentation on some new information you learned while going through this process. It can be a disease with which you were unfamiliar, a medication with which you were unfamiliar, an explanation behind an unexpected response to a medication, or a similar topic. The seminar must cover a topic that has not yet been covered in your Therapeutics courses. You will enhance your presentation with slides and/or a one-page handout of your presentation. You will present this information in about 5 minutes.

You will have up to 5 minutes for questions. The questions you are asked by the instructor will be similar to the type of questions you will get from your preceptor after you have presented a seminar during your fourth-year advanced practice experiences.

Oral exam
Near the end of the quarter you will need to complete an oral exam. The exam will be run in a manner similar to the ASHP Clinical Skills Competition. You will be assigned to a group of 4 or 5 students. Your group will receive a case at a specific time (either 11:30, 11:50, or 12:10 on the day of the exam; you will be notified of your group’s exact time a week or two before the exam) and will have 1 hour and 45 minutes to work up the case. At a specified time, your group will present the patient and your work-up to a clinician. You will have approximately 1 minute to briefly introduce the patient, 6 minutes to explain your work-up decisions, and 8 minutes to answer questions directed toward you by the clinician. Each group member will be expected to contribute equally to the patient presentation and each group member should expect to answer two questions that are directed to that group member by the clinician. You will be given more specific information about this exercise, including a schedule, by late April.

Half of your score will be determined by the group presentation and the other half will be determined by your answers to the two different questions you will be asked by the clinician. These questions will be about some aspect of the patient case: the drugs (be sure you know your Nine to Know for each of the patient’s medications), the medical conditions, legal or ethical aspects, or similar treatment-related questions.

Students who do not achieve a score of 75% or greater will need to repeat the exam.

What to submit and when
Be sure to sign in at small group presentations and orientations. You will submit your SOAP note and reflection through the OPPE website. Submit your handout for your seminar via Canvas. Any immunization record updates should be sent to myshots@uw.edu.

Professionalism Policies for IPPE Course Seminars

PROFESSIONALISM VISION STATEMENT

The University of Washington School of Pharmacy views professionalism as an important part of pharmacy education. We expect that students will act in a professional manner. Faculty and staff in the Office of Professional
Pharmacy Education (OPPE) are committed to helping students build and reinforce professional identity. The Office of Professional Pharmacy Education will foster School of Pharmacy students that display the traits of civility & professionalism.

Traits of professionalism include\underref:\footnote{1}

- Civility - the minimum set of standards of professional behavior
- Covenantal relationship with patients and those we serve
- Selflessness for the greater good
- Morally, socially, and cognitively ethical
- Trustworthiness and honesty
- Commitment to self-improvement of skills and knowledge through lifelong learning
- Accountability
- Cheerful, positive attitude
- Promptness and timeliness
- Respectful and supportive of colleagues, patients, and instructors
- Willingness to work in a collegial fashion

As part of developing professionalism, we expect that students will act in a professional manner. Instructors and staff in the OPPE office are committed to role modeling professional behavior and helping students to develop their professionalism and professional identity through their engagement in IPPE courses. As part of this development, students will be assessed on various aspects of their professional behavior in all IPPE courses. This will be done utilizing a Professional Point system. At the beginning of each quarter, students will be allotted a certain number of professional points. Students will maintain these points by displaying professional behavior in relation to IPPE courses. Failure to exhibit professional behavior will result in the loss of points. If a student loses 30% or more of his/her professional points in a given course, he or she may not receive course credit and a Professional Behavior Intervention Documentation Form\underref:\footnote{2} will be filed with the Office of Professional Education. Please see grading policies of specific course syllabi for more details.

POLICIES ON PROFESSIONALISM

CLASS DECORUM

This is a PROFESSIONAL practice course. Course faculty strive to create a positive educational environment so that all students can achieve their potential. In turn, students are expected to conduct themselves with the utmost honor and integrity, and behave and perform as professionals-in-training, i.e., demonstrate respect for course instructors, their peers and themselves; participate in all course activities with purpose and a positive attitude; and abide by course and School of Pharmacy policies.

Additionally, students demonstrating frustration, anger, stress or other nonproductive behaviors will be asked to meet with the course coordinator(s) to discuss the observed behaviors. Students found to have violated any of the School of Pharmacy Standards of Academic and Professional Conduct (see Student Handbook, School of Pharmacy Policy on Student Misconduct (Links to an external site.) will be dealt with accordingly. Additionally, faculty may choose to complete a Professional Behavior Improvement Documentation Form (Links to an external site.) (“the “Yellow Form”) for a student that has exhibited unprofessional behavior. Those forms are filed with the UWSOP Office of Professional Education.
The use of cellular phones and pagers for non-course purposes will not be allowed without the prior consent of the presiding faculty member. Students using phones during class or participating in other disruptive activities will be asked to leave out of respect for fellow students and faculty. Audio or video recording of any course activity needs express permission of the instructors.

**COMMUNICATION**

Students are expected to conduct communication, verbal, written, and electronic, in a professional manner. Instructors, co-instructors, and guests should be addressed with their professional title, (unless permission is given otherwise) and treated courteously. Address recipients of electronic communication professionally (e.g., Dear Dr. Johnson; write in a respectful tone; be professional; use proper grammar, punctuation, and spelling.) Finally, proofread your message before you hit the "Send" key.

**PARTICIPATION**

Students are expected to participate in all IPPE seminar sessions to achieve learning outcomes for the course. The faculty realizes, however, that certain extenuating circumstances may occur which would prevent participation. This policy addresses those circumstances, the procedures for making-up work and allocation of points.

**Anticipated absences:** The student must notify course instructors of an anticipated absence from IPPE seminar as early as possible prior to absence. It is the student's responsibility to contact a course coordinator about making up any assignments that were assigned during the IPPE seminar. Make-up assignments not completed 7 days after the make-up assignments were assigned will not be accepted without prior consent from a course coordinator.

**Unanticipated absences:** The student must contact course instructors as soon as possible to receive make-up assignments. Make-up assignments not completed 7 days after the make-up assignments were given will not be accepted without prior consent from a course coordinator.

**PROFESSIONAL POINTS**

Professional points will be allocated at the beginning of the quarter as "professional points" - students will maintain these points by adhering to the professional policy. Examples of ways to maintain points include:

- Appropriate classroom decorum behaviors
- Appropriate communication behaviors
  - Demonstrating respect for oneself, peers, and instructors
- Appropriate participation behaviors
  - Arriving to and being prepared by the time IPPE seminar begins
  - Having necessary documents ready to use
  - Following instructions (eg, submitting assignment to correct area in canvas/catalyst or section of portfolio)
  - Efficiently working on course activities
  - Turning in homework/assignments by the due date/time (professional points will be deducted for all late assignments)

There are implicit and explicit professional standards and although this document is intended to explicate professionalism, it is not all inclusive. Students determined not to have met professional expectations will be made aware of that status as soon as possible and notified of the loss of the specified professional points.
LATE GRADED ASSIGNMENTS/QUIZZES

- All graded assignments submitted on or after the due date and time will be considered late.
- For each missed deadline in the course, there will be a professional point deduction, following the grid below.

  First missed deadline in the course 1 point
  Second missed deadline in the course 2 points
  Third missed deadline in the course 3 points

If a student drops below 20 professional points in a given IPPE course, he or she may not receive course credit.

Any professional point loss will be reported to the UW SOP Academic Standards and Progress Committee.


[2] Found on the UWSOP Website
Example SOAP Note

Today’s date and time

Pharmacy note regarding anticoagulation therapy for 68-year old white male.

S:
• pertinent medical history: DVT, 2 mos ago
• ROS: denies SOB, chest pain, bleeding or bruising, blood in stool or urine
• occasional alcohol use: 1-2 drinks/week; no recent change in that amount
• denies any changes in ingestion of vitamin K containing foods; has taken alfalfa tabs 2-3 daily x ~1 month per friend’s advice (for general health)

O:
• 5’10”, 80 kg today (usual weight) HR: 85, regular rhythm BP: 135/82 RR: 20
• No bruising found on arms, legs, or face.
• INR: 1.5, today; 1.9, two weeks ago; 2.4, four weeks ago; 2.6, six weeks ago; 2.3, at discharge eight weeks ago
• pertinent prescription medications: warfarin 5mg po daily (same dose x last 2 months)

A:
INR ≤ 2.0 associated with increased risk of recurrent DVT. Addition of alfalfa coincides with decreased INR control. Discontinuation of alfalfa preferable to increasing warfarin dose since amount of vitamin K varies in each tablet, confounding dose titration. Since patient shows no signs/symptoms of acute DVT, addition of outpatient enoxaparin for a few days until INR in therapeutic range would be more cost-effective than admission to hospital to watch for recurrent DVT.

P:
Stop alfalfa tabs. Start enoxaparin 80mg SQ q12h. Discontinue when INR ≥ 2.0. Continue warfarin at current dose. Teach patient how to self-administer SQ medication. Instruct patient to self check daily and report any calf warmth, tenderness or pain; chest pain or SOB; excessive blood in gums, urine, stool, nose, dermis. Return for INR check in 5 days.

Pharmacist’s signature
Seminar Presentation Assessment Form  
UW School of Pharmacy

Student Name: ___________________________ Date of Presentation: _________________________

Name of Evaluator: ______________________ Seminar Topic: ________________________________

*Abilities Demonstrated.* I = will improve with more practice, S = satisfactory, E = exemplary.
NA means that subject was not discussed or did not apply to presentation. Please circle the appropriate rating for each aspect of the presentation.

**Content and Completeness**

*Factual accuracy and appropriateness.* Consider whether scientific/clinical evidence is provided to support statements, depth and breadth of covered points, and ability to explain, illustrate, or apply presented points correctly. Also consider whether material is appropriate for audience level, there is a reasonable volume of information, and examples, graphics, and/or humor are used effectively.

*Organization and interpretation of data.* Consider logical progression of ideas, flow of material, accuracy of data interpretation, ability to critically evaluate data, reliability of data sources.

**Style**

*Method of delivery and response to questions.* Consider independence from notes, enthusiasm, pacing or other distracting behaviors, voice (inflection, pitch, speed, volume, enunciation, use of uh, um, you know), timing, eye contact, clarity, stiffness. Consider ease, accuracy, and courtesy of response to questions, and ability to repeat question for audience if questioner has soft voice.

*Handout and other visual aids.* Consider neatness, completeness, organization, plagiarism of material from published sources, references, graphics.

**Additional Comments**

Things this student did well: ________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Suggestions for improving the next seminar presentation: _______________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________