

SCHOOL OF PHARMACY
UNIVERSITY *of* WASHINGTON

ADVANCED PHARMACY PRACTICE EXPERIENCE GUIDE

2021-2022 ACADEMIC YEAR

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TABLE OF CONTENTS

GENERAL PROGRAM INFORMATION 4

Introduction.....	4
2021–2022 APPE Schedule	5
Important Websites.....	5
PharmD Curriculum	6
Pre-APPE Experiential Curriculum.....	7
The APPE Curriculum	8
APPE Course-Specific Learning Goals and Objectives.....	9

POLICIES, GUIDELINES & FORMS 15

Student Guidelines for Professional Conduct	15
Other Student Guidelines and Policies.....	18
Guidelines for Infection Control and Exposure Management.....	18
University of Washington Indemnification Policy	18
University of Washington International Travel Policy	18
University of Washington Sexual Harassment Guidelines	18
School of Pharmacy Care Definition, Practice Foundations, and Ability-Based Outcomes	18
Evaluation of Student Presentation	18

APPE REQUIREMENTS & ASSIGNMENTS 19

Goal and Objectives	19
Provide Quality Care to Patients	19
Give Informal and Formal Patient Presentations.....	20
Prepare and Present at Least Two Twenty-minute Oral Seminars	20
Complete a Writing Project	20
Ethical/Legal Scenario Reflection, Pharmacy Self-inspection, and Law Conversation.....	21
Performance Assessment by Non-Pharmacy Interprofessional Team Member	21
Certify Practice of Core Patient Assessment Skills (Therapeutic Skills Log)	21
Submit Performance Assessments	22
Exit Survey & ABO Self-Assessment.....	22

Deadlines	23
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TIPS FOR TEACHING & LEARNING 24

How to Write Learning Goals and Objectives.....	24
Planning Learning Activities	27
Putting It All Together	27

INFORMATION FOR STUDENTS 29

Preparing for Graduation and Licensure	30
If Things Go Wrong.....	30

INFORMATION FOR PRECEPTORS 33

Giving Feedback.....	33
If Things Go Wrong.....	34

GENERAL PROGRAM INFORMATION

Introduction

This guide contains information specifically about our **Advanced Pharmacy Practice Experience** (APPE) program, which are the experiences that occur in the last professional year of the curriculum.

This guide contains several sections. The introduction covers basic information regarding the APPE schedule, curriculum, and pre-requisites. There is a chapter on policies and guidelines, a chapter on APPE requirements and assignments, a chapter with tips for learning and teaching, and a chapter regarding giving feedback. We have also included a chapter about what to do if things go wrong (we hope you won't have to read this chapter!), a chapter covering teaching tips, and a resources section for students and for preceptors

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

Forms and records, deadlines, schedules, evaluations, grade submission, affiliation agreements, database access, general questions: Student Performance concerns and Kudos: E-mail: appemgr@uw.edu Phone: 206-685-8738	Matthew Elampero, PharmD APPE Program Manager
Compliance and onboarding requirements: E-mail: oppe@uw.edu Phone: 206-616-8703	David Pellett OPPE Program Coordinator
APPE curriculum questions: E-mail: jendan@uw.edu Phone: 206-543-1924	Jennifer Danielson, PharmD, MBA, CDE Assistant Dean for Experiential Education
Student questions regarding graduation and letters of good standing: E-mail: cmb23@uw.edu Phone: 206-543-9742	Caitlin Blomquist Director of Advising and Student Success

We hope this year is fulfilling, creative, and educational for all of you.

2021–2022 APPE Schedule

July 5-30 2021
August 2-27
September 6–October 1
October 4-29
November 1-26
December 6-31
January 3-28, 2022
February 7 – March 4
March 7 – April 1
April 4-29
May 2-27
June 6-July 1

Important Websites

Student Portal (submit assignments, view APPE schedule):

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

Preceptor Portal (view scheduled students, submit evaluations):

<http://oppe.pharmacy.washington.edu/PreceptorSite/PrecepHome.lasso>

Experiential Education website (general information about our experiential programs):

<http://sop.washington.edu/pharmd/experiential-education/>

Global Travel website (important information for any student travelling abroad)

<http://www.washington.edu/globalaffairs/global-travelers/>

PharmD Curriculum

This is the coursework taken by the students who will be completing APPEs in the 2021-2022 academic year.

- Pharmacotherapeutics coursework (I-VI) is the didactic portion of the Pharmacotherapeutics curriculum. It includes OTC (I), fundamentals (II), infectious disease (III), CV/endocrine/kidneys (IV), Neurology/Psychiatry/Pulmonary (V), and GI/transplant/obesity/gender health (VI).
- Applied Therapeutics is the skills portion of the Pharmacotherapeutics curriculum. IPE courses are interprofessional and include simulations and other case work in conjunction with students from other health sciences professional programs.
- Pharmacy Practice I-VI are skills courses covering community pharmacy practice (I-III), statistics and study design (IV), and hospital practice (V, VI).
- IPPE seminar series continue throughout the year but the actual community pharmacy IPPE is done the summer between the pharmacy year 1 (PY1) and PY2, and the institutional IPPE is done in the summer between PY2 and PY3.
- IPE Foundation classes include required and elective interprofessional exercise done by pharmacy students variously with students from the Schools of Medicine (including Physician's Assistant program), Nursing (including Doctor of Nursing program), Dentistry, Public Health, and Social Work.
- The PY4 students complete 1440 hours, usually as nine 4-week experiences.

PharmD Program	Class of 2022	UW School of Pharmacy			
FIRST PROFESSIONAL YEAR					
Autumn Quarter 2018	Winter Quarter 2019	Spring Quarter 2019*			
CONJ 401 Human Anatomy/Physiology PCEUT 531 Pharmaceutical Formulation PHARM 500 Profession of Pharmacy PHARM 584 Pharmacy Practice I PHARM 558 Pharmacotherapeutics I ELECTIVES Total	4 4 1 3 3 3 18	CONJ 402 Human Anatomy/Physiology MEDCH 570 Medicinal Biochemistry PCEUT 532 Clinical Pharmacokinetics PHARM 585 Pharmacy Practice II PharmP 511 IPPE ELECTIVES Total	4 4 4 3 1 1 17	CONJ 403 Human Anatomy/Physiology MEDCH 561 Imm and Antimic Agents PCEUT 533 Biopharm and DD PHARM 586 Pharmacy Practice III PharmP 512 IPPE* ELECTIVES Total	4 4 3 3 1 2 17
MEDCH 400 is required for students who do not pass the MedCh qualifying exam.		*Summer 2019: IPPE Experience			
SECOND PROFESSIONAL YEAR					
Autumn Quarter 2019	Winter Quarter 2020	Spring Quarter 2020*			
MEDCH 562 Medicinal Chemistry PHCOL 401 General Pharmacology PHARM 543a Pharm Law/Ethics PHARM 539 Princ Pharm Management PHARM 537 Chem Depend Conc PHARM 592 Pharm Practice IV PharmP 513 IPPE PharmP 521a IPE Foundations I ELECTIVES Total	3 3 2 3 2 3 1 (0-) 0 17	MEDCH 563 Medicinal Chemistry PHCOL 402 General Pharmacology PHARM 509 Med Lit Eval PHARM 543b Pharm Law/Ethics PHARM 593 Pharmacy Practice V PharmP 514 IPPE PharmP 521b IPE Foundations I ELECTIVES Total	3 3 1 3 3 1 (0-) 2 16	MEDCH 564 Medicinal Chemistry PHARM 557 Pharmacotherapeutics II PHARM 559 Pharmacotherapeutics III PHARM 563 Applied Ptherapeutics I PHARM 594 Pharmacy Practice VI PharmP 531 IPPE* PharmP 521c IPE Foundations I ELECTIVES Total	3 3 4 2 2 1 1 2 18
		*Summer 2020: IPPE Experience			
THIRD PROFESSIONAL YEAR					
Autumn Quarter 2020	Winter Quarter 2021	Spring Quarter 2021			
PHARM 560 Pharmacotherapeutics IV PHARM 564 Applied Ptherapeutics II PharmP 522a IPE Foundations II PharmP 532 IPPE ELECTIVES Total	6 2 (0-) 1 8 17	PHARM 541 Pharm Health & Society PHARM 561 Pharmacotherapeutics V PHARM 565 Applied Ptherapeutics III PharmP 522b IPE Foundations II PharmP 533 IPPE ELECTIVES Total	3 7 2 (0-) 1 3 16	PCEUT 510 Drug Interactions PHARM 562 Pharmacotherapeutics VI PharmP 522c IPE Foundations II PharmP 541 IPPE Clinical Skills ELECTIVES Total	3 6 1 1 7 18
FOURTH PROFESSIONAL YEAR					
Fourth-year students must complete 54 credits of Advanced Pharmacy Practice Experiences (APPEs) as specified in the APPE syllabus.					

Pre-APPE Experiential Curriculum

Introductory Pharmacy Practice Experiences (IPPEs)

The experiential curriculum at the University of Washington contains three IPPE series:

- *Introductory Community Practice Experience.* This experience must be completed prior to the end of autumn quarter of the student's second year of the program. It involves documentation of competency in basic pharmacy practice skills such as dispensing tasks, patient counseling (prescription and OTC), pharmacy calculations, and professional behavior and attitude.
- *Introductory Inpatient Practice Experience.* This experience must be completed prior to the end of autumn quarter of the student's third year of the program. It involves an introduction to the patient care activities done by pharmacists in the inpatient environment as well as tasks involved in distribution of medication products. This experience also introduces students to the process of measuring and improving quality.
- *Introductory Clinical Practice Experience.* This experience prepares students for their APPE year by requiring each student to complete two complex patient workups, a multi-patient task prioritization exercise, a team and individual APPE skills oral capstone exam, and APPE orientation.

APPE Pre-requisites

Before students begin APPEs there are a number of requirements that must be met. Students may be asked to submit some of these documents to the site a month or more prior to the start of an APPE. The site may also have additional requirements and/or forms that will need to be signed by the student or school.

Students should ask about on-boarding requirements when making first contact *at least one month* before the beginning of the APPE. Students can check the site information through the student portal to the school's database for information about these require

Students will need to have (check off when complete):

- A current **Washington state intern registration**. A copy of this will need to be given to each site for posting during the student's APPE. Students will need to apply for an intern license/registration for any out-of-state sites, if the State Board of that state requires intern licensure or registration. *Experiential Education requires a copy of any out-of-state licenses/registrations needed for APPEs.*
- An electronic copy of the HIPAA training completion certificate.
- A copy of the student's background check.
- Proof of being current with all required immunizations and screenings.
- A copy of first aid and CPR certification at the healthcare provider level.
- A copy of the WSPA immunization certification, obtained from the WSPA office.
- An electronic certification of training in infection control and bloodborne pathogens.
- An updated resume online (this will be reviewed by Experiential Education prior to APPEs).
- Completion of Sexual Harassment and Discrimination training.
- Completion of Child Abuse and Neglect Reporting training.
- Successful completion of community and hospital IPPEs and PHARMP 541.
- Completion of all Therapeutics classes with a minimum grade of 1.7 in any individual class and minimum 2.0 average overall and passed all Therapeutics Skills classes with a minimum average grade of 2.0.
- Signed agreement to abide by the Guidelines for Professional Conduct and acknowledged understanding of the infection control policy, indemnification policy, and health insurance policy.
- Signed International Health Training and Education Program Contract if completing APPEs outside the US. Students will need to register their travel with the Office of Global Affairs and purchase required travel insurance. <http://www.washington.edu/globalaffairs/global-travelers/student-international-travel-policy>

- Signed Selective APPE Agreement if scheduled for an APPE at a national organization or government agency.

The APPE Curriculum

Students must successfully complete a total of 1,440 hours of experiential learning during the fourth professional year of the program. Most students will fulfill this requirement during nine full-time, 40+ hours/week, 4-week learning blocks, but learning blocks can flex in geographic areas where other students are scheduled for 6-week experiences.

Experiential learning means that students learn at a practice site, rather than in a classroom. Although students will acquire new knowledge during the APPE year, more importantly they will be restructuring and strengthening their cognitive framework so that previously learned information is more easily retrieved and now has the context of clinical application. The goal of each APPE is for students to emerge with a greater breadth and depth of knowledge, skills, and confidence than at the beginning of the learning experience, progressing to where each student is ready for independent practice by the end of the APPE year.

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

- One **hospital acute care (general medicine) APPE** (PHARMP 571 or PHARMP 581) must be completed in a hospital setting where a wide variety of acute care conditions are seen. We call this a general medicine experience
- One **health-system APPE** (PHARMP 572 or PHARMP 582) must occur in an inpatient setting. We interpret this as a second inpatient care experience, most commonly in a specialty service, but it could also occur in a long-term care setting that is part of a health system.
- One **ambulatory care APPE** (PHARMP 573 or PHARMP 583), which must occur in a clinic setting.
- One **community pharmacy APPE** (PHARMP 574 or PHARMP 584) must be in an independent, chain, or outpatient practice setting.

These core APPES 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). **Additional experiences completed in each of these settings after the core experience are considered elective experiences, even though they have the same course number as the core experience.**

Further information on core and elective APPES:

- At least five months of learning experiences must involve direct patient care. **Direct patient care means that students are interacting one-on-one with patients on 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, students 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.
- Students obtaining the Geriatric Certificate will need to complete a Senior Care APPE (PHARMP 577 or PHARMP 587). The Senior Care APPE is considered an elective APPE and so, in general, cannot replace a core APPE.
- Students are limited to two APPES that do not have a direct patient care focus (e.g., education, managed care, industry, research). Students completing more than one month of APPE in a non-patient care setting must display competent or exceptional skills in their patient care APPE experiences.
- Students needing fewer than 6 credits of elective coursework can be registered for PHARMP 578, a variable-credit course. In general, University guidelines require twenty-five to thirty hours of experiential learning for each credit of practice experience for which a student is enrolled. PHARMP 578 can be completed in either a direct patient care, patient care focus, or non-patient care setting.

Within these guidelines, students may design their experiential learning as their interests and site availability allow.

APPE Course-Specific Learning Goals and Objectives

Core Hospital Learning Experience:

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 care to patients with a variety of medical conditions typically seen in the inpatient setting.

Learning objectives:

1. Demonstrate appropriate depth and breadth of pharmacotherapeutic and disease-related knowledge for a variety of common conditions seen in adult acute care patients.
2. Optimize patient-specific outcomes for acute care patients using the Pharmacists' Patient Care Process in collaboration with other healthcare providers.
3. Appropriately prioritize multiple patient care responsibilities/needs in times of high activity and workload.
4. For commonly used drugs that rely on serum concentrations for dosing, apply pharmacokinetic dosing principles to determine a reasonable dose for a patient.
5. Actively contribute to and share accountability for patient care decisions with other members of the healthcare team.
6. Apply evidence-based medicine practices to demonstrate knowledge of information applicable to acute care medicine.
7. Document patient care activities clearly and concisely to reflect use of the Pharmacists' Patient Care Process in the patient's health record.
8. Effectively educate individual patients (and their caregivers) and members of the healthcare team members about topics relevant to pharmacy practice.
9. Using institutional procedures, facilitate continuity of care for patients transitioning across health care settings.

Activities and expectations for general medicine/acute care learning experiences:

Welcoming the student

1. Student receives an orientation to the site and electronic health record.
2. Student is provided with a written syllabus containing at a minimum a description of the site, including typical medical conditions of patients that the student might expect to see, a calendar of activities (or student creates own calendar), access to dosing protocols that the students will be expected to follow, and a written list of student performance and behavior expectations.

Integrating the student

3. Student is the primary pharmacist for all assigned patients (recommend 3 followed daily by the end of the first week and 5 daily by the end of the experience) from admission to discharge.
4. Student has daily interaction with 1-2 pharmacist preceptors over the course of the APPE. Preceptors are readily available to student for questions and guidance.
5. Preceptors role model desired student activities before student is expected to perform activity.
6. There is a written process for verifying student competence in assigned tasks before student performs them independently.
7. Student presents patients daily to preceptor succinctly and accurately.
8. Student documents care information and decisions in the health record using a format outlined by the site.

9. Preceptor and student have topic discussions at least weekly.
- Daily student interactions with patients and non-pharmacist health care providers

 10. Students interact daily with patients in a meaningful way (interviewing, monitoring, teaching, and identifying their patient's personal health care goals, questions, and concerns)
 11. Students interact daily with pharmacists and also with non-pharmacist health care providers and actively contribute to patient care decision-making.

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. Demonstrate the ability to acquire appropriate pharmacotherapeutic and disease-related knowledge for care of patients in a specialty area.
2. Optimize patient-specific outcomes for acute care patients using the Pharmacists' Patient Care Process in collaboration with other healthcare providers.
3. Accurately prioritize multiple patient care responsibilities/needs in times of high activity and workload.
4. For commonly used drugs that rely on serum concentrations for dosing, apply pharmacokinetic dosing principles to determine a reasonable dose for a patient.
5. Actively contribute to and share accountability for patient care decisions with other members of the healthcare team.
6. Apply evidence-based medicine practices to demonstrate knowledge of information applicable to health system practice.
7. Document patient care activities clearly and concisely to reflect use of the Pharmacists' Patient Care Process in the patient's health record.
8. Using institutional procedures, facilitate continuity of care for patients transitioning across health care settings.
9. Where possible, participate in the dispensing process, displaying task prioritization, order verification, and similar skills needed for daily health-systems pharmacy practice.
10. Apply quality and safety techniques, following site policies and procedures, to optimize the medication use process.

Activities and expectations for hospital learning experiences:

Welcoming the student

1. Student receives an orientation to the site and electronic health record.
2. Student is provided with a written syllabus containing at a minimum a description of the site, including typical medical conditions of patients that the student might expect to see, a calendar of activities (or student creates own calendar), access to dosing protocols that the students will be expected to follow, and a written list of student performance and behavior expectations.

Integrating the student

3. Student is the primary pharmacist for all assigned patients (recommend 5-7 followed daily by the end of the first hospital experience) from admission to discharge.
4. Student has daily interaction with 1-2 pharmacist preceptors over the course of the APPE. Preceptors are readily available to student for questions and guidance.
5. Preceptors role model desired student activities before student is expected to perform activity.
6. There is a written process for verifying student competence in assigned tasks before student performs them independently.
7. Student presents patients daily to preceptor succinctly and accurately.

8. Student documents care information and decisions in the health record using a format outlined by the site.
9. Preceptor and student have topic discussions at least weekly.

Daily student interactions with patients and non-pharmacist health care providers

10. Students interact daily with patients in a meaningful way (interviewing, monitoring, teaching, and identifying their patient's personal health care goals, questions, and concerns)
11. Students interact daily with pharmacists and also with non-pharmacist health care providers and actively contribute to patient care decision-making.

Core Clinic Learning Experience:

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. Demonstrate appropriate depth and breadth of pharmacotherapeutic and disease-related knowledge for common conditions in the ambulatory care clinic population.
2. Optimize patient-specific outcomes for acute care patients using the Pharmacists' Patient Care Process in collaboration with other healthcare providers.
3. Actively contribute to and share accountability for patient care decisions with other members of the healthcare team.
4. Apply evidence-based medicine practices to demonstrate knowledge of information applicable to ambulatory care practice.
5. Contribute to documentation of patient care activities in the patient's health record.
6. Advocate for patient access to medications to optimize patient outcomes.
7. Perform patient-tailored medication education, adjusting communication styles and techniques in response to situational needs such as language, health literacy, cognitive impairment, and health care beliefs.
8. Use population-level data and quality metrics to develop strategies for improving health outcomes in the patient population served by the clinic.

Activities and expectations for clinic learning experiences:

Welcoming the student

1. Student receives an orientation to the site and health record.
2. Student is provided with a written syllabus containing at a minimum a description of the site, including typical medical conditions of patients that the student might expect to see, a calendar of activities and deadlines (or student creates own calendar), access to dosing protocols that the students will be expected to follow, and a written list of student performance and behavior expectations.

Integrating the student

3. Student supports pharmacist in patient interview/discussion and documentation tasks.
4. Student helps conduct follow-up and pre-clinic calls.
5. Student helps answer drug information questions.
6. Preceptor(s) role model(s) desired performance standard before student is expected to perform activity.
7. There is a written process for verifying student competence in assigned tasks before student performs them independently.

Daily student interactions with patients and non-pharmacist health care providers

8. Student interacts daily with patients, performing interviews, monitoring, teaching, and identifying their patient's personal health care goals, questions, and concerns.
9. Students interact daily with pharmacists and non-pharmacist care providers and actively contribute to care decisions by the team.

Core Community Pharmacy Learning Experience:

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

The student's learning goal for this experience is to be competent to function independently at the level of a staff pharmacist in the community pharmacy setting.

Learning objectives:

1. Optimize patient-specific outcomes for acute care of patients using the Pharmacists' Patient Care Process as it applies in the community pharmacy setting.
2. Proactively identify and resolve patient-specific barriers to medication adherence.
3. Assist patients with their self-care and medication self-administration, including making recommendations regarding prescription and OTC medications and non-drug therapies.
4. Triage and refer patients appropriately to other healthcare providers and social service agencies.
5. Advise patients on health and wellness strategies including provision of screening and education services when indicated.
6. Proactively perform patient-tailored counseling and medication education using the most current and relevant information, adjusting communication styles and techniques in response to situational needs such as language, health literacy, cognitive impairment, and health care beliefs.
7. Where possible, supervise the dispensing process, demonstrating task prioritization, correctly performing prospective drug utilization review, assisting in resolution of insurance issues, and verifying the final product.
8. Demonstrate the role of a pharmacist in managing legal, human, financial, technological, and/or physical resources needed for daily pharmacy operations.
9. Use continuous quality improvement techniques to optimize the medication use process.

Activities and expectations for the core community pharmacy learning experience:

Welcoming the student

1. Student receives an orientation to the site and is introduced to and explained the role of every member of the pharmacy team.
2. Student is provided with a list of expected projects and deadlines, access to dosing or collaborative therapy protocols that the student will be expected to follow, and a written list of preceptor expectations for student performance and behaviors.

Integrating the student

3. Student integrated into the workflow with particular emphasis on the pharmacist's role in the dispensing process (oversight, DUR review, and patient counseling). By the end of the experience the preceptor feels confident that if they left the pharmacy for a few hours, the student could ensure that the vital work was done.
4. Preceptor(s) role model(s) desired performance standard before student is expected to perform activity.
5. Student through discussion with preceptor displays knowledge of and in daily practice applies the laws governing pharmacy operations, the site policies and procedures guiding pharmacy operations, and ethical decision-making.
6. Student actively incorporates primary literature and treatment guidelines into decision making and patient education, using appropriate language when providing patient education.

Daily student interactions with patients and non-pharmacist health care providers

7. Student interacts daily with as many patients as possible, competently counseling on prescription medications, providing OTC product and device selection and use advice, assessing patient immunization needs and administering immunizations,, and interviewing to identify every patient's personal health care goals, questions, and concerns.
8. Student interacts daily with pharmacy team and other health care providers in formulating and enacting patient care-related decision-making.

Elective 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 settings outside of community, clinic, and acute care settings.

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. Apply knowledge of aging, drugs, and geriatric pharmacotherapy to care for older patients and make professional recommendations regarding appropriate, effective, and safe medication therapy.
2. Provide on-going drug therapy monitoring, assessments and recommendations for individual patients.
3. Identify seniors who may be at high risk for medication-related problems and formulate potential solutions to identify, resolve, and prevent medication-related problems.

4. Participate in, and demonstrate skill in, communicating with older patients by obtaining detailed medication histories, by interviewing for potential medication-related problems, and by on-going counseling of patients regarding their drug regimens and their health.
5. Engage in collaboration with other health/social service disciplines and non-health professionals, including caregivers, in planning and providing care for older adults; appreciate the unique contributions of each member of the interdisciplinary team and the expanded role of the pharmacist on the team.
6. Engage and demonstrate skill in verbal and written communications with other health professionals by making patient-care recommendations and in-service presentations and by providing drug information to nurses and physicians on a frequent, informal basis.
7. Demonstrate sensitivity to the social and psychological aspects of the aging process and describe examples of how they impact medication use.
8. Observe, describe and appreciate and the medication use process in different settings of care and the scope of pharmacy services (administrative and clinical) needed by patients and facilities and have first-hand familiarity with methods of providing such services.
9. Describe the economic and financial aspects of providing pharmacy services for individual older adults while considering the issues of access and culture/language for this growing segment of the population.
10. Identify geriatric-focused professional organizations and resources within those organizations.

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:

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.

POLICIES, GUIDELINES & FORMS

Student Guidelines for Professional Conduct

Adherence to these guidelines will be a consideration in student grade determination. Students must:

- Communicate effectively and professionally. This means:
 - Maintaining an active UW e-mail account and checking e-mail daily. Students should save important school-generated emails to a special APPE email folder.
 - Taking the initiative in communicating with physicians, patients, and other health professionals once given permission by the preceptor. Students should expect to gain experience in making professional decisions with the preceptor encouraging greater autonomy as acceptable problem-solving skills are demonstrated.
 - Behaving with respect and courtesy toward the preceptor, all other pharmacists and pharmacy staff, technicians, interns, patients and their families, and medical and nursing staff.
 - Referencing 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. All image sources must be identified next to the image.
- Honor schedule commitments. This means:
 - Contacting the preceptor in an adequate amount of time before the start of the experience to ensure that information technology access deadlines are met.
 - Adhering to the APPE schedule agreed upon with the preceptor at the beginning of the APPE. On the first day of an APPE students should create a calendar with assignment names, project due dates, service locations and preceptors for specific days, any holidays, *preceptor-approved* personal time requests, and similar important schedule-related information. ***Preceptors have the final decision on holiday and personal time requests by their students.***
 - Arriving at the APPE site when expected or earlier than expected. The student must notify the preceptor if a late arrival to the site is anticipated. Tardiness more than twice during the APPE will likely adversely affect the preceptor's assessment of student performance.
 - Staying at the site until the student's tasks are done and the student has the permission of the preceptor to leave. Leaving early from an APPE will likely adversely affect the preceptor's assessment of student performance.
 - Not scheduling events that require time away from the site during the APPE. Students wishing to attend a professional meeting or traveling for residency interviews should not expect their preceptor to grant them leave time from the APPE.
 - Notifying the preceptor as soon as possible if potentially contagious illness or another valid reason prevents attendance at the APPE. Neglect in addressing issues of timeliness and attendance could affect the preceptor's assessment of student performance and result in a grade of **no credit**. The student will have to complete an additional APPE in a similar area. This could lead to a delay in graduation and/or extra tuition expenses.
 - Planning and committing to the APPE/site schedule set up at the beginning of the APPE year. However, **one** site change request by the student will be considered during the year. The student must make this request online, at least four (4) weeks prior to the first day of the APPE being changed. Instructions are on the experiential education webpage. Experiential Education

will review requests and approve them on a case-by-case basis. **Note:** Schedule changes initiated by the site do not count toward student-initiated site change request limit.

- Be responsible for learning at the site. This means:
 - Actively participating in pharmacy practice during the APPE and seeking guidance from the preceptor, other pharmacy staff, other health professionals, and, when needed, from the APPE Director.
 - Taking responsibility 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. This means:
 - Communicating patient-specific confidential information only to any individuals on the patient's healthcare team. All students must complete all required HIPAA training requested by any site, in addition to training already completed prior to the APPE year.

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 e-mail 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 leaving the care setting, e.g., documentation notes, case presentations**. Students must remove all 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 not viewing one's own medical record without making an official request as a patient to the healthcare system. **Failure to follow these regulations 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.**

- Not communicating proprietary information about site policies and procedures, customers, fee structures, billing information, or any other such information to any individual outside of the site.
 - Reporting business practices that may be fraudulent, illegal, or unethical to the appropriate regulatory agency. Student in such situations are encouraged to discuss their concerns with the APPE Manager.
 - Sharing concerns or grievances only with the individual involved in as private a setting as possible, or with the APPE Manager. Students and preceptors must not discuss concerns or grievances with any other students, pharmacy staff, other preceptors, patients, or other health care personnel.
- Behave professionally. This means:
 - Not discussing behavior of other students, healthcare professionals, patients, or staff.
 - Displaying enthusiasm for the learning experience, respect toward the people who work at each site, and gratitude for the learning opportunity.
 - Taking responsibility for the quality of assigned tasks and projects.
 - Exhibiting 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.
 - Arriving at each site with embroidered lab coat (unless directed not to) and indicated learning materials.

- Submitting all required evidence of learning on or prior to given deadlines (see below).
- Follow the policies and procedures of the site and regulatory agencies. This means:
 - Posting a copy of the intern registration at the APPE site on the first day of the experience, as required by law. Students must obtain an intern registration or license for every state in which they are scheduled to do an APPE, if that state requires such licensure. Students must also adhere to federal regulations and the laws of the state in which they are doing their APPE.
 - Meeting all site requirements for onboarding. Some sites will require a urine drug screen in addition to other requirements.

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 APPE program. 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 the International Health Training and Education Program Contract, copies of which are available from the Assistant Director for Experiential Education. They will also need to 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 APPE Manager. Students should *not* sign any forms, unless instructed to do so by the Risk Management Office of the University.
- Contact the APPE Manager 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 for the preceptor to submit a midpoint performance assessment.
- Understand grading policies and procedures
 - Grades are credit/no credit.
 - No grade will be awarded until all required paperwork is submitted.
 - The preceptor provides an assessment of student performance to the APPE course director. This performance assessment is used to determine the grade assigned to the student.
 - A student who feels that an assessment by a preceptor is arbitrary or capricious or unwarranted should contact the APPE Manager and provide a written response to the preceptor's assessment. The response should be thoughtful in tone, rather than defensive.
 - If a student receives a grade of "no credit" for an APPE, the student will need to 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 setting, 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.

Other Student Guidelines and Policies

Guidelines for Infection Control and Exposure Management

Students with symptoms of illness, even mild illness, must communicate with their preceptors about their illness and receive guidance about coming to the site. The University provides guidance for COVID-19 here: <https://www.washington.edu/coronavirus/>

Students sustaining needlesticks should follow the steps outlined in this document:

http://oppe.pharmacy.washington.edu/PracticumSite/forms/Needlestick_or_Sharsps_Injury_Guidelines.pdf

Students are expected to be familiar with and adhere to the guidelines and procedures for preventing and managing exposure to infectious diseases, as outlined in our general Guidelines for Infection Control and Management:

http://oppe.pharmacy.washington.edu/PracticumSite/forms/Student_Guidelines_for_Infection_Control.pdf

University of Washington Indemnification Policy

https://oppe.pharmacy.washington.edu/PracticumSite/forms/Indemnification_Policy.pdf

Students are expected to be familiar with and adhere to this policy regarding University protection for expenses, settlements, damages, or claims regarding actions of students that cause patient harm or may result in legal action.

University of Washington International Travel Policy

http://oppe.pharmacy.washington.edu/PracticumSite/forms/International_Practicum.pdf

Students are expected to be familiar with and adhere to this policy, particularly Section 2, Part B, regarding University protection for expenses, settlements, damages, or claims regarding actions of students that cause patient harm or may result in legal action.

University of Washington Sexual Harassment Guidelines

<https://www.washington.edu/dsl/title-ix-policies-against-sexual-harassment/>

Students are expected to be familiar with and adhere to the guidelines regarding sexual harassment.

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

http://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

http://oppe.pharmacy.washington.edu/PracticumSite/forms/APPE_Presentation_Eval_Form.pdf

This evaluation rubric is provided as a tool for preceptors to give feedback to APPE students regarding seminar presentations/in-services they give during their APPEs. A copy is not required to be sent to Experiential Education.

APPE REQUIREMENTS & ASSIGNMENTS

During the APPE year, students are required to:

- Write and submit a learning **goal and 3-5 learning objectives** for every APPE.
- Provide quality care to every assigned patient. Students will need to submit two **patient care notes**, in the form of a SOAP note, as evidence of their ability to provide care for two different patients during every direct patient care experience. For example, if students do nine direct patient care APPEs, they will submit 18 patient care notes online.
- Verbally present patients to preceptor(s). Submit one full formal patient work-up (**long case**).
- Present **two oral seminars**, each at least twenty minutes in length, accompanied by professionally formatted handouts for the audience.
- Prepare a **written project** where they evaluate and reference primary literature.
- Certify that they have performed core assessment skills by submitting a **therapeutic skills log** of what they did and found.
- Describe and analyze a **legal or ethical situation** encountered during the year.
- Complete a Washington State Pharmacy Quality Assurance Commission **self-inspection** at one APPE site during the year, and attest to a **conversation about laws with at least one preceptor** during the year.
- Obtain a **peer assessment from an interprofessional team member** who is not a pharmacist or pharmacy student and reflect on the information provided.
- Read **midpoint and final performance assessments** submitted by preceptors for each APPE.
- Complete a **site and preceptor performance assessment** for every APPE.
- Complete an **exit survey** that provides feedback on student experiences in the program.

These requirements are outlined in greater detail below.

Goal and Objectives

Students are required to write a learning goal and objectives for each APPE to facilitate and direct their learning. These goal and objectives should be reviewed with the preceptor one the first day of the APPE and solidified by the end of the first week, submitted to the Experiential Education website, and revised as needed during the experience. (See Tips for Teaching and Learning for more information.)

Students will submit a goal and objectives online for each APPE.

Provide Quality Care to Patients

A majority of students' experiences this year should involve problem detection and solving for the patients at APPE sites. Students should use the Pharmacists' Patient Care Process for working up patients.

Students will submit two SOAP notes online for each patient care APPE. SOAP notes cannot contain protected health information as outlined in the Guidelines for Professional Behavior.

Give Informal and Formal Patient Presentations

For each patient care APPE, students should expect to verbally outline for their preceptor subjective and objective information about their assigned patients and outline their assessment and proposed plan. This informal patient presentation should be part of the daily student-preceptor interaction. Additionally, students may also be asked to give a longer, more formal patient presentation in front of a group of people.

Students will submit to the database at one time during the year a formal patient work-up (long case).

Prepare and Present at Least Two Twenty-minute Oral Seminars

In addition to the informal and formal patient presentations students give during each of their patient care APPEs, they are also required to present at least two different twenty-minute (or longer) seminars to an audience of two or more people during the APPE year. The oral seminars are not the same as formal patient presentations. One of these seminars must cover a therapeutic topic. At these seminars, the student will distribute a handout that is neatly and clearly organized and has a professional appearance for attendees. The student may use other visual aids such as slides.

These handouts are to be submitted online by the student as evidence of fulfillment of the two seminar requirements.

Complete a Writing Project

During the year, students 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 American Medical Association (AMA) (<https://www.amamanualofstyle.com/>) reference format.

The project must be submitted online by the student as evidence of fulfillment of the written project requirement.

This project can be conducted during an APPE, through a student's work site (but must be done on non-paid time), or through a non-APPE activity. This project can be started and even completed prior to the APPE year. Questions regarding the acceptability of a potential written project should be directed to the APPE Program Manager.

Suggestions for a 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, or 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 twenty-minutes seminar).

- Write a business plan. This can be done in partnership with another student, but each individual student must write at least five pages of material and cite at least three pieces of primary literature in the document.

Ethical/Legal Scenario Reflection, Pharmacy Self-inspection, and Law Conversation

Submit a reflection on an ethical or legal scenario encountered during an APPE. Perform a pharmacy self-inspection at one APPE site and engage a preceptor in a conversation about pharmacy law. It is not required that you use the Law Workbook, but the hope is that you will work on it during the year to prepare for taking the MPJE.

The reflection and attestations of self-inspection and law conversation must be submitted online.

Performance Assessment by Non-Pharmacy Interprofessional Team Member

Submit an assessment of your contributions to the team by a peer team member who is not a pharmacy professional. Additionally, you must reflect on the information you are provided.

The peer evaluation and reflection can be obtained and must be submitted online.

Certify Practice of Core Patient Assessment Skills (Therapeutic Skills Log)

Because most students have not had many opportunities in Therapeutics Skills coursework to assess a real patient with a medical condition, we want to be sure that they have this chance in their APPE year. To this end, all students must perform the following during their APPE year and record the skill online in the Therapeutic Skills Log.

Required skills:

- Auscultate a pair of abnormal lungs
- Auscultate an abnormal heart
- Inspect a skin lesion or rash
- Assess acute or chronic pain control
- Measure a patient's vital signs—HR, BP, RR, height, weight, age, smoking status, O₂ sat (if available)

In addition, each student will need to complete at least five 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
- Perform a diabetic foot examination
- 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

Submit Performance Assessments

Mid-point Assessment (Preceptor)

Halfway through each APPE, preceptors are required to submit a midpoint assessment in which they can state whether the student is making reasonable progress in learning, communication, and behavioral skills. If the student is making only marginal or even unsatisfactory progress in the APPE, preceptors should be sure to state exactly what the student needs to do to pass the APPE. By doing this, preceptors can be assured that the student is made aware and given enough time to fulfill the APPE requirements satisfactorily. The preceptor should also alert the APPE Manager as soon as possible if there are concerns about student performance.

Final Student Performance Assessment (Preceptor)

At the end of the learning experience at a site, students should ask the preceptor for a meeting to evaluate completion of the learning goal and objectives established in the first week of the APPE. We recommend that preceptors enter the final assessment online with the student present or review the completed assessment with the student. The final assessment or final assessment draft can be printed and given to the student during or after review.

Accessing the preceptor portal

To complete student performance assessments online, preceptors need their site email address and preceptor personal identification number (PIN). There is a button on the login page for preceptors who have forgotten or not yet received their PIN. Once the button is clicked and email address confirmed, the PIN will be automatically sent to the preceptor's email.

Experiential Education should receive final assessments no later than five working days after the end of an APPE. Students will be expected to follow up at least once with their preceptor if the evaluation is not received by this date. The student should contact the APPE Program Manager after sending two messages to the preceptor. The APPE Manager will take it from there.

Site and Preceptor Performance Assessments (Student)

Students are required to assess every preceptor and site using the online form. Students should enter their site assessment during the final week, just before the APPE ends. The preceptor cannot see these until after the end of the academic year.

Exit Survey & ABO Self-Assessment

One of a students' responsibilities as a graduating professional is to thoughtfully and critically evaluate the educational program they participated in at the UW School of Pharmacy. Students are required to complete the School's Exit Survey and ABO Self-Assessment not only as means of providing feedback to the school to assess and improve the program but also as opportunities to reflect on their experiences. Students will receive information on how to complete the exit survey and ABO self-assessment from the Associate Dean for Assessment & Accreditation via e-mail.

Deadlines

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.

Description of APPE requirements	Student Completes and Date Due	Preceptor Completes and Date Due
Goal and objectives <i>(required online)</i>	Submit online before the end of the first week of APPE and update as needed during the experience.	
Midpoint performance assessment <i>(required online)</i>		Preceptors submit no later than the end of the first half of the APPE
Final performance assessment <i>(required online)</i>		Preceptors submit on the last day of APPE, but no later than five working days after the end of the APPE
Site/preceptor assessment <i>(required online)</i>	Submit online just before completion of APPE	
Evidence of ability to provide patient care (2 patient notes) <i>(required online)</i>	Submit two online by the end of every direct patient care APPE	
First oral seminar <i>(required upload)</i>	Submit online seminar handout no later than 1/1/2022	
Therapeutic skills log <i>(required online)</i>	Submit online no later than 3/7/2022	
Written project <i>(required upload)</i>	Submit online no later than 3/7/2022	
Long case <i>(required upload)</i>	Submit online no later than 3/7/2022	
Second oral seminar <i>(required upload)</i>	Submit seminar handout online no later than 3/1/2022	
Pharmacy self-inspection, law conversation <i>(required online)</i>	Submit online no later than 3/7/2022	
Ethical/legal reflection <i>(required online)</i>	Submit online no later than 3/7/2022	
Interprofessional team member performance assessment <i>(required upload)</i>	Submit online no later than 3/7/2022	
Exit Survey & ABO Self-Assessment <i>(required online; link sent via e-mail closer to graduation)</i>	Complete the survey no later than 6/10/2022	

STUDENTS SHOULD ALWAYS RETAIN IN THEIR PERSONAL FILES A COPY OF ALL COMPLETED FORMS AND SUBMITTED ASSIGNMENTS.

If any part of the required documentation has not been submitted by the Friday a week after the final day of the APPE, 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.

TIPS FOR TEACHING & LEARNING

How to Write Learning Goals and Objectives

The goal and objectives for each of the APPEs serve as the primary criteria for student performance assessment. Some sites have predetermined learning objectives and some do not. Either way, it is up to students to tailor the learning objectives to meet their learning needs. The first day of the APPE (or before) is the appropriate time to decide upon learning objectives with the preceptor. Students should talk to their preceptor if they have a project they want to do.

The Goal Statement

The goal statement summarizes, in one sentence, the “big picture” of what a student hopes to learn during the APPE. Since the purpose of each APPE is to change and improve the way a student currently practices, the goal statement should summarize how the experience will help the student 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 number has associated learning objectives, students are not required to use only these learning objectives. Students can either add to or modify existing learning objectives so that they can tailor the experience to meet their learning needs.

General principles for writing learning objectives for an APPE experience:

- Aim for three to five measurable objectives, although one may end up with more if the scope of each objective is small.
- Each objective should include a performance (i.e., action) verb at the beginning of each learning objective to define how that skill will be measured. Each objective should also outline a performance level with an adverb or adjective. To assist in preparing the wording of learning objectives, we have included three taxonomies for learning objectives on the following pages. These include descriptions of the domains as well as verbs that correlate well with each domain. Use verbs from the higher learning levels (4, 5, and 6). Following is a list of adjectives and adverbs to help define the performance level.
- Students should not list learning activities as learning objectives unless the learning activity contains a measurable verb and specifies a performance level. 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)
- Examples of learning objectives that include measurable verbs and specific performance levels:
 - Document patient care activities clearly and concisely in the patient's health record.
 - Perform patient-tailored medication education, adjusting words and communication styles for patients with language restrictions, health literacy limitations, or health beliefs that may not align with current practice guidelines.
 - Assist patients with their self-care, including making reasonable recommendations for OTC medications and non-drug therapies.

Revised Bloom's Taxonomy for Cognitive Learning Objectives

Adapted from: 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	Verbs for Stating Learning Objectives
1. Remember: the ability to retrieve relevant knowledge from long-term memory. Remembering 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.	define, describe, identify, label, list, locate, match, name, outline, recall, recognize, reproduce, select, state
2. Understand: the ability to construct meaning from instructional messages. Understanding 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). Example: learner can explain why drugs used to treat CHF should help to reduce symptoms.	combine, compare, compute, convert, estimate, explain, extend, generalize, give example, infer, interpret, paraphrase, rewrite, summarize
3. Apply: the ability to carry out or use a procedure in a given situation. Application involves use of rules, methods, concepts, principles, laws, and theories. Example: learner can use a treatment algorithm to modify doses of drugs used for an uncomplicated patient with CHF.	apply, change, demonstrate, determine, manipulate, modify, operate, perform, predict, provide, relate, show, solve
4. Analyze: the ability to break down material into its component parts so that the organizational structure may be understood. Analysis includes the identification of the parts and relationships between parts, including recognition of the organizational principles involved. Learning outcomes require identification of both the content and the structural form of the material. Example: given 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.	analyze, categorize, classify, detect, diagram, differentiate, dissect, distinguish, identify, illustrate, infer, relate, select, separate, subdivide, survey
5. Evaluate: the ability to judge the value of material for a given purpose, based on defined criteria, which may be internal criteria (organization) or external criteria (relevance to the purpose). Learning outcomes in this area are high in the cognitive hierarchy because they contain elements of all prior categories, plus conscious value judgment based on clearly defined criteria. Example: learner can independently assess efficacy and toxicity of all medications for any patient.	appraise, assess, check, choose, contrast, critique, debate, decide, evaluate, judge, justify, measure, relate, support
6. Create: 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 emphasize the formulation of new patterns or structures. Example: learner can design a treatment regimen of any patient with multiple disease states.	combine, compose, create, devise, design, develop, generate, modify, organize, plan, predict, produce, rearrange, reconstruct, relate, reorganize, revise, rewrite

Krathwohl's Taxonomy for Affective Learning Objectives

Adapted from: Krathwohl DR, Bloom BS, Masia BB. *Taxonomy of educational objectives. Book 2: affective domain*. New York: Longman, 1964.

Description of the Major Categories in the Affective Domain	Verbs for Stating Learning Objectives
1. Receiving. Displays evidence of paying attention. Appears aware of an attitude, behavior, or value. Examples: Listens to others with respect. Observes intently.	differentiate, accept, listen, observe, discriminate, consider, notice, discern
2. Responding. Reacts appropriately to a stimulus. Actively participates. Examples: Replies appropriately to questions. Participates in rounds. Gives a presentation.	comply, follow, command, volunteer, engage, acclaim, contribute, participate, exhibit
3. Valuing. Measures effect or worth of behaviors, skills, or attitudes. Examples: Demonstrates appreciation for patients' point of view. Recognizes needs of others.	study, feel, follow, form, invite, join, accept, differentiate, distinguish
4. Organization. Prioritizes values and resolves conflicts between them. Adapts behavior to value system. Example: Triage effectively. Accepts responsibility for behavior.	alter, arrange, combine, relate, integrate, weigh, resolve
5. Characterization. Values define behaviors and attitudes to a degree that behaviors and attitudes are predictable and part of the person's character or personality. Examples: Reliably finishes tasks. Accepts criticism gracefully. Revises opinions when presented with new evidence.	discriminate, influence, revise, commit, modify, perform, is consistent

Pierce and Gray's Taxonomy for Psychomotor or Kinesthetic Learning Objectives

Adapted from: Pierce WD, Gray CE. *Teaching in the three domains of learning*. Independently published, 2013. Previously published by Lanham (MD): University Press of America, 1981.

Description of the Major Categories in the Psychomotor Domain	Verbs for Stating Learning Objectives
1. Perceiving. Paying attention. Using sensory information to think about the motor activity. Mentally rehearsing the task. Example: Watching a video which outlines the steps for how to make an intravenous admixture product.	describes, detects, distinguishes, identifies, relates, selects, isolates
2. Activating. Going through the steps of a task slowly and in response to instruction or trial and error. Conscious modeling. Example: Preparing an intravenous admixture for the first time in response to an instructor's verbal instruction.	copies, traces, imitates, initiates, reproduces, follows, trials
3. Executing. Is able to go through all steps of a task without instruction. Independently performs all parts of a task. Example: Writing a SOAP note in response to a case patient workup.	assembles, calibrates, constructs, dismantles, displays, acts, executes
4. Maneuvering. Skillful and confident performance execution. Example: Writing concise and complete care notes in the practice setting.	same verbs as level 3 used with an adverb or adjective indicating mastery e.g., quickly, accurately, precisely
5. Judging. Skillful performance of a new task through modification of skills mastered for a different task. Example: Write a formulary monograph for use in the practice setting for the first time.	adapts, alters, changes, rearranges, modifies, reorganizes, revises
6. Creating. Creating the steps for a new task. Example: writing a proposal for a new pharmacy service.	arranges, combines, composes, constructs, creates, designs, originates

Adjectives to modify nouns: a few examples

"ables"	Adept	Discreet	Proactive
Adaptable	Analytical	Energetic	Quiet
Agreeable	Attentive	Good-humored	Rational
Amiable	Astute	Helpful	Resourceful
Capable	Careful	Intelligent	Self-disciplined
Comfortable	Communicative	Intuitive	Sincere
Considerable	Conscientious	Logical	Thoughtful
Likable	Courteous	Noteworthy	Versatile
Reliable	Detail-oriented	Organized	Warmhearted
Suitable	Diplomatic	Persistent	Willing

Adverbs specifying skill level: a few examples

Accurately	Commonly	Gracefully	Reliably
Articulately	Deliberately	Honestly	Skillfully
Briefly	Easily	Keenly	Smoothly
Calmly	Elegantly	Knowledgably	Sympathetically
Capably	Empathically	Naturally	Thoroughly
Carefully	Energetically	Politely	Warmly
Cheerfully	Fairly	Rapidly	Wisely
Closely	Generally	Readily	Zealously

Planning Learning Activities

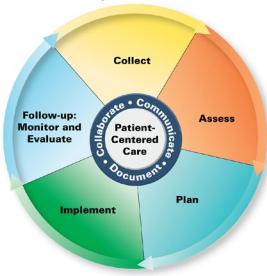
The next thing to think about is how to accomplish the goal. As students plan the journey between their current skill level and their desired level, they will probably see several clearly delineated steps in the learning process leading to the overall goal. It can be helpful to write down each of these steps. They will become the list of activities to be performed at the APPE (learning plan).

Learning activities can include just about anything that reasonably helps students reach their learning goal. One thing each student should strive for 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 one practices. Asking each patient with arthritis about their ability to perform their activities of daily living (ADLs) is a learning activity that can benefit student, patient, and preceptor, if the information is systematically collected, effectively communicated, and concisely documented. On a systematic basis, 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 one practices. If coupled with an algorithm (plan) to follow if efficacy fails to occur or toxicity does occur, a student's learning experience would produce a powerful tool enabling them and their preceptor to provide complete and consistent care to patients who have arthritis. Careful examination of the verbs in the higher-numbered categories in the taxonomies may help students to design active learning experiences.

Putting It All Together

The information in the next several paragraphs should serve as a jumping-off point for APPE goal/objective/activity planning, since patient workup and drug information communication are the most basic of cognitive skills that a pharmacist must possess. If a student hasn't mastered these skills—be honest with yourself about your level of competence—then the student should plan on using the first APPEs to improve 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 Pharmacist's Patient Care Process (PPCP) includes:



- **Collect.** Gather objective (chart/profile, physical exam) and subjective (patient or caregiver interview) patient information. Collect may also include finding information from published studies and clinical practice guidelines.
- **Assess.** Analyze gathered data to determine medical and drug-related problems. Assess will also include prioritizing identified problems. Finally, assess means identifying reasonable therapeutic options and their benefits and risks.
- **Plan.** Develop a treatment plan (including referral) for any detected problems and a monitoring plan for treatment compliance, efficacy, and adverse effects.
- **Implement.** Enact the treatment and monitoring plan. This step will also include documentation of the plan and the clinical reasoning behind that plan.
- **Follow-up.** Identify whether the plan worked as anticipated or had any undesired consequences. The follow-up is essentially the collect step, so it begins another cycle of the PPCP

Students should plan to devote a lot of learning time to master this process quickly and efficiently.

Communicating drug information. Most APPEs will include communication of drug information, and students 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.
- 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.
- Succinctly presenting a study to a preceptor or the health care team.
- Incorporating study results into a care note to aid in decision-making.

INFORMATION FOR STUDENTS

Informal Patient Presentations

Students may be expected at any time to give a brief two- to three-minute overview/update to their preceptor on any of the patients assigned to them. They should know how to do these after having presented them during lab. The point of these informal patient presentations is for students to let their preceptor know what is going on with their assigned patients and to get the preceptor's "OK" on their plan of action for the rest of the day. Informal patient presentations are one way that students will provide an immense amount of value to the preceptor and site at which they are doing the APPE.

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. "He was recently-diagnosed with heart failure and started on furosemide 20mg po daily and lisinopril 10mg po daily; the physician is now adding spironolactone. He also has arthritis for which he takes 600mg of ibuprofen 2 to 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 an NSAID may set him up for drug-induced kidney damage. The lisinopril will increase his potassium which can be balanced by the loop diuretic. The spironolactone, if added, will further complicate the situation."
- **Recommendation:** Your plan for each drug-related problem or disease state. State exactly what you will do and your deadline for getting it done. "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 measured."

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

Formal Patient Presentations

Some preceptors may ask students to present a "formal" patient presentation, sometimes as often as weekly. In addition to being valuable evidence of learning for students' portfolios and a test of their therapeutic knowledge base and thought process, formal patient presentations can provide a teaching and learning tool for the preceptor and the other pharmacists who listen to the presentation. Students' formal presentations will be made verbally, but they should provide for all listeners a neatly word-processed outline of patient information. Patient information should be assembled using the standard patient history and physical presentation format.

Do not use any patient names, initials, health care provider names, site names, or calendar dates in formal patient presentations. Since most of the audience will not be providing direct patient care to the patient presented, 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 a handout and presentation information. Take guidance from the preceptor as to how he or she would like the patient presentations prepared.

Oral seminars

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.

Preparing for Graduation and Licensure

Completing all APPE assignments before Graduation:

As students approach the end of the APPE year, the following steps should help smooth the pathway to graduation:

- Ensure that all required assignments and assessments under the control of the student are submitted, prior to the last APPE.
- For the last APPE, get assignments and assessments submitted as early as possible during the APPE.
- For any outstanding preceptor final student performance assessments, the student should contact the APPE program manager after sending two messages to the preceptor. The APPE program manager will take it from there.
- Fill out the form sent from Student Services on the Graduation process.
- Complete the Exit Survey and ABO Self-assessment as soon as the last APPE is finished.

Licensure:

Please refer to the [**Canvas Graduation information page**](#) for up-to-date information regarding obtaining a pharmacist license (including how to sign up for the NAPLEX and MPJE)

If you have the option of working as a **graduate intern** after finishing your APPEs and before you get licensed, your employer will usually request a letter from the School attesting that you have finished the program. You can request such a letter from the Director of Advising and Student Success.

If Things Go Wrong

The majority of each student's practice-based learning will be enjoyable experiences. Sometimes unanticipated challenges do 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 team.

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 may occur. It is important for a student to identify their expectations discuss with the preceptor whether the expectations are reasonable for that site.

If the learning activities agreed upon by student and preceptor (e.g., contact with patients) are not occurring (e.g., the student is spending most of the time performing distribution-related tasks), then the student should speak with the preceptor early on in the experience about other tasks which would allow the student to learn new skills or hone skills in need of further development.

The experience seems disorganized/unplanned. Development of an activity schedule aids greatly in organization of a practice-based experience. If the preceptor does not have such a schedule already in place, then the student should create one based on the discussions with the preceptor about learning opportunities, prior to start of the practice-based experience. The student should share the schedule with the 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. Students perceiving this environment should apprise the preceptor of the situation and events triggering the impression. If the student does not feel safe approaching the preceptor with their impressions, they should contact the APPE Manager.

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. If the student does not feel safe approaching the preceptor with their impressions, they should contact the APPE Manager (appemgr@uw.edu)

The preceptor's performance assessment 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 assessment submission deadlines. If a preceptor's assessment is not submitted by the deadline, then students should make two attempts to remind the preceptor. After that, it is best to inform the APPE Manager, who will make all further attempts to obtain the performance assessment.

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, childcare situations can go awry, an unanticipated event can be emotionally disturbing; the list is endless. It is important to remember that preceptors in general are very flexible about life events as long as they are informed about what is happening. Students who confide in their preceptor when experiencing a challenging personal situation have every right to expect that the preceptor will not share the specifics of the situation with other individuals at the site.

Responding to Challenging Situations

Students should first talk to their preceptor, being 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 students will be able to address the situation without any further intervention.

If the situation is one where a student is afraid of sounding overly critical about the site or individuals at the site, it can be useful to write down in advance all of the actions observed that led to the student's response to the situation. When discussing the actions with the preceptor, students can then outline what actions were observed, and how they interpreted those actions at the time. The preceptor may be able to provide additional information that allows the student to better understand the situation or the preceptor may wish to make an intervention at the site. Either way, a student experiencing a challenging situation may gain additional insights by allowing the preceptor the opportunity to respond to the student's observations and interpretations.

If the student and preceptor determine that the student needs some time off from the site, do inform the Experiential Education team of the decision and the plan for the time off, e.g., made up at a later time.

Students who feel their attempts to engage the preceptor in a meaningful dialogue are unsuccessful should contact the APPE Manager about what has occurred and their desired outcome for the situation. It is most useful if a written description is provided versus a verbal description, but the student needs to choose the vehicle with which they feel most comfortable.

In general, students should contact the APPE Manager to check grounding of fears or concerns, and relate successes.

Students with concerns about a site who don't feel it is worrisome enough to call about may instead communicate information on the "Staff only" part of the site and preceptor assessment. None of the information in this section is explicitly shared with the preceptors, but all information submitted to this site is reviewed and discussed by EE staff.

INFORMATION FOR PRECEPTORS

Giving Feedback

Because most of you do not have a background in education, the following information has been developed to give you some very basic information about the way in which adults learn. We hope it will stimulate you to think about the way in which you clinically teach and the types of things your student will learn, depending upon the situation.

The following information on teaching has been developed over years of talking to both students and preceptors about what teaching styles have been successful and what teaching styles have not. Although there is great variability in the type of teaching that works for different students, a few clear themes have emerged. The students have also received this information since these points are important regardless of whether an individual is a student or a preceptor.

1. Be sure that your thoughts and recommendations are evidence-based. Whether you are praising or giving constructive criticism, it helps you to state the exact action you observed, rather than telling the student something vague. A student will benefit from precise feedback. For example, telling your student "I liked the way you used language that the patient understood when you were interviewing her," will give that student more specific information than, "Nice job interviewing."
2. Everybody craves positive reinforcement. Negative feedback given on a regular basis tends to result in resentment on the part of the recipient, who will be less inclined to correct deficiencies. Although it is necessary to inform students of deficiencies, it is possible to do it in a constructive fashion. One method to avoid creating a negative learning atmosphere is to always include positive reinforcement whenever constructive feedback is given. Beware of the word, "but," however, since a positive statement connected to a constructive statement by the word "but," will make it sound like you don't really mean the positive statement. Instead, separate the two statements into two completely separate and unconnected thoughts. For example, consider the difference between the following two comments:
 - a. "Your organization of the patient data is excellent and I can see that you have put a lot of effort into acquiring a thorough database on your patient. Prior to your next presentation, be sure to completely review each medication that your patient is receiving, since you were unable to answer some of the questions I asked you about mechanism of action for each drug."
 - b. "You did a good job gathering patient data but you really need to study up on the drugs since you couldn't answer a lot of my questions."

Notice how the positive comment in the second statement appeared a little less sincere when followed by that "but."

3. Be as precise with information as possible, since provision of precise and specific information will allow you to role model for your student how you would like him or her to present information to you. Try to avoid use of vague words like "monitor" or "check" but instead use more specific verbs such as "measure" or "test" since these words will prompt you to outline what specifically should be measured, how often, who should do it, and for how long. Encourage your student to justify his or her statements whenever possible. ("Why do you think that?")
4. Make a scheduled sit-down time with the student to discuss patient issues, projects, or problems, even if it can only be for a short time. A student will be delighted to have your undivided attention, and you will enjoy some structured discussion-teaching.

If Things Go Wrong

There is a chance you will run into a difficult situation with a student during one of the APPEs you offer. The reasons preceptors most commonly call us are listed below. If you are aware of them, then you may be able to prevent them from happening with your students. Please inform your student as early as possible of any concerns you have so your student has a chance to correct them. The mid-point assessment has been specifically designed to give you the opportunity to notify the School of any deficiencies while there is still a chance to correct them.

It might be useful to review our *Student Guidelines for Professional Conduct*, in Chapter 2.

1. **Inadequate knowledge base.** Knowledge base can be a difficult thing to evaluate. The students have facts flying at them pretty fast during their years of Therapeutics. Many feel unsure about their knowledge base because they have no experience to cement those facts into place. Do expect some incorrect statements from your student (although hopefully few incorrect statements if your student is nearing graduation). As a preceptor, you can help your student understand why the action he or she recommended is inappropriate and explain what an appropriate action would be. It is only when students fail to correct actions that you should worry. At this point it is time to call the School to see if this has been a pattern. If it has, we'll decide on a course of action to take with your student.
2. **Tardiness.** Each student has been told to settle with you on the first day of the APPE *exactly* when he or she will be expected to arrive at the site (to avoid misunderstandings). If your student shows up late once or twice during an APPE, it is not grounds for failure of the course (unless he or she is hours late, with no reasonable excuse). However, if your student is routinely late (more than twice), then the student could be at risk of a score of deficient in the area of professionalism.

On the other end of the day, leaving early is acceptable if all the student's work is done, but not if the work is unfinished. If you choose to allow a student to leave early once weekly for a job, be certain that they do not neglect assigned responsibilities. You may choose to have the student make up lost learning time in other ways (coming in early, staying late, home projects), if you feel that additional learning time is necessary. While we want the focus of the experience to be on learning and not just hours spent at a site, we feel firmly that the learning experience will be diluted for the student who puts in substantially fewer than 160 hours of learning.

3. **Absences.** A student should not have *any* unexplained absence; this can be grounds for failure of the course. *Explained* absences are reasonable if you are satisfied with the explanation. ("I have to work" is *not* a reasonable excuse for absence.) You have the final say about making up time missed due to absences. In general, a student who misses more than 10% of time spent on-site should expect to make that time up.

Students must adhere to the APPE schedule agreed upon with you at the beginning of the APPE. Students must arrive at the APPE site on time and 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 will be allowed state holidays off only with the explicit permission from the preceptor. Holiday matters and other potential absences need to be discussed and agreed upon at the start of the APPE. ***Preceptors have the final decision on holiday and personal time requests by their students.*** Students are informed they should not schedule vacations or plan events such as residency interviews during a month when they are also scheduled to complete an APPE.

Preceptors can offer students the option of making up missed time if the preceptor's schedule or the schedule of the site allows for it. Additionally, students have a one-week break in their APPEs every three months which could potentially be used to make up missed days with preceptor permission.

4. **Inadequate communication skills.** Communication skills are also difficult to evaluate. They can either result in or be caused by behavior problems. Differences in working style can also manifest as a communication problem. How can you tell whether an apparent communication problem is really a problem? There are a series of steps you can follow to check:
 - a. Does the problem have anything to do with you? Sometimes events outside of people's lives influence their behavior at work. This does not excuse their behavior if they are rude, thoughtless, or incommunicative, but it does mean that there is probably nothing you can do about it until their situation is resolved. Remember that everyone has a bad day now and again, and if you can have one, so can your student.
 - b. Is the problem one of differences in learning styles? In general, people who go into the practice of pharmacy approach learning in one of two ways. One group of learners loves learning by doing. People in this group have no problem dealing with unanticipated questions or situations. The other group of learners loves learning by thinking. Those in this group want time to examine all aspects of a situation and are less comfortable in situations where they are not given time to think things through. Each type of learner has both strengths and limitations. The thing to remember is that if you learn in one way and your student learns in another, you won't be able to work as well with the student until both of you realize how you learn best and then respond appropriately.
 - c. If it doesn't seem like there is a problem outside the practice environment, and you think you understand and are trying to meet the student's learning style, then it is time to call our office.
5. **Lack of motivation.** Infrequently, overt lack of motivation is apparent early on. Preceptors who are seeing what appears to be a lack of motivation need to talk to the student to identify the reason behind the behavior that appears to be lack of motivation (but may actually be something different, such as misunderstanding of expectations, ill health, or overwhelm).

Preceptors may see behavioral signs they interpret as lack of motivation occurring in students as they approach the end of their fourth professional year or if they have an anticipated event (e.g., wedding) approaching. Most of the time, simply describing to the student in a pleasant tone the behavior you observed and describing the desired behavior will be enough to stimulate student behavior change. If this doesn't work preceptors should notify the APPE Operations Director.

General Advice

Regardless of the reason for the problem, preceptors must address it verbally with students. Preceptors should listen as much as speak. Most of the time, challenges can be discussed and a mutually agreeable solution can be reached. If this doesn't work, it's time to call the Director of APPE Operations, who will ask preceptors to describe the situation and then ask if they've spoken to the student about it. If the answer is "no," the preceptor should explain why (there are some situations where preceptors are concerned about confronting a student). If the answer is "yes," and the preceptor is unsatisfied with the student's response to the situation, there will be discussion about options. The options will depend on the nature of the problem.

In general, preceptors should make the initial effort to solve problems by direct interaction with the student as early in the APPE as possible. Be specific and straightforward by saying, "I think we may have a problem here, and I really want to talk about it to understand your point of view," can go a long way toward easing a

tense situation. If there is a deficiency, identify clearly in writing exactly what the student needs to do in order to correct the deficiency. If the deficiency is not corrected, then be sure to note on the final assessment the specific area of deficiency, describing the specific student behaviors that indicate the deficiency was not fixed. The more preceptors can explain in writing, the more helpful it is for the School to respond appropriately.