Advanced Pharmacy Practice Experience

Preceptor Guide

2014-2015

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

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Chapter 1: General Program Information

Introduction
Thank you for agreeing to precept a student from our program. The students are excited and a little nervous about this next year since they will be “putting it all together” at the practice site. We feel confident you will guide their learning productively and alleviate their fears.

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 preceptor guide contains several sections. The introduction covers basic information many of you probably already know regarding the curriculum. There is a chapter on guidelines for behavior (what we hope our students will do), 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, as well as one that has information about forms, deadlines, use of online resources, and other housekeeping information.

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

<table>
<thead>
<tr>
<th>Forms and records, deadlines, site assignments, general questions:</th>
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<tr>
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<th>Questions about the database, web access problems, suggestions for new features on web site:</th>
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We hope this next year of teaching is creative and satisfying for you as you help to shape the practice of the pharmacists of tomorrow!
2014-2015 Rotation Schedule

June 2 – 27, 2014 (this block not available to most students)
July 7 – August 1 (this block not available to most students)
August 4 – 29
September 1 – 26
October 6 – 31
November 3 – 28
December 1 – 26
January 5 – 30, 2014
February 2 – 27
March 2 – 27
April 6 – May 1
May 4 – 29
June 1 – 26

A few students may be assigned to rotations of 6-week duration. This can happen when a student is assigned to an experience in a region that hosts students from other schools whose rotations are also six weeks.

6-week blocks

June 23 – August 1
August 4 – September 12
September 15 – October 24
October 27 – December 5
December 29 – February 6
February 9 – March 20
March 23 – May 1
May 4 – June 12

Important Websites

Preceptor web page (grading your student):
http://oppe.pharmacy.washington.edu/PreceptorSite/PrecepHome.lasso

Professional Education website (general information about our experiential programs):
http://sop.washington.edu/pharmopp

What the Student Should Know

The student has completed the following coursework prior to arriving at your site (time spent in parentheses).

First Year
- Medical Biochemistry (1 year)
- Anatomy and Physiology (1 year)
- Pharmacy Practice Laboratory (1 year)
- Drug Information Sources (1 quarter)
- Pharmaceutical Formulations (1 quarter)
- Introductory Community Pharmacy Practice Experience (160 hours)

Second Year
- Pharmacology (2 quarters)
- Medicinal Chemistry (1 year)
- Pharmacy Law and Ethics (1 quarter)
Chemical Dependency Concepts (1 quarter)
Biostatistics (1 quarter)
OTC Medications (1 quarter)
Clinical Pharmacokinetics and Biopharmaceutics (2 quarters)
Introductory Hospital Pharmacy Experience (120 hours)

Third Year
Therapeutics (1 year)
Therapeutics Skills Laboratory (1 year)
Medical Literature Evaluation (1 quarter)
Pharmacy Care Systems (1 quarter)
Drug Interactions (1 quarter)
Introductory Clinical Practice Experience (20 hours)

Therapeutic Topics the Students have Studied in the Third Year
- **Overview**: drug interactions, pediatrics, geriatrics, fluids/electrolytes, pain, dermatology
- **Infectious disease**: antimicrobial agents, antibiotic resistance, antimicrobial pharmacokinetics, antibiotic allergy, AIDS. Infections of specific organ systems were covered throughout the year.
- **Pulmonary**: asthma, COPD, allergic rhiniti, pharyngitis, sinusitis, theophylline pharmacokinetics
- **GI**: GERD, IBD, PUD, hepatitis, cirrhosis, alcoholism and withdrawal, emesis, diarrhea, constipation, hemorrhoids
- **Oncology**: hematologic and solid organ cancers, pain and nausea assessment and treatment
- **Cardiovascular**: hypertension, hyperlipidemia, thrombosis, CHF, dysrhythmias
- **Kidney**: AKD, CKD, drug dosing and pharmacokinetics in renal disease
- **Endocrine**: diabetes, thyroid, ocular disorders, osteoporosis, contraception, infertility
- **Psychiatry**: mood disorders, schizophrenia, anxiety disorders, ADHD
- **Neurology**: seizures, headache, CVA, Parkinson’s, dementia
- **Rheumatology**: arthritis, gout
- **Immunology**: transplant
- **Dermatology
- **Nutrition
- **Transplant


Therapeutic Skills
The students have practiced skills in several areas in their therapeutic skills laboratory. Skills you can expect them to perform well include:
- documentation (the students have written numerous SOAP notes)
- pain assessment
- renal and hepatic function assessment
- assessment of laboratory data
- compliance assessment

Assessment of Drug Therapy for Specific Disease States
- CHF: JVD, edema, heart and lung sounds, history
- obstructive lung disease: peak flow, PFTs, lung sounds, ABGs, inhaler use, history
- diabetes: neurologic (including foot exams), renal assessment, glucose monitoring (various meters), diet
• hypertension: BP, history, compliance, diet
• hyperlipidemia: history
• anticoagulation: history, diet
• depression: screening questions
• PUD/GERD: history
• arthritis: history, joint examination, grip strength
• osteoporosis: history, bone density measurement

Although the students have also been exposed to other physical examination and verbal assessment tools, they have practiced those listed above most extensively.

Things the Students may not Know or Do Well

The students have not had very much practice in the following areas:

• Reading medical charts (the School does not have access to medical records)
• Measuring vitals: blood pressure, heart rate, respiratory rate, and temperature (these are taught, but students have only minimal experience actually performing the functions)
• Patient interviewing for problem detection and drug monitoring
• Physical examination of patients with active disease states (the students have had very limited exposure to real patients with real pathology that they can assess and learn from)
• Working up real and complex patients (the students have seen a lot of “paper” patients this year but need practice, practice, practice using the workup process on real patients; their paper cases have also been growing in complexity through the year but little exposure to highly complex cases)

What We Require Students to do before They Begin APPEs in their Fourth Year

1. All students are registered as interns with the Washington Pharmacy Quality Assurance Commission, as well as the Board of any other state in which the advanced experiences are done. Each student is required to bring a photocopy of his or her intern license to each site and there is a copy on file in our office as well.
2. Each student has a current criminal history background check which will not expire until after the APPEs are completed. No students are allowed to begin the fourth year unless this report is either clear or any reported offenses are explained and do not involve vulnerable adults or children.
3. All students attend APPE orientation, during which the Infection Control Policy, Immunization Policy, Indemnification Policy, Guidelines for Professional Conduct, and Health Insurance Waiver are reviewed and explained. At this time they each sign a form stating that they have been informed of the policies and guidelines and agree to abide by these.
4. The students have current certification in first aid, adult CPR at the healthcare provider level, and adult AED. Some are also certified in child CPR.
5. The immunization status of each student has been reviewed and approved by the UW Health Sciences Immunization Program. For specific information on what this entails, check the link for the infection control policy in Chapter 2 (Student Guidelines for Infection Control and Exposure Management).
6. Each student has received training in bloodborne pathogens and universal precautions.
7. Each student has submitted a résumé online for you to access so that you can view background information on your student. Instructions about how to access this information at the website can be found in the introductory letter that accompanies this preceptor guide.
8. Each student has earned passing grades in the Therapeutics sequence of the third year of our professional program. Students are not allowed to progress to fourth-year experiences if they have not received passing grades in each of the Therapeutics courses (both lectures and labs). Additionally, completion of all required coursework (see earlier description) must occur prior to beginning 4th-year professional year experiences.
9. All students have been previously signed off as competent in both hospital and community pharmacy basic practice skills through earlier experiences completed during the first three years of their professional program (see IPPEs below).

**Description of the Practicum 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 winter quarter of the student’s second year of the program. It involves documentation of competency in basic pharmacy practice skills in the ambulatory care environment, patient counseling (prescription and OTC), professional behavior and attitude, and attendance at pharmacy association meetings and continuing professional education seminars.

- **Introductory Inpatient Practice Experience.** This experience must be completed prior to the end of winter quarter of the student’s third year of the program. It involves an introduction to the patient care activities done by pharmacists in an 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 visit an institutional site, read a chart and interview a patient, present that patient in front of peers and a preceptor, and organize and present a seminar to the same group.

**Advanced pharmacy practice experiences (APPEs).** Our students need to complete a total of 1,440 hours of experiential learning during their fourth year in the program. Most of the students will complete this as nine full-time (40+ hours/week) four-week blocks of learning experiences, but some of them may put in fewer learning hours per week over a longer period of time or may do two part-time learning experiences concurrently over a four- or eight-week period. Students completing experiences in localities that normally host students for a six-week period of time are encouraged to schedule six-week experiences but can only do so with permission from the program coordinator.

The advanced pharmacy practice experience (APPE) curriculum at the University of Washington School of Pharmacy is divided into several different courses. The first courses are core (required) experiences and must be completed in the United States. Students must complete a minimum of five patient care experiences.

- **PHARMP 571/581:** General Medicine Practice Experience. This is a patient care experience in a hospital setting.

- **PHARMP 572/582:** Health Care System Practice Experience. This is a second hospital-based patient care experience.

- **PHARMP 573/583:** Ambulatory Care Practice Experience. This is a clinic-based patient care experience.

- **PHARMP 574/584:** Community Pharmacy Practice Experience. This is a community-based patient care experience.

- **PHARMP 575/585:** Non-core Patient Care Experience. This is completed in a setting that isn’t a hospital, clinic, or community pharmacy.

- **PHARMP 576/586:** Non-patient Care Experience. This is completed in a practice setting where the student does not interact with patients on a daily basis.

- **PHARMP 577/587:** Senior Care Practice Experience. Only students in the Geriatric Certificate Program complete this patient care experience.

- **PHARMP 578:** Advanced Elective Practice Experience. This course is variable credit and will be used only if a practicum ends up with fewer than 6 credits.
What Students have been Told about your Teaching Time
The students have been told your teaching time is limited, as you must complete the duties required in your fast-paced practice environments. They have been told to consider the patients and their caregivers who will provide some of the richest sources of learning and that it is important that they interact with patients where possible.

Things to Consider when You’re Deciding When and how many Students to Teach
When you are asked to complete the online Site Information Update early each year (we will alert you via an email request), you may look at the schedule availability section and wonder what would be a reasonable teaching load. We suggest you consider teaching no more than six rotation blocks (usually four weeks each) per year in order to avoid burnout. For most of you, this would mean six students since most sites teach one PharmD student at a time.

We have the greatest need for sites in the fall, winter, and spring months, with a lower demand for July and June. You could choose to take students every other month (e.g., August, October, December, February, April) or when our needs are the greatest (e.g., August, September, October, November, January, March or August, September, November, February, April, May). Of course if you feel comfortable taking students more frequently, or teaching pairs of students at a time, we’re thrilled, and you may discover that your teaching task is more stimulating. We realize, however, that teaching is an energy- and time-consuming process and that periodic rests are necessary in order to maintain enthusiasm.

A Note about Student Activities
Whenever possible, we ask that you have the students concentrate primarily on non-distribution activities. This means a minimum of medication order processing. As you know, it is difficult to learn how to quickly and efficiently perform the process of patient workup. In order to ensure that students learn this thought process thoroughly, it is important to give them large blocks of time in order to talk to and think about as many different patients (and their problems) as possible. Consider letting the students be your information gatherers for patient data. Sit down with them once daily and discuss the action plan for each patient, then let the students implement some of the action plans. This will allow you to provide good care for your patients while still getting your other tasks accomplished. It can be a win-win-win situation (for you, for the students, and for the patients) if you allow the students to make your life easier by being your “ears, eyes, and voice” with regard to some of your patient care.

Activities from which your students will benefit include:

- Patient interviewing and teaching/counseling (including disease prevention and prescription and OTC drugs)
- Monitoring drug therapy
- Documenting of patient care activities
- Information transfer between patient care settings (e.g., inpatient/ambulatory care settings)
- Refill authorization/prescriptive authority protocol use
- Evaluating drug literature (e.g., present article at journal club)
- Providing drug information (e.g., patient drug or disease state flyer development, composition of written newsletter articles, formal or informal drug information consults)
- Drug use evaluation/drug use review/quality assurance project design, initiation, or completion
- Formulary management (P&T formulary monograph composition)

PharmD Program Annual Timeline and Workload
Late November/Early December: We will email you to ask you to visit the preceptor website to update your site information online. We will also ask you to indicate, using the online form and the PINs we’ve previously emailed to you, which months you will be available and how many students you are willing to precept during the upcoming July–June practicum year. Please be sure to submit this information to us by the end of January so that we can maintain an accurate database for the student preferencing in February.
February: The students view this updated information in an online site catalog to decide which sites they are interested in. Because they have full access to evaluations written by past students at each site, they also may contact preceptors of sites that interest them to make inquiries. Thus, you occasionally may get calls from upcoming students. These calls are for information gathering only. Any scheduling must go through our office.

March: The students enter their site choices onto the computerized site selection program, which randomly matches students to sites of their choosing. The site match is completed.

April: Students attend a four-hour practicum orientation where the advanced practicum syllabus is covered in detail and all housekeeping information is explained. The students’ schedules are finalized by mid-April. In late April the nominations for the Wayne Kradjan Excellence in Clinical Teaching Award are due. Students, preceptors, and CAF are asked to nominate a colleague who has been an exemplary preceptor. The nomination form is available online at https://catalysttools.washington.edu/webq/survey/weberst/16917.

May: All active sites which have indicated openings for students in one or more months will receive a schedule of student rotations for the upcoming year, a letter of instruction, and an updated Preceptor Guide.

July: Some students officially begin their rotations this month, although most students will start rotations in August or September.

July–August: Thank-you letters from the Office of Professional Pharmacy Education are mailed to all sites. Site evaluations by students from the previous academic year may be viewed online at the preceptor website. Also at this time we try to recognize your support in teaching our students by issuing a token of our appreciation if funding is available.

September: All Clinical and Affiliate Faculty are asked to complete professional information update forms online. We ask that you submit this information by the end of September at the latest. If you wish to be considered for promotion your requests must be received in this office by early October.

Preceptor Benefits
Besides gaining the benefit of teaching students, which keeps you and your site on your toes, preceptors will have the opportunity to earn continuing education credit for completing preceptor development modules. You will find information about these programs on your preceptor webpage. Also available are the CE-approved Preceptor Development Modules from the Collaborative Education Institute. Teaching students is also a great recruitment tool—you will have the chance to preview potential employees and create a relationship with them that may continue after they graduate. If desired, you may receive a clinical faculty appointment with the School of Pharmacy that is commensurate with your experience. Preceptors who are clinical faculty have access to the electronic information sources available through the Health Sciences Library.

Clinical or Affiliate Faculty Appointments
All preceptors who regularly teach students or otherwise interact with the School are eligible for appointment to the Clinical or Affiliate Faculty in the Department of Pharmacy. Clinical and Affiliate Faculty are eligible to set up accounts on the University computer system and to access Healthlinks, the Health Sciences computer system of web links to search engines, databases, and other information of interest to health care professionals. New Clinical and Affiliate Faculty will be eligible to obtain the Husky “smart” cards, which can be used for educational discounts on computer hardware and software through the University Book Store/Computer Center, as well as the annual University Book Store rebate program.

For a relatively low cost (currently $200 annually or $60 quarterly), Clinical and Affiliate Faculty can also purchase a card allowing unlimited access to the Student Intramural Activities Complex (IMA), which contains weight rooms and exercise equipment; two swimming pools; squash, basketball, racquetball, and tennis...
courts, among other activities. The card also allows Clinical and Affiliate Faculty to use the services and equipment at the Waterfront Activities Center.

All Clinical and Affiliate Faculty appointments are on an annual basis, with current evidence of teaching or other interaction with the School necessary to sustain appointment. If you are not currently appointed but wish to be, please consult our web site to determine whether or not you would qualify for appointment. Then email Terri O’Sullivan, Director of Experiential Education, to request a letter of support for your appointment. Be sure to attach your up-to-date CV. New appointments will be made in January, June, and September.

The Clinical and Affiliate Faculty Appointment and Retention Committee meets annually in October. The committee reviews all Clinical and Affiliate Faculty to consider re-appointment for the next calendar year. We look for evidence of clinical teaching or other significant interaction with the School as support for reappointment. Promotions are also considered at this meeting. You are welcome to review our promotion criteria on the web page and, if you feel you meet the criteria, you may request promotion in writing. Candidates for promotion are reviewed by the Provost’s office in February. Status of newly promoted faculty is official July 1st.
Chapter 2: Important Policies and Guidelines

Student Guidelines for Professional Conduct — See Chapter 6, “If Things Go Wrong”
http://oppe.pharmacy.washington.edu/PracticumSite/forms/Student_Guidelines_for_Professional_Conduct.pdf

Students are familiar with the standards to which they will be held while in any experiential education course. Issues with conduct involving email communications, adhering to site schedules, mutual respect between student and preceptor, communication with physicians and other health care professionals, appearance and dress code, patient confidentiality, internship licenses, and risk management are covered in this document.

Student Guidelines for Infection Control and Exposure Management
http://oppe.pharmacy.washington.edu/PracticumSite/forms/Student_Guidelines_for_Infection_Control.pdf

Students are familiar with the guidelines and procedures for preventing and managing exposure to infectious diseases.

University of Washington Indemnification Policy
http://oppe.pharmacy.washington.edu/PracticumSite/forms/Indemnification_Policy.pdf

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

University of Washington Sexual Harassment Guidelines
http://oppe.pharmacy.washington.edu/PracticumSite/forms/Sexual_Harassment_Guidelines.pdf

Students are familiar with 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.

School of Pharmacy Memorandum of Understanding
http://oppe.pharmacy.washington.edu/PracticumSite/forms/Memo_of_Understanding.pdf

This Memorandum is essentially our standard affiliation agreement rewritten to reflect our expectations and requirements of the experience, and includes the School’s policies for indemnification, HIPAA, immunizations, etc.

Evaluation of Student Presentation
http://oppe.pharmacy.washington.edu/PracticumSite/forms/APPE_Presentation_Eval_Form.pdf

Mid APPE Evaluation Form
http://oppe.pharmacy.washington.edu/PracticumSite/forms/APPE_Mid_Eval_Form.pdf

Final APPE Evaluation Form
http://oppe.pharmacy.washington.edu/PracticumSite/forms/APPE_Final_Eval_Form.pdf
Chapter 3: Goals the Students Will Accomplish this Year

During this practicum year the student is required to:

• Provide quality care to every assigned patient. During each direct patient care experience students must submit online evidence of the ability to provide care for two different patients. The student is required to submit these patient care notes online. Students are aware which APPEs are designated patient care and which are not.
• Verbally present patients to preceptors both formally and informally during each rotation.
• Present two oral seminars, each at least 20 minutes in length, accompanied by professionally formatted handouts, preferably including slides or other visual aids, for the audience. At least one of these seminars must cover some therapeutic topic. These two special seminars, which must be completed no later than March 1 of the APPE year, are in addition to the formal and informal presentations that occur during each rotation.
• Complete a literature evaluation project.
• Certify that they have performed core physical assessment skills.
• Encourage the primary preceptor to conduct a mid-practicum evaluation and submit a final evaluation (most often submitted online by preceptor but if necessary can be mailed or faxed).

These requirements are outlined in greater detail below.

Provide Quality Care to Patients

We hope the majority of the students’ experiences this year will involve problem detection and solution for the patients at your site. Many of you are familiar with the way we teach students to perform clinical drug monitoring but if you have not been exposed to our curriculum before, you may wish to be aware of what we teach. The handout How To Do a Patient Workup, located at http://oppe.pharmacy.washington.edu/PracticumSite/forms/Patient_Workup.pdf, contains information about how we teach our students to perform patient workup.

You will assess your student’s ability to provide quality patient care as part of your final evaluation of the student. If you practice in a site where students do not interact with patients on a daily basis, then you will answer “no” to this question on the final evaluation.

Give Informal and Formal Patient Presentations

For each patient care rotation, the student will be required to outline verbally for the preceptor the subjective and objective information about assigned patients. They will also need to outline the assessment and plan. These may be in the form of formal patient presentations or informal patient presentations.

Your student has practiced giving patient presentations in therapeutics skills laboratory, but doesn’t have as much practice working with situations where there is a lot of data, some of it extraneous (e.g., in an inpatient or clinic setting) or where there is a paucity of data and they collect most of the data themselves (e.g., in a community pharmacy setting).

Informal Patient Presentations

You may ask your student at any time to give a brief two- or three-minute overview or update on any assigned patient. The point of these informal patient presentations is to let you know what is going on with your patients and to get your input on the student’s plan of action for the rest of the day’s activities. Informal patient presentations are one way that students can provide value to you as a practitioner. An example of the format is presented below.

• ID & CC or diagnosis (e.g. 65 yo WM presented to ER with SOB)
• Current medical problems: name disease states and current status (e.g., He has a past history of CHF, COPD, and CAD)
• Current medications: names of medications taken routinely and prn medications that are being used frequently.
• For each medication comment on efficacy, toxicity, and any drug-related problems detected since the last report. Support existence of each drug-related problem with laboratory, physical exam, or interview information gleaned which led to identification of the problem.

• A plan for each drug-related problem or disease state. State the procedure and the deadline for getting it done (e.g., before 2 PM, by the end of the day, tomorrow morning).

Since you are in charge of providing care to the patient, students can speak of patient identifiers such as names and dates in an informal presentation, as long as no one else can overhear the discussions.

Formal Patient Presentations
Some preceptors want students to present a “formal” patient presentation, sometimes as often as weekly. In addition to being valuable evidence of learning for a student’s portfolio and a test of their therapeutic knowledge base and thought process, formal patient presentations can provide a teaching/learning tool for you, the preceptor, and the other pharmacists who listen to the presentation. Their formal presentations will be made verbally, and they must provide for all listeners a neatly word-processed outline of patient information. They have been asked to use the following standard history and physical presentation format. An example of a patient work-up presentation can be found in the handout How To Do a Patient Workup, located at http://oppe.pharmacy.washington.edu/PracticumSite/forms/Patient_Workup.pdf

Students have been instructed to not use any patient names, initials, health care provider names, site names, or dates in a formal patient presentation. Since most of the audience will not be providing direct patient care, use of names, initials, dates, or other identifiers would be a violation of patient confidentiality law. Any reinforcement that you can provide to the student will be useful.

Prepare and Present at least two 20-minute Oral Seminars
In addition to the informal and formal patient presentations given during each rotation, students are also required to present at least two different 20-minute or longer seminars to an audience of two or more people sometime during the clerkship year. One of these seminars must cover some therapeutic topic. The oral seminars are not the same as formal patient presentations. At these seminars the student will distribute a neatly word-processed handout for attendees and preferably will use other visual aids such as overheads or slides in the presentation. These handouts are to be submitted to our office by the student as evidence of fulfillment of the two seminar requirements. Someone listening to the talk, preferably the primary preceptor, must evaluate the content and delivery of the presentation and note on the final evaluation form whether or not these were acceptable.

One of the preceptors listening to these presentations is also encouraged to evaluate the content and delivery in writing on the Patient Presentation Assessment Forms, which can be found in the Forms chapter. These evaluations should be returned to the students and used as tools to improve their presentation skills. The preceptors will also evaluate these presentations in a special section on the Final Evaluation, which will be submitted to the Director of Experiential Education. Do not submit the presentation assessment to us.

Complete a Literature Evaluation
Each student is required to complete and submit two projects: one that involves evaluation of the pharmacy literature and a project that involves some assessment of quality or the design of a process. The student can submit these at any time before mid-March, and you are welcome to work one or both into the activities at your site. Examples of projects that fulfill these requirements are:
<table>
<thead>
<tr>
<th>Project</th>
<th>Documentation the student will submit as evidence of fulfilling this requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present an article at a journal club. This presentation must involve</td>
<td>Handout, with the date and site at which the article is presented.</td>
</tr>
<tr>
<td>a word-processed handout of no more than three pages in length with an</td>
<td></td>
</tr>
<tr>
<td>outline and evaluation clearly presented.</td>
<td></td>
</tr>
<tr>
<td>Compose a written response to a drug information question. The response</td>
<td>The drug information question response with references listed.</td>
</tr>
<tr>
<td>must be two pages long, at a minimum, and cite primary literature.</td>
<td></td>
</tr>
<tr>
<td>References must be included.</td>
<td></td>
</tr>
<tr>
<td>Write an article for a newsletter that involves evaluation of primary</td>
<td>A copy of the newsletter and a list of the references consulted.</td>
</tr>
<tr>
<td>literature.</td>
<td></td>
</tr>
<tr>
<td>Write a patient information flyer. This flyer could cover a drug class,</td>
<td>The flyer, with the name of the site that might use the flyer. References need</td>
</tr>
<tr>
<td>a disease state, or information about use of a device. This flyer needs</td>
<td>to be listed.</td>
</tr>
<tr>
<td>to be written in language patients can understand, but must reference</td>
<td></td>
</tr>
<tr>
<td>primary literature.</td>
<td></td>
</tr>
<tr>
<td>Prepare a pharmacy and therapeutics (P&amp;T) monograph</td>
<td>Student’s P&amp;T monograph</td>
</tr>
</tbody>
</table>

**Certify that Core Patient Assessment Skills have been Practiced**

Because students haven’t had many opportunities in their therapeutic skills laboratory to personally experience a patient with noticeable pathology, we want to be sure they have this chance during practicums. To this end, we ask that you provide any opportunities possible for the students to perform verbal and physical measurements needed for patient monitoring during their APPE year. They will then record the skill on their Core Patient Assessment Skills Log.

- Auscultate at least one pair of abnormal lungs.
- Auscultate at least one abnormal heart.
- Inspect at least one dermatologic lesion or rash.
- Inspect at least one patient with a swollen joint.
- Assess at least one patient with an abdominal complaint.
- Assess peripheral edema.
- Assess acute and chronic pain.
- Assess the inhaler technique, triggers, frequency of medication use, and understanding of disease state for at least one patient with asthma.
- Obtain a medication history from a patient older than 75 years of age and a patient younger than 14 years of age, including assessment of compliance. (If interviewing a pre-teen patient is not feasible than a history can be obtained from the youngest patient encountered during rotations.)
- Perform at least one diabetic foot examination.
- Screen at least one patient for depression (interview or screening tool used).

Although obtaining vital signs (HR, BP, temp, RR, height, weight, age, smoking status) are not listed here, we assume these minimal assessment skills will be performed on all patients for whom the student provides care. We ask you to evaluate the students’ ability to perform these skills.

**Submit Satisfactory Mid-Practicum and Final Evaluation Forms**

Mid-practicum Assessment

Halfway through each APPE you are asked to submit a mid-practicum assessment in which you have the opportunity to state whether or not 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 practicum, please be sure to fill out this form at the two-week mark in the practicum and state exactly what the student needs to do in order to pass the practicum. By doing this you can be assured that the student is made aware and given enough time to fulfill the practicum requirements satisfactorily.
Final Evaluation
At the end of the learning experience at your site your student will ask you for a meeting to evaluate his/her progress toward the learning goals established in the first week of the practicum. We recommend that you enter the evaluation online with the student present, or else review the completed evaluation with the student.

If you have web access, completing the evaluations online is the preferred method because you save time by having access to the student’s Goal and Objectives while completing a streamlined Final Evaluation and you immediately receive electronic confirmation that we’ve received the form. If your site has limited internet capacity, please let us know and we can provide a paper copy of the form for your use.

To complete student evaluations online, you need two pieces of information. One is the site PIN. This lets you view information specific to your site: site description and contact information, which student is assigned for which rotation, etc. The site PIN is located in the heading of the letter of instruction and schedule that accompanies this Preceptor Guide. You also need your preceptor PIN, which you will receive by separate email. We encourage you to change this number to any other that you can remember. If you are having problems with online entry, email appemgr@u.washington.edu.

To Evaluate a Student
• Visit our Office of Professional Pharmacy Education website (noted on the cover page) to link to the preceptor home page or point your browser directly at http://oppe.pharmacy.washington.edu/PracticumSite/PrecepHome.lasso

• At this page you will be required to enter your site PIN. We assign this site ID number and you will be unable to change this. Email us if you have forgotten your site PIN and remember to tell us which site you need it for, particularly if you teach at multiple sites.

• The next screen will give you two menu choices. First, you can view information about your clerkship site. This includes the description of your site, your schedule, information about students assigned to your site, and a link to the online evaluation for each student. The second link will take you to our site catalog, where you can view information about other sites.

• At the detailed information page for your practicum site, please look over the site description and e-mail us about any incorrect information. To view any student’s individual résumé, simply click on his or her name. To submit an evaluation online, click on the “Evaluate your Student” link. This will take you to the evaluation gateway.

• At the evaluation gateway, enter your personal preceptor PIN. After doing so, check the “submit UWSOP Preceptor PIN” button.

• On the next screen, you will find instructions for how to change your personal preceptor PIN. You will also find the gateway to your student’s evaluation. Click on the button to evaluate that student.

• At the next screen you will choose whether to submit the mid-practicum or final evaluation.

• When you prepare to enter the final evaluation, you will find the learning goal and objectives that you and your student have decided upon at the beginning of the rotation. You need to have these available to you since they will act as a learning measure. Fill out each of the components of the evaluation form and then click the “submit” button.

• For practicums that do not involve patient care the preceptor will select “No” on the Final Evaluation and the student is not required to submit patient care examples.

• At this point you should print a copy of the evaluation form to give to the student.

You will rate the student’s success in achieving the goal and objectives that you and the student agreed to at the beginning of the learning experience. Writing a usable goal and learning objectives is something of an art, but in the following paragraphs we have tried to provide you and the student with some guidelines to develop effective learning goal and learning objective statements.
Determining the Learning Goal
The goal statement should summarize in one sentence the “big picture” of what your student hopes to learn during the practicum. Since the purpose of each practicum will be to change and improve the way the student currently practices, the goal statement should summarize how the practicum experience will help the student to accomplish the change. Goal statements can use non-quantifiable verbs such as assist, care for, establish, provide, give, help, know, and understand. For example, one student’s learning goal may be to improve his ability to perform patient workup, while another student’s goal may be to understand how a pharmacist-run anticoagulation service works. If your student is having difficulty articulating a learning goal, ask him or her to tell you in one sentence what he or she hopes to be able to do by the end of the practicum that he or she cannot now. Most of the time the sentence that emerges will be a great learning goal.

Planning Learning Activities
The next thing you and the student need to think about is how to accomplish the student’s goal. As the student plans the journey between his or her current skill level and the desired level of practice at the end of the rotation, you will probably see several clearly delineated steps in the learning process leading to the overall goal. What your student should do is to write down each of these steps. They will become the list of activities (the learning plan) that he or she will perform during the practicum.

Learning activities students are required to do during their APPEs include:

- practicing as a member of an interprofessional team
- identifying, evaluating, and communicating to the patient and other health care professionals the appropriateness of the patient’s specific pharmacotherapeutic agents, dosing regimens, dosage forms, routes of administration, and delivery systems
- consulting with patients regarding self-care products
- recommending prescription and nonprescription medications, dietary supplements, diet, nutrition, traditional nondrug therapies, and complementary and alternative therapies
- recommending appropriateness medication dosing utilizing practical pharmacokinetic principles
- administering medications where practical and consistent with the practice environment and where legally permitted
- identifying and reporting medication errors and adverse drug reactions
- managing the drug regimen through monitoring and assessing patient information
- providing pharmacist-delivered patient care to a diverse patient population
- providing patient education to a diverse patient population
- educating the public and health care professionals regarding medical conditions, wellness, dietary supplements, durable medical equipment, and medical and drug devices
- retrieving, evaluating, managing, and using clinical and scientific publications in the decision-making process
- accessing, evaluating, and applying information to promote optimal health care
- ensuring continuity of pharmaceutical care among health care settings
- participating in discussions and assignments regarding compliance with accreditation, legal, regulatory/legislative, and safety requirements
- participating in discussions and assignments regarding the drug approval process and the role of key organizations in public safety and standards setting
- participating in discussions and assignments concerning key health care policy matters that may affect pharmacy
- working with the technology used in pharmacy practice

Additional activities in which students should be able to participate during required community and hospital/health system advanced pharmacy practice experiences may include, as appropriate to the learning environment:
• preparing and dispensing medications
• managing systems for storage, preparation, and dispensing of medications
• allocating and using key resources and supervising pharmacy technical staff
• participating in purchasing activities
• creating a business plan to support a patient care service, including determining the need, feasibility, resources, and sources of funding
• managing the medication use system and applying the systems approach to medication safety
• participating in the pharmacy’s quality improvement program
• participating in the design, development, marketing, and reimbursement process
• for new patient services
• participating in discussions and assignments of human resources management, medication resources management, and pharmacy data management systems, including pharmacy workload and financial performance
• participating in the pharmacy’s planning process
• conducting a drug use review
• managing the use of investigational drug products
• participating in the health system’s formulary process
• participating in therapeutic protocol development
• participating in the management of medical emergencies
• performing prospective and retrospective financial and clinical outcomes analyses to support formulary recommendations and therapeutic guideline development

Additional activities in which students should be able to participate during required ambulatory care and acute/general medicine advanced pharmacy practice experiences may include, as appropriate to the learning environment:

• developing and analyzing clinical drug guidelines
• participating in the health system’s formulary process
• participating in the design, development, marketing, and reimbursement process for new patient services
• participating in discussions of human resources management, medication resources management, and pharmacy data management systems including pharmacy workload and financial performance

_Factual information._ Although quality patient care requires a good understanding of factual information, keep in mind that the purpose of the APPE is to build new practice skills. The student should relegate acquisition of new factual information to a minor role in his or her learning activities while at the practice site (although students will or should need to spend time in the evenings reading up on factual information to solidify their database). The majority of APPE learning time should be spent using the information learned in therapeutic coursework in some constructive, even innovative, manner.

**Writing Learning Objectives**

The learning objectives, unlike the goal, should be specific and measurable. Each student should aim for 3–5 measurable objectives, although there may be more if the scope of each objective is small. Use action verbs at the beginning of each learning objective, similar to the wording of action statements in the patient workup and drug information objectives listed above, to define how that skill will be measured. To assist you and your student in preparing the wording of your learning objectives, you will find on the next page a table containing categories of cognitive domains in Bloom’s Taxonomy for Cognitive Learning Objectives, as well as verbs that correlate well with each domain. Take a close look at this table if you have not seen it before. Notice how the taxonomy progresses from the lowest levels of learning (levels 1 and 2) at the top of the table to the highest levels of learning (levels 4, 5, and 6). Your student should strive to move beyond mere knowledge (i.e., listing of facts) in his or her experiential learning. Write your objec-
tives such that your student will be forced to learn at the highest levels. This will move pharmacy away from being a “list and define” to a “detect and design” profession.

As you help the student write the learning goal and potential learning objectives, keep in mind that learning entails gaining new skills. Ask your student to diagnose (i.e., articulate) his or her current skill ability and then define the level of skill he or she desires to attain. There should be a clear difference between the two. Don’t let the student choose activities that he or she already does well. In the following pages you will find a suggested goal and learning objectives for any rotation that involves patient care.

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

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

The student should plan to devote a large amount of his or her learning time to master performing this process *quickly* and *efficiently.*

*Professional communication of drug information.* Communicating drug information should and probably will occur in a majority of the students’ practicums. If realistic, the practicum should include at least one learning objective aimed at skill-building in some aspect of drug information communication. The focus of these objectives can and should vary to match the learning theme. Suggested areas for emphasis include:

- designing written patient information brochures in patient-friendly language
- composing consult notes (and other documentation) written in the chart, profile, or as letters for other health care providers; the student should practice until he/she can produce a complete consult note in 3 minutes or less.
- creating newsletter articles on general or specific health or drug topics
- producing a formalized drug literature review for a P&T committee, medication use management (MUM) report, journal club, or seminar presentation

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

PHARM 571: Advanced Pharmacy Practice Experience in Inpatient/Acute Care General Medicine

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

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

PHARM 572: Advanced Pharmacy Practice Experience in Hospital or Health-System Pharmacy

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

Learning objectives:
1. Retrieve, analyze, and interpret the scientific, professional, and lay literature to support patient care.
2. Establish professional relationships with patients, caregivers, prescribers, and other members of the interdisciplinary 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.

PHARM 573: Advanced Pharmacy Practice Experience in Ambulatory Care

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

Learning objectives:
1. Evaluate pathophysiology, clinical presentation, treatment goals, drug therapy, monitoring parameters, outcome measures, prognosis, and long-term management of common medical conditions in the ambulatory care setting.
2. Identify drug-related problems; formulate and implement patient-specific, evidence-based patient care plans, and follow up to determine patient progress.
3. Succinctly and clearly present oral and written outlines of patient work-ups.
4. Synthesize succinct, evidence-based answers to drug information questions posed by patients or health care colleagues.
5. Evaluate patient understanding of provided information about medical conditions, drug therapy, outcome goals, potential side effects (and what to do if side effects occur), and other medication-related information.
6. Demonstrate professional conduct and demeanor that is ethical and responsible displaying integrity, compassion, empathy, and respect.
PHARM 574: Advanced Pharmacy Practice Experience in Community Pharmacy
The student’s learning goal for this experience is to develop the essential skills necessary to provide patient-specific care in the community pharmacy setting.

Learning objectives:

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

PHARM 575: Advanced Pharmacy Practice Experience in Patient Care
The student’s learning goal for this experience is to develop the essential skills necessary to provide patient-specific care in the assigned care setting.

Learning objectives:

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

PHARM 576: 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.

PHARM 577: Advanced Pharmacy Practice Experience in Senior Care
The student’s learning goal for this experience is to develop the essential skills necessary to provide patient-specific care for conditions specific to patients in the senior or geriatric care setting.

Learning objectives:

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

PHARM 578: Advanced Pharmacy Practice Experience Elective
The student’s learning goal for this experience may involve patient care or learning in a non-patient care setting. Generally, one or more of the following objectives will be met:

Learning objectives:

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

<table>
<thead>
<tr>
<th>Description of rotation requirements</th>
<th>Student Completes and Date Due</th>
<th>Preceptor Completes and Date Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal and objectives <em>(required online)</em></td>
<td>Students submit online before the end of the first week of practicum</td>
<td>Preceptor submits no later than the end of the second week of each practicum (particularly important if there is evidence of a problem of any kind)</td>
</tr>
<tr>
<td>Mid-practicum evaluation <em>(required online)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Final practicum evaluation <em>(required online)</em></td>
<td></td>
<td>Preceptor submits, preferably online in conjunction with final conference with student, on the last day of each practicum, but definitely no later than five working days after the end of each practicum (except March)</td>
</tr>
<tr>
<td>Site/preceptor evaluation <em>(required online)</em></td>
<td>Students submit online just before completion of each practicum</td>
<td></td>
</tr>
<tr>
<td>Evidence of ability to provide patient care (2 patient notes) <em>(required online)</em></td>
<td>Students submit two online by the end of every direct patient care practicum</td>
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<tr>
<td>First oral seminar <em>(required online)</em></td>
<td>Students submit online seminar handout no later than 1/1/2015</td>
<td></td>
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<tr>
<td>Therapeutic skills log sheets <em>(required online)</em></td>
<td>Students submit online no later than 3/1/2015</td>
<td></td>
</tr>
<tr>
<td>Literature evaluation project <em>(required online)</em></td>
<td>Students submit online no later than 3/1/2015</td>
<td></td>
</tr>
<tr>
<td>Second oral seminar <em>(required online)</em></td>
<td>Students submit seminar handout online no later than 3/1/2015</td>
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</tbody>
</table>

Completed forms and projects are to be submitted online by the students at their practicum web pages. Students should keep a copy of each submitted form and project for their own portfolio. It would be wise for you to keep a copy of each evaluation as well, if you do not use our online service, should any questions arise.

**Forms**

Our websites to enter information may be found at:
- For preceptors: [http://oppe.pharmacy.washington.edu/PreceptorSite/PrecepHome.lasso](http://oppe.pharmacy.washington.edu/PreceptorSite/PrecepHome.lasso)
- For students: [http://oppe.pharmacy.washington.edu/PracticumSite/SiteHome.lasso](http://oppe.pharmacy.washington.edu/PracticumSite/SiteHome.lasso)

PDF versions of the evaluation forms may be found at:
- Practicum Final Evaluation Form: [http://oppe.pharmacy.washington.edu/PracticumSite/forms/APPE_Final_Eval_Form.pdf](http://oppe.pharmacy.washington.edu/PracticumSite/forms/APPE_Final_Eval_Form.pdf)
- Mid-Practicum Evaluation Form: [http://oppe.pharmacy.washington.edu/PracticumSite/forms/APPE_Mid_Eval_Form.pdf](http://oppe.pharmacy.washington.edu/PracticumSite/forms/APPE_Mid_Eval_Form.pdf)
- Evaluation of Student Presentation (given to student, not submitted to the School): [http://oppe.pharmacy.washington.edu/PracticumSite/forms/APPE_Presentation_Eval_Form.pdf](http://oppe.pharmacy.washington.edu/PracticumSite/forms/APPE_Presentation_Eval_Form.pdf)

**Preceptors:** Students are ultimately responsible for submission of their practicum “paperwork.”

You can help by submitting the online evaluations in a timely manner.

If you use the paper method, when you and the student meet to discuss the Final Evaluation be sure to work from the stated Goal and Objectives decided upon on the first day of the rotation.
Chapter 5: 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.

Tips for Teaching

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:

   “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.”

   “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.
Chapter 6: If Things Go Wrong

There is a chance you will run into a difficult situation with a student during one of the practicums 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. If you encounter any situations that seem worrisome, do not ignore them until the final week of practicum, because the student will not have adequate time to correct behaviors. Instead, please inform your student as early as possible of any deficiencies he or she may display so that he or she has a chance to correct them. The mid-practicum evaluation has been specifically designed to give you the opportunity to notify your student of any deficiencies while there is still a chance to correct them.

It might be useful to review our Student Guidelines for Professional Conduct, which may be found at oppe.pharmacy.washington.edu/PracticumSite/forms/Student_Guidelines_for_Professional_Conduct.pdf

1. **Inadequate knowledge base.** Knowledge base is a difficult thing to evaluate. The students have facts flying at them pretty fast during their year 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 the 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 this happens frequently (e.g., daily) that you should worry. At this point it is time to call me 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 rotation 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 a practicum experience, 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 (3-4 times more often per rotation), then you should inform the student that he or she is at risk of failing the practicum. On the other end of the day, leaving early is acceptable if all of the student's work is done, but not if the work is unfinished. If you choose to allow the student to leave early once weekly for a job, be certain that he or she does not neglect his or her 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.** Your student should not have any unexplained absence—this can be grounds for failure of the course. *Explained* absences are reasonable as long as you are satisfied with the explanation. ("I have to work" is *not* a reasonable excuse for absence.) As preceptor, you have the final say about time missed due to absences (i.e., don't let a student tell you, “Terri said I could…”).

Students must adhere to the practicum schedule agreed upon between the student and the preceptor at the beginning of the rotation. Students will arrive at the practicum site on time and will not leave before the agreed-upon time without first asking for permission from you. If a valid reason exists for being absent or late, the student must notify you as soon as possible.

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

You can offer students the option of making up missed time if your schedule or the schedule of the site allows for it. Additionally, students have a one-week break in their rotations every few 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:

- Does the problem really 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.

- Is the problem really 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.

- 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, with a student informing you at the start of a rotation that he or she has no interest in your learning environment. If this happens, please notify us as soon as possible. Your time and energy are too valuable to spend on a student who refuses to perform.

More frequently, you will see subtler signs of motivation lack 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 behavior you would prefer to see will be enough to help that student shake off ennui. If this doesn't work then you can inform the student that continuing to not meet expectations may result in a suboptimal evaluation at the end of the experience. If this fails to adequately motivate the student it is time to document observed behaviors that didn't meet your expectations and to call us.

**General Advice**

Regardless of the reason for the problem, you must address it verbally with your student. Listen as much as you speak. Most of the time, troubles can be discussed and a mutually agreeable solution can be reached. If this doesn't work, it's time to call us. We will ask you to describe the situation and then ask you if you've spoken to the student about it. If your answer is, “no,” then be prepared with a good reason why (there are some situations where preceptors are concerned about confronting a student). If your answer is, “yes,” and you still are unsatisfied with the situation, then we will discuss your options. The options will depend on the nature of the problem.

In general, you should make the initial effort to solve problems by direct interaction with your student as early on in the rotation as possible. Be specific and straightforward. Don't beat around the bush, but don't be rude either. Simply 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 evaluation the specific area of deficiency, describing the specific student actions and reactions that led you to think that the deficiency was not fixed. The more you can explain in writing, the more helpful it is for our office when determining what to do.