SYLLABUS
for Students and Preceptors

Introductory Pharmacy Practice Experience (IPPE) 3

SITE NAME
TABLE OF CONTENTS

Preceptor Quick Set Up Page .........................................................3

ROTATION SYLLABUS ........................................................................4

FORMS ........................................................................................................13

Site Visit Activity Checklist for IPPE Requirements ....................................................14
Sample Student Orientation Checklist ........................................................................15
GUIDELINES FOR NEW DRUG UPDATE ...............................................................16
FORMAT FOR ANSWERING DI REQUESTS ..............................................................17
Patient Case Write-Up ......................................................................................21
Student Patient Counseling Rubric for Preceptor .......................................................22
APhA PERSONAL MEDICATION RECORD FORM ................................................25
PHRM 6201 Preceptor’S FINAL COURSE EVALUATION ........................................27
Dear Preceptor:

Although we make every effort to minimize “information overload”, there’s still a lot of information here - and even more in the official PEP manual. This page is intended to quickly acclimate Preceptors, both old and new, to the PCSP experiential program.

PCSP IPPEs take place every semester; none occur during summer months. They consist of:

- one 40-hour week the first week of school in the fall (retail for P1s, hospital for P2s), or
- one 4-hour afternoon per week for 12* weeks each semester (*beginning fall 2012)

PCSP IPPE goals are specified by ACPE, and the day-to-day objectives are specifically spelled out for our Preceptors. There is no need to fret about “what am I going to do with this Student!”

---

**The “meat” of this syllabus begins on page 7 and ends on page 11.**

- Preceptor & Student primary focus should be on GOALS checklist, p. 7.
- Secondary focus are the SPECIFIC ASSIGNMENTS, which are different for each semester.
- Day-to-Day objectives are based on GOALS and are the basis for all rotation learning objectives.
- Suggestions and hints are highlighted in blue or boxed.
- Specific assignments are due at rotation’s end.
- Preceptors can customize Day-to-Day learning objectives, but should be based on GOALS.
- Mid-Point & Final Evaluations should be done face-to-face between Preceptor & Student.
- Preceptors - Remember to validate attendance and submit Student evaluations into E*Value.
- See PCSP Experiential website for updates on all rotation syllabi and other information.
Rotations Syllabus

Introductory Pharmacy Practice Experience (IPPE) 3
Spring Semester
Institutional Pharmacy

**SITE NAME**

Preceptor

**NAME**
Title  
Site Name  
Street Address  
City, State, Zip  
Telephone:  
Fax:  
Email:

Course Description
The *PHRM 6101 (fall semester) /6201(spring semester)* IPPEs for P2 Students *EACH* consists of two 5-week segments, a different institutional (hospital, long-term care, home infusion, hospice) site for each segment. For each segment, Students will spend one afternoon/morning each week at their assigned site for 4 hours per visit - to total 20 hours per site. THE Primary focus of the experience should be to address the GENERAL ASSIGNMENTS. Fall specific assignments are generally more “task” focused, while spring assignments are more “MTM” focused.

Site Description (edit as necessary)
Describe the site (as per described on site website), and (to the best of your ability) list all pharmacy related activities to which students will be exposed, and/or in which they will be allowed to participate. Also list any other pertinent information related to pharmacy student presence at the facility.

Course Learning Outcome Topics (taken from ACPE Appendix B Outcomes)
- Drug Information
- Economics / Pharmacoeconomics
- Ethics
- Extemporaneous Compounding / Parenteral / Enteral
- Medication Dispensing & Distribution Systems
- Pharmacist-Provided Care for Special Populations
- Pharmacy Law & Regulatory Affairs
- Pharmacy Practice & Pharmacist-Provided Care
- Practice Management
- Professional Communication
PC Twelve Competencies met by this Course

- Communication
- Dispensing of Pharmaceuticals
- Providing Pharmaceutical Care to Individual Patients
- Providing Pharmaceutical Care to Patient Populations
- Inter-professional Interaction and Teamwork
- Ethical and Legal Judgment
- Personal and Professional Growth
- Promotion of Health and Public Welfare

Methods of Assessment

SEE FORMS SECTION

Class Meeting Times

SEE PEP MANUAL FOR ALL IPPE & APPE SCHEDULES

Textbook

Required: NONE

Supplies

Required: PCSP LAB JACKET, PCSP NAME BADGE (SEE PEP MANUAL FOR COMPLETE IPPE/APPE LIST)

Attendance and Participation

It is the responsibility of the Student to notify both the OEE and the Preceptor of his/her absence. Any time missed during IPPEs must be made up at Preceptor discretion. Failure to do so will result in an unsatisfactory evaluation. See PCSP PEP manual for specific information.

Rotation Etiquette

SEE PEP MANUAL FOR FULL POLICY DISCLOSURES AND SPECIFICS

Professionalism is reflected in one's behavior at the experiential site. Students are expected to demonstrate the following characteristics of professional behavior:

- Reading assignments (including all course-related syllabi) should be completed by the end of Day 1.
- Students are expected to arrive at the assigned site at the scheduled time and remain until dismissed.
- Avoid any and all behavior that does not allow others to hear and learn.
- All cell phones and other electronic devices / noise-making devices should be muted, turned to vibrate, or turned OFF during rotations.
- Student participation during all experiences is expected and encouraged and instructors will gladly address Student questions during class.

Honor Code

The School of Pharmacy supports and enforces the Presbyterian College Honor System. Pharmacy Students are expected to read, understand, and abide by the tenets of the PC Blue Book. Quizzes, tests, examinations, projects, and papers to be graded should be accompanied by the pledge “On my honor, I pledge that I have neither given nor received any unacknowledged aid on this assignment” followed by the Student’s signature. Unacknowledged aid includes aid that is not allowed by the instructor. On some rotations, Students will be expected to work in small groups on certain assignments or projects. When authorized by the Preceptor, these activities are not Honor Code violations. However, the interpretation of data and the reporting of results and conclusions are, unless stated otherwise by the Preceptor, individual responsibilities.

Assignments and Grading Policy

Grading Scale:  
60-100%  Pass (S)  
<60%  Fail (U)  
(Grading scale approved by faculty)
<table>
<thead>
<tr>
<th>Week</th>
<th>Dates</th>
<th>Topic</th>
<th>Instructor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Tuesday, 01/24</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Thursday, 01/26</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Friday, 01/28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Tuesday, 01/31</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Thursday, 02/2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Friday, 02/03</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Tuesday, 02/07</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Thursday, 02/09</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Friday, 02/10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Tuesday, 02/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Thursday, 02/16</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Friday, 02/17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Tuesday, 02/21</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Thursday, 02/23</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Friday, 02/24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Tuesday, 02/28</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Thursday, 03/01</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Friday, 03/02</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SPRING BREAK MARCH 5 – 9.......NO IPPES THIS WEEK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Tuesday, 03/13</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Thursday, 03/15</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Friday, 03/16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Tuesday, 03/20</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Thursday, 03/22</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Friday, 03/23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Tuesday, 03/27</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Thursday, 03/29</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Friday, 03/30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Tuesday, 04/03</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Thursday, 04/05</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Friday, 04/06</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This topical outline will be followed as closely as possible throughout the semester for all P2 IPPE Students who attend this rotation site; however, the Preceptor(s) reserve the right to adjust the course schedule (within the time confines of the academic calendar and with notification of Office of Experiential Education) as he/she deems necessary.
GOALS
As per ACPE Guidelines (Appendix C), the primary goal will be to expose Students to and allow participation in activities such as, but not limited to:

- processing and dispensing new/refill medication orders
- conducting patient interviews to obtain patient information
- creating patient profiles using information obtained
- responding to drug information inquiries
- interacting with other health care professionals
- participating in educational offerings designed to benefit the health of the general public
- interpreting and evaluating patient information
- triaging and assessing the need for treatment or referral, including referral for a patient seeking pharmacist-guided self-care
- identifying patient-specific factors that affect health, pharmacotherapy, and/or disease state management
- assessing patient health literacy and compliance yes, especially compliance
- performing calculations required to compound, dispense, and administer medications
- administering medications (IF possible, or can shadow nursing during med pass)
- evaluating appropriateness of medication dosing utilizing basic dosing principles
- providing point-of-care and patient-centered services
- conducting physical assessments
- preparing and compounding extemporaneous preparations and sterile products
- communicating with patients and other health care providers
- interacting with pharmacy technicians in the delivery of pharmacy services
- documenting interventions in patient records in a concise, organized format that allows readers to have a clear understanding of the context

**Preceptors:** Use as a checklist to prioritize, identify and track Student involvement for each activity to the best of your ability. Those activities not applicable to your site or not covered during the experience can be prioritized for subsequent rotations.

- presenting patient cases in an organized format covering pertinent information
- billing third parties for pharmacy services

**SPECIFIC ASSIGNMENTS**

| Specific Assignments: (1) New Drug Update |
| Fall 5-week segment (5) Drug Information (DI) Requests |
| Specific Assignments: (1) Patient Case Study |
| Spring 5-week segment (2) Patient Medication Reconciliation (MedRec) encounters |
SPECIFIC ASSIGNMENTS: OVERVIEW & INSTRUCTIONS

Preceptors are asked to facilitate Student learning by: approving patient or drug topic assignments chosen by their Students; making themselves available to address Student inquiries pertaining to their assignments; assuring that the Students have time and space access to areas conducive to working on their assignments; and by insuring that the Students utilize the approved format to complete all assignments. Remember, the overall rotation focus is the GOALS checklist; Students are not to complete their assignments on site (unless directed to do so by the Preceptor). Students should use every opportunity to maximize completion of day-to-day objectives based on the checklist, and should use the site as a means to collect information needed to complete their assignments.

NEW DRUG UPDATES
During any and all IPPE segments, Students should be expected to provide new drug updates as requested or required by the Preceptor. Research for the drug update should only occur outside of the site. Although the Student should present to the Preceptor a minimum of one new drug update during each segment (if its a specific assignment), the actual number is determined by the Preceptor – the purpose here being to demonstrate real-world workload unpredictability. ONE update should be formatted as instructed by the OEE and electronically submitted in MyFolio via the E*Value base. The Preceptor will grade the write-up.

DRUG INFORMATION REQUESTS
During the P2 Fall semester institutional IPPEs, Students are to write up (2) Drug Information (DI) requests for each 5-week segment. The two forms are automatically generated within the CourseWork® database for Students to complete. Once they are graded, they are automatically archived within the system. Should the Student not be able to obtain (2) actual requests during the time at the site, the Student should provide recommendations to the Preceptor for approval prior to write-up. Regardless – all DI requests should be submitted to the Preceptor for approval.

MEDICATION RECONCILIATION
During P2 Spring semester institutional IPPEs, for each 5-week segment, Students with input from their Preceptor will participate in a minimum of THREE “real” face-to-face medication reconciliation patient encounters; encounters which are both applicable to and feasible in the rotation setting. The assignment objective is for the student to, by the completion of the IPPE segment, demonstrate the ability to Student’s participation in these encounters - with pharmacy and/or nursing personnel, can occur at admission, during inpatient stay, or during discharge planning. Should the site not already have an operational procedure in place for this activity, OR if enough live encounters are possible, then the Student (being proactive) should meet with their Preceptor and simulate such discussions utilizing the My Medication Record form (see Forms section) in the completion of this assignment.
Preceptors should insure that patients with multiple medication regimens are chosen for this assignment. This assignment will be a component (up to 15%) of the Preceptor’s final Student evaluation, with a focus on thoroughness of effort and quality/quality of patient encounters – real or simulated. Students are not required to submit/upload their “Med Rec” patient encounters into E*Value or MyFolio.

PATIENT CASE WRITE-UP
During P2 Spring semester institutional IPPEs, for each 5-week segment, Students will demonstrate their ability to write up a patient case.* The assignment objective is for the student to, by the end of the assignment discussion, demonstrate the ability to list the aspects of a case write-up and to analyze the contents of each aspect. The write-up should include: Problem List; Student’s Assessment of the problem list; Student’s Plan to address the problem list; and Student’s Monitoring parameters for the plan. The Preceptor may choose the patient directly (give actual de-identified PMH for Student to use for write up) or preferably, direct the Student to do so on their own (Student has access to patient chart). Please note that the disease state(s) in question must be one covered in the MTM lecture sequence (respiratory and/or renal disease only, at this point). Students will upload write-ups into MyFolio, and also present their completed case to their Preceptor (oral or written, as per Preceptor preference). Once the write-up is complete, Student should meet with Preceptor to discuss the case, offering rationale for their decisions made in all 4 aspects of the case. Preceptors should provide guidance and feedback as needed or requested during the write-up. Preceptors will grade the presentation/write-up using the rubric in the forms section of this syllabus. Students are not required to submit/upload their “Med Rec” patient encounters into E*Value or MyFolio.

Preceptor: Although the grade for this assignment will not be a component of your Student evaluation, thoroughness and quality of effort made by the Student in the completion of this assignment should be considered in the final Student evaluation. The summative goal being to help Students apply information they’ve learned in lecture in a real world setting.

*Write up is NOT required to be in SOAP notes format as SOAP notes write-up implies a direct patient interview.

All assignments and objectives completion are due at the end of the experience.
LEARNING OBJECTIVES

Day 1, Week 1 – ORIENTATION

Day 1 learning objectives: Students should on first day:
1. Meet with HR (if required) and Preceptor to discuss expectations for rotation
   a. Specific assignments due Week 5
   b. Preceptor & Student E*Value responsibilities (attendance entry/validation, mid-point & final evaluations)
2. Complete a tour of pharmacy
   a. location of medications, supplies, references, and other areas of importance
3. Be introduced to department staff
   a. health care team members, including Social Workers, Dietitians, Nurses, Administrators, Billing staff, etc.
4. Receive introduction to department/office day-to-day workflow
   a. receiving & screening medication orders
   b. order entry processing, dispensing, delivery, etc.
5. Complete media-fill test (if prerequisite for allowing active Student participation in sterile prep)

Preceptor
- note Student’s prior experiences, then address accordingly the general assignments.
- conduct mid-point evaluation at 3rd visit
- conduct final evaluation on last day

Student
- assist Preceptor regarding E*Value (know how to conduct attendance validation & Student evaluations)
- insure evaluations are done in person – with Preceptor (preferable) or his/her designee.
- conduct site/Preceptor evaluation on last day

Each week Students will meet with their Preceptor or his/her designee to review Student expectations and the agenda for that day. At the end of each day, it is suggested that the Student be required to take a short (oral or written) quiz related to that day’s activities (3-5 questions) and to review their observations and findings. This is the time for Students to ask questions about what they saw and to share their areas of interest.

Day 2, Week 2
If multiple Students are assigned to facility, the Preceptor is asked to divide Students and assign to different pharmacy areas within facility to complete subsequent general and specific assignments; they can subsequently rotate in a manner that insures equal exposure for all Students

IV Room (TPN/sterile prep)*
Pharmacokinetics
Cart fill (tech fill & pharmacist check)
Compounding & Prepackaging
Simulated Order Entry
Accudose / Pyxis restocking
Other satellite area observation
- OR Pharmacy
- Cancer Center
- Satellite pharmacy/pharmacists
- Dietary
- Admissions/Discharge areas

Meetings
- P&T Committee
- Medication Safety (ISMP)
- CPOE (iOrder)
- Insulin Committee
- Cancer Center meeting (research, clinical trials)
- CLBSI (central line related blood stream infections)
- Stroke Team (TPA, etc.)
- Strategic Planning (PCSP faculty, etc.)

PHRM 6101 - Observe IV prep
PHRM 6201 - Participate as allowed by Preceptor
**Day 2 learning objectives: Students should by end of Day 6:**

1. Identify all applicable legal standards and state pharmacy (BOP/LLR) law requirements for valid medication order/prescription orders. Compare/contrast to those in community retail.
   a. written, faxed, oral, scanned, electronic
   b. controlled substances
   c. site policy for approved versus unapproved abbreviations
   d. what medication records required for filing, and for how long
2. Demonstrate proficiency in HIPAA compliance while conducting all activities.
3. Differentiate roles and responsibilities of all department/pharmacy/staff members.
4. Interact with pharmacy technicians in the delivery of pharmacy services.
5. List the names and describe the roles of 4 agencies having federal/state/local oversight over facility activities.
   a. SC Board of Pharmacy / LLR (remote order entry, meds in facility-owned physician offices, etc.)
   b. DEA (what forms required for scheduled drug procurement/dispensing; why medical residents lack individual DEA#, etc.)
   c. JCOAH (what are they looking for from a pharmacist’s perspective?)
   d. CMS (what regulations should concern pharmacy?)
e. to the medication distribution system. Student should comprehend how legend prescriptions are processed from receipt to dispensing.

At the end of Day 6 for each site, (optional, but suggested) the Student should be required to take a final quiz (10 questions) related to processes they observed over the 6 weeks and/or give a short presentation (20-30 minutes) on a topic of their choice. The topic should have been reviewed and approved by the Preceptor by week 2.

**Day 3, Week 3**

**Day 3 learning objectives: Students should by end of Day 6:**

1. Examine department/office medication purchasing and inventory management strategies.
2. Review medication formulary and department policy and procedures for facility-wide medication redistribution.
   a. P&T Committee cost analysis procedure
   b. medication outdates, returns, recalls
3. With Preceptor or delegated (i.e. Technician) supervision, practice preparing and dispensing new and refill medication orders.
   a. pre-packaging
   b. cart fill
   c. auto-dispensers, Accudose®/Pyxis®/Omnicell® auto-dispensing med-stations, robots
4. Examine emergency crash cart/box and/or floor stock procedures.
   a. Does pharmacy personnel participate in Codes? Differentiate types of codes?
5. Discuss MID-POINT EVALUATION of your progress with Preceptor. Preceptor to submit evaluation via the E*Value database.

**Day 4, Week 4**

**Day 4 learning objectives: Students should by end of Day 6:**

1. Discuss specifics of a USP 797 compliant clean room.
   a. What was impetus for USP 797? Is facility compliant? Why or why not?
2. Apply aseptic technique training in sterile products preparation - at Preceptor’s discretion.
   a. Discuss techniques with Preceptor regarding TPN and injectable chemotherapy preparation.
3. Consistently identify opportunities for regular participation in patient interviews throughout course of IPPE.
   a. Patient admissions, discharge planning, etc.
**Day 5, week 5**

*Day 5 learning objectives: Students should by end of Day 6:*

1. Demonstrate steps for computer order/data entry
   a. Practice supervised order entry as permitted
   b. Review medication orders
      i. Clinical review of patient profile (allergies, etc.)
      ii. Correct drug, dose, indication, necessary calculations, administration route
      iii. Incorporation and use of clinical pharmacology / online references
      iv. Adverse event monitoring and reporting
   c. Compare and contrast merits of CPOE versus pharmacist/technician order entry
   d. EMARs versus hardcopy MARs
2. Identify 5 opportunities for active participation in responding to drug information inquiries
3. Demonstrate ability to complete 3 medication reconciliation tasks
   a. Be proactive. If pharmacy not directly involved, investigate possibility of working with nursing
   b. Activity interaction should directly involve actual patients if at all possible
3. Make preparations for completion of SOAP notes assignment and any other assignments given by Preceptor.
   a. Quiz questions, presentation
4. Compose Student reflection entry for E*Value MyFolio

**Day 6, week 6**

*Day 6 learning objectives: Students should by end of Day 6:*

1. Review any previous topics yet to be addressed
   a. Be proactive regarding completion of these objectives
2. Describe 5 opportunities where Student interacted with other health care team members
3. Meet with pharmacy director/department head at least on one occasion if at all possible to discuss overall department performance improvement issues - for example:
   a. JCAHO standards and particulars from their last inspection
   b. National Patient Safety Goals (NPSG)
   c. Facility policy for RCRA mandate for handling P-list pharmaceuticals &
   d. Medication safety strategy
   e. Medication Errors / ADR discovery and statistical tracking
   f. Electronic Quality Variance Reporting (eQVR)
4. Present all completed projects and assignments to Preceptor.
   a. HONOR CODE language
5. Discuss FINAL EVALUATION of your progress with Preceptor.
   a. Preceptor to submit evaluation via the E*Value database.
   b. Student will complete evaluation of Site and Preceptor via E*Value.
   c. Final grade status should be assigned and disclosed to Student prior to Student departure. Preceptor and Student should both conclude rotation having had all questions addressed to their satisfaction.

Preceptors will validate the Student’s Record of Attendance and Evaluation Form at the end of each rotation (Day 6) in the E*Value database – accessible via [http://pharmacy.presby.edu/experiential-education/Preceptors/](http://pharmacy.presby.edu/experiential-education/Preceptors/) web link.

This process as a whole is intended to be enjoyable, exciting and educational for both Student and Preceptor.
Remember that the overriding goal is to show the various distributive and clinical aspects of institutional pharmacy practice and illustrate its viability as a professional career option.
Preceptor NOTES
(efficiency adjustments & improvement suggestions to fine-tune & standardize your Students’ experiences).
Site Visit Activity Checklist for IPPE Requirements

Students should use this form to track their activities throughout ALL of their IPPEs. Preceptors should use this form as a baseline knowledge assessment tool for new Students.

Introductory Pharmacy Practice Experiences (IPPEs)

- processing and dispensing new/refill medication orders
- conducting patient interviews to obtain patient information
- creating patient profiles using information obtained
- responding to drug information inquiries
- interacting with other health care professionals
- participating in educational offerings designed to benefit the health of the general public
- interpreting and evaluating patient information
- triaging and assessing the need for treatment or referral, including referral for a patient seeking pharmacist-guided self-care
- identifying patient-specific factors that affect health, pharmacotherapy, and/or disease state management
- assessing patient health literacy and compliance
- performing calculations required to compound, dispense, and administer medications
- administering medications
- evaluating appropriateness of medication dosing utilizing basic dosing principles
- providing point-of-care and patient-centered services
- conducting physical assessments
- preparing and compounding extemporaneous preparations and sterile products
- communicating with patients and other health care providers
- interacting with pharmacy technicians in the delivery of pharmacy services
- documenting interventions in patient records in a concise, organized format that allows readers to have a clear understanding of the content
- presenting patient cases in an organized format covering pertinent information
- billing third parties for pharmacy services
Sample Student Orientation Checklist

**General**
- ___ Parking
- ___ Name badges and lab coats required
- ___ Entry codes for doors
- ___ Pharmacy hours of operation
- ___ Patient confidentiality (HIPAA)

**Tour of pharmacy / facility**
- ___ Location of drugs/samples/prescription/forms
- ___ Introduction to staff
- ___ Where to put personal belongings
- ___ Food rules/breaks
- ___ Proper hygiene in pharmacy
- ___ Computer system
- ___ Bathrooms
- ___ Fax machine
- ___ Chart rules

**Meeting with Preceptor**
- ___ Review Student folio / checklist
- ___ Schedule, assignments and deadlines
- ___ Importance of patient confidentiality
- ___ How to use SOAP forms
- ___ Journal clubs
- ___ Disease state presentations
- ___ SOAP presentations
- ___ Drug table responsibilities
- ___ Student case presentations
- ___ Penalties for late assignments
- ___ Other projects
- ___ Exit exam
- ___ Grading
- ___ Midpoint and Final evaluations
GUIDELINES FOR NEW DRUG UPDATE

The purpose of the new drug review utilizing the STEPS method is to familiarize Students with new drug therapy or new indications for drug therapy. The STEPS method utilizes the Student’s ability to compare the new drug or indication to currently marketed products in order to decide its place in therapy. STEPS is a process derived from American Family Physician, a peer-reviewed journal of the American Academy of Family Physicians. \( S=S\text{afety}, T=T\text{olerability}, E=E\text{ffectiveness}, P=P\text{rice}, S=S\text{implicity}. \)

Each presentation should include the following:

☑ An overview of the drug, approval date from the FDA, approved indications, available dosage forms, and typical dose used

☑ Safety—any black box warnings, any reported adverse reactions during postmarketing surveillance, contraindications or precautions/warnings to therapy

☑ Tolerability—most common side effects noted in trials; comparison to other agents ADR in trials

☑ Effectiveness—success rates for approved indications; compare to other marketed drugs for indications

☑ Price—per pill, dose, regimen, etc; also include competitor pricing for marketed drugs

☑ Simplicity—how many times per day patient takes medication; any regard to food; special dosing instructions; dosage adjustments needed

☑ Bottom Line—would Student routinely recommend this drug over previously marketed agents and why

☑ References used
FORMAT FOR ANSWERING DI REQUESTS

RECEIVE REQUEST

Obtain Background Information

SUBMIT FINDINGS FOR Preceptor APPROVAL

Research Requested Information

ANTICIPATE SECONDARY QUESTIONS

Thoroughly document response using appropriate form

CHECK WITH Preceptor

Deliver response to requestor

RELAY OUTCOME TO Preceptor
PROCEDURE FOR ANSWERING DI REQUESTS

A. Receive Request
   1. Note date and time on Data Sheet
   2. Identify yourself appropriately (if phone request), listen to request, and document phone number of caller immediately should you be disconnected for unknown reason

B. Obtain additional information including:
   1. Name
   2. Address
   3. Telephone number
   4. Profession
   5. Department or institution of the caller
   6. Additional patient or general information
   7. Other background information
   8. Sources previously reviewed by caller, if any
   9. When is answer needed?

C. Check with Preceptor
   1. Present question to Preceptor
   2. Discuss plans for research of question
   3. If phone request, return promptly to the caller and give expected time for completion of request, or inform caller that you will return their call should this step take more than a few minutes

D. Obtain available drug information
   1. Systematically pursue available information
   2. Sort pertinent information as you investigate the question

E. Anticipate secondary questions
   1. Review answer obtained and identify other potential questions that may be asked once your response is given
   2. Be prepared to answer these secondary questions before you check with the Preceptor

F. Formulate a complete answer and check with Preceptor
   1. Document your answer thoroughly on the Data Sheet
   2. Review request, content of response, and presentation of answer

G. Consult with requestor
   1. Identify yourself to the requestor (if request was by phone)
   2. Clearly explain the answer
   3. Make sure requestor understands the answer
   4. Ask if there are any other informational needs of requestor
   4. Thank requestor for calling

DRUG INFORMATION (DI) REQUEST/RESPONSE FORM

Site Drug Information Service
/ Department of Pharmacy Service

Date: / / 

Time: ___ : ___
(use military time)

DEMOGRAPHIC DATA
Requestor ____________________________ Dept/Affiliation ____________________________
Phone/Pager ____________________________ Location/City ____________________________

Profession: ___ Physician ___ Nurse ___ PA/NP ___ Student
___ Pharmacist ___ Dentist ___ Other: __________________

INITIAL QUESTION:
________________________________________
________________________________________

BACKGROUND INFORMATION: (age, gender, weight, disease states, medications, lab values, allergies, etc.) Use back of page if needed.

ULTIMATE QUESTION:
________________________________________
________________________________________

CLASSIFICATION: (check only one category)
___ Availability (strength, manufacturer, formulary) ___ Compatability / Stability / Administration (rate/method)
___ Identification ___ Drug Interactions (drug, lab, disease, food)
___ General Product Information / P&T ___ Pharmaceutics (compounding, formulations)
___ Cost ___ Dosage Regimen Recommendations
___ Foreign / Investigational ___ Adverse Effects
___ Pharmacokinetics ___ Teratogenicity
___ Therapy Evaluation / Drug of Choice ___ Other:
___ Poisoning / Toxicology
___ Lactation / Infant Risks

19
SEARCH STRATEGY: (indicate resource and utility [+/-])

Analysis/Synthesis

Response/Recommendations

Responder: ____________________________

Written response: Y N Date: ___ /___ /___

Time: ____ : ____ Time Spent: < 5 5-30 30-60 60 (circle minutes)

FOLLOW-UP INFORMATION: (also note attempts to contact, messages left)
**Patient Case Write-Up**

**Pharmacy Care Plan**

*Preceptors should use this rubric for feedback and evaluation of specific Patient Case Student assignment.*

<table>
<thead>
<tr>
<th>Health Care Problem</th>
<th>Priority</th>
<th>Therapeutic Goals</th>
<th>Recommendations for Therapy</th>
<th>Monitoring Parameters and Endpoints</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Student Pharmacist __________________________**

**Patient ________________________**

A. List all health care problems that need to be addressed in this patient using the table below.

B. Prioritize the problem by indicating the appropriate number in the ‘Priority’ column below:

1 = Most urgent problem (there can only be one most urgent problem)
2 = Other problems that must be addressed immediately or during this clinical encounter OR
3 = Problems that can be addressed later (ie. A week or more later)

*Please note: there should be only a ‘1’, ‘2’, or ‘3’ listed in the priority column. ‘1’ should only be used once.*
### Thinking and Decision Making

1. Provides accurate information

<table>
<thead>
<tr>
<th>UNACCEPTABLE (U)</th>
<th>COMPETENT (C)</th>
<th>OUTSTANDING (O)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most information is wrong or missing, OR information is harmful to the patient.</td>
<td>Partial or incorrect information is given. Any stated inaccuracies are not harmful to the patient.</td>
<td>The information is mostly accurate ((\leq 1) piece of information inaccurate, AND any inaccuracies are NOT harmful.)</td>
</tr>
</tbody>
</table>

2. **NEW PRESCRIPTION ORDER ONLY**: Conveys complete information to patient/

<table>
<thead>
<tr>
<th>UNACCEPTABLE (U)</th>
<th>COMPETENT (C)</th>
<th>OUTSTANDING (O)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pertinent information must be conveyed:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For new AND refill medication:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ 1. Drug name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ 2. Directions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ 3. Indication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New medication:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ 4. Potential ADRs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ 5. Missed dose instructions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ 6. Refills allowed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ 7. Storage recommendations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“As needed” Criteria (only discuss if needed based on medication and patient knowledge)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ 1. Administration technique as appropriate (food, alcohol, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ 2. Special instructions as needed (labs need, sun sensitivity, non-pharmacologic recommendations, etc.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:
# Student Patient Counseling Rubric for Preceptor

**Student** ___________________________ **P2 / P3** (circle one)  **Date** _______________ **Patient Code** __________

## Communication

### 1. Introduction

<table>
<thead>
<tr>
<th>UNACCEPTABLE (U)</th>
<th>COMPETENT (C)</th>
<th>OUTSTANDING (O)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does 1 of the following:</td>
<td>Does 2-3 of the following:</td>
<td>Does ALL of the following:</td>
</tr>
<tr>
<td>1. Introduced self to patient.</td>
<td>1. Introduced self to patient;</td>
<td>1. Introduced self to patient;</td>
</tr>
<tr>
<td>2. Addressed patient properly (i.e. Mr./Mrs.)</td>
<td>2. Addressed patient properly (i.e. Mr./Mrs.)</td>
<td>2. Addressed patient properly (i.e. Mr./Mrs.)</td>
</tr>
</tbody>
</table>

### 2. Verbal

<table>
<thead>
<tr>
<th>UNACCEPTABLE (U)</th>
<th>COMPETENT (C)</th>
<th>OUTSTANDING (O)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does &lt;2 of the following–</td>
<td>Does 3 or 4 of the following–</td>
<td>Does all of the following–</td>
</tr>
<tr>
<td>1. Applied appropriate counseling technique;</td>
<td>1. Applied appropriate counseling technique;</td>
<td>1. Applied appropriate counseling technique;</td>
</tr>
<tr>
<td>2. Used open ended questions first and closed ended questions as needed/as appropriate;</td>
<td>2. Used open ended questions first and closed ended questions as needed/as appropriate;</td>
<td>2. Used open ended questions first and closed ended questions as needed/as appropriate;</td>
</tr>
<tr>
<td>3. Used language appropriate to patient's level of understanding;</td>
<td>3. Used language appropriate to patient's level of understanding;</td>
<td>3. Used language appropriate to patient's level of understanding;</td>
</tr>
<tr>
<td>4. Avoided leading or biased questions;</td>
<td>4. Avoided leading or biased questions;</td>
<td>4. Avoided leading or biased questions;</td>
</tr>
<tr>
<td>5. Avoided duplication of questioning</td>
<td>5. Avoided duplication</td>
<td>5. Avoided duplication</td>
</tr>
</tbody>
</table>

### 3. Closure

<table>
<thead>
<tr>
<th>UNACCEPTABLE (U)</th>
<th>COMPETENT (C)</th>
<th>OUTSTANDING (O)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does 1 of the following–</td>
<td>Does 2 of the following–</td>
<td>Does all of the following–</td>
</tr>
<tr>
<td>1. Summarized, allowing for corrections;</td>
<td>1. Summarized, allowing for corrections;</td>
<td>1. Summarized, allowing for corrections;</td>
</tr>
<tr>
<td>2. Asked patient if they had any questions;</td>
<td>2. Asked patient if they had any questions;</td>
<td>2. Asked patient if they had any questions;</td>
</tr>
<tr>
<td>3. Assured patient of opportunity to receive ongoing information after</td>
<td>3. Assured patient of opportunity to receive ongoing information after</td>
<td>3. Assured patient of opportunity to receive ongoing information after</td>
</tr>
<tr>
<td></td>
<td>counseling session</td>
<td>counseling session</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Student Patient Counseling Rubric for Preceptor

#### Communication (continued)

<table>
<thead>
<tr>
<th>UNACCEPTABLE (U)</th>
<th>COMPETENT (C)</th>
<th>OUTSTANDING (O)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does &lt;3 of the following--</td>
<td>Does 4-6 of the following--</td>
<td>Does all of the following--</td>
</tr>
<tr>
<td>1. Based on the Student’s posture and body language, appears comfortable and confident;</td>
<td>1. Based on the Student’s posture and body language, appears comfortable and confident; 2. Professional demeanor; 3. Avoided annoying habits; 4. Used appropriate eye-contact; 5. Maintained appropriate distance between self and patient; 6. Voice quality and tone is appropriate; 7. Pace of speech is appropriate</td>
<td>1. Based on the Student’s posture and body language, appears comfortable and confident; 2. Professional demeanor; 3. Avoided annoying habits; 4. Used appropriate eye-contact; 5. Maintained appropriate distance between self and patient; 6. Voice quality and tone is appropriate; 7. Pace of speech is appropriate</td>
</tr>
<tr>
<td>2. Professional demeanor;</td>
<td>2. Professional demeanor; 3. Avoided annoying habits; 4. Used appropriate eye-contact; 5. Maintained appropriate distance between self and patient; 6. Voice quality and tone is appropriate; 7. Pace of speech is appropriate</td>
<td>2. Professional demeanor; 3. Avoided annoying habits; 4. Used appropriate eye-contact; 5. Maintained appropriate distance between self and patient; 6. Voice quality and tone is appropriate; 7. Pace of speech is appropriate</td>
</tr>
<tr>
<td>3. Avoided annoying habits;</td>
<td>3. Avoided annoying habits; 4. Used appropriate eye-contact; 5. Maintained appropriate distance between self and patient; 6. Voice quality and tone is appropriate; 7. Pace of speech is appropriate</td>
<td>3. Avoided annoying habits; 4. Used appropriate eye-contact; 5. Maintained appropriate distance between self and patient; 6. Voice quality and tone is appropriate; 7. Pace of speech is appropriate</td>
</tr>
<tr>
<td>4. Used appropriate eye-contact;</td>
<td>4. Used appropriate eye-contact; 5. Maintained appropriate distance between self and patient; 6. Voice quality and tone is appropriate; 7. Pace of speech is appropriate</td>
<td>4. Used appropriate eye-contact; 5. Maintained appropriate distance between self and patient; 6. Voice quality and tone is appropriate; 7. Pace of speech is appropriate</td>
</tr>
<tr>
<td>5. Maintained appropriate distance between self and patient;</td>
<td>5. Maintained appropriate distance between self and patient; 6. Voice quality and tone is appropriate; 7. Pace of speech is appropriate</td>
<td>5. Maintained appropriate distance between self and patient; 6. Voice quality and tone is appropriate; 7. Pace of speech is appropriate</td>
</tr>
<tr>
<td>6. Voice quality and tone is appropriate</td>
<td>6. Voice quality and tone is appropriate</td>
<td>6. Voice quality and tone is appropriate</td>
</tr>
<tr>
<td>7. Pace of speech is appropriate</td>
<td>7. Pace of speech is appropriate</td>
<td>7. Pace of speech is appropriate</td>
</tr>
</tbody>
</table>

#### 5. Relationship Building

<table>
<thead>
<tr>
<th>UNACCEPTABLE (U)</th>
<th>COMPETENT (C)</th>
<th>OUTSTANDING (O)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does 1 of the following--</td>
<td>Does 2-3 of the following--</td>
<td>Does all of the following--</td>
</tr>
<tr>
<td>1. Exhibited empathy as necessary; 2. Gave evidence of attentive listening and interest in patient; 3. Refrained from unnecessary arousing patient anxiety; 4. Refrained from being too reassuring</td>
<td>1. Exhibited empathy as necessary; 2. Gave evidence of attentive listening and interest in patient; 3. Refrained from unnecessary arousing patient anxiety; 4. Refrained from being too reassuring</td>
<td>1. Exhibited empathy as necessary; 2. Gave evidence of attentive listening and interest in patient; 3. Refrained from unnecessary arousing patient anxiety; 4. Refrained from being too reassuring</td>
</tr>
<tr>
<td>2. Gave evidence of attentive listening and interest in patient;</td>
<td>2. Gave evidence of attentive listening and interest in patient; 3. Refrained from unnecessary arousing patient anxiety; 4. Refrained from being too reassuring</td>
<td>2. Gave evidence of attentive listening and interest in patient; 3. Refrained from unnecessary arousing patient anxiety; 4. Refrained from being too reassuring</td>
</tr>
<tr>
<td>3. Refrained from unnecessary arousing patient anxiety;</td>
<td>3. Refrained from unnecessary arousing patient anxiety; 4. Refrained from being too reassuring</td>
<td>3. Refrained from unnecessary arousing patient anxiety; 4. Refrained from being too reassuring</td>
</tr>
<tr>
<td>4. Refrained from being too reassuring</td>
<td>4. Refrained from being too reassuring</td>
<td>4. Refrained from being too reassuring</td>
</tr>
</tbody>
</table>

#### 6. Structure / Format

<table>
<thead>
<tr>
<th>UNACCEPTABLE (U)</th>
<th>COMPETENT (C)</th>
<th>OUTSTANDING (O)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does none of the following--</td>
<td>Does 1-2 of the following--</td>
<td>Does all of the following--</td>
</tr>
<tr>
<td>1. Transitions were smooth; 3. Sequenced questions well; 4. Asked questions in flexible way yet</td>
<td>1. Transitions were smooth; 3. Sequenced questions well; 4. Asked questions in flexible way</td>
<td>1. Transitions were smooth; 3. Sequenced questions well; 4. Asked questions in flexible way</td>
</tr>
<tr>
<td>2. Transitions were smooth; 3. Sequenced questions well; 4. Asked questions in flexible way yet</td>
<td>2. Transitions were smooth; 3. Sequenced questions well; 4. Asked questions in flexible way</td>
<td>2. Transitions were smooth; 3. Sequenced questions well; 4. Asked questions in flexible way</td>
</tr>
</tbody>
</table>

Comments:
Appendix C. Sample Personal Medication Record

Patients, professionals, payers, and health information technology system vendors are encouraged to develop a format that meets individual needs, collecting elements such as those in the sample personal medication record (PMR).

(Note: Sample PMR is two pages or one page front and back)

APhA and the NACDS Foundation encourage the use of this document in a manner and form that serves the individual needs of practitioners. All reproductions, including modified forms, should include the following statement: “This form is based on forms developed by the American Pharmacists Association and the National Association of Chain Drug Stores Foundation. Reproduced with permission from APhA and NACDS Foundation.”
**MY MEDICATION RECORD**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Birth date:</th>
<th>Phone:</th>
</tr>
</thead>
</table>

Always carry your medication record with you and show it to all your doctors, pharmacists and other healthcare providers.

**Emergency Contact Information**

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

**Primary Care Provider**

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

**Pharmacy/Pharmacist**

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

**Allergies**

<table>
<thead>
<tr>
<th>What allergies do I have? (Medication, food, other)</th>
<th>What happened when I had an allergy or reaction?</th>
</tr>
</thead>
</table>

**Other Medicine Problems**

<table>
<thead>
<tr>
<th>Name of medicine that caused problem</th>
<th>What was the problem I had with the medicine?</th>
</tr>
</thead>
</table>

When you are prescribed a new drug, ask your doctor or pharmacist:

- What am I taking?
- What is it for?
- When do I take it?
- Are there any side effects?
- Are there any special instructions?
- What if I miss a dose?

**Notes:**

<table>
<thead>
<tr>
<th>Patient's Signature</th>
<th>Healthcare Provider's Signature</th>
</tr>
</thead>
</table>

APhA and the NACDS Foundation encourage the use of this document in a manner and form that serves the individual needs of practitioners. All reproductions, including modified forms, should include the following statement: "This form is based on forms developed by the American Pharmacists Association and the National Association of Chain Drug Stores Foundation. Reproduced with permission from APhA and NACDS Foundation."
**Goal 1:** The Student demonstrates an acceptable level of professional maturity. *(15% of final grade)*

**Evidence of Performance**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>5.0</td>
</tr>
</tbody>
</table>

**Relationships with Members of the Healthcare Team**

<table>
<thead>
<tr>
<th>Speaks and acts on requests only; often refuses to participate</th>
<th>Limited self-motivation, But completes work if directed by Preceptor</th>
<th>Establishes adequate relationships; participates if directed</th>
<th>Establishes good relationships; actively participates; team player</th>
<th>Establishes working relationships and proactively participates as an integral member; appropriately assertive</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>5.0</td>
</tr>
</tbody>
</table>

**Goal 1 Comments**

---

**Goal 2:** The Student demonstrates an appropriate initiative regarding clerkship activities. *(15% of final grade)*

**Motivation**

<table>
<thead>
<tr>
<th>Speaks and acts on requests only; often refuses to participate</th>
<th>Limited self-motivation, But completes work if directed by Preceptor</th>
<th>Generally motivated; appropriate time management skills</th>
<th>Works and makes decisions independently, discusses ideas and/or plan with Preceptor</th>
<th>Consistently initiates activities; uses spare time wisely; Asks thoughtful questions; inquisitive/eager to learn</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>5.0</td>
</tr>
</tbody>
</table>

**Responsibility**

<table>
<thead>
<tr>
<th>Avoids responsibility; avoids tasks; ignores obvious issues</th>
<th>Assumes responsibility for selected issues; does not examine issues carefully</th>
<th>Appropriately assumes responsibility; most often examines issues carefully</th>
<th>Appropriately assumes responsibility; examines issue carefully; asks for help when necessary</th>
<th>Assists when needed without being asked; aware of limitations; takes responsibility for self-learning; consistently examines issues carefully</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>5.0</td>
</tr>
</tbody>
</table>

**Goal 2 Comments:**

---
Goal 3: The Student is reliable and conscientious with respect to clerkship responsibilities. (15% of final grade)

**Evidence of Performance**

<table>
<thead>
<tr>
<th>Goal 3 Comments:</th>
</tr>
</thead>
</table>

| Consistently disorganized. Fails to meet many deadlines and does not follow through with requests. Very poor problem solving and decision making skills. One unexcused absence or consistently tardy to activities | Occasionally unorganized and unprepared. Assignments done on time but poor problem-solving and decision making skills. Fails to follow through on several requests. Occasionally tardy to activities | Regularly attends all activities and work completed on time. Sufficient problem solving and decision making skills. Usually follows through on requests | Demonstrates advanced planning and/or completes some projects ahead of time. Well organized and punctual. Good problem-solving and decision making skills. Follows through on all requests | Consistently initiates activities; uses spare time wisely. Arrives early and stays late if necessary. Extremely organized. Completes all assignments in advance. Strong problem-solving and decision making skills. Follows through on all requests |
| 1.0 | 2.0 | 3.0 | 4.0 | 5.0 |

**Goal 4: The Student demonstrates ability to derive concise and accurate responses for assignments. (15% of final grade)**

**Drug Information Requests**

<table>
<thead>
<tr>
<th>Goal 4 Comments:</th>
</tr>
</thead>
</table>

| Consistently unable to obtain proper information from proper sources | Collects some data, but omits several basic details | Usually collects obvious data with some detailed information from requestor | Usually collects obvious and also detailed data from requestor | Effectively obtains complete data for each problem |
| 1.0 | 2.0 | 3.0 | 4.0 | 5.0 |

**Medication Reconciliation Encounters**

<table>
<thead>
<tr>
<th>Goal 4 Comments:</th>
</tr>
</thead>
</table>

| Unable to complete any patient encounters | Completes some encounters OR all not completed on time OR all not acceptable | All encounters completed but not all have adequate amount disease states or medications | All encounters completed on time and have adequate amount of disease states and medications | All assignments completed on time with adequate disease states and medications. Documentation is clear and well organized. |
| 1.0 | 2.0 | 3.0 | 4.0 | 5.0 |

**Goal 5: The Student displays verbal and written communication skills appropriate to this practice setting and is receptive to feedback. (15% of final grade)**

**Verbal Communication with Preceptor and Other Health Care Professionals**

<table>
<thead>
<tr>
<th>Goal 5 Comments:</th>
</tr>
</thead>
</table>

| Appears arrogant; use of unclear language, incorrect info, offensive tone, slang or cursing; insensitive to surroundings | Impersonal and abrupt; generally provides correct info; does not always respect surroundings | Maintains a good proactive dialogue; respectful of surroundings | Directs conversation; allows others to easily provide or receive info; respectful of surroundings | Effective communication with all interactions; uses clear and correct language; sensitive to surroundings |
| 1.0 | 2.0 | 3.0 | 4.0 | 5.0 |

**Written Communication**

| Assignments late, illegible and with grammatical spelling and organizational errors | Assignments completed on time but inarticulate, poorly cited; with some grammatical or spelling errors | Well-cited info; rare grammatical or spelling errors | Well-cited info with articulation; no writing or spelling errors | Critically presented, well cited info with articulation, clarity and insight |
| 1.0 | 2.0 | 3.0 | 4.0 | 5.0 |

**Feedback**

| Makes excuses and/or displaces blame; does not accept responsibility and/or resists feedback; appears defensive | Does not admit error; does not incorporate feedback | Admits errors; usually incorporates feedback | Admits errors; incorporates feedback | Self-evaluates; seeks and incorporates feedback |
| 1.0 | 2.0 | 3.0 | 4.0 | 5.0 |
Goal 6: Dispensing Skills. (25% of final grade)

Dispensing and Prescription Order Interpretation

<table>
<thead>
<tr>
<th>Unable to correctly interpret prescription orders for amount per dose, frequency, duration of therapy, interactions, or allergies. Unable to select proper drug. Inaccurately labels dispensed product</th>
<th>Frequently needs help to correctly interpret prescription orders for amount per dose, frequency, duration of therapy, interactions, and allergies. Usually selects proper drug and accurately labels dispensed product</th>
<th>Correctly receives, interprets, and clarifies prescription orders for amount per dose, appropriate route, frequency, duration of therapy, interactions, and allergies. Selects proper drug and accurately labels dispensed product</th>
<th>Always correctly receives, interprets, and clarifies prescription orders for amount per dose, appropriate route, frequency, duration of therapy, interactions, and allergies. Selects proper drug and accurately labels dispensed product</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
</tr>
</tbody>
</table>

Goal 6 Comments:

Midpoint Grading

<table>
<thead>
<tr>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>70-100%</td>
<td>&lt;70%</td>
</tr>
</tbody>
</table>

Midpoint Comments:

Final Grading

<table>
<thead>
<tr>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>70-100%</td>
<td>&lt;70%</td>
</tr>
</tbody>
</table>

Final Comments:

Remediation Plan for Unsatisfactory Midpoint Evaluation

Briefly describe the reason for unsatisfactory midpoint Student assessment.

Briefly outline remediation steps required for Student to acquire a satisfactory assessment at final evaluation

At final evaluation, briefly explain why remediation steps were completed either successfully or unsuccessfully.

Did the Student meet the goals and objectives outlined in the Remediation Plan?

Yes ☐ No ☐