Standard No. 13: Advanced Pharmacy Practice Experience (APPE) Curriculum: A continuum of required and elective APPEs is of the scope, intensity, and duration required to support the achievement of the Educational Outcomes articulated in Standards 1–4 and within Appendix 2 to prepare practice-ready graduates. APPEs integrate, apply, reinforce, and advance the knowledge, skills, attitudes, abilities, and behaviors developed in the Pre-APPE curriculum and in co-curricular activities.

Documentation and Data:

Required Documentation and Data:

Uploads:

- ☑ The objectives for each introductory and advanced pharmacy practice experience with the responsibilities of the student, preceptor, and site, as applicable **(Upload 13.1 and 13.2)**

- ☑ A map/crosswalk of all advanced pharmacy practice experiences against the activities listed in Appendix 2 of the Standards. *(Note: Each practice experience should be mapped to the activities listed and the map should demonstrate that students' experiences will cover all the activities. The list of activities mapped, however, can include activities not specifically listed in Appendix 2.)* **(Upload 13.3)**

- ☑ Overview of APPE curriculum (duration, types of required and elective rotations, etc.) **(NARRATIVE + APPENDIX 13A)**

- ☑ Advanced pharmacy practice experience course syllabi including general and experience-specific learning objectives (**APPENDIX 13B)**

- ☑ Advanced pharmacy practice experience student and preceptor manuals **(Upload 13.4, APPENDIX 13G)**

- ☑ Advanced pharmacy practice experience student and preceptor assessment tools (**APPENDIX 13P)**

- ☑ Preceptor recruitment and training manuals and/or programs **(APPENDIX 13G, APPENDIX 13H, Upload 13.5, Upload 13.6)**

- ☑ Student advanced pharmacy practice experience evaluation data documenting extent of exposure to diverse patient populations and interprofessional, team-based patient care **(APPENDICES 13I-N)**

- ☑ Outcome assessment data summarizing students' overall achievement of advanced pharmacy practice experience educational outcomes **(Upload 13.7)**

Required Documentation for On-Site Review:

- ☑ List of current preceptors with details of credentials (including licensure) and practice site **(APPENDIX 20A)**

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

☐ AACP Standardized Survey: Student – Questions 37–-46

☐ AACP Standardized Survey: Alumni – Questions 21, 25

Optional Documentation and Data:

Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include assessments and documentation of student performance, nature and extent of patient and health care professional interactions, and the attainment of desired outcomes; aggregate data from students about the type (diversity) and number of patients, problems encountered, and interventions; evidence of assuring, measuring, and maintaining the quality of site used for practice experiences; and quality improvements resulting from practice site assessments.

1) **College or School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

	S	N.I.	U
13.1. Patient care emphasis – Collectively, APPEs emphasize continuity of care and incorporate acute, chronic, and wellness-promoting patient-care services in outpatient (community/ambulatory care) and inpatient (hospital/health system) settings.	●	○	○
13.2. Diverse populations – In the aggregate, APPEs expose students to diverse patient populations as related to age, gender, race/ethnicity, socioeconomic factors (e.g., rural/urban, poverty/affluence), and disease states)	●	○	○
13.3. Interprofessional experiences – In the aggregate, students gain in-depth experience in delivering direct patient care as part of an interprofessional team.	●	○	○
13.4. APPE duration – The curriculum includes no less than 36 weeks (1440 hours) of APPE. All students are exposed to a minimum of 160 hours in each required APPE area. The majority of APPE is focused on direct patient care.	●	○	○
13.5. Timing – APPEs follow successful completion of all IPPE and required didactic curricular content. Required capstone courses or activities that provide opportunity for additional professional growth and insight are allowed during or after completion of APPEs. These activities do not compromise the quality of the APPEs, nor count toward the required 1440 hours of APPE.	●	○	○
13.6. Required APPE – Required APPEs occur in four practice settings: (1) community pharmacy; (2) ambulatory patient care; (3) hospital/health system pharmacy; and (4) inpatient general medicine patient care.	●	○	○
13.7. Elective APPE – Elective APPEs are structured to give students the opportunity to: (1) mature professionally, (2) secure the breadth and depth of experiences needed to achieve the Educational Outcomes articulated in Standards 1–4, and (3) explore various sectors of practice.	●	○	○
13.8. Geographic restrictions – Required APPEs are completed in the United States or its territories or possessions. All quality assurance expectations for U.S.-based experiential education courses apply to elective APPEs offered outside of the U.S.	●	○	○

2) **College or School's Comments on the Standard**: The college or school's descriptive text and supporting evidence should specifically address the following. Use a check ☑ to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

☑ How student performance is assessed and documented, including the nature and extent of patient and health care professional interactions, and the attainment of desired outcomes

☑ How, in aggregate, the practice experiences assure that students have direct interactions with diverse patient populations in a variety of health care settings

☑ How the college or school ensures that students' advanced pharmacy practice experience hours fulfill the required four practice settings

☑ How the college or school provides students' an in-depth experience in delivering direct patient care as part of an interprofessional team

☑ How the college or school provides students with elective advances practice pharmacy experiences that allow students the opportunity to mature professionally, meet the educational outcomes articulated in Standards 1-4, and explore a variety of practice sectors

☑ How the college or school establishes objectives and criteria to distinguish introductory from advanced practice experiences.

☑ How the college or schools assures, measures, and maintains the quality of sites used for practice experiences How quality improvements are made based on assessment data from practice sites

☑ How the goals and outcomes for each pharmacy practice experience are mapped to the activities listed in Appendix 2 of Standards 2016 to ensure that students' experience will cover, at a minimum, all the listed activities

☑ How the college or school is applying the guidelines for this standard, and the additional guidance provided in Appendix 2, in order to comply with the intent and expectation of the standard

☑ Any other notable achievements, innovations or quality improvements

☑ Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

[TEXT BOX] [15,000 character limit, including spaces] (Approximately six pages)

Overview

The APPE curriculum begins after successful completion of all pre-APPE coursework and spans 40 weeks of the P4 year, providing students both required and elective experiences. PHRM 581-589 consist of nine five-week rotations, each of which is 200 hours. Students are responsible for completing eight of the nine blocks for a total of 1600 APPE hours. Five of the eight rotations are required rotations; Inpatient General Med/Acute Care, Ambulatory Care, Community, Institutional and the NDSU required Rural rotation. The remaining three rotations are "Elective" rotations. Elective rotations are defined as a second "required" rotation or any pharmacy-related experience that will provide opportunities for students to develop professional skills and individual interests (Appendix 13A). For the current rotation year (2019-2020) NDSU engaged 320 unique APPE rotation sites with 392 APPE preceptors providing 2380 APPE rotation blocks in both required and elective rotations. All required rotations are completed in the United States and are precepted by licensed pharmacists. Additional information on preceptors can be found in the documentation for Standard 20.

To ensure that all students have equal access to the same rotation opportunities, and to ensure that students match with required rotation types, the eValue electronic rotation management system is used. This matching process takes place between the fall and spring semesters. Students self-select sites and indicate the order of their preferred APPE rotations and the eValue system utilizes an algorithm-based optimization process to place students. The APPE Director advises all students on rotation choices throughout the fall semester by providing input on which sites will help students meet their professional and career goals. Match statistics for rotation year 2019-2020 resulted in 91% of all rotations in the student's top three choices. The effectiveness of the matching system and site recruitment process is also seen in the results of the 2019 AACP Graduating Student Survey with 94.2% of students agree/strongly agree that the available pharmacy practice experience electives met their needs.

Course syllabi with learning objectives, assignments, and preceptor responsibilities are specific for each required rotation, Patient Care elective, Non-patient Care elective, and Rural rotation (Appendix 13B). General learning objectives are developed by the APPE Director in conjunction with the Experiential Education Committee, mapped to the PharmD Ability Based Outcomes (ABOs), and given final approval by the Experiential Education Committee. This committee includes experiential education directors and staff, faculty members, and practicing pharmacists. The Committee routinely reviews and revises all APPE rotation objectives, rotation activities, rotation assignments and evaluation criteria to ensure optimal student learning in experiential education that integrates with the didactic curriculum.

To ensure appropriate rigor for the Advanced Community and Advanced Institutional rotations, criteria to differentiate introductory and advanced practice experiences were developed (Appendices 13C-D). The criteria are used to differentiate student education level and skill sets necessary to be successful in all experiential introductory and advanced Community and Institutional experience activities. This document was developed in conjunction with the Experiential Education Committee and additional practicing pharmacists and is reviewed and updated every 3 years using feedback from the Committee and additional preceptors as part of the quality assurance process

Site Evaluation and Quality Improvement

The SOP follows a quality assurance process when recruiting new rotation sites (Appendix 13E). Sites must meet all of NDSUs quality assurance requirements in order to accept student for rotations. The effectiveness of this process is evidenced by 2019 Graduating Student Survey responses where 100% of students agree/strongly agree that their APPEs were of high quality. Additional information on rotation site recruitment can be found in documentation for Standard 22.

Affiliation agreements between the SOP and practice sites are sent at the time a new site is approved and reminder emails are generated when an agreement is expiring within 6 months. Status updates on the agreements in process are tracked by the Experiential Education Office. Affiliation agreements are reviewed by the Contract Manager, Experiential Coordinator, Director of Experiential Outreach and Assessment and other Experiential Directors as needed. Agreements are given a final signature by the Dean of the College. All active rotations sites have a signed affiliation agreement on file. Additional information on site evaluation, quality improvement and affiliation agreements can be found in Standard 22.

Preceptor Development

The School applies quality criteria to preceptor recruitment with an application form to formalize the recruitment process and assist in the recruitment of quality pharmacy preceptors (Appendix 13F). Prior to accepting students, preceptors are oriented to the School's Mission, Vision, and Values, the specific learning expectations outlined in the syllabus, and delivering effective performance evaluations. Preceptors have online access to the Preceptor Handbook (Appendix 13G) which includes the school's curriculum and teaching methods, guidance regarding assessment of student's previous knowledge and experiences applicable to the rotation's objectives, information on who to contact for serious student problems or unprofessional behavior and review of the performance assessment and grading systems and policies to address misconduct.

Preceptors are offered a variety of development opportunities. Opportunities include free CE or recertification modules through the Collaborative Education Institute (CEI), "*From the Schoolhouse"* series which is offered live or on demand, SOP sponsored 4 hour research seminar, SOP sponsored full-day teaching seminar, continuing education presented at the annual State Convention, and other topics developed by the Experiential Education Outreach and Assessment Director.

Students are also utilized to deliver targeted preceptor education topics to active preceptors. For 2019-2020, APPE students were charged with providing education on the Pharmacists Patient Care Process to one or more of their preceptors (Appendix 13H). For future years, a menu of a variety of educational options is planned for preceptors to choose from. The SOP will ensure students are trained to deliver the education from the menu and provide teaching and learning resources. This process will be used to augment current educational offerings available to NDSU preceptors. Additional information regarding preceptor development and quality assurance can be found in Standard 20.

Direct Patient Care Focus

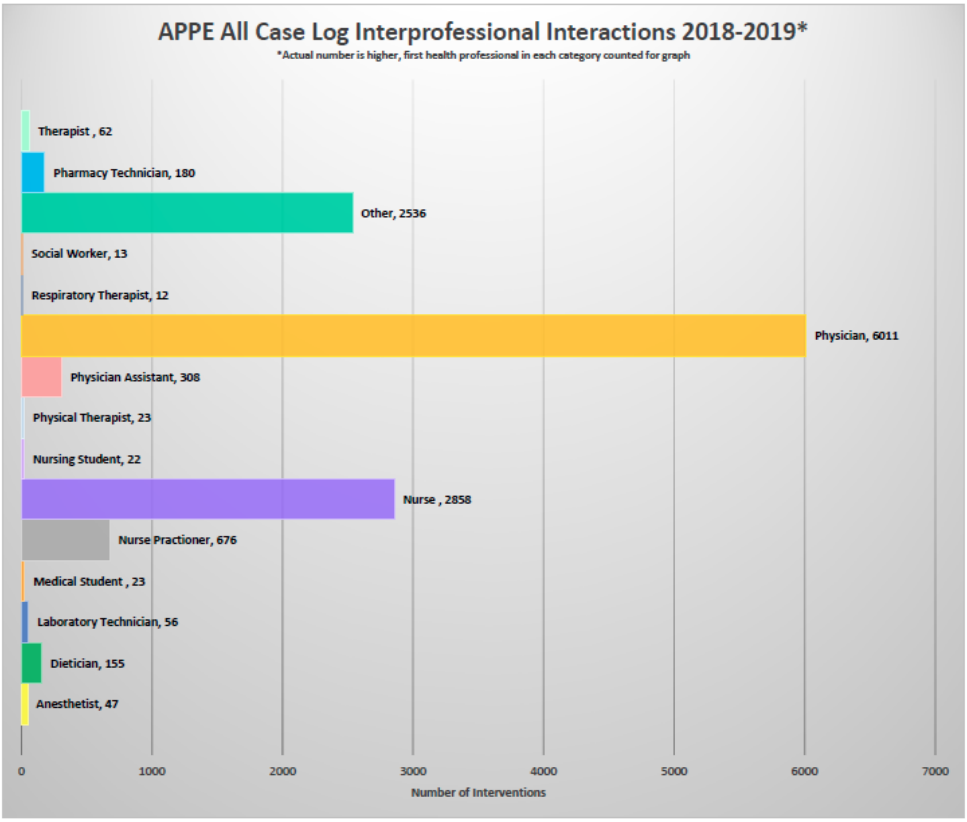
APPE students are allowed a maximum of two non-patient care rotations. All other rotations must have a direct patient care focus. Students document a portion of their patient care activities by entering 20 case logs into a rotation management system (minimum of 100 patient care case logs annually per student). Logs

include disease states, patient demographics, drug related problems, interventions and other healthcare interactions (Appendices 13I-N). Patient care case logs are reviewed in aggregate biannually by the APPE Director and the Experiential Education Committee to ensure that interactions and interventions are high quality.

Student exposure to diverse patients and disease states is supported by the 2019 Graduating Student Survey responses with 100% of students strongly agree/agree that they had direct interaction with diverse patient populations. The extent of direct patient care is further evidenced by the 2019 Graduating Student Survey where 98.5% of students strongly agree/agree they were able to engage in direct patient care in the community setting; 98.6% strongly agree/agree in the ambulatory care setting, 97.1% strongly agree/agree in the hospital setting, and 98.5% strongly agree/agree in the inpatient general med setting. An additional indicator of a well-rounded APPE experience is evidenced by the degree that continuity of care is stressed during the APPE year. In 2019, 98.5% of students strongly agree/agree that continuity of care was emphasized during the APPE year.

Interprofessional Experiences

Case logs (20 logs/student/patient care rotation) are also reviewed in aggregate biannually by the APPE Director and the Experiential Education Committee to ensure that a significant number of entries include interprofessional interactions with medical providers and medical provider students. Case Log data for rotation year 2018-2019 details that 100% of students interacted with a medical provider and nearly 50% interacted with at least 1 medical provider student.



In addition to the above mentioned required rotation activities, students also complete a minimum of 10 Interprofessional Education (IPE) activities during the APPE rotation year, a minimum of 1 IPE activity per required rotation (Appendix 13O). The effectiveness of the APPE curriculum to foster interprofessional interaction is evidenced by the 2019 Graduating Student Survey where 100% of students strongly agree/agree that their practice experiences allowed them to collaborate with other healthcare professionals.

Student Performance Assessment

Student performance is assessed on multiple measures using an Ability-Based Outcomes (ABOs) evaluation (used prior to academic year 2019) and most recently, an Entrustable Professional Activity (EPA) evaluation tool (Appendices 13P-Q). The new EPA evaluation was implemented in May of 2019 and is being carefully monitored to ensure that appropriate data and feedback is being collected and it appropriately reflects student abilities. This evaluation is auto generated at the mid-point and conclusion of the rotation. The benchmark is Level 3: "*I trust the learner to complete this task. The learner requires limited correction or feedback*". Professionalism questions are scored as yes/no/needs improvement on the mid-term evaluation and yes/no on the final evaluation. The benchmark for these questions is 'yes'.

Student performance on rotation is also documented into an electronic portfolio in eValue. Portfolios are used to encourage and foster the practice of continuing professional development as students self-assess learning needs, write student specific learning objectives, and reflect upon their practice experiences and progress toward accomplishment of their individualized goals. Assignments specific to APPE rotation type are completed and also uploaded into their portfolio (Appendix 13R). Additional rotation requirements assessed by preceptors include 20 Case Logs per patient care rotation, journal clubs, drug information questions and any other preceptor assigned activities. Portfolio components are reviewed and students given formative feedback from the APPE Director (Appendix 13S), followed by a summative assessment by the North Dakota Board of Pharmacy for those students seeking licensure in North Dakota.

Experiential Directors are notified electronically when a student does not reach the benchmark on both the mid-point and/or final evaluation. Students not meeting the benchmark on the midterm evaluation are contacted by the APPE Director for the reason(s) why the score was received and how the student plans to improve upon the low score. Students not meeting the benchmark on one item will remediate to ensure competency in the skill where the low score was received. Students not meeting the benchmark on two or more items will fail the rotation and will repeat the course (Appendix 13T). During the 2018-2019 rotation year, 5 students were successfully remediated and 2 students successfully repeated courses. Students not meeting the benchmark on professionalism questions on the final evaluation will be required to complete additional tasks to ensure competency in the professionalism domain. A report of APPE student performance is reviewed by the Experiential Education Committee as a standing agenda item and provided to the Senior Associate Dean and the Assessment Committee annually. Rotation failures are reported to the Senior Associate Dean at the time of incident.

Preceptor / Site Evaluation

Preceptors and sites are evaluated by each student in an anonymous fashion using an 5-point Likert Scale Instrument (Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree) that was initially developed in collaboration with other District V schools, but has since had minor adaptations (Appendix 13U). This process does not influence the grading of either student or preceptor. Experiential Directors are notified

electronically of low preceptor/site scores (defined as disagree or strongly disagree) on the evaluation of preceptor/site. Low scores are monitored by the Experiential Education Office, with follow-up by the Director of Experiential Outreach and Assessment. Follow-up with the preceptor can be through one or more means: review of previous evaluations, consultation with student, and consultation with other Director(s), follow-up phone calls and/or site visits. If upon follow-up it is deemed necessary, preceptors/sites may be removed from the active preceptor/site list.

Ongoing assessment of rotation sites is provided by the Director of Experiential Outreach Assessment. Feedback for the purpose of improvement, is provided directly to the preceptor. Additional information on site quality improvement can be found in Standard 22.

Notable achievements, innovations or quality improvements

- Increased quality and quantity of IPE focused activities during the APPE year.
- Implementation of an Entrustable Professional Activity based preceptor evaluation of student for APPE, IPE activity assignment.
- Implementation of a preceptor education model utilizing APPE students.
- The School of Pharmacy and UND School of Medicine collaborate to match medical students and pharmacy students while on rural rotations, when possible. Other disciplines are invited to participate as identified on site. Students are instructed to identify a shared patient and to work up the patient as they have been taught. Students then compare and contrast their results and debrief with faculty at NDSU and UND. Follow up surveys indicate that these students see value in this experience.

3) **College or School's Final Self-Evaluation: Self-assess** how well the program is in compliance with the standard by putting a check in the appropriate box ☑:

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☑ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

4) **Recommended Monitoring: If applicable, briefly describe issues or elements of the standard that may require further monitoring. – N/A**

List of Appendices

Appendix	Title
13A	APPE Electives
13B	2019.2020 Syllabi-All APPE
13C	Community IPPE.APPE Differentiation
13D	Institutional IPPE.APPE Differentiation
13E	Practice Facilities and Preceptor Quality Assurance
13F	Preceptor Application Form
13G	IPPE.APPE Preceptor Handbook 2019.2020
13H	PCCP Preceptor Development
13I	Diverse Disease State Crosstab Rotation Year 2018.2019
13J	Diverse Patient Population Case Log Mix Rotation Year 2018.2019
13K	Drug Related Problems Logged by Students DRP Crosstab Rotation Year 2018.2019
13L	Additional Actions-Interventions- 2018.2019
13M	IPE Case Logs
13N	APPE All Case Logs Interprofessional Interactions 2018-2019(1)
13O	APPE IPE Assignment
13P	APPE Preceptor Assessment Tools-All
13Q	APPE Assignments
13R	Portfolio Review and Assessment
13S	APPE Remediation and Course Repeat Process
13T	IPPE.APPE Student Evaluation of Preceptor Form
13U	
13V	

2019 Introductory Pharmacy Practice Experience Objectives

First Professional Year

Direct Patient Care Practice Experience Objectives

* PHRM 355 Introductory Pharmacy Practice Experience (IPPE) I: Introduction to Institutional Pharmacy Practice Course (120 hours actual practice experience plus 4 hours reflection) Objectives:

Ability Based Outcome Domain and Subdomain	Student Specific Rotation Objectives and Responsibilities
Foundational Knowledge	
	1. Apply knowledge and principles of pathophysiology, pharmaceutics, pharmacodynamics, and pharmacokinetics to practice patient centered care.
Essentials for Practice and Care	
Patient Centered Care	1. Demonstrate the ability to collect and interpret information from a patient's health record to determine a patient's health related needs. 2. Accurately perform pharmacy calculations. 3. Complete the subjective, objective, and assessment portion of 2 SOAP notes.
Medication Use Management Systems	1. Demonstrate knowledge and understanding of the activities of a hospital pharmacy including drug delivery systems, medication unit dosing, patient safety, transitions of care, and sterile intravenous admixture preparation (USP <797> Guidelines). 2. Accurately select and prepare medications to fulfill a medication order.
Approach to Practice and Care	
Problem Solving	1. Practice problem solving in the context of institutional pharmacy practice.
Education	1. Retrieve, analyze, and interpret the professional, lay, and scientific literature to effectively communicate information to a specific audience.
Interprofessional Collaboration	1. Actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding and shared vision to meet patient care needs. 2. Explain to a patient, caregiver, or professional colleague each team member's role and responsibilities.
Communication	1. Engage in written reflection of introductory pharmacy practice experiences. 2. Practice appropriate verbal, nonverbal, and written communication skills within the healthcare system with patients, peers, and healthcare providers.
Personal and Professional Development	

Self-awareness	1. Complete modules for professional development of student skills in the areas of goal setting, feedback, evaluation, and reflection. 2. Self-assess learning needs and design, implement, and evaluate strategies to promote intellectual growth and continued professional development in the area of hospital and health systems pharmacy practice. 3. Reflect on practice experiences. 4. Demonstrate motivation, attention, and interest (habits of mind) during learning and work related activities.
Professionalism	1. Demonstrates the knowledge and abilities to function in accordance with pharmacy laws and regulations. 2. Apply concepts of HIPAA in situations involving disclosure of patient health information 3. Demonstrate preparation, initiative, and accountability with a commitment to excellence.

It is the responsibility of the preceptor to provide learning opportunities at his/her practice site that allow the student to achieve the objectives and responsibilities outlined above. Please refer to IPPE I Student Handbook for the list of activities appropriate for IPPE students to meet institutional IPPE objectives.

Second Professional Year

Direct Patient Care Practice Experience Objectives

* PHRM 455 Introductory Pharmacy Practice Experience (IPPE) II: Introduction to Community Pharmacy Practice Course (160 hours actual practice experience plus 4 hours reflection) Objectives:

Ability Based Outcome Domain and Subdomain	Student Specific Rotation Objectives and Responsibilities
Foundational Knowledge	
	1. Apply knowledge and principles of pathophysiology, pharmaceutics, pharmacodynamics, and pharmacokinetics to practice patient centered care. 2. Critically analyze scientific literature related to drugs and disease to enhance clinical decision making and respond to drug information requests.
Essentials for Practice and Care	

Patient Centered Care, Medication Use Management, Health and Wellness	1. Demonstrate the ability to collect and interpret information from a patient's to determine a patient's health related needs. 2. Demonstrate the ability to document patient centered care. 3. Demonstrate the ability to perform screenings accurately (e.g. blood pressure, point of care) and immunization administration, when applicable. 4. Assess and optimize patient's self-care and pharmacotherapy care plans. 5. Demonstrate knowledge and understanding of community pharmacy practice while completing activities in a community pharmacy including accurate dispensing of outpatient prescription medications, selecting and recommending appropriate over the counter medications, patient interviews/consultations, medication therapy management, immunization, health screenings, immunization administration, and non-sterile compounding (USP <795>). 6. Accurately select and prepare medications to fulfill a medication order/prescription. 7. Evaluate prescriptions for legal requirements and appropriate dosing. 8. Perform pharmacy calculations accurately.
Approach to Practice and Care	
Problem Solving, Education, Patient Advocacy, Interprofessional Collaboration, Cultural Sensitivity, Communication	1. Practice problem solving in the context of community pharmacy practice. 2. Provide counseling to patients and/or caregivers. 3. Empower patients to take responsibility for, and control of, their health. 4. Establish a climate of accountability, mutual respect, and shared values with members of the interprofessional team to meet patient and population care needs. 5. Actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding and shared vision to meet patient care needs. 6. Identify and evaluate the role of both pharmacy and non-pharmacy providers as members of an interdisciplinary health care team within the community pharmacy setting. 7. Demonstrate an attitude that is respectful of different cultures appropriately incorporating patients' cultural beliefs and practices into patient care. 8. Engage in written reflection of introductory pharmacy practice experiences. 9. Practice appropriate verbal, nonverbal, and written communication skills within the healthcare system with patients, peers, and healthcare providers. 10. Interview patients in the provision of patient centered care. 11. Engage in appropriate communication with professional peers.

Personal and Professional Development	
Self-awareness, Professionalism	1. Self-assess learning needs and design, implement, and evaluate strategies to promote intellectual growth and continued professional development in the area of hospital and health systems pharmacy practice. 2. Reflect on practice experiences. 3. Demonstrate motivation, attention, and interest (habits of mind) during learning and work related activities. 4. Demonstrates the knowledge and abilities to function in accordance with pharmacy laws and regulations. 5. Apply concepts of HIPAA in situations involving disclosure of patient health information 6. Demonstrate preparation, initiative, and accountability with a commitment to excellence.

It is the responsibility of the preceptor to provide learning opportunities at his/her practice site that allow the student to achieve the objectives and responsibilities outlined above. **Please refer to IPPE II Student Handbook for the list of activities appropriate for IPPE students to meet community IPPE objectives.**

Simulated Practice Experience Objectives

* CHP 400: Simulated Team Experience (1 hour) Objectives

1. Review the information about the patient.
2. Use the skills specific to their discipline (Pre-Brief)
3. Collaborate with the team using the knowledge of the skills of others on the health care team (Huddle)
4. Visit with the patient.
5. Create a plan of care.
6. Summarize the plan of care for the patient.
7. Conduct a team debrief.

* CHP 400: Four Standardized Patients (4 hours) Objectives

1. Mrs. Emma Cook. Drawing from their discipline specific care plan for Mrs. Emma Cook, students develop an interprofessional collaborative plan of care for a standardized patient.
2. Mr. John Sim. Students evaluate case and identify discipline role and practice communication strategies with a standardized patient.
3. Mrs. Sandra Benson. Students evaluate a patient case and conduct a visit with a standardized patient. Student is able to identify a medication error and apologize appropriately.
4. Mr. Leroy Miller. Students evaluate a patient case and conduct a visit with a standardized patient. Student teams are able to practice situation awareness and identify safety concerns.

Third Professional Year

Direct Patient Care Practice Experience Objectives

PHRM 536: Alcoholics Anonymous Meeting Attendance (1 hour) and Reflection (1 hour) Objectives

1. Attend an open AA meeting as an observer and reflect on your experience.

PHRM 552L: Medication Therapy Management Patient Encounter (5 hours) Objectives

1. Perform a comprehensive medication review and interpret findings to identify medication related problems (Applying; 2.1.1, 2.1.2, 2.1.3, 2.1.4, 2.1.5 Patient centered care)
2. Integrate the core elements of medication therapy management in the documentation of an encounter (Creating; 2.1.5 Patient centered care)
3. Compose a SOAP note using evidence based medicine (Creating; 2.5.1 Patient centered care)

Simulated Practice Experience Objectives

* Co--curriculum UND Simulation (1 hour) Objectives:

1. Collaborate with members of the interprofessional team to efficiently and effectively deliver patient care.
2. Communicate effectively with the interprofessional health care team.
3. Manage as a team a patient with an emergent health care need according to the learners' scopes of practice. Demonstrate an emergent physical exam (M2 learners).
4. Perform medication reconciliation (P3 learners).
   Recognize signs and symptoms of respiratory depression (M2 and P3 learners).
5. Demonstrate effective resuscitation management of patient in respiratory distress (M2 learners).
6. Initiate effective treatment plan for an individual with this suspected diagnosis (M2 and P3 learners).
7. Discuss and effectively communicate a plan of care with the patient (M2 and P3 learners).

PHRM 540: Preventive Services Simulation (Public Health) (1.7 hours) Objectives

1. Evaluate simulated patient chart, dispensing record, and related notes/assessments (e.g. DRAW Tool) to determine level of medication adherence and recommended actions to improve medication adherence.
2. Evaluate simulated patient chart and dispensing record to determine what USPSTF Preventive Services Database (A and B Recommendations) are indicated in the patient and recommend those screenings/interventions that can be provided within the scope of practice of a pharmacist.

PHRM 540: Emergency Preparedness Simulation (Public Health) (2 hours) Objectives

1. Participate in a virtual Point of Dispensing (PODs) by working with a total of 60 patient cases across three different roles pharmacists are qualified to perform (medical screener, forms reviewer, dispensing) during a situation where Anthrax has been released over the city and healthcare providers are called to participate in PODs.

PHRM 551L: Difficult Conversations (1.6 hours) Objectives

1. Develop a patient specific consultation using OBRA '90 or the Indian Health Services Model to instruct patients on the use of prescription medications (Evaluating; 3.2.2, 3.2.4, 3.2.4 Education)
2. Demonstrate effective verbal and nonverbal communication (Applying; 3.6.1 Communication)
3. Evaluate patient demographics to ensure appropriateness of nonprescription medication recommendations (Evaluating; 2.1.1 Patient-centered care)
4. Select appropriate nonprescription medications based on patient request (Application; 2.2.4, 2.2.6 Medication use systems management)

* PHRM 551L: Medication Errors (1.5 hours) Objectives

1. Use methods of root cause analysis to determine the cause of a medication error (Evaluating; 2.2.5 Medication use systems management, Evaluating; 3.1.3, 3.1.4, 3.1.5, 3.1.6, Problem solving)

PHRM 551L/552L: Physical Assessment Simulation (1.7 hours) Objectives

1. Demonstrate the ability to accurately perform the physical assessment of blood pressure
2. Interpret physical assessment findings and create an appropriate plan of care.

* PHRM 551L/552L: Advanced Cardiac Life Support Simulation (0.9 hours) Objectives

1. Assess a patient in a code situation and recommend a treatment plan (Evaluating; 2.1.1, 2.1.2, 2.1.4 Patient centered care, 2.2.4, 2.2.6 Medication use systems management, 3.2.4, 3.2.5 Education, 3.6.1 Communication, 4.4.1 Professionalism)

PHRM 552L: Difficult Patients, Complex Consultations (1.6 hours) Objectives

1. Retrieve medication related information to solve medication questions (Understanding; 3.2.2 Education)
2. Perform accurate calculations (Evaluating; 1.2 Foundational knowledge, 2.2.6 Medication use systems management)
3. Develop a patient specific consultation using OBRA '90 or the Indian Health Services Model to instruct patients on the use of prescription medications (Evaluating; 3.2.2, 3.2.4, 3.2.4 Education)
4. Demonstrate effective verbal and nonverbal communication (Applying; 3.6.1 Communication)

PHRM 552L: MTM Simulated Practice (1.5 hours) Objectives

1. Perform a comprehensive medication review and interpret findings to identify medication related problems (Applying; 2.1.1, 2.1.2, 2.1.3, 2.1.4, 2.1.5 Patient centered care)
2. Integrate the core elements of medication therapy management in the documentation of an encounter (Creating; 2.1.5 Patient centered care)
3. Compose a SOAP note using evidence based medicine (Creating; 2.5.1 Patient centered care)

* PHRM 560: Pathways to Safer Opioid Use (3 hours) Objectives

Please note, simulation activity description and objectives taken directly from the website: http://health.gov/hcq/training-pathways.asp

This web-based training allows you to assume the role of 4 playable characters who make decisions – controlled by you – about preventing opioid-related adverse drug events (ADEs). The characters represent the following roles: primary care physician, nurse, pharmacist, and patient.

In this behavior-based training using interactive video, you will learn how to:

1. Apply health literacy strategies to help patients understand and act on information to prevent opioid-related ADEs
2. Identify individual risk factors, opioid medications, and interactions that place individuals with chronic pain at increased risk for opioid-related ADEs
3. Recognize the importance of a multidisciplinary, team-based approach to treating patients with chronic pain
4. Demonstrate the ability to combine the principles of the Health Literate Care Model and the biopsychosocial model of chronic pain management through case study examples

*** Indicates actual or simulated patient care experience with non-pharmacist healthcare professional and/or non-pharmacist healthcare professional student interaction.**

It is the responsibility of the preceptor to provide learning opportunities at his/her practice site that allow the student to achieve the objectives and responsibilities outlined above. Interprofessional collaboration should be encouraged and fostered wherever possible.

Course Objective	Example Activities
Acute Care	
Collect information to identify a patient's medication-related problems and health-related needs.	Use health records to determine a patient's health-related needs relevant to setting of care and the purpose of the encounter
Analyze information to determine the effects of medication therapy, identify medication-related problems, and prioritize health-related needs	1. Interpret Lab results 2. Identify drug interactions 3. Complete a CMR **Assignment: 4 Case Log Uploads, signed by preceptor, per week for each patient care rotation**
Follow-up and monitor a care plan	1. Recommend modifications or adjustments to an existing medication therapy regimen based on patient response. 2. Present a patient case to a colleague during a handoff or transition of care. **Assignment: 4 Case Log Uploads, signed by preceptor, per week for each patient care rotation.**

Collaborate as a member of an interprofessional team.	1. Interprofessional Rounds 2. Communicate a patient's medication-related problems to another health professional. 3. Use setting approprite communication skills when interacting with others.

Acute Care	
Use evidence-based information to advance patient care	1. Retrieve and analyze scientific literature to make a patient-specific recommendation. 2. Complete a drug information request from another health care provider. **Assignment: Complete 1 Drug Information request per rotation.**
Educate patients and professional colleagues regarding the appropriate use of medications.	1. Lead a discussion regarding a recently published research manuscript and its application to patient care. 2. Develop and deliver a brief educational program regarding medication therapy to health professionals. **Assignment: Complete 1 journal club presentaiton.**
Create a written plan for continuous professional development.	**Assignment: Create personalized rotation objectives for each rotation.**
Ambulatory Care	

Collect information to identify a patient's medication-related problems and health-related needs.	Use health records to determine a patient's health-related needs relevant to setting of care and the purpose of the encounter
Analyze information to determine the effects of medication therapy, identify medication-related problems, and prioritize health-related needs	1. Interpret Lab results 2. Identify drug interactions 3. Complete a CMR **Assignment: 4 Case Log Uploads, signed by preceptor, per week for each patient care rotation**
Establish patient-centered goals and create a care plan for a patient in collaboration with the patient, caregiver and other health professionals that is evidene-based and cost-effective.	1. Develop a treatment plan with a patient. 2. Create a patient-sprecific education plan. **Assignment: 4 Case Log Uploads, signed by preceptor, per week for each patient care rotation**
Implement a care plan in collaboration with the patient, caregivers, and other health professionals.	1. Write a note that documents findings. 2. Educate a patient regarding appropriate use of a new medication, device to administer a medication, or self-monitoring test. 3. Assist a patient with behavior change.

Follow-up and monitor a care plan	1. Recommend modifications or adjustments to an existing medication therapy regimen based on patient response. 2. Present a patient case to a colleague during a handoff or transition of care. **Assignment: 4 Case Log Uploads, signed by preceptor, per week for each patient care rotation.**
Collaborate as a member of an interprofessional team.	1. Interprofessional Rounds 2. Communicate a patient's medication-related problems to another health professional. 3. Use setting approprite communication skills when interacting with others.
Ensure that patients have been immunized against vaccine-preventable diseases	1. Determine whether a patient is eligible for and has received CDC-recommended immunizations. 2. Administer and document CDC-recommended immunizations to an adult patient.

Educate patients and professional colleagues regarding the appropriate use of medications.	1. Lead a discussion regarding a recently published research manuscript and its application to patient care. 2. Develop and deliver a brief educational program regarding medication therapy to health professionals. **Assignment: Complete 1 journal club presentaiton.**
Use evidence-based information to advance patient care	1. Retrieve and analyze scientific literature to make a patient-specific recommendation. 2. Complete a drug information request from another health care provider. **Assignment: Complete 1 Drug Information request per rotation.**
Create a written plan for continuous professional development.	**Assignment: Create personalized rotation objectives for each rotation.**
Institutional	
Collect information to identify a patient's medication-related problems and health-related needs.	Use health records to determine a patient's health-related needs relevant to setting of care and the purpose of the encounter
Analyze information to determine the effects of medication therapy, identify medication-related problems, and prioritize health-related needs	1. Interpret Lab results 2. Identify drug interactions 3. Complete a CMR **Assignment: 4 Case Log Uploads, signed by preceptor, per week for each patient care rotation**

Establish patient-centered goals and create a care plan for a patient in collaboration with the patient, caregiver, and other health professionals that isevidence-based and cost-effective.	1. Follow an evidence-based disease management protocol. 2. Develop a treatment plan with a patient. 3. Manage drug interactions. 4. Determine the appropriate time intervals to collect monitoring data.
Follow-up and monitor a care plan	1. Recommend modifications or adjustments to an existing medication therapy regimen based on patient response. 2. Present a patient case to a colleague during a handoff or transition of care. **Assignment: 4 Case Log Uploads, signed by preceptor, per week for each patient care rotation.**
Minimize adverse drug events and medication errors.	1. Assist in the identification of underlying system-associated causes of errors. 2. Report adverse drug events and medication errors to stakeholders.
Maximize the appropriate use of medications in a population.	1. Perform a MUE. 2. Apply cost-benefit, formulary, and/or epidemiology principles to medication-related decisions.

Educate patients and professional colleagues regarding the appropriate use of medications.	1. Lead a discussion regarding a recently published research manuscript and its application to patient care. 2. Develop and deliver a brief educational program regarding medication therapy to health professionals. **Assignment: Complete 1 journal club presentaiton.**
Use evidence-based information to advance patient care	1. Retrieve and analyze scientific literature to make a patient-specific recommendation. 2. Complete a drug information request from another health care provider. **Assignment: Complete 1 Drug Information request per rotation.**
Assist in the oversight of the pharmacy operations for an assigned work shift.	1. Maintain inventory. 2. Identify pharmacy service problems and/or medication safety issues. 3. Assist in the preparation for regulatory visits and inspetions.
Fulfill a medication order.	1. Determine if a medication is contraindicated for a patient. 2. Ensure that formulary preferred medications are used when clinically appropriate.
Create a written plan for continuous professional development.	**Assignment: Create personalized rotation objectives for each rotation.**

Community	
Collect information to identify a patient's medication-related problems and health-related needs.	1. Collect a medication history from a patient or caregiver. 2. Determine a patient's medication adherence. 3. Use health records to determine a patient's health-related needs relevant to the community pharmacy setting
Analyze information to determine the effects f medication therapy, identify medication-related problems, and prioritize health-related needs	1. Assess a patient's signs and symptoms to determine whether the patient can be treated within the scope of practice or requires a referral. 2. Identify drug interactions. 3. Evaluate an existing drug therapy regimen. **Assignment: 4 Case Log Uploads, signed by preceptor, per week for each patient care rotation.**
Minimize adverse drug events and medication errors.	1. Assist in the identification of underlying system-associated causes of errors. 2. Report adverse drug events and medication errors to stakeholders.
Ensure that patients have been immunized against vaccine-preventable diseases	1. Determine whether a patient is eligible for and has received CDC-recommended immunizations. 2. Administer and document CDC-recommended immunizations to an adult patient.

Use evidence-based information to advance patient care	1. Retrieve and analyze scientific literature to make a patient-specific recommendation. 2. Complete a drug information request from another health care provider. **Assignment: Complete 1 Drug Information request per rotation.**
Assist in the oversight of the pharmacy operations for an assigned work shift.	1. Maintain inventory. 2. Identify pharmacy service problems and/or medication safety issues. 3. Assist in the preparation for regulatory visits and inspetions.
Fulfill a medication order.	1. Determine if a medication is contraindicated for a patient. 2. Ensure that formulary preferred medications are used when clinically appropriate.
Create a written plan for continuous professional development.	**Assignment: Create personalized rotation objectives for each rotation.**

	Community & Rural Community	Ambulatory Care	Acute Care	Institutional & Rural Institutional	Patient Care Elective	Non-Patient Care Elective
Direct Patient Care-Appendix 2						
Interacting face-to-face with a diverse population of patients.	X	X	X		X	
Optimizing individual patient drug therapy outcomes	X	X	X	X	X	
Consulting with and advising patients on self-care products	X	X			X	
Educating patients on the safe and effective use of prescription and nonprescription medications, dietary supplements, medical equipment and devices, non-drug therapies, complementary and alternative therapies	X	X			X	
Providing pharmacist-delivered education and care to patients of diverse cultural, economic, geographic, or disease state-related backgrounds.	X	X			X	
Delivery of evidence-based care through the retrieval, evaluation and application of findings from the scientific and clinical literature		X	X		X	
Ensuring continuity of quality care as patients transition between healthcare settings			X	X	X	

Engaging in activities designed to further advance evidence-based therapeutic decision making, collaborative interprofessional team-based care, clinical services entrepreneurship and systems management		X	X	X	X	
Interprofessional interaction and practice-Appendix 2						
Engaging in collaborative patient-care decision-making with members of an interprofessional healthcare team with an emphasis on face-to-face interactions, but also incorporating other communications options		X	X		X	
Identifying, evaluating, communicating to healthcare team members the appropriateness of the patients specific pharmacotherapeutic agents, dosing regimens, dosage forms, routes of administration, delivery systems, etc	X	X	X	X	X	
Medication dispensing, distribution, administration and systems management-Appendix 2						
Appropriately dispensing medications to a diverse population of patients	X			X		

Participating in the supervision, oversight and direction of the medication dispensing/distribution systems	X			X		
Administering medications in a safe and legally acceptable manner	X			X		
Identifying and reporting medication errors and adverse drug reactions	X			X	X	
Engaging in pharmacovigilance activities designed to detect, assess, understand and prevent drug-related problems.	X	X	X	X	X	
Participating in the health system's formulary process			X	X		
Interacting with third party payers to optimize individual patient drug therapy	X			X		
Working competently with the technology associated with various practice settings	X	X	X	X	X	
Participating in discussions and assignments of human resources management, medication resources management and pharmacy data management systems, including pharmacy workload and financial performance in community/ambulatory care and hospital/health systems environments	X	X		X		

Contributing actively to discussions on health policy, drug approval processes, legal and regulatory compliance, patient safety, accreditation and standards setting	X	X	X	X	X	
Participating in the management of systems for storage, preparation and dispensing of medications	X			X		
Allocating and using key resources and supervising pharmacy technical staff	X			X		
Participating in purchasing activities	X			X		X
Participating in the management of medication use systems and applying the systems approach to mediciation safety	X			X		
Participating in the pharmacy's planning process and quality improvement program		X		X	X	
Conducting a drug utilization review	X			X		
Participating in the management of the use of investigational drug products						
Participating in therapeutic protocol development		X	X	X	X	
Participating in the management of medical emergencies			X	X		

Performing prospective and retrospective financial and clinical outcomes analyses to support formulary recommendations and therapeutic guideline development		**X**	**X**	**X**		
Professional Development- Appendix 2						
Demonstrating attitudes and behaviors consistent with a respected member of the pharmacy profession	**X**	**X**	**X**	**X**	**X**	**X**
Providing evidence of self-directed learning	**X**	**X**	**X**	**X**	**X**	**X**
Demonstrating an aptitude to implement the elements of the Continuing Professional Development cycle (reflect, plan, learn, evaluate, apply) that underpin lifelong learning	**X**	**X**	**X**	**X**	**X**	**X**

APPE

Student

Handbook

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NDSU School of Pharmacy Mission and Values

Welcome to the North Dakota State University College of Health Professions, School of Pharmacy Advanced Pharmacy Practice Experience (APPE). You have reached a significant milestone in your education. Congratulations! This handbook is a resource to help guide you through the final academic portion of your education. As a student on rotation, you represent NDSU and the School of Pharmacy in particular. Remember, *once a Bison, always a Bison!* Make us proud!

The APPE year is designed to integrate, apply, reinforce and advance the knowledge, skills, attitudes and values developed throughout the didactic portion of the PharmD program. PHRM 581-589 consist of nine five-week rotations, each of which is 200 hours. Students are responsible for completing eight of the nine blocks. Five of the eight rotations are required rotations; Acute Care, Ambulatory Care, Community, Institutional and Rural rotations. The remaining three rotations are "Elective" rotations. Elective rotations are defined as a second "required" rotation or any experience that will provide opportunities for students to develop professional skills and individual interests.

Elective rotations include, but are not limited to Academic, Administration, Anticoagulation, Compounding, Critical Care, Emergency Room, Geriatrics, Home Infusion, Hospice, Immunization Special Projects, Infectious Disease, Informatics, Legislative, Long Term Care, Management, Nuclear Medicine, Oncology, Patient Care, Pediatrics, Pharmacoeconomics, Pharmacogenomics, Psychiatry, Research, Surgery,

The majority of pharmacy practice experiences must be under the supervision of a qualified pharmacist preceptors licensed in the United States.

NDSU College of Health Professions Mission Statement

Our mission is to educate students and advance research and professional service in pharmacy, nursing and allied sciences.

NDSU College of Health Professions Core Values

People

Our College promotes a diverse environment where students, faculty and staff can achieve their maximum potential; where academic freedom is protected; where collegiality is practiced; where individuals and ideas are welcomed and respected; where students and learning are paramount; where cultural diversity and competence are desired; and where industry and innovation are recognized and valued.

Serving the health care needs of the citizens of North Dakota is our primary goal through having quality people and programs that positively impact the advancement of health care knowledge and practices in the state, region, nation and world.

Quality

Our College strives to be a center of excellence within the University and the state and is committed to continuous quality improvement of its curriculum, programs and people.

Professionalism and Ethics

Our College values and promotes professionalism and ethics in all its people, programs and endeavors, including fostering an environment where students, faculty and staff serve as role models in the profession and community by representing the highest standards of professional and ethical behavior. Honesty, integrity and collegiality guide all interactions with students, faculty, staff, administration, peers and the public.

Knowledge, Teaching and Learning

Our College is committed to the pharmacy, nursing and allied sciences professions and to society for creating, communicating and applying knowledge about the latest advances in health care in its respective disciplines. It endeavors to provide an environment open to free exchange of ideas, where professionalism, innovation, scholarship and learning can flourish.

Research and Scholarship

Our College is committed to creating new knowledge; incorporating discovery, teaching integration and application as integral and complementary components of research and scholarship.

Patient-Focused Care

Our College believes that the primary purpose of its respective disciplines is to deliver patient-focused care to improve the overall health and quality of life of patients they serve.

Interdisciplinary Team Approach

Our College recognizes and values an interdisciplinary team approach to patient care, education and research where each discipline works collaboratively to attain greater knowledge, expertise and outcomes than what they are capable of accomplishing individually.

Program-level Ability-Based Outcomes

Program-level ability-based outcomes are explicit statements of what students will be able to do as a result of the integration of knowledge, skill and attitudes gained by completion of the Doctor of Pharmacy educational experience at NDSU College of Health Professions. They reflect the abilities of the students as a result of completion of the curriculum as a whole, rather than completion of a single course or course sequence.

Additional information on Program-level Ability-Based Outcomes can be found at: https://www.ndsu.edu/fileadmin/pharmacy/AbilityBasedOutcomes1.pdf

NDSU Experiential Education Office Contact Information

Teri Undem, R.Ph.	APPE Director	701-231-6578	teri.undem@ndsu.edu
Rebecca Brynjulson, PharmD, CGP	IPPE Director	701-231-7477	rebecca.brynjulson@ndsu.edu
Lisa Richter, PharmD, BCPS, BCCCP	Experiential Outreach & Assessment Director	701-231-5178	lisa.richter@ndsu.edu
Mark Lofgren, MBA	E*value Coordinator	701-231-7722	mark.lofgren@ndsu.edu
Julie Brandon	Academic Assistant	701-231-5576	julie.brandon@ndsu.edu
E*value Website	https://www.e-value.net		
Experiential Office Information	**Mailing Address** Pharmacy Practice NDSU Dept. 2660 P.O. Box 6050 Fargo, ND 58108-6050	**Fax Number** 701-231-7606	

NDSU General University Policies

NDSU is committed to following the General Policies detailed in the NDSU Bulletin relating to Student Behavior, Privacy of Student Records, Equal Opportunity, Sexual Assault, Sexual Harassment, Consensual Relationships, Use of Alcohol and Other Drugs, and Campus Security. If you have questions/concerns regarding these matters, contact the Associate Director for Student Rights and Responsibilities.

NDSU Academic Honesty Statement

All work in this course must be completed in a manner consistent with NDSU University Senate Policy, Section 335: Code of Academic Responsibility and Conduct. You can find this policy at: http://www.ndsu.edu/fileadmin/policy/335.pdf. Violating this code will result in a penalty or penalties to be determined by the instructor depending on the seriousness and circumstances of the offense. The instructor may: (1) fail the student for the particular assignment or test; or (2) give the student a failing grade. Students are responsible for completing and submitting their own work. Such actions may include dismissal, which is a suspension from NDSU for a specific period of time, or expulsion from NDSU, which carries no expectation of return at a later date. Academic dishonesty, in any form, is inconsistent with an academic community that operates on the basis of honesty, integrity and fair play. If questions arise, students are encouraged to consult with the instructor.

Rotation Schedule Information

Where to Locate Rotation Schedules & Rotation Change Requests

Students can view their rotation schedules in e*value at any time by logging into e*value →Schedules-→Schedule Report.

Students needing a rotation change must request changes no less than 10 weeks prior to the start date of the rotation needing to be changed. Please utilize the Rotation Change Request Form which can be found in BlackBoard or in e*value under the Documents section. The APPE Director may deny a rotation change request if the change is not in the best interest of the student, School or rotation site. If a student is unable to complete a rotation at a distant site due to illness or other emergency, the 10 week requirement may be waived.

If a student fails a rotation, the APPE Director reserves the right to reschedule the failed rotation, and any other rotations located outside of the Fargo area, to a rotation site that will best fit the student's academic needs. For additional information regarding rotation grading, please refer to the section on grading processes at the end of this handbook.

Rotation Timeline

Two weeks prior to Rotation:

- ✓ Contact your preceptor, via email, two weeks before the start date of the rotation. It is extremely important that this rule is followed. Do not wait until the Thursday or Friday before the rotation begins. If a rotation site is no longer able to accommodate your rotation, the Experiential Office needs time to locate an alternate site. If no alternate site is available, the rotation in question may be cancelled resulting in a delayed graduation date. **For Rotation 7,** initiate contact in mid-December. Many preceptors take vacations over the holidays. Sending an early email will give the preceptor time to respond to your email and answer your questions in a timely manner.
- ✓ Review relevant course materials and objectives for the rotation.
- ✓ Review directions to the rotation site so that your arrival on day one is punctual. Remember that your email and first day are your preceptor's first impressions of you.

Day One of Rotation:

- ✓ Be punctual! If you are going to be late, be sure to call your preceptor as soon as possible so that they are aware of your tardy arrival. Be truthful with your reason for being late.
- ✓ Have your rotation folder with you. This folder should contain everything your preceptor may need.
- ✓ Review individual student objectives for the rotations and discuss the preceptor's expectation of students.
- ✓ Discuss any personal or professional leave days occurring during the rotation.
- ✓ **Notify Mark Lofgren** if a different preceptor is assigned for your rotation. Adjustments will be made in E*value so the appropriate preceptor receives the evaluations.
- ✓ All Experiential documents are available on BlackBoard or in e*value should your preceptor ask about a document that you do not have in your rotation folder.

Rotation Mid-Point:

- ✓ Preceptors will automatically receive the mid-term evaluation of the student. If possible, respectfully ask your preceptor to schedule a time to sit down to discuss your performance during the first half of the rotation. Unless you receive all "4 or 5"s, ask the preceptor for suggested improvements for your performance. Be sure to take notes and begin to make adjustments right away. Be gracious in accepting constructive criticism. This is one example of how professional growth happens.
- ✓ Contact the preceptor for your next rotation.

Last Day of the Rotation:

- ✓ Respectfully ask your preceptor to schedule a time to sit down to discuss your performance during the final half of the rotation. Ask for additional feedback on your progress with constructive criticism from the mid-point evaluation.

- ✓ Thank your preceptor and any other pharmacists, technicians or support staff who have worked with you during the rotation. Leave a thank you note as well. Treats are a nice touch (and memorable!) but, are not required.
- ✓ Complete the Evaluation of Preceptor and Site within seven days of end of the rotation.
- ✓ Upload the Evaluation of Preceptor and Site as well as portfolio assignments within seven days of the end of the rotation.

Rotation Hours

Students are required to actively engage in rotation activities for a minimum of 40 hours per week.

- ✓ Accreditation Standards mandate that no more than 45 hours on site will be acknowledged.
    - Rotation hours are at the discretion of the preceptor and may be 'normal' business hours, evening hours, night hours or weekend hours.
    - Students may be expected to arrive at the rotation site early to work up patients before patient rounds. (Remember, patient care is the priority.)
    - Time spent on homework activities is to be expected and is not included in the 40 hour requirement.
- ✓ If a student is unable to attend the rotation for any reason, the student must contact the preceptor as soon as possible.
- ✓ Be punctual!
- ✓ Three "professional days" will be allowed during the rotation year for any student wishing to attend a professional meeting/conference. Students must inform the APPE Director that they will be attending a conference and provide proof of registration.
- ✓ Rotation 6 spans 6 weeks to allow students to attend midyear. Students will work with their preceptors to determine which 5 weeks of the 6 week block will be completed.

Outside Employment & Coursework While On Rotations

Students may accept employment not related to rotation experiences provided that such employment does not interfere with APPE rotations. Students should critically assess the amount of additional non-APPE hours they are physically able to complete while maintaining patient safety as well as successful completion of rotations as the primary priority of the APPE year. Students too fatigued to safely care for their patients will be removed from the rotation.

Students may enroll in a maximum of 3 credits of outside coursework during the rotation year, provided that these courses are offered in the evening or online and do not interfere with APPE rotations. APPE rotations take priority.

Inclement Weather Conditions

Students located in the Fargo-Moorhead area are not expected to report to Experiential Education sites if classes at NDSU have been cancelled due to inclement weather conditions or weather conditions are such that a student could not travel safely to and from the practice site. Students located outside the Fargo area shall follow the local public school policy, and in case of closure shall contact their preceptor directly for instructions. Students who miss rotation hours due to inclement weather should work with their preceptors and the APPE Director to make up lost time.

Rotation Calendar & Holidays

APPE Rotation Schedule
North Dakota State University
2019/2020

The Pharm.D fourth year will begin on **May 20, 2019 at 8:00 am** and will end on **April 24, 2020 at 5:00 pm.** The Experiential Year is comprised of eight rotations and is further segregated into required and elective rotations. The five 5 week required rotations include: ambulatory care, acute care (inpatient general medicine), community advanced practice, institutional/hospital advanced practice, and rural health. The three elective rotations are also five weeks in length.

Students are expected to successfully complete 8 of the 9 available blocks. Students may choose any "OFF" block, rotations 1-7. ***OFF rotation block must be chosen by January 1, 2019 or a block will be chosen for you.**

2019-2020 Rotations Schedule

APPE ROTATIONS

Rot.# Course #	APPE 1 PHRM 581	APPE 2 PHRM 582	APPE 3 PHRM 583	APPE 4 PHRM 584	APPE 5 PHRM 585	APPE 6 PHRM 586	APPE 7 PHRM 587	APPE 8 PHRM 588	APPE 9 PHRM 589
Begin	5/20/19	6/24/19	7/29/19	9/3/19	10/7/19	11/12/19	1/13/20	2/18/20	3/23/20
End	6/21/19	7/26/19	8/30/19	10/4/19	11/8/19	12/20/19	2/14/20	3/20/20	4/24/20

2019/2020 NDSU University Holidays

All students are allowed time off during the following official 2019/2020 University holidays:

Memorial Day	**May 27, 2019**
Independence Day	**July 4, 2019**
Labor Day	**September 2, 2019**
Veteran's Day	**November 11, 2019**
Thanksgiving Day	**November 28, 2019**
Thanksgiving Friday	**November 29, 2019**
Martin Luther King, Jr.	**Jan. 20, 2020**
Presidents' Day	**Feb. 17, 2020**
Holiday Recess	**April 10, 2020**

Please note that the Holiday Break is: December 16, 2019 through January 10, 2020 for those students not attending Mid-Year. The Holiday Break for students who attend Mid-Year is December 23, 2019-January 10, 2020.

Annual Leave Form & Leave Requests

The "Annual Leave Form" will be utilized for ALL time off from rotations for illness, personal or professional reasons. This form requires the preceptor's signature. Completed forms will be submitted to the Experiential Education Office. Forms can be found on e*value in the document section and in BlackBoard.

"Personal" time off is considered time off due to sickness, job interviews, residency interviews and vacations.

"Professional" time off is considered time off for events coordinated by the School of Pharmacy, such as Didactic Days, Career Fair and Interview Day or professional meetings.

Students are allowed five "personal days" during the 40 weeks, with no more than 2 days occurring during a 5-week rotation. Preceptors have discretion to approve or deny requests for personal leave.

A student expecting a child during the APPE rotation year may request accommodation through the Office of Experiential Education. Accommodations may include a delayed graduation date.

Students are responsible for disclosing pregnancy to preceptors prior to rotations for the safety of the student and the child.

A student who adopts or receives a child in foster care, may choose to reschedule their rotation. The student will receive an incomplete grade with the expectation that the missed rotation hours will be made up at the end of the rotation year and may result in a delayed graduation date.

A student who is unable to perform the essential function of a rotation based on elder care responsibilities, care for spouses and/or children with medical issues, or the need to care for themselves as a result of medical issues, may need to take time off from rotations. Missed rotation hours will be made up as deemed appropriate by the student and APPE Director. Time off from rotations will be rescheduled at the end of the rotation year and may result in a delayed graduation.

Students who are nursing while on rotation are encouraged to contact the specific site's department of human resources to identify an available lactation room.

Intern Requirements

Legal Responsibility

According to the ND Board of Pharmacy Administrative Code:

- ✓ **Code 61-03-03.1-01.8 Supervision by Preceptor:** A licensed pharmacist designated as preceptor or another licensed pharmacist designated as preceptor or another licensed pharmacist shall be in continuous contact with and actually giving instructions to the intern during all professional activities.
- ✓ **Code 61-03-03.1-03. Identification:** An intern shall be so designated in the intern's professional relationships and shall in no manner falsely assume, directly or by inference, to be a pharmacist.
- ✓ **Code 61-03-03.1-04:** An intern shall be allowed to engage in the practice of pharmacy provided that such activities are under direct supervision of a pharmacist. The pharmacist shall physically review the prescription drug order and the dispensed pharmaceutical before the pharmaceutical is delivered to the patient or the patient's agent. The pharmacist is responsible for the practice of the intern.

Insurance

Students are required to carry at least minimal limits of professional liability insurance as provided by the university.

Students are required to maintain health and medical insurance coverage throughout the duration of the professional program.

Intern Licensure

According to the ND Board of Pharmacy Administrative Code:

- ✓ **Code 61-03-03.1-02. Licensure:** A pharmacy intern must license with the board of pharmacy when accepted into the doctor of pharmacy professional program at any board-approved college or school of pharmacy and annually while successfully completing all four years of the doctor of pharmacy program.

Students must be a registered pharmacy intern in North Dakota and any other states in which they practice.

Students must upload their intern license numbers from the individual states in which they will be completing rotations into e*value. A copy of the license must also be provided to the Experiential Education Office for inclusion in the student's file.

Students are responsible for information sent to them by boards of pharmacy or any other licensing agency and are also responsible for meeting all dates/deadlines set by the licensing agency.

If a student is completing a rotation in Minnesota, the student is responsible for completing a "*Notice of Employment for Internship Training"* **during the first week of their rotation.** This form requires the signature of the preceptor. Once completed, the form is to be mailed or faxed into the Minnesota Board of Pharmacy. This form documents where the student is completing

rotation hours in Minnesota. Forms can be obtained from the Minnesota Board of Pharmacy website located at https://mn.gov/boards/pharmacy/

Site Paperwork

Students may be asked to sign facility specific and rotation specific documents that are required by the rotation site in order to participate in a student rotation. These documents ***may not have*** been reviewed or approved by NDSU on your behalf. Students are strongly advised to read these agreements carefully and have them reviewed by your parents/legal guardian prior to signing them.

Professionalism

Students on rotation represent the pharmacy program at NDSU. With this representation comes expectations for behavior. Students are expected to exhibit behaviors and values consistent with the trust given to the profession by patients, other healthcare providers and society.

Professionalism will be exhibited by:

- ✓ Demonstrating empathy, compassion, integrity and respect for others.
  - Arguing with fellow healthcare providers is unprofessional and is unacceptable.
  - Complaining about a rotation site or preceptor in public areas is unprofessional and is unacceptable.
  - Please direct any concerns relating to the above to the APPE Director or the Outreach and Assessment Director.
- ✓ Demonstrating preparation, initiative and accountability consistent with a commitment to excellence.
  - Students are expected to be punctual in terms of timeliness when arriving to work and with project deadlines.
  - Students should not *expect* time off from rotations. It is the preceptor's sole discretion to grant time off from rotations. Students are expected *to ask* for time off from rotations.
  - Preceptor assigned tasks are non-negotiable. If you have concerns about an assignment, please contact the APPE Director.
- ✓ Demonstrating a commitment to legal and ethical principles pertaining to provision of patient centered care, including compliance with relevant laws, policies and regulations.
  - Students demonstrating unprofessional behavior on rotation may put patient care at risk. Students may be removed from the rotation site at the discretion of the preceptor or APPE Director.
- ✓ Students will adhere to the Thrifty White Concept Pharmacy Dress Code unless otherwise directed by the preceptor. Details for the Dress Code can be found below and in the PharmD Student Handbook, in BlackBoard under the APPE courses, in the Experiential Education Policies and Procedures Manual and in e*value.
- ✓ Students will maintain and check their NDSU email ***at least*** every 72 hours and respond promptly to emails from preceptors and the School of Pharmacy.

Thrifty White Concept Pharmacy Dress Code

Purpose

This dress code outlines the minimal acceptable standard for dress and appearance expected and required of all students within pharmacy practice laboratories, introductory pharmacy practice experiences (IPPE), advanced pharmacy practice experiences (APPE), and outreach activities. During pharmacy practice laboratories, IPPE, APPE, and outreach activities there are various levels of patient and public contact that require attention to appearance. This dress code will address basic expectations relating to professionalism and safety, recognizing that experiential education sites and outreach activities may modify the dress codes to be consistent with the work and public contact specific to them.

The goals of the dress code are twofold (1) promote a professional impression on patients, the public, faculty, and preceptors, and (2) promote safety.

Compliance and Enforcement

Standards of dress and personal appearance will be communicated during pharmacy practice laboratories, experiential education, and outreach activity orientations. When a student's dress does not comply with the established standard a pharmacy practice laboratory faculty, experiential education preceptor, or outreach activity coordinator will take appropriate action.

If for religious, cultural, or medical reasons there is a need to deviate from the dress code, the student must discuss accommodations with pharmacy practice laboratory faculty or experiential director. Written documentation may be required.

The dress code is not all inclusive. Students who have questions should consult with pharmacy practice laboratory faculty, the experiential director, or their experiential education preceptor.

Outreach Activities

The dress code will be maintained in the following circumstances:

- When participating in local, regional, or national pharmacy meetings or officially representing the College of Health Professions during educational in-services or poster presentations.
- Exceptions may be permitted per experiential education preceptors or outreach activity coordinators, who will exercise judgment and discretion when appropriate.

Name Tags and Lab Coats

Each student will receive a name tag and lab coat or name embroidered lab coat. These items are recognized as the principal basis of identification for faculty, preceptors, patients, and the public. These items must be worn during pharmacy practice laboratories, experiential education experiences, and outreach activities or when officially representing the College of Health Professions.

- Lab coats must be clean and pressed
- Lost, misplaced, or stolen name tags or lab coats must be reported to the Dean's office and replaced

Appropriate Attire

All clothing should be clean, fit properly, be in good repair, and pressed. Head coverings and jewelry may be worn when associated with religious, cultural, or medical reasons.

- Men will wear a short or long sleeved dress shirt, tie, full-length dress slacks, socks and coordinating dress shoes
- Women will wear a blouse or sweater with dress pants or skirt or dress and coordinating dress shoes
    - Sleeveless and cap sleeved blouses must have shoulder straps a minimum of 3" wide
    - Necklines should provide coverage and not expose the chest when leaning or bending forward
    - Dress pants must be mid-calf or longer
    - Skirts and dresses must be 3" above the knee or longer
    - Socks, nylons, or tights must be worn with pants, skirts, or dresses

Footwear

- Shoes are to be clean, business professional in nature, closed toe, and in good repair. This includes pumps, flats, loafers, and leather boots at or below the knee
- *Not allowed*: Open-toed shoes, flip-flops, tennis shoes, boat shoes, or moccasins

Appearance

- Piercings must be limited to the ear
- *Not allowed:* Gauging, body and facial piercings
- Visible tattoos are permitted. If a tattoo conveys violence, profanity, or sexually explicit content it must be covered

Grooming and Hygiene

Attention to hygiene is critical to the professional appearance and perception of a health care professional

- Hair should be clean and well groomed. Hair must be a natural, human color
    - If compounding sterile preparations, nonsterile compounding, or close contact with patients is anticipated, hair longer than shoulder length must be secured
- Beards, mustaches, and sideburns are to be neatly trimmed
- Cosmetics should be worn in moderation
- Fingernails must be clean, short, and neatly trimmed
- Nail polish is to be intact with no chipping. Nails should be painted a solid color
    - If preparing compounded sterile preparations, nail polish is not allowed
- Body odor, from any cause, should not create distractions
- *Not allowed:* Perfumes, colognes, or heavy fragrances
- *Not allowed:* Artificial fingernails, tips, wraps, or fillers

Uniforms/Scrubs

- Students may be required to wear uniforms or scrubs appropriate to the experiential education site
- When reporting to an experiential education site, the uniform should be complete and consistent with the site standard

For additional information regarding Dress Code, please refer to Policy 3.09 in the College and PharmD Student Handbook.

Immunizations

Students are required to be current on all immunizations specified by the School or institution, prior to beginning rotations.

APPE students are required to receive an influenza vaccination prior to the beginning of Rotation 5. Documentation must be received by the Experiential Education Office prior to the beginning of Rotation 5. Students who wish to decline this vaccination must contact the APPE Director.

Students are required to provide documentation of **two** TB skin tests over a period of 1-3 weeks (minimum of 7 days apart) within 3 months of the start of an institutional-based rotation.

- ✓ Some sites require a one-step TB test within 3 months of a hospital-based rotation. This requirement may result in a student having one or more TB tests during their P4 year of rotations.

If a student has a positive TB skin test, the student may have been immunized in the past, received treatment, or have been recently exposed. In these situations:

- ✓ Students must provide **annual proof** of a negative chest x-ray (baseline or subsequent chest x-ray taken after the initial positive skin test is acceptable) OR a Quantiferon blood test verifying that the student is clear of TB disease. If either the x-ray or the Quantiferon test is positive, the provider would then discuss treatment with Isoniazid (INH).
    - For those students who have been treated with Isoniazid (INH); the student will be considered cleared, as the Latent TB would have been treated. These students will still need to be tested on an annual basis.
    - If the affected student leaves the USA and returns to a high-risk country for over 30 days within the past 5 years, the student will retest as there is a chance of re-exposure.
    - If the affected student does not leave the USA, the student may schedule an appointment with a provider to discuss the possibility of a letter stating that the student has been treated and is clear of TB disease.

CPR

All students are required to have and maintain CPR certification throughout the professional program. Proof of Basic Life Support (BLS) CPR certification will be submitted during the P1 year and maintained throughout the professional program.

Drug Screening

Students may be required to obtain one or more negative drug screens prior to a rotation. Students for whom this applies will be contacted by the Experiential Education Office.

Blood or Body Fluid Exposure

In the event of a student being exposed to a patient's blood or other body fluid, the student should immediately follow these steps:

- ✓ Wash needle sticks and cuts with soap and water.
- ✓ Flush splashes to the nose, mouth, or skin with water.
- ✓ Irrigate eyes with clean water, saline, or sterile irrigants.
- ✓ Report the incident to your preceptor and the NDSU Experiential Education Office.
- ✓ Immediately seek medical evaluation and treatment for the exposure.

For further information about blood or body fluid exposure, visit the CDC website at: http://www.cdc.gov/niosh/topics/bbp/emergnedl.html.

Rotation Reimbursement

Students will not be assigned to any rotation site where the student has previously worked for a salary. An exception may be made for students who will work in a different capacity than as a paid intern. For example, a Sanford Inpatient Intern may be eligible to complete a Critical Care rotation at Sanford.

Students will not request or accept pay or remuneration. With the prior approval of the APPE Director, students may accept reimbursement for room, board and/or commuting costs.

Grading

Preceptors are evaluated by the student(s) scheduled with them for rotation. Once a preceptor has had three students the preceptor is able to view their evaluation scores in aggregate. Student evaluation of preceptors is anonymous.

Students are evaluated by the preceptor on record for each rotation. APPEs are graded as Pass/Fail.

The mid-term evaluation is generated during the second week of each rotation. Preceptors are encouraged to schedule time to discuss this checkpoint of the rotation.

The final evaluation is generated during the fourth week of the rotation. Preceptors are encouraged to schedule time to discuss the evaluation prior to completing the Final Evaluation.

Students are expected to score a Level 3 of entrustment on all EPA evaluation questions. Level 3 of entrustment states that ***the preceptor trusts the learner to complete this task. The learner requires limited correction or feedback.***

Students are expected to score "yes" on all Professionalism (ABO 4) evaluation questions.

For information on scores of Level 1 or Level 2 entrustment, please refer to the Remediation section below.

Remediation Policy

Preceptors complete two evaluations of a student for each rotation; a mid-term evaluation and a final evaluation. The mid-term evaluation will serve as a checkpoint for students; identifying areas for improvement.

If a student fails an APPE rotation or is unable to successfully complete an APPE rotation, for any reason other than a health-related situation, a failing grade will be entered into the grade book along with a new, expected rotation completion date. Students will not receive credit for failed rotation hours. Exceptions may be made and will be determined on a case-by-case basis. Students with a documented health-related situation that prevents the successful completion of an APPE rotation will be given an incomplete grade and will be assigned a new, expected completion date. If the expected completion date is missed, the incomplete grade will default to a failing grade.

During any APPE rotation, if a student puts patients, preceptors or the practice at risk or demonstrates unprofessional behavior, the student may be immediately dismissed from the rotation and given a failing grade for that rotation. A failing grade will be entered into the gradebook along with a new, expected rotation completion date. Students will not receive credit for failed rotation hours.

Failed rotations may not be made up in the same semester or over the winter break.

Remediation Process for students not meeting professionalism expectations:

APPE students are evaluated by preceptors on Personal and Professional Development. Students are expected to score "yes" on all final evaluation professionalism questions.

APPE students demonstrating a lack of professionalism that results in an answer of "no" on professionalism-related questions appearing on the final evaluation will be required to **successfully** complete a rigorous Remediation Plan through the Office of Experiential Education prior to Graduation. An Incomplete grade may be entered into the gradebook along with an expected completion date. Students will not graduate until the Remediation Plan has been successfully completed.

APPE students entering into Remediation through the Office of Experiential Education for professionalism reasons will be required, ***at a minimum,*** to create, and follow, an **acceptable** Action Plan detailing steps to improve performance in the area of Personal and Professional Development (ABO 4). Action Plans will be approved at the sole discretion of the Experiential Education Directors.

Additionally, the approved Action Plan will be shared with the student's next two preceptors and follow up with these preceptors regarding the student's performance on rotation will occur over the next two rotations unless Remediation is occurring during Rotation 8 or Rotation 9.

If, however, during subsequent rotations, the student receives a final evaluation score of "no" on the same professionalism-related question(s) as already received on a previous evaluation, the current rotation will be considered a failed rotation. A failing grade will be entered into the

gradebook along with a new, expected rotation completion date. Students will not receive credit for failed rotation hours. See Remediation Process resulting from multiple scores of less than Level 3 of entrustment for further details on failed rotations.

Remediation Process resulting from failure to meet Level 3 of entrustment on any single EPA evaluation question:

APPE students are evaluated by preceptors on a series of Entrustable Professional Activities questions. Students are expected to meet Level 3 of entrustment on all EPA questions. Level 3 entrustment states that ***the preceptor trusts the learner to complete this task. The learner requires limited correction or feedback.***

APPE students receiving scores of less than Level 3 on any single EPA question will be required to successfully complete a rigorous Remediation Plan. Remediation students will be required, ***at a minimum,*** to create, and follow, an **acceptable** Action Plan detailing steps to improve performance in the area(s) where deficiencies were noted. Action Plans will be approved at the sole discretion of the APPE Director. Additional Remediation measures may be required by the APPE Director.

Additionally, the approved Action Plan will be shared with the student's next two preceptors and follow up with these preceptors regarding the student's performance on rotation will occur over the next two rotations unless Remediation is occurring during Rotation 8 or Rotation 9.

If the Action Plan is followed and **successfully** completed and if there are no further deficiencies noted by preceptors over the next two rotations, Remediation will be complete.

If, however, during subsequent rotations, the student receives a score of less than Level 3 of entrustment on the same EPA question(s) as previously received, the current rotation will be considered a failed rotation. A failing grade will be entered into the gradebook along with a new, expected rotation completion date. Students will not receive credit for failed rotation hours. See Remediation Process resulting from multiple scores of less than Level 3 of entrustment for further details on failed rotations.

Remediation Process resulting from 2 or more scores of less than Level 3 of entrustment (failed rotation):

APPE students are evaluated by preceptors on a series of Entrustable Professional Activities questions. Students are expected to meet Level 3 of entrustment on all EPA questions. Level 3 entrustment states that ***the preceptor trusts the learner to complete this task. The learner requires limited correction or feedback.***

APPE students receiving 2 or more scores of less than Level 3 of entrustment will fail the rotation. A failing grade for the applicable course will be entered into the gradebook along with a new, expected rotation completion date. Students will not receive credit for failed rotation hours. A make-up rotation, of the same type, will be scheduled at a different location at the end of the rotation year resulting in a delayed graduation date. Remediation rotation locations are at the sole discretion of the APPE Director. It should be noted that not all preceptors are willing to

precept a Remediation rotation and Remediation rotations may take place in locations that are at a distance from Fargo.

APPE students failing a rotation will be required to successfully complete a rigorous Remediation Plan. Remediation students will be required, ***at a minimum,*** to meet, face to face with the APPE Director and the Dean's office as well as create, and follow, an **acceptable** Action Plan detailing steps to improve performance in the area(s) where deficiencies were noted. Action Plans will be approved at the sole discretion of the APPE Director. Additional Remediation measures may be required by the APPE Director.

Additionally, the approved Action Plan will be shared with the student's next two preceptors and follow up with these preceptors regarding the student's performance on rotation will occur over the next two rotations unless Remediation is occurring during Rotation 8 or Rotation 9.

If the Action Plan is followed and **successfully** completed and if there are no further deficiencies noted by preceptors over the next two rotations, Remediation will be complete. Upon successful completion of the Remediation rotation the student will graduate.

If, however, during subsequent rotations, the student does not meet Level 3 of entrustment on any EPA question(s) where this level was also not previously met, the current rotation will be considered a failed rotation. If a student fails two rotations, Policy 31.03, Right to Terminate Enrollment, may be considered.

NDSU Preceptor Education

Lisa Richter, PharmD, BCPS, BCCCP
Director of Experiential Outreach and Assessment
Assistant Professor of Practice
North Dakota State University School of Pharmacy

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Objectives

- Discuss Entrustable Professional Activities (EPAs)
- Describe the grading process for EPAs
- Explain the Pharmacists' Patient Care Process (PPCP)
- Outline preceptor development opportunities
- Summarize School of Pharmacy updates
- Discuss Preceptor FAQ's -how to view preceptor evaluations in E*value, inclement weather policy

Entrustable Professional Activities (EPAs)

"Discrete, essential activities and tasks that all new pharmacy graduates must be able to perform."

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Haines ST, Pittenger AL, Stolte SK, et al. Core entrustable professional activities for new pharmacy graduates. *Am J Pharm Educ*. In press.

Levels of Entrustment

Level	Description
Level 1	I trust the learner with direct observation and instruction to complete this task or the learner did not demonstrate this task.
Level 2	I trust the learner to complete this task with assistance. The learner requires frequent correction or feedback. **IPPE minimum requirement**
Level 3	I trust the learner to complete this task. The learner requires limited correction or feedback. **APPE minimum requirement**
Level 4	I trust the learner to complete this task. The learner is self-directed and seeks guidance as needed
Level 5	I trust that the learner has mastered the ability to complete this task. The learner is able to teach and give meaningful feedback to other learners.

IPPE Community EPA Example

Level 1	I trust the learner with direct observation and instruction to complete this task or the learner did not demonstrate this task.
Level 2	I trust the learner to complete this task with assistance. The learner requires frequent correction or feedback.
Level 3	I trust the learner to complete this task. The learner requires limited correction or feedback.
Level 4	I trust the learner to complete this task. The learner is self-directed and seeks guidance as needed
Level 5	I trust that the learner has mastered the ability to complete this task. The learner is able to teach and give meaningful feedback to other learners.

Students should perform all tasks at a level of entrustment of 2. I trust the learner to complete this task with assistance. The learner requires frequent correction or feedback.	**Does not meet Level 2 of entrustment (Level 1)**	**Meets this level of entrustment (Level 2)**	**Exceeds Level 2 of entrustment (Level 3, 4, or 5)**
Collect a medical history from a patient or caregiver.		X	
Collect a medication history from a patient or caregiver.			X
Discuss a patient's experience with medication.		X	
Assess a patient's signs and symptoms to determine whether the patient can be treated within the scope of practice or requires a referral			X
Evaluate an existing drug therapy regimen.	X		
Accurately select and prepare medications to fulfill a medication order		X	
Educate a patient regarding the appropriate use of a new medication, device to administer a medication, or self-monitoring test			X

APPE Acute Care EPA Example

Level 1	I trust the learner with direct observation and instruction to complete this task or the learner did not demonstrate this task.
Level 2	I trust the learner to complete this task with assistance. The learner requires frequent correction or feedback.
Level 3	I trust the learner to complete this task. The learner requires limited correction or feedback.
Level 4	I trust the learner to complete this task. The learner is self-directed and seeks guidance as needed
Level 5	I trust that the learner has mastered the ability to complete this task. The learner is able to teach and give meaningful feedback to other learners.

Students should perform all tasks at a level of entrustment of 3. I trust the learner to complete this task. The learner requires limited correction or feedback.	**Does not meet Level 3 of entrustment (Level 1 or 2)**	**Meets this level of entrustment (Level 3)**	**Exceeds Level 3 of entrustment (Level 4, or 5)**
Compile a prioritized and/or medication-related problem list for a patient.		X	
Evaluate an existing drug therapy regimen.		X	
Follow an evidence-based disease management protocol.		X	
Select monitoring parameters to determine the therapeutic and adverse effects related to the treatment plan.			X
Write a setting appropriate note that documents patient care activities.			X
Recommend modifications or adjustments to an existing medication therapy regimen based on patient response.		X	
Present a patient case to a colleague during a handoff or transition of care.			X

All NDSU experiential evaluations

Professionalism	Yes	No
Student demonstrates preparation, initiative, and accountability consistent with a commitment to excellence.		
Student demonstrates motivation, attention, and interest during learning and work-related activities		

General Requirements	Yes	No
Did the student provide the preceptor with a case log report to view (20 case logs required/rotation) (APPE)		
Preceptor certifies student completed 200 rotation hours. (APPE)		

All NDSU experiential evaluations

Comments	
Comments regarding student special projects:	
Areas where the student excelled:	
Areas where the student needs improvement:	

IPPE - Remediation

Score	Result
One “Does not meet this level of entrustment” on EPAs OR “Needs Improvement” on professionalism questions	Pass, with remediation*

IPPE - Failure

Score	Result
Two or more “Does not meet this level of entrustment” on EPAs or “Needs Improvement” on professionalism questions OR “No” on professionalism questions OR “No” on required hours/objectives	Fail

APPE - Remediation

Score	Result
One “Does not meet this level of entrustment” on EPAs OR “No” on professionalism questions	Pass, with remediation*

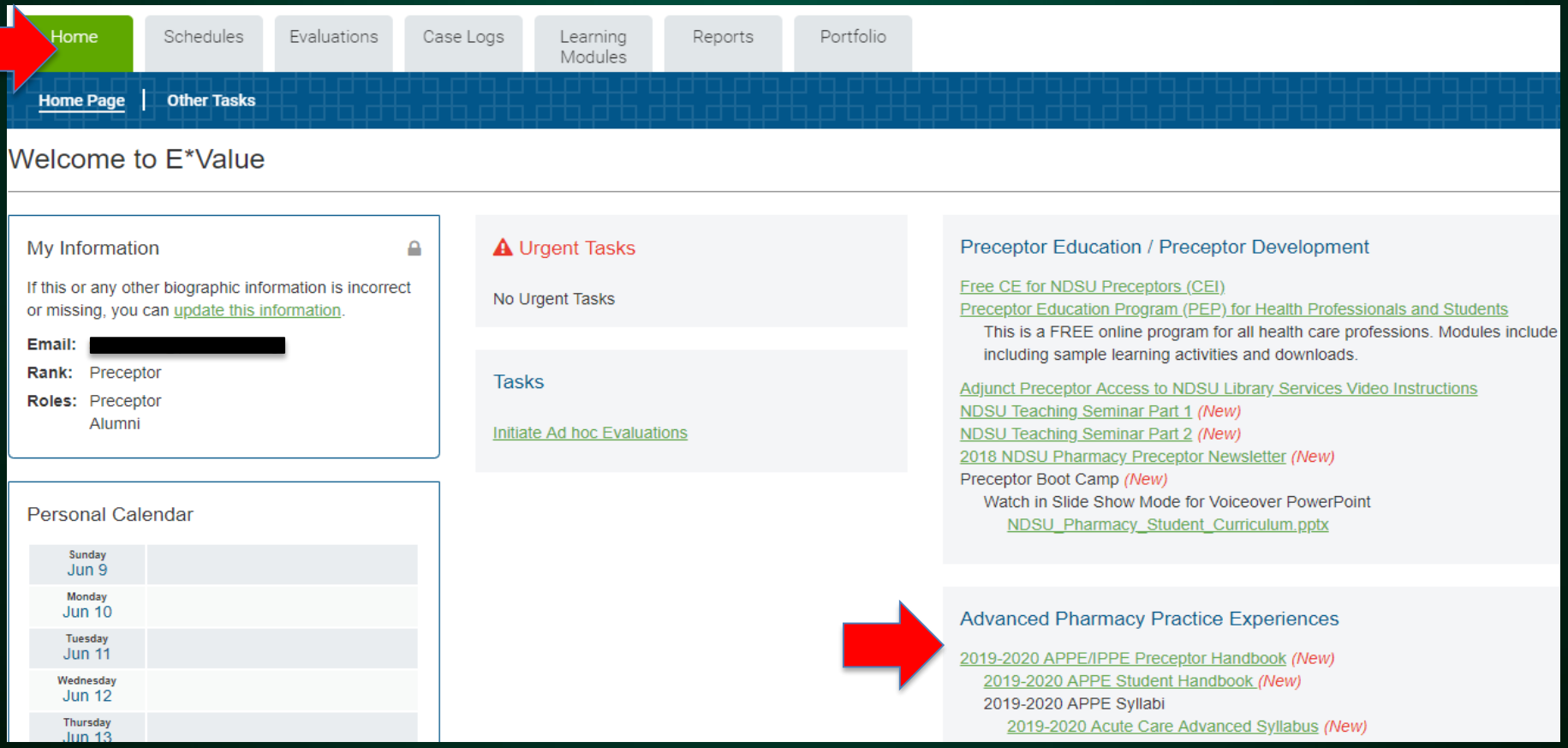
*Action plan shared with next two preceptors

APPE - Failure

Score	Result
Two or more “Does not meet this level of entrustment” on EPAs OR Repeat of one “No” on professionalism questions OR “Does not meet this level of entrustment” from same question as previous evaluations	Fail

Preceptor handbook on homepage in E*value

- Contains links to evaluations/remediation information



Preceptor Feedback

Questions/comments about grading EPAs?

Pharmacists' Patient Care Process

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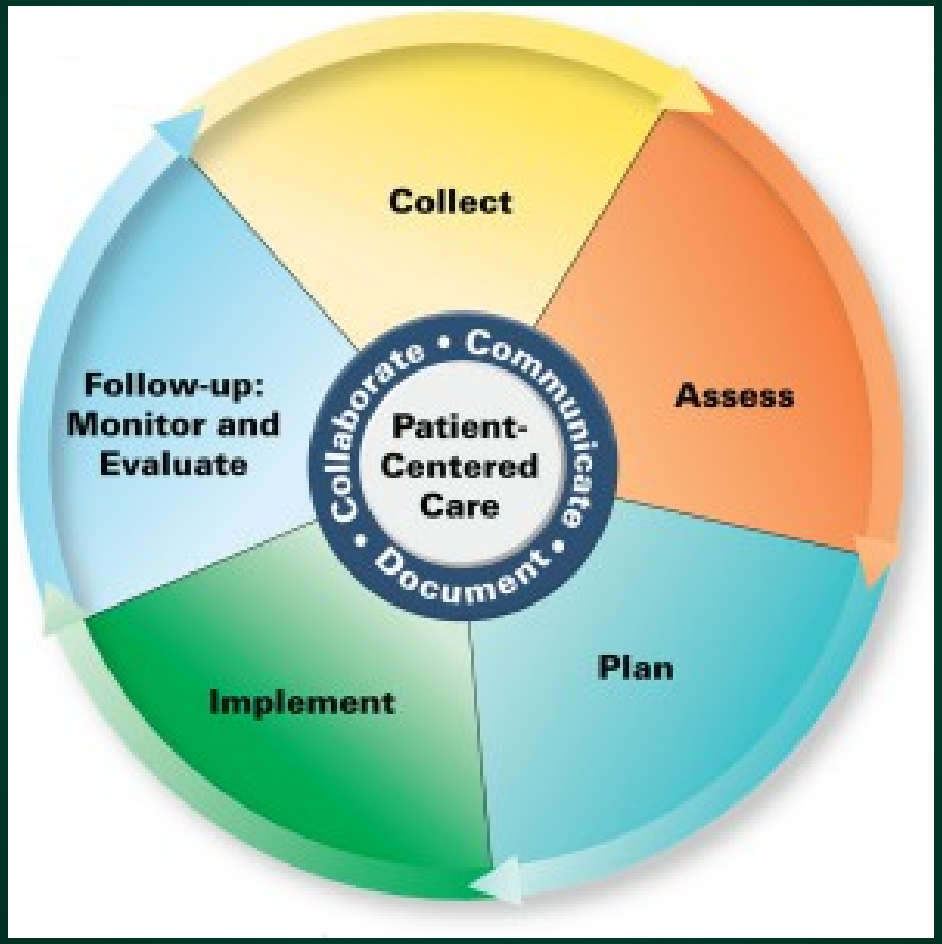
Joint Commission of Pharmacy Practitioners *Pharmacists' Patient Care Process.* https://jcpp.net/patient-care-process

Pharmacists' Patient Care Process



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Joint Commission of Pharmacy Practitioners
Pharmacists' Patient Care Process.
https://jcpp.net/patient-care-process/

Outline preceptor development opportunities

Preceptor Development Opportunities/Resources:

From the Schoolhouse Series code: NDSUSCHOOL

An Overview of Complementary & Alternative Medicine

- Don Miller, PharmD, FASHP
- **Friday, Oct. 4th, 2019 12-1pm**

Probiotics in Pediatrics: Helpful, harmful, or a waste of money?

- Julia Muzzy Williamson, PharmD, BCPPS, CNSC
- **Friday, Nov. 15th, 2019 12-1pm**

Decreasing Medication Burden in the Elderly

- Allison Hursman, PharmD, BCGP
- **Friday, Dec. 6th, 2019 12-1pm**

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Preceptor Development Opportunities/Resources

- Collaborative Education Institute (CEI)

North Dakota State University Subscription Code: NDSU19

From E*Value
Click on Learning Modules > CEI

Enter Access Code
and Login to CEI account

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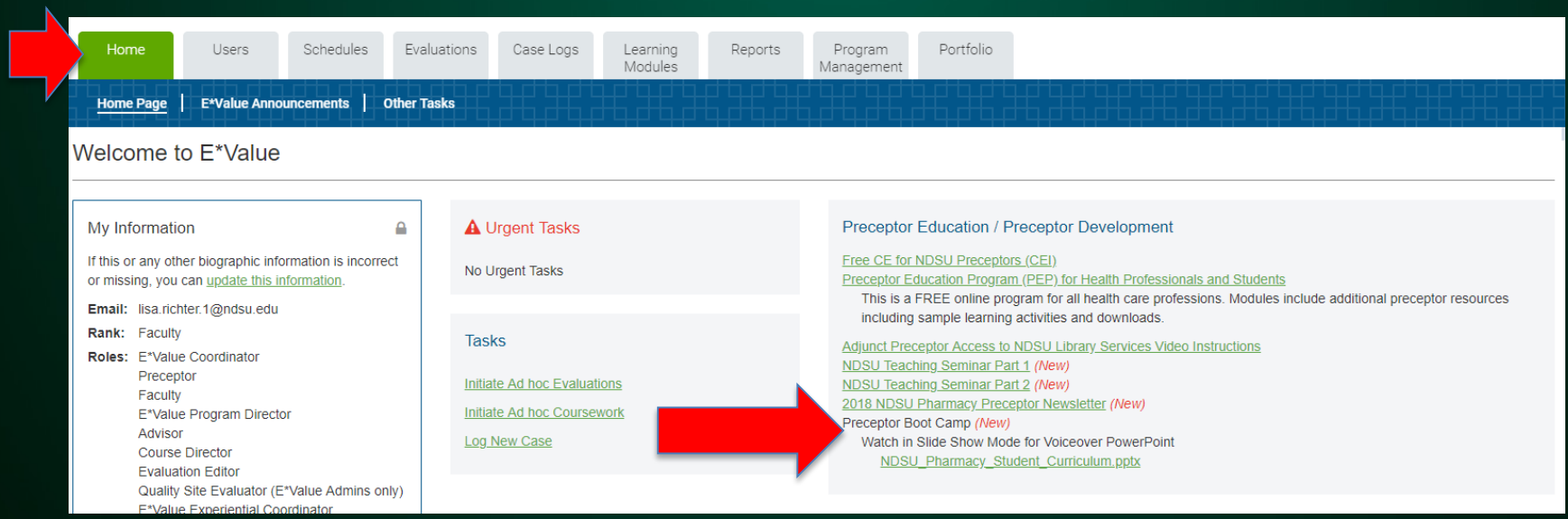
Preceptor Development Opportunities/Resources

- Summer & Winter NDSU Preceptor Newsletters
- Research/Teaching Seminars
- NDSU Library resources - mark.lofgren@ndsu.edu
- NDSU Preceptor Bootcamp - **NEW**



Continuous Quality Improvement

Topics you would like to see for preceptor development?

Preferred formats?

Preferred dates/times?

Summarize School of Pharmacy updates

NDSU School of Pharmacy Brief Updates

- Accreditation 2020
- Direct Conditional Admission to Pharmacy Program

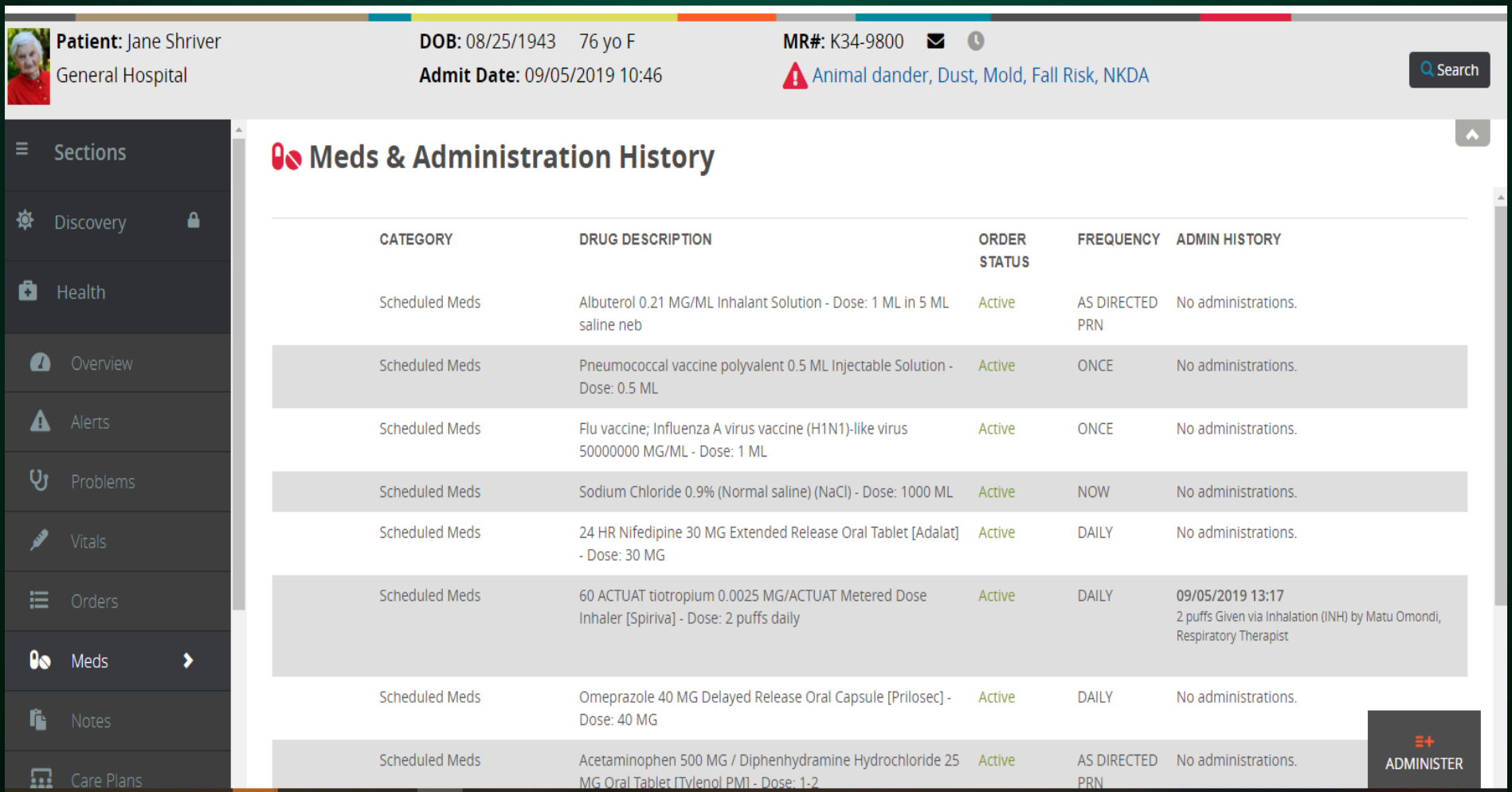
NDSU School of Pharmacy Brief Updates

- School of Pharmacy Co-Curriculum Pilot

P2 Focus: Teams and Teamwork - "Team Ready" (ABOs 3.4 Interprofessional Collaboration, 4.1 Self-Awareness, 4.2 Leadership, 4.3 Innovation, 4.4 Professionalism)	
Fall Semester (Required Elements)	**Spring Semester (Required Elements)**
Attend Career Fair	Attend Public Health Poster presentations
NDSU Leadership on the Go: Gallop Strengths Finder	NDSU Leadership on the Go: Innovation and Creativity
NDSU Leadership on the Go: Strengths Based Teamwork	IP Team-Based Collaborative Care Simulation (CHP 400)
Attend One IPE Grand Rounds	Attend One IPE Grand Rounds
End of Semester Reflection (due 11/15)	End of Semester Reflection (due 4/15)
ELECTIVES: Complete 2 electives from "TEAM READY" category (see pre-approved list) during P1 Summer through April 1.	

NDSU School of Pharmacy Updates

- EHR Go – simulated electronic health record



Sudro Hall Expansion
Aldevron Tower

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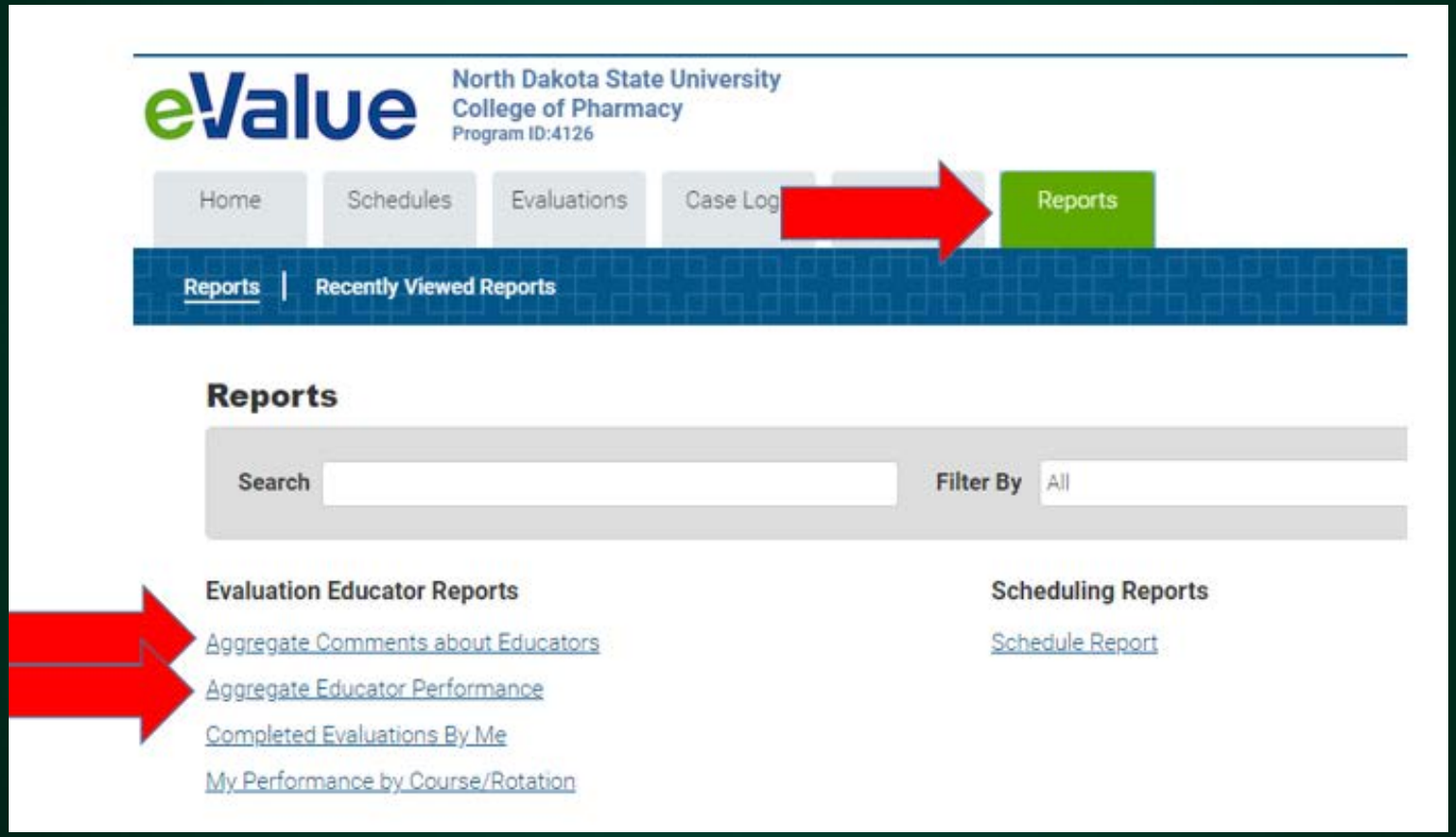
Aldevron Tower
NDPhA Concept Pharmacy

Continuous Quality Improvement

Areas NDSU pharmacy students excel?

Gaps in NDSU pharmacy student knowledge?

FAQ-How to view evaluations in E*value



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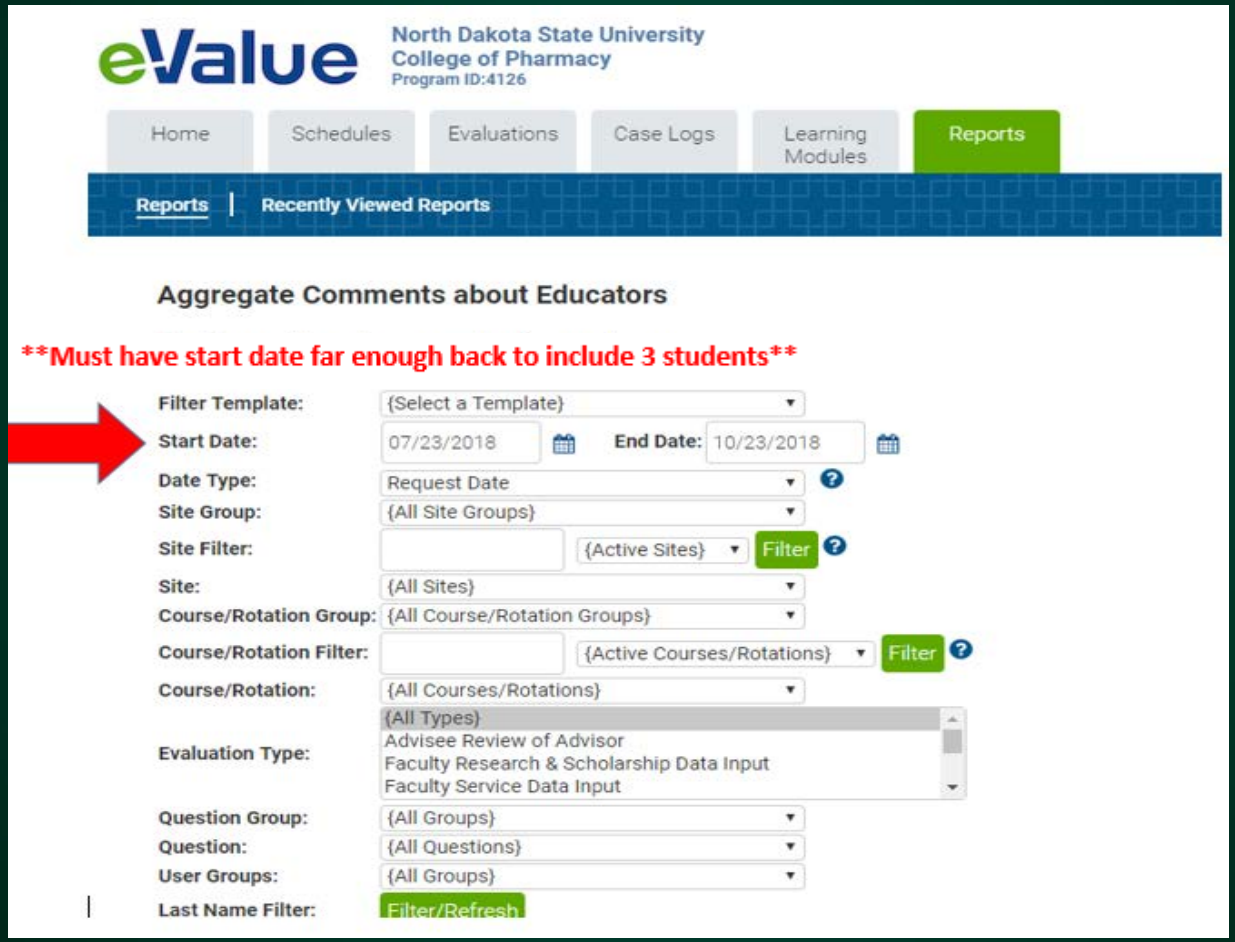
FAQ-How to view evaluations in E*value



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FAQ-Inclement Weather Policy

- Students are excused for weather if in F/M and NDSU is cancelled
- If outside of F/M follow local public schools and contact preceptors directly if closed

All hours missed due to inclement weather MUST be made up

  - Information located in preceptor handbook on E*value homepage

Availability for 2020-2021 is now open!

Nov. 22, 2019	• Deadline for preceptors to enter availability
Dec. 16, 2019	• Deadline for students to select choices
Jan. 2020	• Rotation schedule available to students & preceptors
May 26, 2020	• 2020-2021 Rotations begin!* • *IPPE students must make up Memorial Day Hours (5/25/2020)

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Experiential Education makes up 30% of pharmacy students' curriculum -

Thank You Preceptors!

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Claim CE Credit

How do I access this recorded activity?

1. Log on to Evalue -> Learning Modules tab->CEI (on blue banner across top) >Connect to CEI account
2. Click on My Courses
3. Enter your access code in the field Enter Partner Code and click APPLY. The code for this CE series is: NDSUSCHOOL. If you have already entered this code in your profile, any new activities in this series will populate automatically when they become available.
4. Click CONFIRM at the bottom of the page and you will be registered.
5. The activity will now show in your profile. (NDSU Preceptor Education)

How do I submit my CPE?

1. Follow steps 1 & 2 above
2. Locate the activity title you wish to complete within your Profile and click on the Exam
3. Complete the Exam & Evaluation as prompted; click SUBMIT to send your information to CPE Monitor

- Questions? Contact team at CEI by calling 515.270.8118 or team@CEImpact.com

NDSU NORTH DAKOTA STATE UNIVERSITY

New Entrustable Professional Activity (EPA) Pharmacy Student Evaluations

Lisa Richter, PharmD, BCPS, BCCCP
Director of Experiential Outreach and Assessment
Assistant Professor of Practice
North Dakota State University School of Pharmacy

NDSU NORTH DAKOTA STATE UNIVERSITY

Objectives

- Discuss Entrustable Professional Activities (EPAs)
- Describe the new NDSU pharmacy student evaluations
- Describe the grading process for EPAs
- Identify EPA resources

Discuss Entrustable Professional Activities (EPAs)

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Entrustable Professional Activities (EPAs)

"Discrete, essential activities and tasks that all new pharmacy graduates must be able to perform."

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Haines ST, Pittenger AL, Stolte SK, et al. Core entrustable professional activities for new pharmacy graduates. *Am J Pharm Educ*. In press.

Entrustable Professional Activities (EPAs)

Level 1: I trust the learner with direct observation and instruction to complete this task or the learner did not demonstrate this task.
Level 2: I trust the learner to complete this task with assistance. The learner requires frequent correction or feedback.
Level 3: I trust the learner to complete this task. The learner requires limited correction or feedback.
Level 4: I trust the learner to complete this task. The learner is self-directed and seeks guidance as needed.
Level 5: I trust that the learner has mastered the ability to complete this task. The learner is able to teach and give meaningful feedback to other learners.

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Entrustable Professional Activities (EPAs)

	Level 1: I trust the learner with direct observation and instruction to complete this task or the learner did not demonstrate this task.
IPPE	**Level 2: I trust the learner to complete this task with assistance. The learner requires frequent correction or feedback.**
APPE	**Level 3: I trust the learner to complete this task. The learner requires limited correction or feedback.**
	Level 4: I trust the learner to complete this task. The learner is self-directed and seeks guidance as needed.
	Level 5: I trust that the learner has mastered the ability to complete this task. The learner is able to teach and give meaningful feedback to other learners.

Describe the new NDSU pharmacy student evaluations

IPPE Community EPA Example

IPPE P2 Evaluation: The Pharmacy Student is evaluated on the following levels of entrustment:

Level 1: I trust the learner with direct observation and instruction to complete this task or the learner did not demonstrate this task.

Level 2: ***I trust the learner to complete this task with assistance. The learner requires frequent correction or feedback.***

Level 3: I trust the learner to complete this task. The learner requires limited correction or feedback.

Level 4: I trust the learner to complete this task. The learner is self-directed and seeks guidance as needed.

Level 5: I trust that the learner has mastered the ability to complete this task. The learner is able to teach and give meaningful feedback to other learners.

(Question 1 of 7 - Mandatory)

The student should perform all tasks at a level of entrustment of 2. ***I trust the learner to complete this task. The learner requires frequent correction or feedback.***	Does not meet Level 2 of entrustment (Level 1)	**Meets this level of entrustment (Level 2)**	Exceeds Level 2 of entrustment (Level 3, 4, or 5)
Collect a medical history from a patient or caregiver.	○	○	○
Collect a medication history from a patient or caregiver.	○	○	○
Discuss a patient's experience with medication.	○	○	○
Assess a patient's signs and symptoms to determine whether the patient can be treated within the scope of practice or requires a referral.	○	○	○
Evaluate an existing drug therapy regimen.	○	○	○
Accurately select and prepare medications to fulfill a medication order.	○	○	○
Educate a patient regarding the appropriate use of a new medication, device to administer a medication, or self-monitoring test.	○	○	○
Assist a patient with behavior change (e.g., use shared decision making and motivational strategies)	○	○	○
Communicate a patient's medication-related problem(s) to another health professional.	○	○	○
Use setting appropriate communication skills when interacting with others.	○	○	○
Report adverse drug events and medication errors to stakeholders (internal or external).	○	○	○
Retrieve and analyze scientific literature to answer a drug information question.	○	○	○

APPE Acute Care EPA Example

Acute Care Final Evaluation: The Pharmacy Student is evaluated on the following levels of entrustment:

Level 1: I trust the learner with direct observation and instruction to complete this task or the learner did not demonstrate this task.

Level 2: I trust the learner to complete this task with assistance. The learner requires frequent correction or feedback.

Level 3: I trust the learner to complete this task. The learner requires limited correction or feedback.

Level 4: I trust the learner to complete this task. The learner is self-directed and seeks guidance as needed.

Level 5: I trust that the learner has mastered the ability to complete this task. The learner is able to teach and give meaningful feedback to other learners.

(Question 1 of 8 - Mandatory)

The student should perform all tasks at a level of entrustment of 3. *I trust the learner to complete this task. The learner requires limited correction or feedback.*	Does not meet Level 3 of entrustment (Level 1 or 2)	Meets this level of entrustment (Level 3)	Exceeds Level 3 of entrustment (Level 4 or 5)
Compile a prioritized and/or medication-related problem list for a patient.	○	○	○
Evaluate an existing drug therapy regimen.	○	○	○
Follow an evidence-based disease management protocol.	○	○	○
Select monitoring parameters to determine the therapeutic and adverse effects related to the treatment plan.	○	○	○
Write a setting appropriate note that documents patient care activities.	○	○	○
Recommend modifications or adjustments to an existing medication therapy regimen based on patient response.	○	○	○
Present a patient case to a colleague during a handoff or transition of care.	○	○	○
Contribute medication-related expertise to the team's work.	○	○	○
Use setting appropriate communication skills when interacting with others.	○	○	○
Lead a discussion regarding a recently published research manuscript and its application to patient care.	○	○	○
Retrieve and analyze scientific literature to answer a drug related question.	○	○	○

All APPE evaluations

Professionalism/NDSU Requirements

Student demonstrates preparation, initiative, and accountability consistent with a commitment to excellence. *(Question 2 of 8 - Mandatory)*

Yes	No
○	○

Student demonstrates motivation, attention, and interest during learning and work-related activities. *(Question 3 of 8 - Mandatory)*

Yes	No
○	○

Did the student provide preceptor with a case log report to view? (20 case logs required/rotation) *(Question 4 of 8 - Mandatory)*

○ Yes ○ No

Preceptor certifies student completed 200 rotation hours (including time off noted above). *(Question 5 of 8 - Mandatory)*

○ Yes ○ No

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All APPE evaluations

Comments

Comments regarding student special projects:	
Please describe areas where the student excelled:	
Please describe areas where the student needs improvement:	

Describe the grading process for EPAs

IPPE - Remediation

Score	Result
One “Does not meet this level of entrustment” on EPAs OR “Needs Improvement” on professionalism questions	Pass, with remediation

IPPE - Failure

Score	Result
Two or more “Does not meet this level of entrustment” on EPAs or “Needs Improvement” on professionalism questions OR “No” on professionalism questions OR “No” on required hours/objectives	Fail

APPE - Remediation

Score	Result
One “Does not meet this level of entrustment” on EPAs OR “No” on professionalism questions	Pass, with remediation*

*Action plan shared with next two preceptors

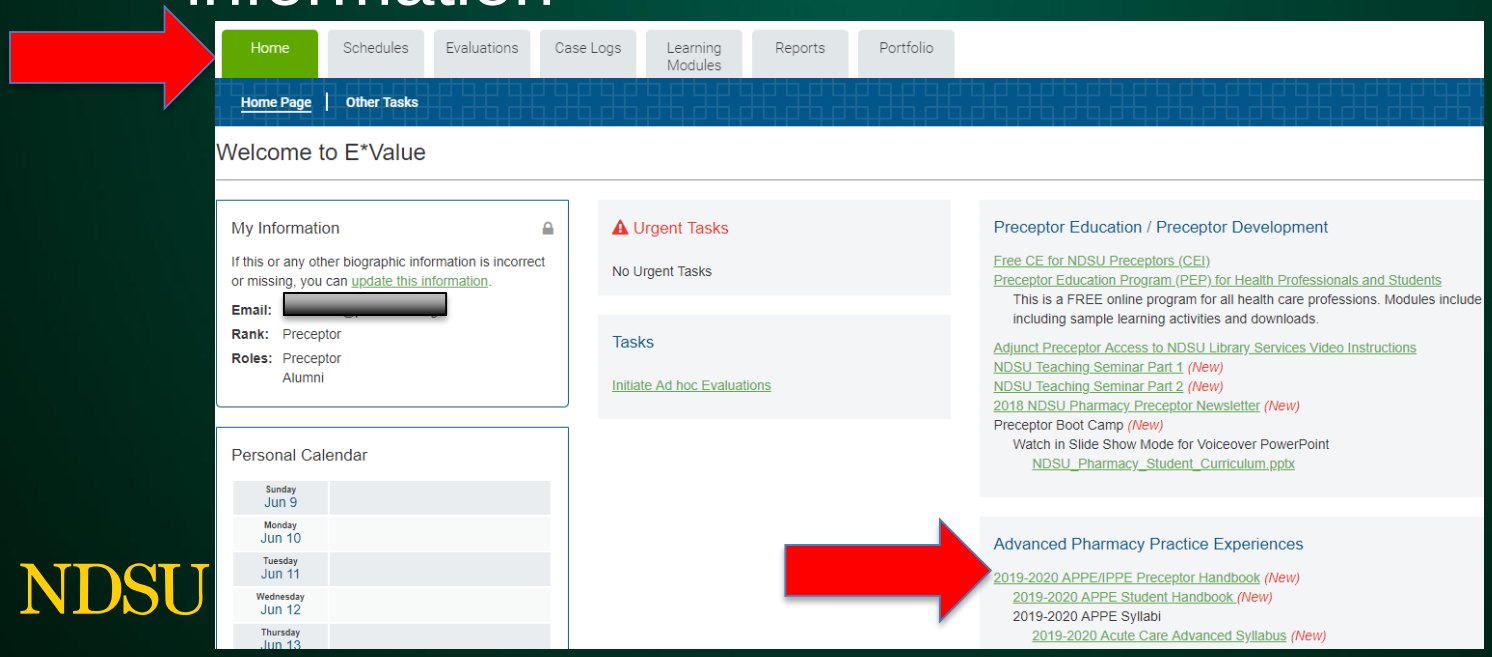
APPE - Failure

Score	Result
Two or more “Does not meet this level of entrustment” on EPAs or “No” on professionalism questions OR Repeat of **one** “No” OR “Does not meet this level of entrustment” from same question as previous evaluations	Fail

Identify EPA resources

Where can I find all of this information?

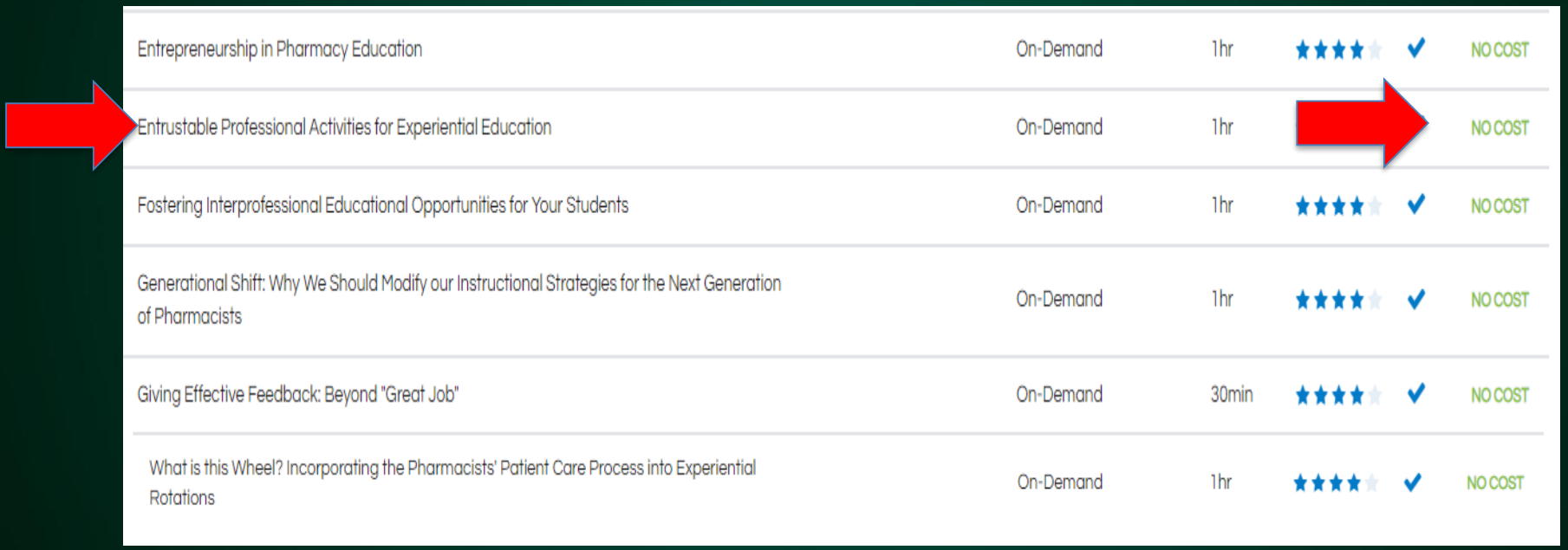
- Updated preceptor handbook
  - Homepage in E*Value
  - Contains links to evaluations/remediation information



NDSU

Free CEImpact Resources

- EPA additional information



Entrepreneurship in Pharmacy Education	On-Demand	1hr	★★★★☆ ✓	NO COST
Entrustable Professional Activities for Experiential Education	On-Demand	1hr		NO COST
Fostering Interprofessional Educational Opportunities for Your Students	On-Demand	1hr	★★★★☆ ✓	NO COST
Generational Shift: Why We Should Modify our Instructional Strategies for the Next Generation of Pharmacists	On-Demand	1hr	★★★★☆ ✓	NO COST
Giving Effective Feedback: Beyond "Great Job"	On-Demand	30min	★★★★☆ ✓	NO COST
What is this Wheel? Incorporating the Pharmacists' Patient Care Process into Experiential Rotations	On-Demand	1hr	★★★★☆ ✓	NO COST

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Experiential Education contact information

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Asst. Professor of Practice

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Rebecca.Brynjulson@ndsu.edu

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APPE Director

Phone: 701-231-6578
Teri.Undem@ndsu.edu

Main contact for: APPE student questions, APPE student issues

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Director Experiential Outreach & Assessment/
Asst. Professor of Practice

Phone: 701-231-5178
Lisa.Richter.1@ndsu.edu

Main contact for: Preceptor development, site visits, new preceptor/site requests

Mark Lofgren, MBA
E*Value Coordinator

Phone: 701-231-7722
Mark.Lofgren@ndsu.edu

*Main contact for: E*Value - passwords, troubleshooting, NDSU Career Fair/Interview Day*

Julie Brandon
Experiential Education Academic Assistant

Phone: 701-231-5576
Julie.Brandon@ndsu.edu

Main contact for: Site onboarding requirements (immunizations, background checks)

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Thank You Preceptors!

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2018-2019 Elective Rotations

Academic
Administration (hospital)
Compounding (patient care and non-patient care)
Critical Care
Emergency Room
Geriatrics
Health Care Policy
Hospice
Infectious Disease
Informatics
Long Term Care
Management (community and hospital)
Nephrology
Nuclear
Oncology
Patient Care
Pediatrics
Pharmacoeconomics
Pharmacogenomics
Psychiatry
Research
Special Projects (vaccination)
Surgery

2019-2020 Elective Rotations

Academic
Administration (hospital)
Compounding (patient care and non-patient care)
Critical Care
Geriatrics
Health Care Policy
Hospice
Infectious Disease
Informatics
Long Term Care
Mail Order Pharmacy
Management (community and hospital)
Nephrology
Nuclear
Oncology
Online Entrepreneurship
Patient Care
Pediatrics

Pharmacoeconomics
Psychiatry
Quality Assurance/Quality Improvement
Research
Special Projects (vaccination)
Specialty Pharmacy
Surgery
Transitional Care/Discharge

PHRM 581-589 Advanced Pharmacy Practice Experiences-Advanced Community
5 Credits
Rotation Year 2019-2020
Meeting Times TBA

Course Faculty: Adjunct Clinical Instructors of Pharmacy Practice

Course Coordinator: Teri Undem, R.Ph.
Director, Advanced Pharmacy Practice Experiences
teri.undem@ndsu.edu
Phone: (701) 231-6578

Administrative Assistant: Julie Brandon
julie.brandon@ndsu.edu
Phone: (701) 231-5576
Fax: (701) 231-7606

Office Location: Sudro 20, Experiential Education (EE) Office
EE Office Hours: 10:00 AM – 4:00 PM, Monday through Friday

General Course Information

Bulletin Description: Experiential clinical training designed to integrate, apply, reinforce, and advance the knowledge, skills, attitudes, and values developed through the other components of the curriculum.

Pre-requisites: Completion of all PharmD coursework with a grade "C" or better.

Student Learning Resources:
Required APPE Student Handbook
Experiential Education Policies and Procedures
Electronic Access to BlackBoard
Electronic Access to E*Value Student Management System (https://www.e-value.net/index.cfm)

Instructional Methods:
☐ Audience Response Technology (clickers) ☐ Case-Based Learning ☐ Demonstration ☐ Direct patient care (IPPE*) ☐ Discussion - Large Group ☐ Discussion – Small Group ☒ Experiential (IPPE or APPE) ☒ Interprofessional Activities ☐ Lecture ☐ Pre-Recorded Lectures / Videos ☐ Role Play ☒ Self-Directed Learning ☐ Simulation (IPPE*) ☐ Simulation (Non-IPPE) ☐Team-Based Learning ☐Tegrity ☐ Other:

Program-Level Ability-Based Outcomes and Course Objectives

PharmD Ability Based Outcomes Addressed in this Course:

Domain 1. Foundational Knowledge: Students will be able to develop, integrate, and apply knowledge from the foundational sciences (biomedical, pharmaceutical social/behavioral/administrative, and clinical sciences) to explain drug action, solve therapeutic problems, evaluate scientific literature, and advance population health and patient-centered care.

Domain 2. Essentials for Practice and Care

2.1 Patient-Centered Care: Students will be able to provide patient-centered care as a medication expert (collect and interpret evidence, prioritize, formulate assessments and recommendations, implement, monitor and adjust plans, and document activities).

2.2 Medication Use Systems Management: Students will be able to manage patient healthcare needs using human, financial, technological, and physical resources to optimize the safety efficacy of medication use systems (i.e., procurement, storage, prescribing, transcription, dispensing, administration, monitoring, and documentation.)

2.3 Health and Wellness: Students will be able to design prevention, intervention, and educational strategies for individuals and communities to manage chronic disease and improve health and wellness.

Domain 3. Approach to Practice and Care

3.1 Problem Solving: Students will be able to identify problems; explore and prioritize potential strategies; and design, implement, and evaluate a viable solution while considering ethical, legal, and cultural dimensions.

3.2 Education: Students will be able to educate all audiences (e.g., patients/caregivers, technicians and interns, pharmacy students, fellow pharmacists, other healthcare providers, legislators) by determining the most effective and enduring ways to impart information and assess learning.

3.3 Patient Advocacy: Students will be able to represent the patients' best interests.

3.4 Interprofessional Collaboration: Students will be able to actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and shared values to meet patient care needs.

3.6 Communication: Students will be able to effectively communicate using verbal, nonverbal, and written methods when interacting with individuals, groups, and organization.

Domain 4. Personal and Professional Development

4.1 Self-Awareness: Students will be able to examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth.

4.4 Professionalism: Students will exhibit behaviors and values consistent with the trust given to the profession by patients, other healthcare providers, and society.

Course Objectives:	**Objective**	**Assignments & Example Activities**	**Programmatic ABOs**
	Collect information to identify a patient's medication-related problems and health-related needs.	Collect a medication history from a patient or caregiver. (ABO 2.1.1) Determine a patient's medication adherence. (ABO 2.3.2) Use health records to determine a patient's health-related needs relevant to the community pharmacy setting (ABO 3.1.1)	ABO 2.1, 2.2, 2.3, 3.1, 3.6
	Analyze information to determine the effects f medication therapy, identify medication-	Assess a patient's signs and symptoms to determine whether the patient can be treated within the scope of	ABO 1, 2.1, 3.1, 3.6

	related problems, and prioritize health-related needs	practice or requires a referral. (ABO 1.2) Identify drug interactions. (ABO 2.1.1) Evaluate an existing drug therapy regimen. (ABO 1.1) **Assignment: 4 Case Log Uploads per week/20 per rotation.** (ABO 2.1.5)	
	Minimize adverse drug events and medication errors.	Assist in the identification of underlying system-associated causes of errors. (ABO 2.2.5) Report adverse drug events and medication errors to stakeholders. (ABO 2.2.2)	ABO 2.2, 2.3, 3.2, 3.3, 3.4, 3.6
	Use evidence-based information to advance patient care	Retrieve and analyze scientific literature to make a patient-specific recommendation. (ABO 1.3) Complete a drug information request from another health care provider. (ABO 3.2.2) **Assignment: Complete 1 drug information request.** (ABO 3.2.2)	ABO 1, 3.2, 3.6
	Fulfill a medication order.	Determine if a medication is contraindicated for a patient. (ABO 2.2.4) Accurately select, prepare, and dispense medications. (ABO 2.2.6) Ensure that formulary preferred medications are used when clinically appropriate. (ABO 2.2.5)	ABO 2.2, 3.1, 3.6
	Create a written plan for continuous professional development.	**Assignment: Create personalized rotation objectives.** (ABO 4.1.2)	ABO 4.1, 4.4

****It is the responsibility of the preceptor to provide learning opportunities at his/her practice site that allow the student to achieve the objectives and responsibilities outlined above. Interprofessional collaboration should be encouraged and fostered wherever possible.**

Evaluation and Grading Criteria

Assessment Methods: ☒ Assignment ☐ Comprehensive Final Exam ☐ Exam ☐ Oral Presentation ☐ OSCE / Simulation ☐ Participation ☐ Peer Assessment ☐ Paper ☐ Practical (Lab) ☐ Research / Project ☒ Reflection ☐ Quiz ☐ Self-Assessment ☒ Other: Preceptor evaluation of student

Grading Criteria: *Grading is pass/fail*

Final Grade: *Grading is pass/fail*

Students are evaluated by the preceptor on record for each rotation.

The mid-term evaluation is generated during the second week of each rotation. Preceptors are encouraged to schedule time to discuss this checkpoint of the rotation.

The final evaluation is generated during the fourth week of the rotation. Preceptors are encouraged to schedule time to discuss the evaluation prior to completing the Final Evaluation.

For information on scores of Below Average or Poor on the Final evaluation, please refer to the Remediation section in the APPE Student Handbook.

Course Schedule Outline

Due Date	Topic / Exam	Assignment
All portfolio assignments are due no later than 7 days after rotation completion.		Objectives with completion status
		Twenty case log entries (4 per week)
		One drug information request**
		One reflection
		Minimum of one IPE activity
		One evaluation of preceptor/site
		Projects/activities as assigned by preceptor(s) (optional portfolio uploads)
		Two examples of “Best Work”
		**do not upload to portfolio

University Policies	
Attendance Statement	According to **NDSU Policy 333 (www.ndsu.edu/fileadmin/policy/333.pdf,** attendance in classes is expected. Veterans and student service members with special circumstances or who are activated are encouraged to notify the instructor as soon as possible and are encouraged to provide Activation Orders.
Americans with Disabilities Act for Students with Special Needs	Any students with disabilities or other special needs, who need special accommodations in this course, are invited to share these concerns or requests with the instructor and contact the **Disability Services Office (www.ndsu.edu/disabilityservices)** as soon as possible.
Academic Honesty Statement	The academic community is operated on the basis of honesty, integrity, and fair play. **NDSU Policy 335: Code of Academic Responsibility and Conduct** applies to cases in which cheating, plagiarism, or other academic misconduct have occurred in an instructional context. Students found guilty of academic misconduct are subject to penalties, up to and possibly including suspension and/or expulsion. Student academic misconduct records are maintained by the **Office of Registration and Records.** Informational resources about academic honesty for students and instructional staff members can be found at **www.ndsu.edu/academichonesty.**
Instructional Continuity Plan	See College of Health Professions Policy 3.10 for more information. **(https://www.ndsu.edu/fileadmin/healthprofessions/documents/College_Policy_Manual_4.29.15.pdf)** In the event classroom time is interrupted, faculty will use Blackboard to communicate with students. Students with a medical condition should contact the course instructor regarding accommodations.
Professionalism	Students will be expected to dress and behave professionally during practice experiences. Please refer to the dress code located in the APPE Handbook and posted in E*value.
Interprofessional Education (IPE)	Students are expected to have significant opportunity for interactions with other non-pharmacy healthcare professionals, and when possible, other healthcare professional students. It is the responsibility of the preceptor to provide opportunities at his/her practice site that allow the student to achieve the Interprofessional learning objectives and assignments outlined in this syllabus.

- The syllabus may be modified at any time at the discretion of the faculty. Students will be notified of any changes made.

PHRM 581-589 Advanced Pharmacy Practice Experiences-Ambulatory Care
5 Credits
Rotation Year 2019-2020
Meeting Times TBA

Course Faculty: Adjunct Clinical Instructors of Pharmacy Practice

Course Coordinator: Teri Undem, R.Ph.
Director, Advanced Pharmacy Practice Experiences
teri.undem@ndsu.edu
Phone: (701) 231-6578

Administrative Assistant: Julie Brandon
julie.brandon@ndsu.edu
Phone: (701) 231-5576
Fax: (701) 231-7606

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2.1 Patient-Centered Care: Students will be able to provide patient-centered care as a medication expert (collect and interpret evidence, prioritize, formulate assessments and recommendations, implement, monitor and adjust plans, and document activities).

2.2 Medication Use Systems Management: Students will be able to manage patient healthcare needs using human, financial, technological, and physical resources to optimize the safety efficacy of medication use

systems (i.e., procurement, storage, prescribing, transcription, dispensing, administration, monitoring, and documentation.)

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Domain 4. Personal and Professional Development:

4.1 Self-Awareness: Students will be able to examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth.

4.4 Professionalism: Students will exhibit behaviors and values consistent with the trust given to the profession by patients, other healthcare providers, and society.

Course Objectives:	**Objectives**	**Assignment & Example Activities**	**Programmatic ABOs**
	Collect information to identify a patient's medication-related problems and health-related needs	Use health records to determine a patient's health-related needs relevant to the ambulatory care setting and the purpose of the encounter (ABO 3.1.1)	ABO 2.1, 2.2, 2.3, 3.1, 3.6
	Analyze information to determine the effects of medication therapy, identify medication-related problems, and prioritize health-related needs.	Interpret lab results (ABO 2.1.1) Identify drug interactions (ABO 2.1.1) Complete a CMR (ABO 2.2.4) **Assignment: 4 case log uploads per week/20 per rotation** (ABO 2.1.5)	ABO 1, 2.1, 3.1, 3.6
	Establish patient-centered goals and create a care plan for a patient in collaboration with the patient, caregiver and other health professionals that is evidence-based and cost effective	Develop a treatment plan with a patient. (ABO 2.1.3) Create a patient-specific education plan. (ABO 3.1.5) **Assignment: 4 case log uploads, per week/20 per rotation** (ABO 2.1.5)	ABO 1, 2.1, 2.2, 3.1, 3.3, 3.5

	Implement a care plan in collaboration with the patient, caregivers, and other health professionals	Write a note that documents findings.(ABO 2.1.5) Educate a patient regarding appropriate use of a new medication, device to administer a medication, or self-monitoring test. (ABO 3.2.4) Assist a patient with behavior change. (ABO 3.3.1)	ABO 2.1, 2.2, 3.1, 3.2, 3.3
	Follow up and monitor a care plan	Recommend modifications or adjustments to an existing medication therapy regimen based on patient response. (ABO 2.1.4) Present a patient case to a colleague during a handoff of transition of care. (ABO 3.6.4)	ABO 2.1, 2.2, 3.4, 3.6
	Collaborate as a member of an interprofessional team.	Interprofessional rounds (ABO 3.4.3) Communicate a patient's medication-related problems to another health professional.(ABO 3.6.4) Use communication skills appropriate to the Ambulatory Care setting when interacting with others. (ABO 3.4.3)	ABO 1, 3.4, 3.6, 4.1, 4.2, 4.4
	Ensure that patients have been immunized against vaccine-preventable diseases.	Determine whether a patient is eligible for and has received CDC recommended immunizations. (ABO 2.1.1) Administer and document CDC recommended immunizations to an adult patient. (ABO 2.1.5)	ABO 2.1, 2.2, 2.3, 3.2, 3.3, 3.4, 3.5, 3.6
	Educate patients and professional colleagues regarding the appropriate use of medications.	Lead a discussion regarding a recently published research manuscript and its application to patient care.(ABO 1.3) Develop and deliver a brief educational program regarding medication therapy to health professionals. (ABO3.2.2) **Assignment: Complete 1 journal club presentation.** (ABO 1.3)	ABO 1, 3.2, 3.3, 3.5, 3.6, 4.2, 4.4
	Use evidence-based information to advance patient care.	Retrieve and analyze scientific literature to make a patient-	ABO 1, 3.2, 3.6

		specific recommendation. (ABO 1.5) Complete a drug information request from another health care provider. (ABO 3.2.2) **Assignment: Complete 1 drug information request.** (ABO 3.2.2)	
	Create a written plan for continuous professional development	**Assignment: Create personalized rotation objectives.** (ABO 4.1.2)	ABO 4.1, 4.4

****It is the responsibility of the preceptor to provide learning opportunities at his/her practice site that allow the student to achieve the objectives and responsibilities outlined above. Interprofessional collaboration should be encouraged and fostered wherever possible.**

Evaluation and Grading Criteria

Assessment Methods: ☒ Assignment ☐ Comprehensive Final Exam ☐ Exam ☐ Oral Presentation ☐ OSCE / Simulation ☒ Participation ☐ Peer Assessment ☐ Paper ☐ Practical (Lab) ☐ Research / Project ☒ Reflection ☐ Quiz ☐ Self-Assessment ☒ Other: Preceptor evaluation of student

Grading Criteria: *Grading is pass/fail*

Final Grade: *Grading is pass/fail*

Students are evaluated by the preceptor on record for each rotation.

The mid-term evaluation is generated during the second week of each rotation. Preceptors are encouraged to schedule time to discuss this checkpoint of the rotation.

The final evaluation is generated during the fourth week of the rotation. Preceptors are encouraged to schedule time to discuss the evaluation prior to completing the Final Evaluation.

For information on scores of Below Average or Poor on the Final evaluation, please refer to the Remediation section in the APPE Student Handbook.

Course Schedule Outline

Due Date	Topic / Exam	Assignment
All portfolio assignments are due 7 days after rotation completion.		Objectives with completion status. (portfolio assignment)
		Twenty case log entries (4 per week)
		One drug information request**
		One journal club presentation**
		One reflection (portfolio assignment)
		Minimum of one IPE activity (portfolio assignment)

		One evaluation of preceptor/site (portfolio assignment)
		Projects/activities as assigned by preceptor(s) (optional portfolio upload)
		Two examples of your "Best Work" (portfolio upload)
		**Do not upload to portfolio

University Policies

Attendance Statement

According to **NDSU Policy 333 (www.ndsu.edu/fileadmin/policy/333.pdf,** attendance in classes is expected. Veterans and student service members with special circumstances or who are activated are encouraged to notify the instructor as soon as possible and are encouraged to provide Activation Orders.

Americans with Disabilities Act for Students with Special Needs

Any students with disabilities or other special needs, who need special accommodations in this course, are invited to share these concerns or requests with the instructor and contact the **Disability Services Office (www.ndsu.edu/disabilityservices)** as soon as possible.

Academic Honesty Statement

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Instructional Continuity Plan

See College of Health Professions Policy 3.10 for more information. **(https://www.ndsu.edu/fileadmin/healthprofessions/documents/College_Policy_Manual_4.29.15.pdf)** In the event classroom time is interrupted, faculty will use Blackboard to communicate with students. Students with a medical condition should contact the course instructor regarding accommodations.

Professionalism

Students will be expected to dress and behave professionally during practice experiences. Please refer to the dress code located in the APPE Handbook and posted in E*value.

Interprofessional Education (IPE)

Students are expected to have significant opportunity for interactions with other non-pharmacy healthcare professionals, and when possible, other healthcare professional students. It is the responsibility of the preceptor to provide opportunities at his/her practice site that allow the student to achieve the Interprofessional learning objectives and assignments outlined in this syllabus.

- The syllabus may be modified at any time at the discretion of the faculty. Students will be notified of any changes made.

PHRM 581-589 Advanced Pharmacy Practice Experiences-Inpatient General Medicine (Acute Care)
Syllabus
5 Credits
Rotation Year 2019-2020
Meeting Times TBA

Course Faculty: Adjunct Clinical Instructors of Pharmacy Practice

Course Coordinator: Teri Undem, R.Ph.
Director, Advanced Pharmacy Practice Experiences
teri.undem@ndsu.edu
Phone: (701) 231-6578

Administrative Assistant: Julie Brandon
julie.brandon@ndsu.edu
Phone: (701) 231-5576
Fax: (701) 231-7606

Office Location: Sudro 20, Experiential Education (EE) Office
EE General Office Hours: 10:00 AM – 4:00 PM, Monday through Friday

General Course Information

Bulletin Description: Experiential clinical training designed to integrate, apply, reinforce, and advance the knowledge, skills, attitudes, and values developed through the other components of the curriculum.

Pre-requisites: Completion of all PharmD coursework with a grade "C" or better.

Student Learning Resources: Required APPE Student Handbook
Experiential Education Policies and Procedures
Electronic Access to BlackBoard
Electronic Access to E*Value Student Management System (https://www.e-value.net/index.cfm)

Instructional Methods: ☐ Audience Response Technology (clickers) ☐ Case-Based Learning ☐ Demonstration ☐ Direct patient care (IPPE*) ☐ Discussion - Large Group ☐ Discussion – Small Group ☒ Experiential (IPPE or APPE) ☒ Interprofessional Activities ☐ Lecture ☐ Pre-Recorded Lectures / Videos ☐ Role Play ☒ Self-Directed Learning ☐ Simulation (IPPE*) ☐ Simulation (Non-IPPE) ☐Team-Based Learning ☐Tegrity ☐ Other:

Program-Level Ability-Based Outcomes and Course Objectives

PharmD Ability Based Outcomes Addressed in this Course:

Domain 1. Foundational Knowledge: Students will be able to develop, integrate, and apply knowledge from the foundational sciences (biomedical, pharmaceutical social/behavioral/administrative, and clinical sciences) to explain drug action, solve therapeutic problems, evaluate scientific literature, and advance population health and patient-centered care.

Domain 2. Essentials for Practice and Care:

2.1 Patient-Centered Care: Students will be able to provide patient-centered care as a medication expert (collect and interpret evidence, prioritize, formulate assessments and recommendations, implement, monitor and adjust plans, and document activities).

2.2 Medication Use Systems Management: Students will be able to manage patient healthcare needs using human, financial, technological, and physical resources to optimize the safety efficacy of medication use systems (i.e., procurement, storage, prescribing, transcription, dispensing, administration, monitoring, and documentation.)

2.3 Health and Wellness: Students will be able to design prevention, intervention, and educational strategies for individuals and communities to manage chronic disease and improve health and wellness.

Domain 3. Approach to Practice and Care:

3.1 Problem Solving: Students will be able to identify problems; explore and prioritize potential strategies; and design, implement, and evaluate a viable solution while considering ethical, legal, and cultural dimensions.

3.2 Education: Students will be able to educate all audiences (e.g., patients/caregivers, technicians and interns, pharmacy students, fellow pharmacists, other healthcare providers, legislators) by determining the most effective and enduring ways to impart information and assess learning.

3.4 Interprofessional Collaboration: Students will be able to actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and shared values to meet patient care needs.

3.6 Communication: Students will be able to effectively communicate using verbal, nonverbal, and written methods when interacting with individuals, groups, and organization.

Domain 4. Personal and Professional Development:

4.1 Self-Awareness: Students will be able to examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth.

4.4 Professionalism: Students will exhibit behaviors and values consistent with the trust given to the profession by patients, other healthcare providers, and society.

Course Objectives:	**Objective**	**Assignments & Example Activities**	**Programmatic ABOs**
	Collect information to identify a patient's medication-related problems and health-related needs	Use health records to determine a patient's health-related needs relevant to the acute care setting and the purpose of the encounter (ABO 3.1.1)	ABO 2.1, 2.2, 3.1, 3.6
	Analyze information to determine the effects of medication therapy, identify medication-related problems, and prioritize health-related needs.	Interpret lab results (ABO 2.1.1) **Assignment: 4 case log uploads per week/20 per rotation** (ABO 2.1.5)	ABO 1, 2.1, 3.1, 3.6
	Follow up and monitor a care plan	Recommend modifications or adjustments to an existing medication therapy regimen based on patient response. (ABO 2.1.4) Present a patient case to a colleague during a handoff of transition of care. (ABO 3.6.4)	ABO 2.1, 2.2, 3.4, 3.6
	Collaborate as a member of an interprofessional team.	Interprofessional rounds (ABO 3.4.3)	ABO 1, 3.4, 3.6, 4.1, 4.2, 4.4

		Communicate a patient's medication-related problems to another health professional. (ABO 3.6.4) Use communication skills appropriate to the Acute Care setting when interacting with others. (ABO 3.4.3)	
	Use evidence-based information to advance patient care.	Retrieve and analyze scientific literature to make a patient-specific recommendation. (ABO 1.5) Complete a drug information request from another health care provider. (ABO 3.2.2) **Assignment: Complete 1 drug information request.** (ABO 3.2.2)	ABO 1, 3.2, 3.6
	Educate patients and professional colleagues regarding the appropriate use of medications.	Lead a discussion regarding a recently published research manuscript and its application to patient care. (ABO 1.3) Develop and deliver a brief educational program regarding medication therapy to health professionals. (ABO 3.2.2) **Assignment: Complete 1 journal club presentation.** (ABO 1.3)	ABO 1, 3.2, 3.6, 4.2, 4.4
	Create a written plan for continuous professional development	**Assignment: Create personalized rotation objectives.** (ABO 4.1.2)	ABO 4.1, 4.4

****It is the responsibility of the preceptor to provide learning opportunities at his/her practice site that allow the student to achieve the objectives and responsibilities outlined above. Interprofessional collaboration should be encouraged and fostered wherever possible.**

Evaluation and Grading Criteria

Assessment Methods: ☒ Assignment ☐ Comprehensive Final Exam ☐ Exam ☐ Oral Presentation ☐ OSCE / Simulation ☐ Participation ☐ Peer Assessment ☐ Paper ☐ Practical (Lab) ☐ Research / Project ☒ Reflection ☐ Quiz ☐ Self-Assessment ☒ Other: Preceptor evaluation of student

Grading Criteria: *Grading is pass/fail*

Final Grade: *Grading is pass/fail*

Students are evaluated by the preceptor on record for each rotation.

The mid-term evaluation is generated during the second week of each rotation. Preceptors are encouraged to schedule time to discuss this checkpoint of the rotation.

The final evaluation is generated during the fourth week of the rotation. Preceptors are encouraged to schedule time to discuss the evaluation prior to completing the Final Evaluation.

For information on scores of Below Average or Poor on the Final evaluation, please refer to the Remediation section in the APPE Student Handbook.

Course Schedule Outline		
Due Date	**Topic / Exam**	**Assignment**
All portfolio assignments are due 7 days after rotation completion.		Objectives with completion status
		Twenty case log entries (4 per week)
		One drug information request**
		One journal club presentation**
		One reflection
		Minimum of one IPE activity
		One evaluation of preceptor/site
		Projects/activities as assigned by preceptor(s) (optional portfolio upload)
		Two examples of your "Best Work"
		**Do not upload to portfolio

University Policies

Attendance Statement

According to **NDSU Policy 333 (www.ndsu.edu/fileadmin/policy/333.pdf,** attendance in classes is expected. Veterans and student service members with special circumstances or who are activated are encouraged to notify the instructor as soon as possible and are encouraged to provide Activation Orders.

Americans with Disabilities Act for Students with Special Needs

Any students with disabilities or other special needs, who need special accommodations in this course, are invited to share these concerns or requests with the instructor and contact the **Disability Services Office (www.ndsu.edu/disabilityservices)** as soon as possible.

Academic Honesty Statement

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Instructional Continuity Plan	See College of Health Professions Policy 3.10 for more information. **(https://www.ndsu.edu/fileadmin/healthprofessions/documents/College_Policy_Manual_4.29.15.pdf)** In the event classroom time is interrupted, faculty will use Blackboard to communicate with students. Students with a medical condition should contact the course instructor regarding accommodations.
Professionalism	Students will be expected to dress and behave professionally during practice experiences. Please refer to the dress code located in the APPE Handbook and posted in E*value.
Interprofessional Education (IPE)	Students are expected to have significant opportunity for interactions with other non-pharmacy healthcare professionals, and when possible, other healthcare professional students. It is the responsibility of the preceptor to provide opportunities at his/her practice site that allow the student to achieve the Interprofessional learning objectives and assignments outlined in this syllabus.

- The syllabus may be modified at any time at the discretion of the faculty. Students will be notified of any changes made.

PHRM 581-589 Advanced Pharmacy Practice Experiences-Institutional
5 Credits
Rotation Year 2019-2020
Meeting Times TBA

Course Faculty: Adjunct Clinical Instructors of Pharmacy Practice

Course Coordinator: Teri Undem, R.Ph.
Director, Advanced Pharmacy Practice Experiences
teri.undem@ndsu.edu
Phone: (701) 231-6578

Administrative Assistant: Julie Brandon
julie.brandon@ndsu.edu
Phone: (701) 231-5576
Fax: (701) 231-7606

Office Location: Sudro 20, Experiential Education (EE) Office
EE General Office Hours: 10:00 AM – 4:00 PM, Monday through Friday

General Course Information

Bulletin Description: Experiential clinical training designed to integrate, apply, reinforce, and advance the knowledge, skills, attitudes, and values developed through the other components of the curriculum.

Pre-requisites: Completion of all PharmD coursework with a grade "C" or better.

Student Learning Resources: Required APPE Student Handbook
Experiential Education Policies and Procedures
Electronic Access to BlackBoard
Electronic Access to E*Value Student Management System (https://www.e-value.net/index.cfm)

Instructional Methods: ☐ Audience Response Technology (clickers) ☐ Case-Based Learning ☐ Demonstration ☐ Direct patient care (IPPE*) ☐ Discussion - Large Group ☐ Discussion – Small Group ☒ Experiential (IPPE or APPE) ☒ Interprofessional Activities ☐ Lecture ☐ Pre-Recorded Lectures / Videos ☐ Role Play ☒ Self-Directed Learning ☐ Simulation (IPPE*) ☐ Simulation (Non-IPPE) ☐Team-Based Learning ☐Tegrity ☐ Other:

Program-Level Ability-Based Outcomes and Course Objectives

PharmD Ability Based Outcomes Addressed in this Course:

Domain 1. Foundational Knowledge: Students will be able to develop, integrate, and apply knowledge from the foundational sciences (biomedical, pharmaceutical social/behavioral/administrative, and clinical sciences) to explain drug action, solve therapeutic problems, evaluate scientific literature, and advance population health and patient-centered care.

Domain 2. Essentials for Practice and Care

2.1 Patient-Centered Care: Students will be able to provide patient-centered care as a medication expert (collect and interpret evidence, prioritize, formulate assessments and recommendations, implement, monitor and adjust plans, and document activities).

2.2 Medication Use Systems Management: Students will be able to manage patient healthcare needs using human, financial, technological, and physical resources to optimize the safety efficacy of medication use

systems (i.e., procurement, storage, prescribing, transcription, dispensing, administration, monitoring, and documentation.)

Domain 3. Approach to Practice and Care

3.1 Problem Solving: Students will be able to identify problems; explore and prioritize potential strategies; and design, implement, and evaluate a viable solution while considering ethical, legal, and cultural dimensions.

3.2 Education: Students will be able to educate all audiences (e.g., patients/caregivers, technicians and interns, pharmacy students, fellow pharmacists, other healthcare providers, legislators) by determining the most effective and enduring ways to impart information and assess learning.

3.4 Interprofessional Collaboration: Students will be able to actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and shared values to meet patient care needs.

3.6 Communication: Students will be able to effectively communicate using verbal, nonverbal, and written methods when interacting with individuals, groups, and organization.

Domain 4. Personal and Professional Development

4.1 Self-Awareness: Students will be able to examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth.

4.4 Professionalism: Students will exhibit behaviors and values consistent with the trust given to the profession by patients, other healthcare providers, and society.

Course Objectives:	**Objective**	**Assignments & Example Activities**	**Programmatic ABO**
	Collect information to identify a patient's medication-related problems and health-related needs.	Use health records to determine a patient's health-related needs relevant to the Institutional setting and the purpose of the encounter (ABO 3.1.1)	ABO 2.1, 2.2, 3.1, 3.6
	Analyze information to determine the effects of medication therapy, identify medication-related problems, and prioritize health-related needs	Interpret Lab results (ABO 2.1.1) Identify drug interactions (ABO 2.1.1) Complete a CMR (ABO 2.2.4) **Assignment: 20 Case Log Uploads, (4 per week).** (ABO 2.1.5)	ABO 1, 2.1, 3.1, 3.6
	Establish patient-centered goals and create a care plan for a patient in collaboration with the patient, caregiver, and other health professionals that is evidence-based and cost-effective.	Follow an evidence-based disease management protocol. (ABO 2.1.3) Develop a treatment plan with a patient. (ABO 2.1.3) Manage drug interactions. (ABO 2.1.1) Determine the appropriate time intervals to collect monitoring data. (ABO 2.2.4)	ABO 1, 2.1, 2.2

	Follow-up and monitor a care plan	Recommend modifications or adjustments to an existing medication therapy regimen based on patient response. (ABO 2.1.4) Present a patient case to a colleague during a handoff or transition of care. (ABO 3.6.4)	ABO 2.1, 2.2, 3.4, 3.6
	Minimize adverse drug events and medication errors.	Assist in the identification of underlying system-associated causes of errors. (ABO 2.2.5) Report adverse drug events and medication errors to stakeholders. (ABO 2.2.5)	ABO 2.2, 3.2, 3.4, 3.6
	Maximize the appropriate use of medications in a population.	Perform a MUE (ABO 2.2.5) Apply cost-benefit, formulary, and/or epidemiology principles to medication-related decisions. (ABO 2.2.5)	ABO 2.1, 2.2, 2.3, 3.2, 3.4, 3.5, 3.6
	Educate patients and professional colleagues regarding the appropriate use of medications.	Lead a discussion regarding a recently published research manuscript and its application to patient care. (ABO 1.3) Develop and deliver a brief educational program regarding medication therapy to health professionals. (ABO 3.2.2) **Assignment: Complete 1 journal club presentation.** (ABO 1.3)	ABO 1, 3.2, 3.6, 4.2, 4.4
	Use evidence-based information to advance patient care.	Retrieve and analyze scientific literature to make a patient-specific recommendation. (ABO 1.5) Complete a drug information request from another health care provider. (ABO 3.2.2) **Assignment: Complete 1 Drug Information request.** (ABO 3.2.2)	ABO 1, 3.2, 3.6
	Fulfill a medication order.	Determine if a medication is contraindicated for a patient. Accurately select, prepare, and dispense medications. (ABO 2.2.6)	ABO 2.2, 3.1, 3.6

		Ensure that formulary preferred medications are used when clinically appropriate. (ABO 2.2.5)	
	Create a written plan for continuous professional development.	**Assignment: Create personalized rotation objectives.** (ABO 4.1.2)	ABO 4.1, 4.4

****It is the responsibility of the preceptor to provide learning opportunities at his/her practice site that allow the student to achieve the objectives and responsibilities outlined above. Interprofessional collaboration should be encouraged and fostered wherever possible.**

Evaluation and Grading Criteria

Assessment Methods: ☒ Assignment ☐ Comprehensive Final Exam ☐ Exam ☐ Oral Presentation ☐ OSCE / Simulation ☐ Participation ☐ Peer Assessment ☐ Paper ☐ Practical (Lab) ☐ Research / Project ☒ Reflection ☐ Quiz ☐ Self-Assessment ☒ Other: Preceptor evaluation of student

Grading Criteria: *Grading is pass/fail*

Final Grade: *Grading is pass/fail*

Students are evaluated by the preceptor on record for each rotation.

The mid-term evaluation is generated during the second week of each rotation. Preceptors are encouraged to schedule time to discuss this checkpoint of the rotation.

The final evaluation is generated during the fourth week of the rotation. Preceptors are encouraged to schedule time to discuss the evaluation prior to completing the Final Evaluation.

For information on scores of Below Average or Poor on the Final evaluation, please refer to the Remediation section in the APPE Student Handbook.

Course Schedule Outline

Due Date	Topic / Exam	Assignment
All portfolio assignments are due 7 days after rotation completion.		Objectives with completion status
		Twenty case log entries (4 per week)
		One drug information request**
		One journal club presentation**
		One reflection
		Minimum of one IPE activity
		One evaluation of preceptor/site
		Projects/activities as assigned by preceptor(s). (optional portfolio upload)
		Two examples of your “Best Work”

		**Do not upload to portfolio

University Policies

Attendance Statement

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Instructional Continuity Plan

See College of Health Professions Policy 3.10 for more information. **(https://www.ndsu.edu/fileadmin/healthprofessions/documents/College_Policy_Manual_4.29.15.pdf)** In the event classroom time is interrupted, faculty will use Blackboard to communicate with students. Students with a medical condition should contact the course instructor regarding accommodations.

Professionalism

Students will be expected to dress and behave professionally during practice experiences. Please refer to the dress code located in the APPE Handbook and posted in E*value.

Interprofessional Education (IPE)

Students are expected to have significant opportunity for interactions with other non-pharmacy healthcare professionals, and when possible, other healthcare professional students. It is the responsibility of the preceptor to provide opportunities at his/her practice site that allow the student to achieve the Interprofessional learning objectives and assignments outlined in this syllabus.

- The syllabus may be modified at any time at the discretion of the faculty. Students will be notified of any changes made.

PHRM 581-589 Advanced Rural Practice Experiences
5 Credits
Rotation Year 2020-2021
Meeting Times TBA

The Advanced Rural Practice rotation may be completed in any pharmacy setting in which the healthcare setting is located in a community of 7,000 people or less that is at least 20 miles from a community of 20,000 people or more. The purpose of the Advanced Rural Practice rotation is to give students an experience in which resources, financial, physical or human, may be in limited supply. Students practicing in this setting will get experience in multiple areas of pharmacy practice simultaneously as the pharmacist may often be the sole healthcare provider in a community or the only pharmacist in a health system. Additionally, students can expect to work with a different demographic of patients than usually seen in larger communities (i.e. agriculture workers who only visit their physician infrequently). While disease states seen in the rural setting will most likely be similar to those seen in larger communities, collaborators and resources will be different. Additionally, students will explore how to keep a viable pharmacy practice in operation when financial, physical and human resources may be limited. Finally, the Advanced Rural Practice Rotation helps fulfill the mission of NDSU, a land grant university, by serving the needs of North Dakota and its surrounding region.

Course Faculty: Adjunct Clinical Instructors of Pharmacy Practice

Course Coordinator: Teri Undem, R.Ph.
Director, Advanced Pharmacy Practice Experiences
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Administrative Assistant: Julie Brandon
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Phone: (701) 231-5576
Fax: (701) 231-7606

Office Location: Sudro 20, Experiential Education (EE) Office
EE Office Hours: 10:00 AM – 4:00 PM, Monday through Friday

General Course Information	
Bulletin Description:	Experiential clinical training designed to integrate, apply, reinforce, and advance the knowledge, skills, attitudes, and values developed through the other components of the curriculum.
Pre-requisites:	Completion of all PharmD coursework with a grade "C" or better.
Student Learning Resources:	Required APPE Student Handbook Experiential Education Policies and Procedures Electronic Access to BlackBoard Electronic Access to E*Value Student Management System (https://www.e-value.net/index.cfm)
Instructional Methods:	☐ Audience Response Technology (clickers) ☐ Case-Based Learning ☐ Demonstration ☐ Direct patient care (IPPE*) ☐ Discussion - Large Group ☐ Discussion – Small Group ☒ Experiential (IPPE or APPE) ☒ Interprofessional Activities ☐ Lecture ☐ Pre-Recorded

Lectures / Videos ☐ Role Play ☒ Self-Directed Learning ☐ Simulation (IPPE*) ☐ Simulation (Non-IPPE) ☐Team-Based Learning ☐Tegrity ☐ Other:

Program-Level Ability-Based Outcomes and Course Objectives

PharmD Ability Based Outcomes Addressed in this Course:

Domain 1. Foundational Knowledge: Students will be able to develop, integrate, and apply knowledge from the foundational sciences (biomedical, pharmaceutical social/behavioral/administrative, and clinical sciences) to explain drug action, solve therapeutic problems, evaluate scientific literature, and advance population health and patient-centered care.

Domain 2. Essentials for Practice and Care

2.1 Patient-Centered Care: Students will be able to provide patient-centered care as a medication expert (collect and interpret evidence, prioritize, formulate assessments and recommendations, implement, monitor and adjust plans, and document activities).

2.2 Medication Use Systems Management: Students will be able to manage patient healthcare needs using human, financial, technological, and physical resources to optimize the safety efficacy of medication use systems (i.e., procurement, storage, prescribing, transcription, dispensing, administration, monitoring, and documentation.)

2.3 Health and Wellness: Students will be able to design prevention, intervention, and educational strategies for individuals and communities to manage chronic disease and improve health and wellness.

Domain 3. Approach to Practice and Care

3.1 Problem Solving: Students will be able to identify problems; explore and prioritize potential strategies; and design, implement, and evaluate a viable solution while considering ethical, legal, and cultural dimensions.

3.2 Education: Students will be able to educate all audiences (e.g., patients/caregivers, technicians and interns, pharmacy students, fellow pharmacists, other healthcare providers, legislators) by determining the most effective and enduring ways to impart information and assess learning.

3.5 Patient Advocacy: Students will be able to represent the patients' best interests.

3.4 Interprofessional Collaboration: Students will be able to actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and shared values to meet patient care needs.

3.6 Communication: Students will be able to effectively communicate using verbal, nonverbal, and written methods when interacting with individuals, groups, and organization.

Domain 4. Personal and Professional Development

4.1 Self-Awareness: Students will be able to examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth.

4.4 Professionalism: Students will exhibit behaviors and values consistent with the trust given to the profession by patients, other healthcare providers, and society.

Course Objectives:	Objective	Assignments & Example Activities	Programmatic ABOs
	Identify other healthcare workers in the rural community. Discuss current challenges and possible solutions in providing quality patient care in the rural setting.	Example discussion questions: Are there resources available for patients needing financial assistance? What is the process if a patient cannot be treated locally?	ABO 3.1, 3.4, 3.6
	Discuss the pharmacy challenges associated with the rural location (ie resources such as financial, physical and human)	Example discussion questions: How do patients obtain medication if the pharmacy is closed? If hospital: Is there 24 hour coverage? If not, how are medication obtained after hours?	ABO 2.2, 3.6
	Identify and explore potential services for inclusion in the rural pharmacy practice location.	Orientation to community Example discussion question: Does the rotation site have a new service they wish to add? What are the barriers/benefits to adding the new service? **Assignment: Public Health Project-Community Education**	ABO 2.3, 2.4, 3.2, 4.3
	Collect information to identify a patient's medication-related problems and health-related needs.	Collect a medication history or medical history from a patient or caregiver. (ABO 2.1.1) Determine a patient's medication adherence. (ABO 2.3.2) Use health records to determine a patient's health-related needs relevant to the pharmacy setting (ABO 3.1.1)	ABO 2.1, 2.2, 2.3, 3.1, 3.6
	Analyze information to determine the effects of medication therapy, identify medication-related problems, and prioritize health-related needs	Assess a patient's signs and symptoms to determine whether the patient can be treated within the scope of practice or requires a referral. (ABO 1.2) Identify drug interactions. (ABO 2.1.1) Evaluate an existing drug therapy regimen. (ABO 1.1)	ABO 1, 2.1, 3.1, 3.6

		Assignment: 4 Case Log Uploads per week/20 per rotation. (ABO 2.1.5)	
	Minimize adverse drug events and medication errors.	Assist in the identification of underlying system-associated causes of errors. (ABO 2.2.5) Report adverse drug events and medication errors to stakeholders. (ABO 2.2.2)	ABO 2.2, 2.3, 3.2, 3.3, 3.4, 3.6
	Use evidence-based information to advance patient care	Retrieve and analyze scientific literature to make a patient-specific recommendation. (ABO 1.3) Complete a drug information request from another health care provider. (ABO 3.2.2) **Assignment: Complete 1 drug information request.** (ABO 3.2.2)	ABO 1, 3.2, 3.6
	Fulfill a medication order.	Determine if a medication is contraindicated for a patient. (ABO 2.2.4) Accurately select, prepare, and dispense medications. (ABO 2.2.6) Ensure that formulary preferred medications are used when clinically appropriate. (ABO 2.2.5)	ABO 2.2, 3.1, 3.6
	Create a written plan for continuous professional development.	**Assignment: Create personalized rotation objectives.** (ABO 4.1.2)	ABO 4.1, 4.4

****It is the responsibility of the preceptor to provide learning opportunities at his/her practice site that allow the student to achieve the objectives and responsibilities outlined above. Interprofessional collaboration should be encouraged and fostered wherever possible.**

Evaluation and Grading Criteria	
Assessment Methods:	☒ Assignment ☐ Comprehensive Final Exam ☐ Exam ☐ Oral Presentation ☐ OSCE / Simulation ☐ Participation ☐ Peer Assessment ☐ Paper ☐ Practical (Lab) ☐ Research / Project ☒ Reflection ☐ Quiz ☐ Self-Assessment ☒ Other: Preceptor evaluation of student
Grading Criteria:	*Grading is pass/fail*
Final Grade:	*Grading is pass/fail* Students are evaluated by the preceptor on record for each rotation.

The mid-term evaluation is generated during the second week of each rotation. Preceptors are encouraged to schedule time to discuss this checkpoint of the rotation.

The final evaluation is generated during the fourth week of the rotation. Preceptors are encouraged to schedule time to discuss the evaluation prior to completing the Final Evaluation.

For information on scores of Below Average or Poor on the Final evaluation, please refer to the Remediation section in the APPE Student Handbook.

Course Schedule Outline		
Due Date	**Topic / Exam**	**Assignment**
All portfolio assignments are due no later than 7 days after rotation completion.		Objectives with completion status
		Twenty case log entries (4 per week)
		One drug information request**
		One reflection
		Minimum of one IPE activity
		One evaluation of preceptor/site
		Projects/activities as assigned by preceptor(s) (optional portfolio uploads)
		Two examples of "Best Work"
		**do not upload to portfolio

University Policies

Attendance Statement

According to **NDSU Policy 333 (www.ndsu.edu/fileadmin/policy/333.pdf,** attendance in classes is expected. Veterans and student service members with special circumstances or who are activated are encouraged to notify the instructor as soon as possible and are encouraged to provide Activation Orders.

Americans with Disabilities Act for Students with Special Needs	Any students with disabilities or other special needs, who need special accommodations in this course, are invited to share these concerns or requests with the instructor and contact the **Disability Services Office (www.ndsu.edu/disabilityservices)** as soon as possible.
Academic Honesty Statement	The academic community is operated on the basis of honesty, integrity, and fair play. **NDSU Policy 335: Code of Academic Responsibility and Conduct** applies to cases in which cheating, plagiarism, or other academic misconduct have occurred in an instructional context. Students found guilty of academic misconduct are subject to penalties, up to and possibly including suspension and/or expulsion. Student academic misconduct records are maintained by the **Office of Registration and Records.** Informational resources about academic honesty for students and instructional staff members can be found at **www.ndsu.edu/academichonesty.**
Instructional Continuity Plan	See College of Health Professions Policy 3.10 for more information. **(https://www.ndsu.edu/fileadmin/healthprofessions/documents/College_Policy_Manual_4.29.15.pdf)** In the event classroom time is interrupted, faculty will use Blackboard to communicate with students. Students with a medical condition should contact the course instructor regarding accommodations.
Professionalism	Students will be expected to dress and behave professionally during practice experiences. Please refer to the dress code located in the APPE Handbook and posted in E*value.
Interprofessional Education (IPE)	Students are expected to have significant opportunity for interactions with other non-pharmacy healthcare professionals, and when possible, other healthcare professional students. It is the responsibility of the preceptor to provide opportunities at his/her practice site that allow the student to achieve the Interprofessional learning objectives and assignments outlined in this syllabus.

- The syllabus may be modified at any time at the discretion of the faculty. Students will be notified of any changes made.

PHRM 581-589 Advanced Pharmacy Practice Experiences-Non-Patient Care Elective
5 Credits
Rotation Year 2019-2020
Meeting Times TBA

Course Faculty: Adjunct Clinical Instructors of Pharmacy Practice

Course Coordinator: Teri Undem, R.Ph.
Director, Advanced Pharmacy Practice Experiences
teri.undem@ndsu.edu
Phone: (701) 231-6578

Administrative Assistant: Julie Brandon
julie.brandon@ndsu.edu
Phone: (701) 231-5576
Fax: (701) 231-7606

Office Location: Sudro 20, Experiential Education (EE) Office
EE General Office Hours: 10:00 AM – 4:00 PM, Monday through Friday

General Course Information

Bulletin Description: Experiential clinical training designed to integrate, apply, reinforce, and advance the knowledge, skills, attitudes, and values developed through the other components of the curriculum.

Pre-requisites: Completion of all PharmD coursework with a grade "C" or better.

Student Learning Resources: Required APPE Student Handbook
Experiential Education Policies and Procedures
Electronic Access to BlackBoard
Electronic Access to E*Value Student Management System (https://www.e-value.net/index.cfm)

Instructional Methods: ☐ Audience Response Technology (clickers) ☐ Case-Based Learning ☐ Demonstration ☐ Direct patient care (IPPE*) ☐ Discussion - Large Group ☐ Discussion – Small Group ☒ Experiential (IPPE or APPE) ☒ Interprofessional Activities ☐ Lecture ☐ Pre-Recorded Lectures / Videos ☐ Role Play ☒ Self-Directed Learning ☐ Simulation (IPPE*) ☐ Simulation (Non-IPPE) ☐Team-Based Learning ☐Tegrity ☐ Other:

Program-Level Ability-Based Outcomes and Course Objectives

PharmD Ability Based Outcomes Addressed in this Course:

Domain 1. Foundational Knowledge: Students will be able to develop, integrate, and apply knowledge from the foundational sciences (biomedical, pharmaceutical social/behavioral/administrative, and clinical sciences) to explain drug action, solve therapeutic problems, evaluate scientific literature, and advance population health and patient-centered care.

Domain 2. Essentials for Practice and Care

2.2 Medication Use Systems Management: Students will be able to manage patient healthcare needs using human, financial, technological, and physical resources to optimize the safety efficacy of medication use systems (i.e., procurement, storage, prescribing, transcription, dispensing, administration, monitoring, and documentation.)

Domain 3. Approach to Practice and Care

3.1 Problem Solving: Students will be able to identify problems; explore and prioritize potential strategies; and design, implement, and evaluate a viable solution while considering ethical, legal, and cultural dimensions.

3.2 Education: Students will be able to educate all audiences (e.g., patients/caregivers, technicians and interns, pharmacy students, fellow pharmacists, other healthcare providers, legislators) by determining the most effective and enduring ways to impart information and assess learning

3.4 Interprofessional Collaboration: Students will be able to actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and shared values to meet patient care needs.

3.6 Communication: Students will be able to effectively communicate using verbal, nonverbal, and written methods when interacting with individuals, groups, and organization.

Domain 4. Personal and Professional Development

4.1 Self-Awareness: Students will be able to examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth.

4.4 Professionalism: Students will exhibit behaviors and values consistent with the trust given to the profession by patients, other healthcare providers, and society.

Course Objectives:	**Objective**	**Assignments & Example Activities**	**Programmatic ABOs**
	Analyze information to determine the effects of medication therapy, identify medication-related problems, and prioritize health-related needs.	Interpret lab results (ABO 2.2.4) Identify drug interactions (ABO 2.2.4)	ABO 1, 2.2, 3.1, 3.6
	Collaborate as a member of an interprofessional team.	Communicate a medication-related problems to another health professional. (ABO 3.6.4) Use communication skills appropriate to the setting when interacting with others. (ABO 3.4.3)	ABO 1, 3.4, 3.6, 4.1, 4.2, 4.4
	Educate professional colleagues regarding the appropriate use of medications.	Lead a discussion regarding a recently published research manuscript and its application to patient care. (ABO 1.3) Develop and deliver a brief educational program regarding medication therapy to health professionals. (ABO 3.2.2) **Assignment: Complete 1 journal club presentation.** (ABO 1.3) **Assignment: 1 Drug Information Request** (ABO 3.2.2)	ABO 1, 3.2, 3.6, 4.2, 4.4

	Create a written plan for continuous professional development	**Assignment: Create personalized rotation objectives.** (ABO 4.1.2)	ABO 4.1, 4.4

****It is the responsibility of the preceptor to provide learning opportunities at his/her practice site that allow the student to achieve the objectives and responsibilities outlined above. Interprofessional collaboration should be encouraged and fostered wherever possible.**

Evaluation and Grading Criteria

Assessment Methods: ☒ Assignment ☐ Comprehensive Final Exam ☐ Exam ☐ Oral Presentation ☐ OSCE / Simulation ☐ Participation ☐ Peer Assessment ☐ Paper ☐ Practical (Lab) ☐ Research / Project ☒ Reflection ☐ Quiz ☐ Self-Assessment ☒ Other: Preceptor evaluation of student

Grading Criteria: *Grading is pass/fail*

Final Grade: *Grading is pass/fail*

Students are evaluated by the preceptor on record for each rotation.

The mid-term evaluation is generated during the second week of each rotation. Preceptors are encouraged to schedule time to discuss this checkpoint of the rotation.

The final evaluation is generated during the fourth week of the rotation. Preceptors are encouraged to schedule time to discuss the evaluation prior to completing the Final Evaluation.

For information on scores of Below Average or Poor on the Final evaluation, please refer to the Remediation section in the APPE Student Handbook.

Course Schedule Outline

Due Date	Topic / Exam	Assignment
All portfolio assignments are due 7 days after rotation completion.		Objectives with completion status
		One drug information request**
		One journal club presentation if applicable**
		One reflection
		Preferred completion of one IPE activity
		One evaluation of preceptor/site
		Projects/activities as assigned by preceptor(s) (optional portfolio upload)
		Two examples of your “Best Work”
		**Do not upload to portfolio

University Policies	
Attendance Statement	According to **NDSU Policy 333 (www.ndsu.edu/fileadmin/policy/333.pdf,** attendance in classes is expected. Veterans and student service members with special circumstances or who are activated are encouraged to notify the instructor as soon as possible and are encouraged to provide Activation Orders.
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Instructional Continuity Plan	See College of Health Professions Policy 3.10 for more information. **(https://www.ndsu.edu/fileadmin/healthprofessions/documents/College_Policy_Manual_4.29.15.pdf)** In the event classroom time is interrupted, faculty will use Blackboard to communicate with students. Students with a medical condition should contact the course instructor regarding accommodations.
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PHRM 581-589 Advanced Pharmacy Practice Experiences-Clinical Patient Care Elective Syllabus
5 Credits
Rotation Year 2019-2020
Meeting Times TBA

Course Faculty: Adjunct Clinical Instructors of Pharmacy Practice

Course Coordinator: Teri Undem, R.Ph.
Director, Advanced Pharmacy Practice Experiences
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Instructional Methods: ☐ Audience Response Technology (clickers) ☐ Case-Based Learning ☐ Demonstration ☐ Direct patient care (IPPE*) ☐ Discussion - Large Group ☐ Discussion – Small Group ☒ Experiential (IPPE or APPE) ☒ Interprofessional Activities ☐ Lecture ☐ Pre-Recorded Lectures / Videos ☐ Role Play ☒ Self-Directed Learning ☐ Simulation (IPPE*) ☐ Simulation (Non-IPPE) ☐Team-Based Learning ☐Tegrity ☐ Other:

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PharmD Ability Based Outcomes Addressed in this Course:

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Domain 2. Essentials for Practice and Care

2.1 Patient-Centered Care: Students will be able to provide patient-centered care as a medication expert (collect and interpret evidence, prioritize, formulate assessments and recommendations, implement, monitor and adjust plans, and document activities).

2.2 Medication Use Systems Management: Students will be able to manage patient healthcare needs using human, financial, technological, and physical resources to optimize the safety efficacy of medication use

systems (i.e., procurement, storage, prescribing, transcription, dispensing, administration, monitoring, and documentation.)

Domain 3. Approach to Practice and Care

3.1 Problem Solving: Students will be able to identify problems; explore and prioritize potential strategies; and design, implement, and evaluate a viable solution while considering ethical, legal, and cultural dimensions.

3.2 Education: Students will be able to educate all audiences (e.g., patients/caregivers, technicians and interns, pharmacy students, fellow pharmacists, other healthcare providers, legislators) by determining the most effective and enduring ways to impart information and assess learning

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Domain 4. Personal and Professional Development

4.1 Self-Awareness: Students will be able to examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth.

4.4 Professionalism: Students will exhibit behaviors and values consistent with the trust given to the profession by patients, other healthcare providers, and society.

Course Objectives:	**Objective**	**Assignments & Example Activities**	**Programmatic ABOs**
	Collect information to identify a patient's medication-related problems and health-related needs	Use health records to determine a patient's health-related needs relevant to the acute care setting and the purpose of the encounter (ABO 3.1.1)	ABO 2.1, 2.2, 2.3, 3.1, 3.6
	Analyze information to determine the effects of medication therapy, identify medication-related problems, and prioritize health-related needs.	Interpret lab results (ABO 2.1.1) Identify drug interactions (ABO 2.1.1) **Assignment: 4 case log uploads, per week/20 per rotation** (ABO 2.1.5)	ABO 1, 2.1, 3.1, 3.6
	Follow up and monitor a care plan	Recommend modifications or adjustments to an existing medication therapy regimen based on patient response. (ABO 2.1.4) Present a patient case to a colleague during a handoff of transition of care. (ABO 3.6.4)	ABO 2.1, 2.2, 3.4, 3.6
	Collaborate as a member of an interprofessional team.	Interprofessional rounds (ABO 3.4.3) Communicate a patient's medication-related problems to another health professional. (ABO 3.6.4)	ABO 1, 3.4, 3.6, 4.1, 4.2, 4.4

		Use communication skills appropriate to the clinical setting when interacting with others. (ABO 3.4.3)	
	Use evidence-based information to advance patient care.	Retrieve and analyze scientific literature to make a patient-specific recommendation. (ABO 1.5) Complete a drug information request from another health care provider. (ABO 3.2.2) **Assignment: Complete 1 drug information request.** (ABO 3.2.2)	ABO 1, 3.6
	Educate patients and professional colleagues regarding the appropriate use of medications.	Lead a discussion regarding a recently published research manuscript and its application to patient care. (ABO 1.3) Develop and deliver a brief educational program regarding medication therapy to health professionals. (ABO 3.2.2) **Assignment: Complete 1 journal club presentation.** (ABO 1.3)	ABO 1, 3.2, 3.6, 4.2, 4.4
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Grading Criteria:	*Grading is pass/fail*
Final Grade:	*Grading is pass/fail*

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		One drug information request**
		One journal club presentation**
		One reflection
		Minimum of one IPE activity
		One evaluation of preceptor/site
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		Two examples of your "Best Work"
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Instructional Continuity Plan

See College of Health Professions Policy 3.10 for more information. **(https://www.ndsu.edu/fileadmin/healthprofessions/documents/College_Policy_Manual_4.29.15.pdf)** In the event classroom time is interrupted, faculty will use Blackboard to communicate with students. Students with a medical condition should contact the course instructor regarding accommodations.

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APPENDIX 13C

Community Practice IPPE/APPE Differentiation

Community Practice	
This document is used to provide guidance to students and preceptors on the types of activities appropriate for students. Students and preceptors should be guided by the verb in each item (review, discuss, demonstrate, etc.) along with the expected level of entrustment for the student learner for each activity listed below. P2 Student (Level of Entrustment of 2: I trust the learner to complete this tast with assistance. The learner requires frequent correction or feedback). P4 Student (Level of Entrustment of 3: I trust the learner to complete this tast. The learner requires limited correction or feedback.	
Student Responsibilities:	
Demonstrate professional behavior and work ethic	P2/P4
Demonstrate professionalism	
A. Demonstrate empathy, compassion, integrity and respect for others.	P2/P4
B. Demonstrate preparation, initiative and accountability consistent with a commitment to excellence.	P2/P4
C. Demonstrate commitment to legal and ethical principles pertaining to provision of patient-centered care, including compliance with relevant laws, policies and regulations.	P2/P4
D. Demonstrate mindfulness of environment, recognizing that one's professionalism is constantly evaluated by others.	P2/P4
E. Actively participate in the profession and broader community.	P2/P4
Demonstrate personal and professional development	
A. Demonstrate motivation, attention and interest (e.g. habits of mind) during learning and work-related activities.	P2/P4
B. Identify, create, implement, evaluate and modify plans for personal and professional development for the purpose of individual growth.	P2/P4
Demonstrate flexibility and maturity in adjusting to change with the capacity to alter one's behavior.	P2/P4
Recognize ambiguity is part of healthcare and respond by utilizing appropriate resources in dealing with uncertainty.	P2/P4
Demonstrate self-confidence with patients, families and members of the healthcare team.	P2/P4
Receipt of a prescription order: The student should study the legal requirements for a valid prescritpion order, learn which practitioners are authorized to prescribe, discuss detection of forged prescriptions with the preceptor. Know how to identify a valid DEA number.	
A. Verify the name and address of the patient. Make corrections as needed.	P2/P4
B. Verify the person presenting the prescription is the patient or designated representative of the patient.	P2/P4
C. Verify the prescriber is legally authorized to prescribe and the prescription is within the prescriber's scope of practice.	P2/P4
D. Verify that the prescription is not forged, fraudulent or altered.	P2/P4
E. Discuss how to process faxed or electronic prescription orders.	P2/P4
F. Confirm that the date of the prescription order is within legal limits and consistent with the prescriber's original therapeutic objective.	P2/P4
G. Check whether payment is in cash or third party payment of the prescription.	P2/P4
H. Discuss the appropriateness of medications, including therapeutic duplication, medication-disease contraindication, medication-medication interactions (including OTC, herbal and homeopathic products), incorrect dosage or duration, medication-allergy interactions, clinical abuse/misuse and	P2
I. Confirm the appropriateness of medication therapy, including therapeutic duplication, medication-disease contraindication, medication-medication interactions (including OTC, herbal and homeopathic products), incorrect dosage or duration, medicaiton-allergy interactions, clinical abuse/misuse and samples.	P4
Telephone orders: The student will discuss methods of obtaining refill orders, original signed prescriptions (when necessary), and identifying prescribers with the preceptor.	
A. Identify self and pharmacy. Conduct all conversations courteously.	P2/P4
B. Verify the identity of the prescriber or prescriber's agent.	P2/P4
C. Determine if the specified drug can be prescribed legally by telephone.	P2/P4
D. Obtain all necessary information from the prescriber.	P2/P4
E. Immediately commit the telephoned prescription to written form.	P2/P4
F. Verification of a telephone order.	P2/P4
G. Discuss medication changes and how to communicate them to the prescriber in a professional manner.	P2
H. Communicate medication changes to the prescriber in a professional manner.	P4
Patient medication records: The student should discuss or perform best practices for completion of a patient profile.	
A. Determine if a medication record exists for the patient.	P2/P4
B. Prepare medication records for patients which include:	P2/P4
1. family name and first name of the patient	P2/P4
2. address and telephone number	P2/P4
3. birthdate	P2/P4
4. individual history including disease state, allergies, medication reactions, and other medications and devices.	P2/P4
C . Demonstrate sensitivity to HIPAA Guidelines	P2/P4
D. Examine and discuss the medication record for contraindications, inappropriate medications or clinically significant interactions to the drug as well as prior use of the medication or a similar medication.	P2/P4
E. The student should closely examine the medication record for potential problems with the prescribed medication and discuss the best way to convey information to prescriber.	P2/P4
F. Contact and convey potential problems to provider.	P2/P4
Examination of the prescription order: The student should study the DEA schedules of each controlled substance dispensed. Discuss the most commonly altered prescriptions.	

A. Know the DEA schedule if the medication is a controlled substance.	P2/P4
B. Identify drugs commonly encountered in forged prescriptions.	P2/P4
C. Identify common characteristics of forged or altered prescriptions.	P2/P4
D. Verify prescriber's DEA number	P2/P4
E. Discuss processes in place to fulfill requirements of the Prescription Drug Monitoring Program	P2/P4
Generic substitution: The student should demonstrate knowledge of state and federal law prescriptions.	
A. Identify prescription orders which allow for generic substitution.	P2/P4
B. Select appropriate generic substitutes when permissible.	P2/P4
Appropriate notations on the prescription order:	
A. The student shall appropriately document approved changes, calculations, or changes to improve legibility or understanding of the prescriber's intent.	P2/P4
B. The student shall appropriately communicate any change to preceptor and then patient	P2/P4
Selection of the proper container for the prescription:	
A. Identify the legal requirements dictating the container selected.	P2/P4
B. List, without reference, those medications which do not require a child-resistant, or "safety" closure or cap.	P2/P4
C. Describe the procedures when the patient requests ordinary (not child-resistant) closures for the prescription.	P2/P4
Preparation of prescription labels:	
A. Labels shall be legible, neat, accurate, and conform to legal requirements.	P2/P4
B. Instructions for use shall be clear and concise.	P2/P4
C. Discuss the appropriateness of auxillary labels.	P2/P4
D. Attach appropriate and/or required auxilliary labels.	P2/P4
Pricing the prescription:	
A. Pricing methods should be discussed with the preceptor.	P2/P4
B. Prescriptions should be priced in accordance with the pharmacy and/or third party programs.	P2/P4
C. Identify individuals entitled to discounts in accordance with the pharmacy policy. (health professionals, senior citizens, etc.)	P2/P4
D. Discuss third party contracting options.	P2/P4
Checking of the filled prescription:	
At no time should a P2 or P4 student be the final check for a filled prescription	
A. Label checked. Any changes that have been made in the RX or medication should be noted on the receipt to discuss with patient.	P2/P4
1. Verify the patient's name	P2/P4
2. Verify the correct directions	P2/P4
3. Verify correct medication, strength, dosage.	P2/P4
4. Verify expiration date of the medication	P2/P4
5. Verify dispensing date	P2/P4
6. Verify prescriber	P2/P4
7. Verify prescription number	P2/P4
8. Initial prescription label, if necessary	P2/P4
9. Verify number of refills	P2/P4
10. Verify quantity billed	P2/P4
11. Verify NDC #	P2/P4
12. Attach appropriate auxiliary labels	P2/P4
B. Medication checked.	
1. Verify correct medication	P2/P4
2. Verify correct dosage form	P2/P4
3. Verify correct strength	P2/P4
4. Verify correct manufacturer	P2/P4
5. Verify correct quantity dispensed	P2/P4
C. Special storage requirements checked	P2/P4
D. Special administration requirements noted	P2/P4
Refilling a prescription The student should review state regulations for refills of legend drugs and controlled substances.	
A. Determine if the prescription can be legally refilled	P2/P4
B. Determine authorization for refill	P2/P4
C. When necessary, request authorization for refill and document the name of the person authorizing the refill	P2/P4
D. Describe the procedure for handling emergency refills	P2/P4
E. Verify medication adherence	P2/P4

F. Properly record refill information according to pharmacy policy	P2/P4
Copies of prescriptions/Prescription transfer from another pharmacy:	
A. Discuss the legal status of a prescription copy with the preceptor.	P2/P4
B. Prepare a written copy of a prescription conforming to all legal requirements	P2/P4
Compounding prescriptions	
A. The student will prepare nonsterile compounds to standard specifications, demonstrating ability to:	
1. Apply USP Standards	P2/P4
2. Make all necessary calculations	P2/P4
3. Identify and select the proper ingredients	P2/P4
4. Discuss the condition of the ingredients to be used in the preparation and discuss when you would reject those which are unacceptable	P2/P4
5. Evaluate the condition of the ingredients to be used in the preparation and reject those which are unacceptable	P4
6. Discuss when you would alter a formulation, if necessary	P2/P4
7. Alter the formulation, if necessary	P4
8. Discuss how you would take appropriate action in the event that physical, chemical, or therapeutic incompatabilities arise	P2/P4
9. Recognize and take appropriate action in the event that physical, chemical, or therapeutic incompatibilities arise	P4
10. Accurately measure ingredients	P2/P4
11. Accurately dilute ingredients	P2/P4
12. Accurately mix ingredients	P2/P4
13. Correctly package and label the compound	P2/P4
14. Accurate completion of beyond-use-dating	P2/P4
15. Accurate completion of all required record keeping tasks	P2/P4
16. Thoroughly check all procedures prior to dispensing the compounded medication	P4
Pharmacy law and ethics	
A. In situations involving conflict between state and federal law, the student should determine which law takes precedence	P4
B. The student shall have an understanding of the Controlled Substance Act and the relationship between the "act", the "regulations" and the "Federal Register" announcements.	P2/P4
C. The student shall demonstrate the ability to:	
1. Store medications with proper security	P2/P4
2. Take an inventory of controlled substances	P2/P4
3. Partially fill prescription orders in a legal manner	P2/P4
4. List the differences between federal law and state law with respect to dispensing controlled substances	P2/P4
5. Dispose of controlled substance in a proper manner	P2/P4
6. List two criteria for each of the five schedules of controlled substances	P2/P4
7. Discuss how one would handle themselves during an inspection within the pharmacy.	P2/P4
D. The student shall have a basic knowledge of the Federal Hazardous Substances Act, proper disposal of hazardous and bio hazardous material and demonstrate:	
1. Properly label a "hazardous substance" container	P2/P4
2. Properly select a container for a "hazardous substance"	P2/P4
E. The student shall have a basic knowledge of the Poison Prevention Packaging Act and demonstrate the ability to:	
1. Select a proper package for a prescription medication product	P2/P4
2. Differentiate between drug products which require safety packaging and those medications that do not require safety packaging	P2/P4
F. Given a list of federal regulations, the student shall be able to distinguish between those that apply to nursing homes, retail pharmacies, and to hospita	P2/P4
G. When given a prescription order for a patient eligible under a state or federal program, the student shall demonstrate the ability to:	
1. Complete the required forms in order for the pharmacy to obtain reimbursement	P2/P4
2. Discuss pricing terms and agreements	P2/P4
H. DIscuss how to prepare a new patient profile, the information that must be contained on the profile, and the appropriate use of the profile prior to dispensing the prescription.	P2/P4
I. The student shall be able to designate what activities, in the pharmacy, must be performed by a pharmacist and which can be performed by a pharmacy technician or other support personnel.	P2/P4
J. The student shall know the legal and ethical considerations involved in responding to a request for an emergency supply of a prescription medication.	P2/P4
K. The student shall demonstrate an understanding of the individual state rules and regulations.	P2/P4
L. The student shall have a comprehensive knowledge of the types of licenses, permits, and registrations issued by the Board of Pharmacy, as well as the regulations issued by the Board of Pharmacy.	P4
Patient Consultation:	
A. The student will introduce themselves to the patient and verify that they have the correct patient	P2/P4
B. The student shall assess the ability of the patient to understand drug therapy recommendation by:	
1. Interviewing the patient to determine knowledge of the disease state and the prescribed product	P2/P4
2. Evaluate the presence of communication barriers	P2/P4

C. The student shall be able to counsel, without references, the main provisions of **the** "OBRA 90" legislation and any applicable state requirements.	P2/P4
D. The student shall counsel the patient by providing:	
1. The name and description of the medication	P2/P4
2. The intended use or expected action of the medication	P2/P4
3. The dosage instructions including:	P2/P4
a. Frequency and time of administration	P2/P4
b. Size or quantity of dose	P2/P4
c. Duration of therapy	P2/P4
d. Route of administration and dosage form	P2/P4
e. Convey to patient any changes made to the original prescription	P2/P4
4. Explain refill procedure and limitations on quantiy of the medication or number of refills if necessary	P2/P4
a. Explain partial filling, if necessary	P2/P4
b. Explain third party restriction on prescription quantity, if necessary	P2/P4
5. Special directions and precautions for preparation, use or administration of the medication	P2/P4
6. A tactful listing of common or severe adverse effects including instructions on how to avoid or manage them	P2/P4
7. Potential interactions with other medications, food, or alcohol	P2/P4
8. Appropriate storage of the medication	P2/P4
9. Reasons why adherence to medication dosage regimen is important.	P2/P4
10. What to do in the event of an improperly taken dose	P2/P4
11. Monitoring refill intervals to determine adherence	P2/P4
12. If applicable, the student shall provide consultation to culturally diverse populations utilizing interpreter services	P2/P4
E. The student should observe the preceptor providing consultation, noting techniques and methods used to alleviate apprehension or fears regarding therapy, and/or for difficult patients	P2/P4
F. The student shall conduct the consultation so that the patient, or their responsible caregiver, has received and understood the information, unless the patient/caregiver refuses to be counseled.	P2/P4
Nonprescription Medications, herbal products, dietary supplementants, durable medical equipment and devices)	
A. Through consultation with the patient, the student shall identify symptoms for which a non-prescription medication may be indicated. Information gathered from the	
patient, should include:	P2/P4
1. Onset of symptom	P2/P4
2. Duration and frequency of symptom	P2/P4
3. Severity of symptom	P2/P4
4. Description of symptom and location	P2/P4
5. Relief of symptom	P2/P4
6. Previous self-treatment of symptom	P2/P4
7. Medical history, including current OTC and RX medications	P2/P4
8. Allergies, drug interactions, or idiosyncrasies which might contraindicate an OTC recommendation.	P2/P4
B. The student shall use professional judgment as to the propriety of recommending an OTC product or the need for referral to the appropriate health care professional.	P2/P4
1. Explanation to the patient the reason for referral to a health care professional	P2/P4
2. Referral to the appropriate health care professional or institution without prejudice	P2/P4
C. The student shall select an appropriate OTC product when indicated and instruct the patient on the use of the product	P2/P4
1. Explain the intended therapeutic effect of the product	P2/P4
2. With consideration to patient age and weight, instruct the patient on the proper dose of the product	P2/P4
3. Inform the patient of possible side effects and precautions to observe while taking the product	P2/P4
4. Give the patient proper storage instructions for the product, emphasizing the need to keep all medications away from	P2/P4
children	P2/P4
D. The student shall select the proper durable medical equipment/device or product through:	
1. Questioning the patient regarding other health care professional recommendations	P2/P4
2. Assessing the patient's need for a device or product	P2/P4
3. Recommending the proper type/size of product	P2/P4
4. Fit or adjust the device where indicated/necessary	P2/P4
5. Explain proper usage, cleaning, maintenance, storage, or precautions in use	P2/P4
Poison Control Information:	
A. The student will discuss the procedures followed when faced with questions pertaining to poison control, as well as locations of the poison control center and the availability of references.	P2/P4
Monitoring Drug Therapy: (A P2 student should be able to recognize the following and demonstrate in those therapeutic areas previoulsy covered in the curriculum, whereas the P4 student should be able to demonstrate the following in all therapeutic areas)	

Community Practice
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A. The student will demonstrate the ability to establish, maintain, and properly use an active file of patient oriented medication profiles.	P4
B. The student should recognize the misuse of medications or the potential danger of medication interactions and take positive steps to correct the situation through:	
1. Use of the medication profile	P2/P4
2. Checking the indications for the medication	P2/P4
3. Checking the appropriate dose for the indication	P2/P4
4. Monitoring for efficacy	P2/P4
5. Monitoring and managing for adverse effects/events	P2/P4
6. Monitoring for therapeutic outcomes	P2/P4
7. Checking for potential clinical signs of drug interactions	P2/P4
8. Consideration of cost effective alternative treatment/medications	P2/P4
9. Evaluate and provide appropriate patient education and evaluate adherence	P2/P4
Communication Skills:	
A. The student will communicate effectively with internal professionals, including physicians, nurses, clerks, social services, pharmacy, and the therapeutics committee if applicable	
1. Provides medication information. i.e., composition, dose, use, classification, nomenclature, and medication administration techniques.	P2/P4
2. Accurately communicates policy, procedures, legal information	P2/P4
3. Accurately communicates availability of stock	P2/P4
4. Provides consulting services	P2/P4
5. Recommends alternate therapies	P2/P4
Medication Knowledge (Prescription)	
A. For the commonly prescribed medications, students will demonstrate knowledge of:	
1. Brand name	P2/P4
2. Generic name	P2/P4
4. Chemical and/or therapeutic class the medication belongs to	P2/P4
5. Mechanism of Action	P2/P4
7. Adverse effects	P2/P4
8. Significant contraindications	P2/P4
9. Significant medication interactions with other medications or food	P2/P4
10. Legal aspects to be considered when using the medication	P2/P4
Quality Assurance	
A. Discuss any coordinated quality assurance programs	
1. Discuss Drug/Medication Utilization Evaluations	P2/P4
2. Discuss quality control procedures	P2/P4
3. Discuss outcome-based quality assurance efforts	P2/P4
Nursing Home Services: (The P2 student should be involved in discussions, whereas the P4 student should demonstrate knowledge and skills.)	
A. The student shall demonstrate familiarity with the requirements for pharmaceutical services in long term care facilities and the responsibilities of the pharmacist by:	
1. Listing, on request, the types of long term care facilities in which pharmaceutical services are mandated by federal regulation	P2/P4
2. Distinguishing between the pharmacist vendor and the pharmacist consultant and their respective responsibilities	P2/P4
a. Discuss on call clinical and vendor pharmacy services	P2/P4
3. Identifying storage requirements for drugs in the facility with emphasis on:	
a. Provision to minimize intermixing of patient's medications	P2/P4
b. Storage of external and internal medications	P2/P4
c. Storage of Schedule II substances and other substances subject to abuse	P2/P4
d. Storage of refrigerated medications	P2/P4
e. Labeling and expiration dates of stored medications	P2/P4
f. Unit dose storage requirements	P2/P4
g. Removal of expired and discontinued medications	P2/P4
h. Security requirements of stored medications	P2/P4
i. Requirements for disposing of controlled substances	P2/P4
j. Periodic inspection requirements	P2/P4
4. Demonstrating knowledge of stop order policies in the institution	P2/P4
a. Which medications have stop orders as standard operating procedure	P2/P4
b. Who issues/implements stop orders. What is the mechanism	P2/P4
c. Requirements for continued administration of drug after stated period	P2/P4

d. Recommendations for notification of physician of impending stop order	P2/P4
5. Demonstrating knowledge of emergency drug kits an emergency supplies	P2/P4
a. Examines an emergency medication kit	P2/P4
b. Describes security of an emergency drug kit	P2/P4
c. Lists recommended information to be placed on outside of kit	P2/P4
c. States provisions which the institution has for resupplying emergency medication kits	P2/P4
d. States information to be maintained on central record (proof of use record)	P2/P4
6. Review of medication errors in the nursing home.	P2/P4
7. Observe a medication pass to a nursing home resident and watch for potential medication administration problems.	P2/P4
B. The student shall know the composition and responsibilities of the committees within the facility in which the pharmacist may be involved.	P2/P4
C. The student shall demonstrate the ability to discuss OBRA '90 requirements as they pertain to long term care facility patients.	P2/P4
1. Discuss which medications require gradual dose reductions and how often these reductions must be attempted.	P2/P4
2. Be familiar with the medications that are potentially inappropriate in the elderly.	P2/P4
D. The student shall communicate effectively with other health professionals by:	
1. Making recommendations regarding medication therapy to the preceptor, physician or other persons involved with patient care	P4
2. Report medication related problems or deficiencies in pharmaceutical service orally and in writing to the preceptor for forwarding to the Pharmaceutical Services Committee, the medical director, the administrator and any other relevant department	P4
Drug Information:	
A. Given a request for medication information from a prescriber or patient, the student shall demonstrate knowledge of the appropriate sources available by:	P2/P4
1. Describing the type of information available in common and required references, both hardcopy and electronic.	P2/P4
2. Knowing the phone number of the nearest drug information and poison control center	P2/P4
3. Retrieving appropriate information to answer questions	P2/P4
Patient Care:	
A. Immunization Administration	P2/P4
B. Medication Therapy Management (P2 students will provide limited MTM, P4 students will provide comprehensive MTM)	P2/P4
C. Point of care (Glucose/Cholesterol)	P2/P4
D. Blood Pressure Screening	P2/P4
E. Development of Patient Educational Materials	P2/P4
F. Behind the counter medications: pseudoephredrine, etc	P2/P4

APPENDIX 13D

Institutional Practice IPPE/APPE Differentiation

Institutional Practice	
This document is used to provide guidance to students and preceptors on the types of activities appropriate for P1 and/or P4 students. Students and preceptors should be guided by the verb in each item (review, discuss, demonstrate, etc.) along with the expected level of entrustment for the student learner for each activity listed below. P1 Student (Level of Entrustment of 2: I trust the learner to complete this tast with assistance. The learner requires frequent correction or feedback). P4 Student (Level of Entrustment of 3: I trust the learner to complete this tast. The learner requires limited correction or feedback.	
Student Responsibilities:	
Demonstrate professional behavior and work ethic	P1/P4
Demonstrate professionalism	
A. Demonstrate empathy, compassion, integrity and respect for others	P1/P4
B. Demonstrate preparation, initiative and accountability consistent with a commitment to excellence.	P1/P4
C. Demonstrate a commitment to legal and ethical principles pertaining to provision of patient-centered care, including compliance with relevant laws,	P1/P4
policies and regulations	
D. Demonstrate mindfulness of the environment, recognizing that one's professionalism is constantly evaluated by others	P1/P4
E. Actively participate in the profession and broader community	P1/P4
Demonstrate personal and professional development	
A. Demonstrate motivation, attention and interest (e.g. habits of mind) during learning and work-related activities	P1/P4
B. Identify, create, implement, evaluate and modify plans for personal and professional development for the purpose of individual growth	P1/P4
Demonstrate flexibility and maturity in adjusting to change with the capacity to alter one's behavior	P1/P4
Recognize ambiguity is part of healthcare and respond by utilizing appropriate resources in dealing with uncertainty	P1/P4
Demonstrate self-confidence with patients, families and members of the healthcare team	P1/P4
Administrative Activities	
A. Review the hospital and pharmacy organizational structure	P1/P4
B. Review the medical staff and institutional committee structures	P1/P4
D. Discuss the type of personnel in the pharmacy and the number of people needed (e.g., job descriptions, roles)	P1/P4
E. Examine the personnel relations with respect to selection, evaluation, motivation, advancement, discipline and dismissal	P4
F. Discuss the role of facility wide licensing, regulatory, and accreditation bodies	P1/P4
G. Review bookkeeping procedures, the records for administrative use, budget preparation, fee determination, income determination, and workload	P4
measurement	
H. Discuss short and long term plans, alterations in facilities and equipment, and professional service expansion and improvement	P4
I. Review the hospital and pharmacy policy for professional education	P4
K. Discuss the management of medication-related information in electronic health records, pharmacy information systems, and automated systems	P1/P4
Inpatient Medication Distribution	
P1 focus will be technical (basics/ picking right medication) P4 focus will be checking (was the med /dose picked correct for the patient)	
A. The student and preceptor will describe the methods by which medication orders are received by the hospital pharmacy, including:	
1. Original orders or copies thereof	P1/P4
2. Transcription by nursing personnel	P1/P4
3. The use of house personnel	P1/P4

4. The use of the telephone	P1/P4
5. Computerized Physician Order Entry (CPOE)	P1/P4
6. The use of electronic delivery systems; fax machine, scanner, other	P1/P4
B. The student will demonstrate knowledge of the medication distribution system in the hospital pharmacy, including:	
1. Floor stock	P1/P4
2. Traditional individual patient prescriptions	P1/P4
3. Unit-Dose	P1/P4
4. Bulk Requisitions	P1/P4
5. Emergency Kits and Crash Carts	P1/P4
6. Pharmacy Automation/Robotics (e.g., Pyxis, Omnicell, MedCarousel, Robotics)	P1/P4
7. Barcode Scanning Technology	P1/P4
8. Procedures for after hours dispensing	P1/P4
C. Given an inpatient prescription order, the student will demonstrate acceptable procedure for processing and filling the order with no errors or omissions,	P1/P4
including:	
1. Determination of whether the order requires regular or stat procedures	P1/P4
2. Accurate interpretation of the order	P1/P4
3. Correct selection of the prescribed medication	P1/P4
4. Correct labeling of the prescribed medication	P1/P4
5. Accurate completion of all required record keeping tasks	P1/P4
6. Complete and appropriate billing procedures are followed, where applicable	P1/P4
D. In consideration of medications routinely stocked in areas other than the pharmacy, the student will have an understanding of:	P1/P4
1. What is considered floor stock and how is it supplied	P1/P4
2. Methods to stock and maintain the emergency stock and kits	P1/P4
3. Security of controlled substances	P1/P4
4. Record keeping, inspection, control and storage of medications	P1/P4
5. Pharmacy policy regarding self administration of medications	P1/P4
E. The student must define a stop order, including:	
1. What is a stop order	P1/P4
2. How is a stop order organized	P4
3. Which drugs are and/or should be covered by a stop order	P4
4. How does the institution enforce stop orders	P4
F. The student will discuss importance of and participate (as appropriate) in ancillary pharmacy roles within in the institution, including:	
1. Participation in a code situation	P1/P4
2. On-call pharmacist or remote entry pharmacist	P1/P4
3. Medication reconcilliation	P1/P4
4. Medication information services	P1/P4
5. Pharmacy services in specialty care areas (clinical and/or decentralized)	P1/P4
6. Pharmacy Informatics	P1/P4
7. Discharge Counseling	P1/P4

8. Adverse Event Reporting	P1/P4
Procurement and Inventory Control	
A. The student will:	
1. Discuss why and how drugs become part of a formulary versus non-formulary drugs	P1/P4
2. Evaluate forumluary goals	P4
3. Review procedures on contracts and bidding, including product specification, pricing, and discounts.	P1/P4
4. Discuss sources of supply, including direct order, wholesaler, and/or other pharmacies.	P1/P4
4. Describe order procedures	P1/P4
5. Understand receiving, checking, and pricing methods	P1/P4
6. Review methods to handle dated products	P1/P4
7. Review methods to handle medication shortages	P1/P4
8. Review methods to handle medication disposal including hazardous and/or chemotherapy waste	P1/P4
9. Examine procedures for recalls	P1/P4
10. Discuss systems of inventory arrangement and special storage areas	P1/P4
11. Discuss order procedures and methods of storage for chemotherapeutic agents	P1/P4
Familiarization with pharmacy policies on medical service representatives, exhibits, and sample distribution	P4
within the hospital.	
Institutional Regulations	
A. The student will discuss the regulations in effect at the institution governing investigational drugs (if applicable)	
1. Ordering procedures	P1/P4
2. Disposition records	P1/P4
3. Inventory and storage requirements within the nursing unit and the pharmacy	P1/P4
4. Control methods	P1/P4
5. Audit records	P1/P4
6. Patient consent forms, if applicable	P1/P4
7. Responsibility of the principal investigator and pharmacy, if applicable	P1/P4
B. The student will discuss the regulations in effect at the institution governing controlled substances	
1. Ordering procedures	P1/P4
2. Disposition records	P1/P4
3. Inventory and storage requirements within the nursing unit and the pharmacy	P1/P4
4. Control methods	P1/P4
5. Audit records	P1/P4
Non-Sterile Compounding	
A. The student will prepare nonsterile compounds to standard specifications, demonstrating ability to:	
1. Apply USP Standards	P1/P4
2. Make all necessary calculations	P1/P4

3. Identify and select the proper ingredients	P1/P4
4. Discuss the condition of the ingredients to be used in the preparation and discuss when you would reject those which are unacceptable	P1
5. Evaluate the condition of the ingredients to be used in the preparation and reject those which are unacceptable	P4
6. Discuss when you would alter a formulation, if necessary	P1
7. Alter the formulation, if necessary	P4
8. Discuss how you would take appropriate action in the event that physical, chemical, or therapeutic incompatabilities arise	P1
9. Recognize and take appropriate action in the event that physical, chemical, or therapeutic incompatibilities arise	P4
10. Accurately measure ingredients	P1/P4
11. Accurately dilute ingredients	P1/P4
12. Accurately mix ingredients	P1/P4
13. Correctly package and label the compound	P1/P4
14. Accurate completion of beyond-use-dating	P1/P4
15. Accurate completion of all required record keeping tasks	P1/P4
16. Thoroughly check all procedures prior to dispensing the compounded medication	P4
Sterile Compounding	
(Students may participate in sterile compoudning at the discrection of the site/preceptor)	
A. The student will prepare parenterals to standard specifications, demonstrating ability to:	
1. Understand and/or apply clean room concepts and USP standards (e.g., gowning/garbing, handwashing, aseptic technique)	P1
2. Apply clean room concepts and USP standards (e.g., gowning/garbing, handwashing, aseptic technique)	P4
3. Identify appropriate references (e.g., package insert, Handbook of Injectable Drugs) for sterile compounding	P1/P4
4. Identify and select the appropriate equipment to be used to compound the sterile preparation	P1/P4
5. Correctly make all necessary calculations	P1/P4
6. Identify and select proper ingredients	P1/P4
7. Discuss the condition of the ingredients to be used in the preparation and discuss when you would reject those which are unacceptable	P1
8. Evaluate the condition of the ingredients to be used in the preparation and reject those which are unacceptable	P4
9. Discuss when you would alter a formulation, if necessary	P1
10. Alter the formulation when necessary	P4
11. Discuss how you would take appropriate action in the event that physical, chemical, or therapeutic incompatabilities arise	P1
12. Recognize and take appropriate action in the event that physical, chemical, or therapeutic incompatibilities arise	P4
13. Employ appropriate aseptic techniques	P1/P4
14. Accurately mix ingredients	P1/P4
15. Accept or reject the preparation on the basis of visual inspection	P1/P4
16. Thoroughly check the process employed to prepare the product.	P4
17. Accurately label the product and complete necessary record keeping tasks	P1/P4
18. Specify any special considerations relative to instability	P4
19. Describe and/or observe the preparation of chemotherapy (as applicable)	P1
20. Observe and/or participate in the preparation of chemotherapy (as applicable)	P4

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Pharmacy and Therapeutics Committee	
A. The student will review the organization, function and rationale involved in committee responsibilities and attend committee meetings as able.	P1/P4
B. The student participates in therapeutic protocol development	P4
C. The student performs prospective and retrospective financial and clinical outcomes analyses to support formulary recommendations and therapeutic guideline development.	P4
Patient Safety	
A. The student will discuss the procedures followed when faced with questions pertaining to poison control, as well as locations of the poison control center and the availability of ready references	P4
B. The student will discuss and/or apply principles for preventing medication errors including:	P1/P4
1. Look Alike/Sound Alike Medications	P1/P4
2. Dangerous Abbreviations	P1/P4
3. High Risk/High Alert Medications	P1/P4
4. Analysis of medication errors from a systems approach	P4
5. Adverse Drug Event Surveillance and Reporting	P4
c. Quality Assurance	
1. Discuss medication utilization evaluations (MUE)	P1
2. Perform medication utlization evaluations (MUE)	P4
3. Discuss quality control effects	P1/P4
4. Discuss outcome-based quality assurance efforts	P1/P4
5. Identify CMS Quality Indicators	P1/P4
6. Apply institution specific strategies to meet CMS Quality Indicators	P4
Manage Patient Care to Achieve Appropriate Outcomes	
A. The student will demonstrate the ability to establish, maintain, and properly use patient medication profiles	P4
B. The student will be involved at appropriate levels through all transitions of care.	P1/P4
1. Use of the medication profile including medication reconcilliation	P1/P4
2. Checking the indications for the medication	P4
3. Checking the appropriate dose for the indication	P4
4. Monitoring for efficacy	P4
5. Monitoring and managing for adverse effects/events	P4
6. Monitoring for therapeutic endpoint	P4
7. Checking for potential clinical signs of medication interactions	P4
8. Consideration of cost effective alternative treatment/medications	P4
9. Evaluate and provide appropriate patient education and evaluate compliance	P4
10. Clinical interventions based on approved protocols (e.g. formulary substitutions)	P4
C. Students deliver evidence-based care through the retrieval, evaluation and application of findings from scientific and clinical literature.	P4
D. Students engage in activities designed to further advance evidence-based therapeutic decision-making, collaborative interprofessional team-based care,	P4

clinical services, entrepreneurship and systems management.	
E. Retrieve, critically evaluate and accurately present information from medical literature resources on pharmacotherapeutic topics both verbally,	P4
and in writing, in a timely fashion.	
F. Students participate in the management of medical emergencies as directed by preceptor/facility.	P1/P4
Communication Skills	
A. The student identifies, evaluates and communicates to health-care team members the appropriateness of the patient's specific pharmacotherapeutic	P1/P4
agents, dosing regimens, dosage forms, routes of administration, delivery systems, etc.	
1. Provides medication information. (e.g., composition, dose, use, classification, nomenclature, and medication administration techniques)	P1/P4
2. Accurately communicates policy, procedures, and legal information	P1/P4
3. Accurately communicates availability of stock medications and information regarding medication shortages	P1/P4
4. Provides consulting services and recommends alternate therapies	P1/P4
5. Accurately documents pharmacy interventions and patient care activities in the patient medical record	P4
B. The student will communicate effectively with patients and patient care givers	P1/P4
1. The student participates in patient rounds	P1/P4
2. Provide appropriate patient education	P1/P4
3. Evaluate patient medication compliance	P1/P4
Practice Based Knowldege	
A. For the most commonly prescribed institutional medications, students should identify:	
P1 Students should know brand name, generic name, and indication for the Top Drugs.	
1. Brand name	P1/P4
2. Generic name	P1/P4
5. Chemical and/or therapeutic class the medication belongs to as learned in pharmacodynamics	P1/P4
6. Mechanism of Action as learned in pharmacodynamics	P1/P4
7. Special dating and storage requirements	P4
8. Most common adverse effects	P4
9. Significant contraindications	P4
10. Significant medication interaction with other medications, foods, and/or disease states	P4
B. The student will conduct Journal Club presentations with the intent to further educate self and coworkers	P4
C. The student will present patient cases to the preceptor in an organized and concise manner	P4
Outpatient Dispensing	~~P1/P4~~
A. The student will review the availability of pharmacy services on an outpatient basis and discuss the following with the preceptor:	~~P1/P4~~
1. Who qualifies for dispensing services and when these services are available	P1/P4
2. Procedure for obtaining the prescription order	P1/P4
B. The student will communicate effectively with the patient and/or patient caregiver to the instructions for the proper administration of medications.	P1/P4
1. The student shall be able to counsel, without references, the main provisions of the "OBRA 90" legislation and any applicable state requirements.	P4

North Dakota State University
College of Health Professions, School of Pharmacy
Practice Facilities and Preceptor Quality Assurance

Provision of quality professional experiential education to student pharmacists requires ongoing oversight regarding the quality of preceptors for these experiences and the practice settings in which they practice. Standards No. 12 (Pre-Advanced Pharmacy Practice Experience, Pre-APPE Curriculum), No. 13 (Advanced Pharmacy Practice Experience, APPE Curriculum), No. 20 (Preceptors), and No. 22 (Practice Facilities), of the 2016 ACPE Accreditation Standards and Key Elements for the Professional Program in Pharmacy leading to a the Doctor of Pharmacy Degree, requires minimum components of this quality assurance process.

Preceptors practice in a wide variety of practice settings, provide these experiences to varying numbers of students and different educational institutions, and have a range of relationships with colleges/schools of pharmacy. A general quality assurance process compliant with current ACPE Standards, yet applicable to the diverse nature of the professional experience environment is proposed.

Initiation of New Experience Site

The Director of Experiential Outreach and Assessment or their designate will evaluate all new Introductory Pharmacy Practice Experience (IPPE) and Advanced Pharmacy Practice Experience (APPE) sites before being approved for experiential education. Whenever possible this will be done in person at the practice site after review of submitted materials. In cases where the site is not within driving distance, or for other reasons it is impractical to do in person, the Director or their designate will evaluate the site and the preceptor via email or telephone conversations after review of submitted materials. Evaluation will be completed in the same manner for all practice sites wishing to provide experiential education. Established criteria (see the attached Experiential Site and Preceptor Evaluation form) will be used to complete the process. This information will supplement the demographic and descriptive information the Experiential Office maintains on all practice sites and preceptors. The Experiential Education committee will give final approval of all new sites quarterly.

If a new experience site and preceptors are concurrently approved by another ACPE Accredited College/School of Pharmacy for the delivery of experiential education, that approval may be deemed as acceptable in meeting this requirement. Specific expectations of this institution would still need to be provided to the site.

Orientation topics in the approval process include but are not limited to the following:

- orientation to the educational institutions mission and goals as it applies to experiential education
- applicability of an available syllabus, or development of a site specific syllabus for the experience (experience goals, learning objectives, student activities, assessment and grading criteria)
- defined expectations of the site and preceptor in the education of the student pharmacist
    - curriculum requirements and integration
    - experience goals and objectives
    - assessment and feedback expectations of preceptors, students and the educational institution
- review of the expected types and volume of patients in the practice setting
- defined roles and responsibilities of the student pharmacist in the practice setting
- guidance on student supervision in the practice setting
- guidance on setting expectations with students, assessment strategies, provision of feedback and grading methodologies.

An abbreviated version of the process will be used if it is anticipated the site will be used on a limited basis.

If it is approved as a new site, a Site Agreement will be sent to the site for appropriate administrative signatures

Initiation of a New Preceptor at Currently Approved Site

The Director of Experiential Outreach and Assessment or their designate will provide information on the recommended topics above after review of preceptor submitted materials. Performance will be monitored as described in Current Sites and Preceptors section.

Ongoing preceptor development is offered to all preceptors in multiple formats (live, recorded, webinar, and newsletter).

Preceptors are considered Adjunct Faculty with the NDSU School of Pharmacy and are not eligible for promotion.

Current Sites and Preceptors

The Director or their designate will evaluate all experiential sites taking five or more students per year in person at least once every two years. Sites taking less than five students per year, and those not within driving distance may be evaluated via site visits, email or telephone conversations every three years. Sites may be evaluated more frequently if needed (e.g., poor student evaluations, change in preceptor at the site). This routine evaluation is to determine continued approval for completion of student pharmacist experiential education at the practice site.

The Director of Experiential Outreach and Assessment or their designate will evaluate the site and preceptor according to established criteria (see the attached Experiential Site and Preceptor Evaluation form). During the site visit, the student evaluations of the site and preceptor will be discussed. Roles and responsibilities of both the preceptor and the institution will be reviewed. The preceptor will be commended for areas in which the preceptor and/or site are meeting or exceeding expectations. Constructive feedback that addresses specific areas that need improvement will also be discussed with the preceptor. Working with the Director or their designate, the preceptor will develop an improvement plan, if necessary. Preceptor feedback regarding the School's experiential program will be solicited during the evaluation discussion.

A copy of the experiential site and preceptor evaluation form and student evaluations will be kept electronically in the electronic rotation management system for retrieval and review.

Experiential sites and/or preceptors not granted approval, or those granted conditional approval and not meeting those conditions will not be used/retained as a preceptor and/or training site for the program.

School of Pharmacy Assessment Committee and Experiential Education Committee:

The School of Pharmacy Assessment Committee will provide oversight for the assessment of student learning and the Experiential Education Committee will provide oversight of the QA process for the experiential program.

Quality Assurance Documentation
Experiential Site and Preceptor Evaluation

Name of Site: _____ Type of Rotation: _
Preceptor/Contact Person: _____ Title: _____
Address: _____ Phone Number: ___
_____ E-Mail: _____

Site Information				
				Comments
Adequate patient volume and breadth for student learning	Y	N	NA	
The student has access to patient information	Y	N	NA	
The student has the opportunity to interact with other health professionals as is pertinent to the specific experience	Y	N	NA	
The student has access to a computer with Internet capabilities	Y	N	NA	
The student has access to appropriate drug and medical information resources	Y	N		
Adequate space for student involvement with pharmacy activities and interaction with pharmacists, other health professionals and patients	Y	N		
The site displays a professional image	Y	N		
The site administration support student involvement at the site	Y	N		
The staff (i.e., pharmacists and technicians) support student interactions and involvement	Y	N		
Patient centered care philosophy evident in practice activities	Y	N		
Activities, projects and assignments will fulfill learning objectives of the learning experience	Y	N		
Amount and quality of time with the student is appropriate	Y	N	NA	
Appropriate role-modeling by pharmacists is available to the student pharmacist	Y	N		
The student is evaluated by direct observation when appropriate (e.g., dispensing skills)	Y	N	NA	
Regular and consistent feedback is given to the student	Y	N	NA	
A written evaluation is completed and discussed with the student at the middle of the rotation	Y	N	NA	
A written evaluation is completed and discussed with the student at the end of the rotation	Y	N	NA	
Student expectations and responsibilities are clear and are expressed to the student at the beginning of the experience	Y	N	NA	

Student competencies evaluated by Preceptor during rotation: (check all that apply)

Domain 1: Foundational Knowledge

- ❑ Foundational Knowledge

Domain 2: Essentials for Practice and Care

- ❑ Patient Centered Care
- ❑ Medication Use Systems Management
- ❑ Health and Wellness
- ❑ Population-Based Care

Domain 3: Approach to Practice and Care

- ❑ Problem Solving
- ❑ Education
- ❑ Patient Advocacy
- ❑ Inter-professional Collaboration
- ❑ Cultural Sensitivity
- ❑ Communication

Domain 4: Personal and Professional Development

- ❑ Self-awareness
- ❑ Leadership
- ❑ Innovation and Entrepreneurship
- ❑ Professionalism

Other activities, projects, and assignments that are required of the student: _____

_____

_____

_____

Comments: _____

_____

_____

_____

_____

Preceptor Training Occurred: ☐ No ☐ Yes

Follow-up Required ❑ No ❑ Yes, in_____months

Site Approved for Period _____

Experiential Outreach and Assessment Director _____ Date: _____

NDSU NORTH DAKOTA STATE UNIVERSITY

Experiential Site Description/Preceptor Application

Pharmacy Name: _____

Preceptor Contact: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email: _____

Degree (s): _____ Specialty Certifications: _____

Institution and year of degree: _____

Residency or fellowship: (Yes / No) Institution/year: _____

Have you been a pharmacy preceptor before? (Yes / No)

If Yes, approximately how many students have you precepted? _____

Pharmacist State License Number: _____

Preceptor License Number (If applicable): _____

Significant past work experience: _____

_____

Housing available: (Yes / No) If Yes, please explain and costs: _____

_____

Practice Setting and Information

Type of practice setting: ___Community ___ Hospital ___ Clinic ___ Other

Type(s) and description of pharmacy services provided: _____

_____

_____

Type of rotation: ____ IPPE ____ APPE

Typical patient population (ex. Gender, age, ethnicity, disease states):

_____

_____

Pharmacy Staff:

- Number of pharmacists: _____
- Number of pharmacy technicians: _____
- Average prescriptions per day: _____
- Daily census (Hospital): _____

Why do you wish to precept students? _____

_____

_____

_____

_____

_____

Preferred method of contact: ___ Phone ___ Email ___ Mail ___ Fax

NDSU COLLEGE OF HEALTH PROFESSIONS

NDSU | SCHOOL OF PHARMACY

APPENDIX 13G

Introductory & Advanced Pharmacy Practice Experiences (IPPE & APPE) Preceptor Handbook

2019-2020

PHARMACY PRACTICE, NDSU DEPT 2660 P.O. BOX 6050 FARGO, ND 58108-6050

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Welcome to the North Dakota State University College of Health Professions, School of Pharmacy Introductory and Advanced Pharmacy Practice Experiences (IPPE & APPE).

Introductory and Advanced Pharmacy Practice Experiences are designed to integrate, apply, reinforce, and advance the knowledge, skills, attitudes and values developed through the other components of the curriculum.

The focus of the introductory rotations (IPPE) is to familiarize students with the technical aspects of medication distribution within institutional and community pharmacy practice settings. Advanced pharmacy practice experiences (APPE) rotations during the final year of pharmacy school will build upon the knowledge base gained during the introductory experiences and will allow students to focus primarily on the advanced pharmacist roles involved in the oversight of medication distribution within an institutional pharmacy practice environment.

IPPE-I rotations consist of one three week rotation in an institutional setting for a total of 120 hours. IPPE-II rotations consist of one four week rotation in a community setting for a total of 160 hours.

APPE rotations consist of eight five-week rotations for a total of 200 hours per rotation. Five of the eight rotations are required rotations consisting of one each of community, institutional, inpatient general medicine (acute care), ambulatory care, and rural rotations. The required pharmacy practice experiences must include direct interaction with diverse patient populations in a variety of practice settings and involve collaboration with other health care professionals.

The additional three APPE rotations are considered “elective” rotations. Elective rotations are defined as any “required” rotation or any experience that will provide opportunities for students to develop professional skills and individual interests.

Most pharmacy practice experiences must be under the supervision of qualified pharmacist preceptors licensed in the United States.

Active preceptors are considered “Adjunct Faculty Members in the NDSU School of Pharmacy.”

NDSU NORTH DAKOTA STATE UNIVERSITY

Thank you for being a pharmacy preceptor for NDSU!

We value our partnerships with pharmacists from around the region and the excellent education they provide to the next generation of pharmacists.

EXPERIENTIAL EDUCATION CONTACT INFORMATION

Rebecca Brynjulson, PharmD, BCACP, BCGP

IPPE Director

Assistant Professor of Practice

Sudro Hall, 20B
Phone: 701-231-7477
Rebecca.Brynjulson@ndsu.edu
Main contact for: IPPE student questions, IPPE student issues

Teri Undem, RPh

APPE Director

Sudro Hall, 20C
Phone: 701-231-6578
Teri.Undem@ndsu.edu
Main contact for: APPE student questions, APPE student issues

Lisa M. Richter, PharmD, BCPS, BCCCP

Director Experiential Outreach & Assessment

Assistant Professor of Practice

Sudro Hall, 20A
Phone: 701-231-5178
Lisa.Richter.1@ndsu.edu
Main contact for: Preceptor development, site visits, new preceptor/site requests

EXPERIENTIAL EDUCATION CONTACT INFORMATION (cont.)

Mark Lofgren, MBA
E*Value Coordinator
Sudro Hall, Room 20
Phone: 701-231-7722
Mark.Lofgren@ndsu.edu
Main contact for: E*value passwords, evaluations, troubleshooting, NDSU Career Fair/Interview Day

Julie Brandon
Experiential Education Administrative Assistant:
Sudro Hall, Room 20
Phone: 701-231-5576
Julie.Brandon@ndsu.edu
Main contact for: Site onboarding requirements (immunizations, background checks)

Mailing Address:
Pharmacy Practice NDSU Dept. 2660
P.O. Box 6050
Fargo, ND 58108-6050

Website: https://www.ndsu.edu/pharmacy/pharmacy_experiential_education/

Experiential Office Fax: 701-231-7606

North Dakota State University
School of Pharmacy

Mission

The School of Pharmacy educates the next generation of highly competent, caring, and ethical pharmacists and scientists through a high quality contemporary curriculum emphasizing innovative interprofessional education and research/scholarship which serves the needs of North Dakota, region, nation, and world.

We will accomplish this by:

- Fostering a culture that values competency, caring, ethics, inclusivity, and professionalism.
- Delivering an effective curriculum that prepares students to work in diverse settings and interprofessional teams.
- Collaborating with key partners and stakeholders to enhance teaching, research/scholarship, practice, professional experience, and service opportunities.
- Utilizing interprofessional approaches in teaching, research/scholarship, clinical practice and service efforts.
- Providing professional and interprofessional development opportunities for faculty, staff, students, alumni, pharmacists, and preceptors.
- Securing sufficient financial, physical, and human resources to engage in effective teaching, research, practice, and service.
- Continually improving the quality of education, and research/scholarship.
- Developing pharmacists and scientists to meet the health care needs of the state, region, nation, and world.

Vision

The School of Pharmacy will be a nationally recognized leader in pharmacy education, research, and outreach which is known for its high quality and impact on improving human health.

Indicators that we are moving toward our Vision:

- Students and graduates are sought after as caring, competent, and ethical health professionals and researchers.
- Graduates have a high level of achievement as measured by licensure and certification exams and job placement.
- Faculty are recognized for best practices in teaching, curriculum improvement, and as leaders by discipline-related organizations.
- The School is nationally recognized for innovations in rural healthcare.
- Faculty and graduates discover and disseminate new knowledge as demonstrated by competitively funded research, high quality scholarly publications, and innovative product and practice development.
- Alumni are recognized for their consistent high level of achievement, leadership and involvement in professional organizations, and sustained contributions to their profession.
- Faculty have the resources of staff, time, space, and money to accomplish excellence in teaching, research, practice and service.
- Our impact will be local, national and global.

Core Values

People

Our School promotes a diverse environment where students, faculty, and staff can achieve their maximum potential; where academic freedom is protected; where collegiality is practiced; where individuals and ideas are welcomed and respected; where students and learning are paramount; where inclusivity is desired; and where research and innovation are recognized and valued.

Serving the health care needs of the citizens of North Dakota is our primary goal through having quality people and programs that positively impact the advancement of health care through education, research, and practices in the state, region, nation, and world.

Quality

Our School strives to be a center of excellence within the University, state, and nation which is committed to continuous quality improvement of its curriculum, programs, and people.

Professionalism and Ethics

Our School values and promotes professionalism and ethics in all its people, programs, and endeavors including fostering an environment where students, faculty, and staff serve as role models in the profession and community by representing the highest standards of professional and ethical behavior. Honesty, integrity, and collegiality guide all interactions with students, faculty, staff, administration, peers, and the public.

Knowledge, Teaching, and Learning

Our School is committed to the profession of pharmacy and to society for creating, communicating, and applying knowledge about the latest advances in health care within the discipline. It endeavors to provide an environment open to free exchange of ideas, where professionalism, innovation, scholarship, and learning can flourish.

Research and Scholarship

Our School is committed to creating new knowledge; incorporating new discovery and innovation, teaching, integration, and application as integral and complementary components of research and scholarship.

Patient-Centered Care

Our School believes that the primary purpose of the profession of pharmacy is to deliver patient- and population- centered research and care to improve the overall health and quality of life of patients.

Interprofessional Team Approach

Our School recognizes and values an interprofessional team-based approach to patient care, education, and research where each discipline works collaboratively to attain greater knowledge, expertise, and outcomes than what they are capable of accomplishing individually.

Final Draft 8.13.18

Experiential Education within the NDSU Curriculum

Within the NDSU Pharm.D. Curriculum, experiential education is provided through the following means:

1. Simulated and actual experiences in the Pharmaceutical Care lab & Pharmacotherapy lab during the curriculum.
2. Introductory Pharmacy Practice Experiences in Institutional Practice (IPPE I) and Community Practice (IPPEII).
3. Advanced Pharmacy Practice Experiences (APPE) in five required rotations (Institutional, Community Advanced, Ambulatory Care, Inpatient General Medicine, and Rural) and three elective rotations.

NDSU School of Pharmacy Curriculum and Teaching Methods

P1 First Year Professional		
MICR 470	Basic Immunology	3
PSCI 367	Pharmaceutical Calculations	1
PSCI 368	Pharmaceutics I	3
PSCI 369	Pharmaceutics II	2
PSCI 410	Pharmaceutical Biotechnology	2
PSCI 411	Principles of Pharmacokinetics and Pharmacodynamics	3
PSCI 412	Chemotherapeutic/Infectious Disease Pharmacodynamics	3
PSCI 470	Pharmacokinetics	3
PHRM 340	Pathophysiology I	4
PHRM 341	Pathophysiology II	3
PHRM 350	Introduction to Pharmacy Practice	2
PHRM 351L	Pharmaceutical Care Laboratory I	2
PHRM 352	Introduction to Health Care Systems	2
PHRM 355	Introductory Pharmacy Practice Experience I: Introduction to Institutional Pharmacy Practice	3
PHRM 480	Drug Literature Evaluation	3
P2 Second Year Professional		
CHP 400	Interprofessional Health Care Practice	3
PSCI 413	Endocrine/Respiratory/GI Pharmacodynamics	3
PSCI 414	Cardiovascular Pharmacodynamics	3
PSCI 415	Neuropsychiatry Pharmacodynamics	3
PSCI 417	Pharmacogenomics	2
PHRM 450	Self-Care	3
PHRM 452L	Pharmaceutical Care Laboratory II	2
PHRM 455	Introductory Pharmacy Practice Experience II: Introduction to Community Based Patient Care	4
PHRM 532	Infectious Disease	3
PHRM 534	Rheumatology/Endocrinology/Gastrointestinal	3
PHRM 535	PTDI:Neoplastic Diseases	3
PHRM 538	PTDI: Cardiovascular and Pulmonary Diseases	4
PHRM 565	Pharmacy-Based Immunization Delivery	1
P3 Third Year Professional		
PSCI 417	Pharmacogenomics (P2 & P3 taking together fall 2017)	2
PHRM 475	Pharmacy Practice Management	3
PHRM 520	Special Populations	3
PHRM 536	Neurology & Psychiatry	3
PHRM 537	Renal Disease/Fluid and Electrolytes	2
PHRM 540	Public Health for Pharmacists	3
PHRM 545L	Pharmacotherapy Laboratory	1
PHRM 551L	Pharmaceutical Care Laboratory III	2
PHRM 552L	Pharmaceutical Care Laboratory IV/Introductory Pharmacy Practice Experience IV	2
PHRM 560	Specialty Care Topics	2
PHRM 570	Pharmacy Practice Improvement and Project Management	2
PHRM 572	Pharmacy Law and Ethics	3
PHRM 580	Pharmacotherapy Capstone	3
P4 Fourth Year Professional		
PHRM 581-589	Advanced Pharmacy Practice Experience (APPE)	40

NDSU School of Pharmacy teaching methods include case studies, experiential education, face-to-face lecture, interprofessional activities, IPPE simulation, large group discussion, skills demonstration, small group discussion, pre-recorded videos, lecture capture, and use of audience response systems.

NDSU SCHOOL OF PHARMACY ABILITY BASED OUTCOMES AND SPECIFIC COMPETENCIES

Standards and Educational Outcomes

PharmD Educational Outcomes (ABOs) Ability-Based Outcomes

The educational outcomes in this document are written to reflect competencies essential for an **entry-level** pharmacist in **any setting** to practice collaboratively as a member of an interprofessional team, provide patient-centered care, contribute to the health of diverse patient populations, demonstrate leadership, and effectively manage a complex work environment.

Domain 1. Foundational Knowledge

Students will be able to develop, integrate, and apply knowledge from the foundational sciences (biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences) to explain drug action, solve therapeutic problems, evaluate scientific literature, and advance population health and patient-centered care.

Specific Competencies

1.1 Integrate knowledge from foundational sciences to explain how specific drugs or drug classes work and evaluate their potential value in individuals and populations.
1.2 Apply knowledge in foundational sciences to solve therapeutic problems and advance patient centered care.
1.3 Critically analyze scientific literature related to drugs and disease to enhance clinical decision making.
1.4 Demonstrate an understanding of scientific research and discovery.
1.5 Identify and critically analyze emerging theories, information, and technologies that may impact patient-centered and population based care.

Domain 2. Essentials for Practice and Care

2.1 Patient Centered Care

Students will be able to provide patient-centered care as the medication expert (collect and interpret evidence, prioritize, formulate assessments and recommendations, implement, monitor and adjust plans, and document activities).

Specific Competencies

2.1.1 Collect and interpret subjective and objective evidence related to patient medications, allergies/adverse reactions, and disease.
2.1.2 Prioritize patient health-related needs.
2.1.3 Formulate assessments and implement evidence based care plans and recommendations.
2.1.4 Monitor the patient and adjust care plan as needed.
2.1.5 Document patient care related activities.

2.2 Medication Use Systems Management

Students will be able to manage patient healthcare needs using human, financial, technological, and physical resources to optimize the safety efficacy of medication use systems (i.e., procurement, storage, prescribing, transcription, dispensing, administration, monitoring, and documentation.

Specific Competencies

2.2.1 Identify, compare, and contrast the components of typical medication use systems in different pharmacy practice settings
2.2.2 Identify and utilize resources to optimize the safety and efficacy of medication use systems.
2.2.3 Manage medication use systems during patients' transitions of care.
2.2.4 Apply standards, guidelines, best practices, and established processes related to safe and effective medication use.
2.2.5 Utilize continuous quality improvement techniques in the medication use process.
2.2.6 Accurately select, prepare, and dispense medications (prescriptions, non-prescription, sterile, and non-sterile dosage forms).

2.3 Health and Wellness

Students will be able to design prevention, intervention, and educational strategies for individuals and communities to manage chronic disease and improve health and wellness

Specific Competencies

2.3.1 Deliver systematic preventive care, using risk assessment, risk reduction, screening, education, and immunizations.
2.3.2 Provide prevention, intervention, and educational strategies for individuals and communities to improve health and

wellness.
2.3.3 Evaluate personal, social, economic, and environmental conditions to maximize health and wellness.

2.4 Population-Based Care

Students will be able to describe how population-based care influences patient-centered care and the development of practice guidelines and evidence-based best practices.

Specific Competencies

2.4.1 Assess the healthcare status and needs of a targeted patient population.
2.4.2 Develop and provide an evidence-based approach that considers the cost, care, access, and satisfaction needs of a targeted patient population.
2.4.3 Participate in population health management by evaluating and adjusting interventions to maximize health.

Domain 3. Approach to Practice and Care

3.1 Problem Solving

Students will be able to identify problems; explore and prioritize potential strategies; and design, implement, and evaluate a viable solution while considering ethical, legal, and cultural dimensions.

Specific Competencies

3.1.1 Identify and define the primary problem.
3.1.2 Define goals and alternative goals.
3.1.3 Within the context of the problem, explore multiple solutions by organizing, prioritizing, and defending each possible solution.
3.1.4 Identify possible positive and negative outcomes by reviewing assumptions, inconsistencies, and unintended consequences.
3.1.5 Implement the most viable solution, including monitoring parameters, to measure intended and unintended consequences.
3.1.6 Reflect on the solution implemented and evaluate its effects to improve future performance.

3.2 Education

Students will be able to educate all audiences (e.g., patients/caregivers, technicians and interns, pharmacy students, fellow pharmacists, other healthcare providers, legislators) by determining the most effective and enduring ways to impart information and assess learning.

Specific Competencies

3.2.1 Assess the need for pharmacist-delivered education.
3.2.2 Retrieve, analyze, and interpret the professional, lay, and scientific literature to effectively communicate information to a specific audience.
3.2.3 Select the most effective techniques/strategies to achieve learning objectives for education given to a specific audience.
3.2.4 Deliver the education to the intended audience.
3.2.5 Assess audience comprehension to ensure effective instruction/education was achieved.

3.3 Patient Advocacy

Students will be able to represent the patients' best interests.

Specific Competencies

3.3.1 Empower patients to take responsibility for, and control of, their health.
3.3.2 Assist patients in obtaining the resources and care required in an efficient and cost-effective manner.

3.4 Interprofessional Collaboration

Students will be able to actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and shared values to meet patient care needs.

Specific Competencies

3.4.1 Establish a climate of accountability, mutual respect, and shared values with members of the interprofessional team to meet patient and population care needs.
3.4.2 Incorporate the knowledge, skills, and abilities of each member of the interprofessional team to provide care that is safe, timely, efficient, effective, and equitable.
3.4.3 Communicate in a manner that values team based decision making and shows respect for contributions from other areas of expertise.

3.5 Cultural Sensitivity

Students will be able to identify and appropriately adjust the content and delivery of pharmacy services based on the unique socio-cultural characteristics of the patient receiving care.

Specific Competencies

3.5.1 Recognize the collective identity and norms of different cultures without overgeneralizing (i.e., recognize and avoid biases and stereotyping).

3.5.2 Demonstrate an attitude that is respectful of different cultures.

3.5.3 Assess a patient's health literacy and modify communication strategies to meet the patient's needs.

3.5.4 Appropriately incorporate patients' cultural beliefs and practices into patient care.

3.6 Communication

Students will be able to effectively communicate using verbal, nonverbal, and written methods when interacting with individuals, groups, and organizations (ACPE 2016).

Specific Competencies

3.6.1 Demonstrate effective interpersonal skills when interacting with others to establish rapport and build trusting relationships.

3.6.2 Actively listen and ask appropriate open and closed-ended questions to gather information.

3.6.3 Interview patients using an organized structure, specific questioning techniques (e.g., motivational interviewing), and medical terminology adapted for the audience.

3.6.4 Communicate assertively, persuasively, confidently, and clearly.

3.6.5 Use available technology and other media to assist with communication as appropriate.

3.6.6 Elicit feedback, validating understanding of communication.

Domain 4. Personal and Professional Development

4.1 Self-Awareness

Students will be able to examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth.

Specific Competencies

4.1.1 Demonstrate motivation, attention, and interest (e.g. habits of mind) during learning and work-related activities.

4.1.2 Identify, create, implement, evaluate and modify plans for personal and professional development for the purpose of individual growth.

4.1.3 Demonstrate constructive coping strategies to manage stress and conflict.

4.1.4 Demonstrate flexibility and maturity in adjusting to change.

4.1.5 Recognize ambiguity is part of healthcare and respond by utilizing appropriate resources in dealing with uncertainty.

4.1.6 Demonstrate self-confidence when working with patients, families, and members of the healthcare team.

4.2 Leadership

Students will be able to demonstrate responsibility for creating and achieving shared goals, regardless of position.

Specific Competencies

4.2.1 Identify the history (e.g., successes and challenges) of a situation/organization before implementing changes.

4.2.2 Develop relationships, value diverse opinions, and understand individual strengths and weaknesses to promote teamwork.

4.2.3 Persuasively communicate goals to stakeholders to help build consensus.

4.2.4 Empower team members by actively listening, gathering input or feedback, and fostering collaboration.

4.3 Innovation & Entrepreneurship

Students will be able to demonstrate responsibility for creating and achieving shared goals, regardless of position

Specific Competencies

4.3.1 Demonstrate initiative and creative decision making when confronted with novel problems or challenges.

4.3.2 Develop new ideas and approaches to improve quality.

4.4 Professionalism

Students will exhibit behaviors and values consistent with the trust given to the profession by patients, other healthcare providers, and society.

Specific Competencies

4.4.1 Demonstrate empathy, compassion, integrity, and respect for others.

4.4.2 Demonstrate preparation, initiative, and accountability consistent with a commitment to excellence.

4.4.3 Demonstrate a commitment to legal and ethical principles pertaining to provision of patient centered care, including compliance with relevant laws, policies, and regulations.

4.4.4 Demonstrate mindfulness of the environment, recognizing that one's professionalism is constantly evaluated by others.

4.4.5 Actively participate in the profession and broader community.

Revised: 3/2010; 1/2011; 5/2012; 12/14, 2/15

Experiential Education Policies & Procedures

North Dakota State University Department of Pharmacy Practice
Revised 10/25/18

Experiential Policy and Procedure Manual

Preceptors are asked to immediately notify Teri Undem, APPE Director (701-231-6578, Teri.Undem@ndsu.edu) or Rebecca Brynjulson, IPPE Director (701-231-7477, Rebecca.Brynjulson@ndsu.edu) of any problems with their student on rotation

Table of Contents **(Use link to Experiential Policy and Procedure manual above)**

I. Office of Experiential Education Background Information

II. General Information Related to Rotation Placement

III. Required Paperwork/Documentation

IV. Legal Responsibilities for a Student Pharmacist/Intern:

V. Health Insurance Requirements

VI. Professional Liability Insurance

VII. Background Checks

VIII. Substance Misuse Testing

IX. Intern Licensure

X. Proof of Immunity/Documentation of Health Status

XI. CPR Certification

XII. Rotation Hours

XIII. Blood or Body Fluid Exposure

XIV. Leave of Absence Policy

XV. Professional Dress, Safety, and Professionalism Expectations

General University Policies

NDSU is committed to following the General Policies detailed in the NDSU Bulletin relating to Student Behavior, Privacy of Student Records, Equal Opportunity, Sexual Assault, Sexual Harassment, Consensual Relationships, Use of Alcohol and Other Drugs, and Campus Security. If you have questions/concerns regarding these matters, contact the Associate Director for Student Rights and Responsibilities.
https://www.ndsu.edu/policy/index_by_policy_number/

NDSU Pharmacy Student Handbook

EVALUATIONS

Student Evaluations

A Student Evaluation of the preceptor/site must be completed for all rotations and registered on the E*Value website, within one week following the completion of each rotation. It is recommended that this evaluation be discussed with the preceptor during the feedback session at the conclusion of the rotation. These comments and observations will provide the preceptor with invaluable feedback regarding his/her site, service, and individual performance as a preceptor.

Preceptors have the ability to view anonymous student evaluations of the preceptor/site through E*Value once a preceptor has had at least three students provide an electronic evaluation for the preceptor through E*Value. (see E*Value section of preceptor's handbook for directions)

Preceptors, who have not yet received at least three evaluations, can request verbal feedback and/or suggestions for improvement from our office.

Preceptor Evaluation

The "Preceptor Evaluation of Student Form", is to be completed by the preceptor. The preceptor is required to:

1. Provide the student with verbal, constructive feedback, midway and throughout the rotation.
2. Provide a written "Student Evaluation" and constructive feedback at mid-point (for APPE) and conclusion of the rotation
3. Post on the E*Value website, "Student Evaluation" within two weeks following the completion of each rotation.

An electronic copy of the evaluations will be generated by E*Value and emailed to preceptors at the mid-point of the rotation and one week prior to the completion of the practice experience.
**Please notify mark.lofgren@ndsu.edu if you do not receive these notifications from E*value as they sometimes go to junk mail.

Grading:

The Grading System used to monitor academic performance for the Advanced Pharmacy Practice Experiences is:
P (Pass): Indicates that the student has successfully completed the work of the Advanced Pharmacy Practice Experiences

F (Fail): Indicates that student performance was unsatisfactory or that the student did not meet the expectations and/or complete the required work of the Advanced Pharmacy Practice Experience.

Students must complete and pass **ALL** course components to pass this course.

Preceptor Evaluation of Students

A. During any rotation, if a student puts patients, preceptors or the practice at risk, that student may be immediately dismissed from the rotation and given a failing grade for that rotation. Students will not receive credit for failed rotation hours. Preceptors are asked to immediately notify Teri Undem, APPE Director (701- 231-6578) or Rebecca Brynjulson, IPPE Director (701-231-7477) of any problems with their students or the rotation.
B. Upon failure of an IPPE rotation, a student will receive a failing grade and the student will complete a remediation plan during the subsequent academic year that includes repeating the course for academic credit. The student will be required to successfully complete all IPPE hours prior to beginning APPE. A minimum of 300 IPPE hours must be **successfully** completed prior to APPE.
C. Upon failure of an APPE rotation, a student will receive an incomplete grade and will be required to successfully complete a remediation plan that includes repeating the failed rotation type for APPE credit. Upon completion of the remediation plan, the student will be required to make up any rotation hours that were missed due to the remediation plan. All make up rotation hours will be completed at the end of the academic year, resulting in a delayed graduation. Remediation hours cannot be made up over the holiday break. A total of 1600 ACPE rotation hours, in the appropriate combination of required and elective rotations, must be **successfully** completed prior to

graduation.

D. If a student requires remediation and does not successfully complete the remediation plan, College Policy 3.03, Right to Terminate Enrollment, will be considered.

APPE Remediation Policy

IPPE-I (Institutional) Grading – see Pharm 355 Syllabus

IPPE –II (Community) Grading – see Pharm 455 Syllabus

Monitoring

Evaluation of the experiential experiences will be conducted in the same manner as all other courses offered by the College of Pharmacy. Students will be required to complete an electronic evaluation of the site, the preceptor and the program at the end of their experiences. Students are informed to immediately notify the APPE/IPPE Director of any issues surrounding their preceptor or rotation. The APPE Director, IPPE Director and/or Director of Experiential Outreach and Assessment, or the School, will then follow up with preceptors and students on any identified problem areas.

Preceptors are required to complete one electronic evaluation at the mid-point and one electronic evaluation at the end of each student rotation. Preceptors are asked to immediately notify Teri Undem, APPE Director (701-231-6578) or Rebecca Brynjulson, IPPE Director (701-231-7477) of any problems with their students or the rotation

Academic Honesty Statement

All work in this course must be completed in a manner consistent with NDSU University Senate Policy, Section 335: Code of Academic Responsibility and Conduct. Violating this code will result in a penalty or penalties to be determined by the instructor depending on the seriousness and circumstances of the offense. The instructor may: (1) fail the student for the particular assignment or test; or (2) give the student a failing grade. Students are responsible for doing and submitting their own work. Such actions may include dismissal, which is a suspension from NDSU for a specific period of time, or expulsion from NDSU, which carries no expectation of return at a later date. Academic dishonesty, in any form, is inconsistent with an academic community that operates on the basis of honesty, integrity, and fair play. If questions arise, students are encouraged to consult with the instructor.

Academic and Professional Misconduct

For further information on Academic or Professional Misconduct please see Student Academic and Conduct Standards Policy 3.01 in the Pharmacy Student Handbook. Preceptors are asked to immediately notify Teri Undem, APPE Director (701-231-6578) or Rebecca Brynjulson, IPPE Director (701-231-7477) of any problems with their students on the rotation.

PRECEPTOR RESPONSIBILITIES

The integration of classroom knowledge into professional performance is recognized as an essential activity in the achievement of professionalism. The following list emphasizes the serious responsibilities inherent in accepting the role of a preceptor:

a. Understand the dimensions, responsibilities and tasks of pharmacy practice and identify those tasks which are performed in the preceptor's pharmacy.

b. Assess the student's knowledge and level of experience before assigning learning experiences. From both educational and public safety standpoints, the student's duties should not exceed his/her educational level.

c. Review the assessment of the student's entry level knowledge and experience with the student, pointing out strengths and weaknesses and assigning learning experiences to correct deficiencies.

d. Set clear learning objectives for the student, based on the student's education and experience and upon the dimensions, responsibilities and tasks of pharmacy practice.

e. Plan specific learning activities that will contribute to the mastery of each task and ensure time to practice the skill in the pharmacy.

f. Thoroughly review such topics as patient confidentiality, security practices, professional demeanor, patient communication, communication with other health professionals, work schedules, lines of responsibility, relationships with the preceptor and other staff members, employee benefits, professional supervision, and the performance evaluation.

g. Provide information and demonstrate appropriate practice performance.

h. Serve as a learning resource and role model for the student while infusing new values and attitudes.

i. Provide a broad scope of educational experiences. Special projects may be arranged, such as in-service training, design of record systems, and newsletter writing. Exchange visits to other pharmacies may provide exposure to alternative distribution, recordkeeping and controlsystems.

j. Systematically rotate the student's responsibilities to provide a wide variety of experiences.

k. Coordinate and share teaching and supervisory responsibilities with other pharmacists.

l. Close and continuous supervision of the student's performance, appropriate for his/her educational level and experience, is required by all preceptors. However, the advanced student's learning is facilitated when some latitude in independent performance is permitted. Intermittent checks of performance and retrospective reviews may be appropriate for the advanced student who has acquired the judgment making ability required for practice.

m. Provide positive corrective feedback during the learning process. Discuss pharmaceutical care plans and SOAP notes and answer any questions or refer to literature for evidence based practices.

n. Evaluate and document the student's abilities during and at the completion of the Pharmacy Practice Experience. These evaluations may take the form of exit interviews, performance rating scales, review of student reports/care plans, and performance tests.

o. Meet with representatives of the Board of Pharmacy or of the School of Pharmacy who are responsible for coordinating the Advanced Pharmacy Practice ExperienceProgram.

p. Encourage/model active participation in continuing education and lifelong learning.

HOLIDAYS AND ROTATION CALENDAR

The Pharm.D fourth year will begin on **May 20, 2019 at 8:00 am** and will end on **April 24, 2020 at 5:00 pm.** The Experiential Year is comprised of eight rotations and is further segregated into required and elective rotations. The five 5 week required rotations include: ambulatory care, inpatient general medicine (acute care), community advanced practice, institutional/hospital advanced practice and rural health. The three elective rotations are also five weeks in length.

Students are expected to successfully complete 8 of the 9 available blocks.

2019-2020 Rotations Schedule

APPE ROTATIONS

Rot.# Course #	APPE 1 PHRM 581	APPE 2 PHRM 582	APPE 3 PHRM 583	APPE 4 PHRM 584	APPE 5 PHRM 585	APPE 6 PHRM 586	APPE 7 PHRM 587	APPE 8 PHRM 588	APPE 9 PHRM 589
Begin	5/20/19	6/24/19	7/29/19	9/3/19	10/7/19	11/12/19	1/13/20	2/18/20	3/23/20
End	6/21/19	7/26/19	8/30/19	10/4/19	11/8/19	12/20/19	2/14/20	3/20/20	4/24/20

IPPE ROTATIONS

Rot.# Course #	IPPE 1 PHRM 355	IPPE 1 PHRM 355	IPPE 1 PHRM 355	IPPE 2 PHRM 455	IPPE 2 PHRM 455
Begin	5/20/19	6/10/19	7/1/19	5/20/19	6/17/19
End	6/07/19	6/28/19	7/19/19	6/14/19	7/12/19

2019/2020 NDSU University Holidays

All students are allowed time off during the following official 2019/2020 University holidays with the exception of Monday, April 13, 2020: **Spring Break is NOT considered time off for APPE rotations.**

Memorial Day	**May 27, 2019***
Independence Day	**July 4, 2019***
Labor Day	**Sept. 2, 2019**
Veteran's Day	**Nov. 11, 2019**
Thanksgiving Day	**Nov. 28, 2019**
Thanksgiving Friday	**Nov. 29, 2019**
Martin Luther King, Jr.	**Jan. 20, 2020**
Presidents' Day	**Feb. 17, 2020**
Holiday Recess	**April 10, 2020**

Please note that the APPE Holiday Break is: December 16, 2019 through January 10, 2020.
***IPPE Students must make up these hours (Memorial Day and Independence Day)**

IPPE Specific Policies:

1. **Students must make up any missed IPPE hours.** Contact the IPPE Director if you are unable to make up any missed hours.
2. ****Memorial Day or Fourth of July Holidays: For those students who have IPPE scheduled during either Memorial Day or the Fourth of July, the following three options may be taken to make up the 8 hours of IPPE missed.**
    a. Continue IPPE as scheduled on Memorial Day or the Fourth of July, working an 8-hourday
    b. Take Memorial Day or the Fourth of July off, make up eight hours on alternate dates (i.e. four 10-

hourdays, weekend, etc.)

c. Complete an 8-hour project (completed in addition and outside of hours at the practice site) as outlined by your preceptor that contributes to the delivery of patient care at the practice site (i.e. patient education/handouts, research for formulary projects, continuing education program development for technician and/or nursing staff, etc.)

Inclement Weather Conditions

Students in the Fargo-Moorhead area are not expected to report to Experiential Education sites if classes at North Dakota State University have been cancelled due to inclement weather conditions or weather conditions are such that a student could not travel safely to and from the practice site. Students located outside the F-M area shall follow the local public school policy, and in case of closure, shall contact their preceptor directly for instructions.

Students, who miss hours due to inclement weather, should work with their preceptors and the Experiential Office to make up lost time.

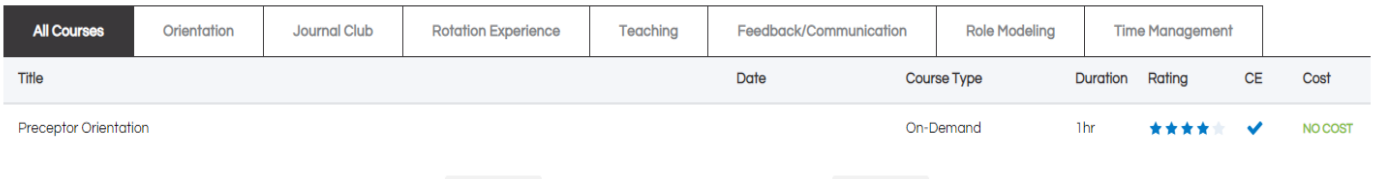
PRECEPTOR TRAINING

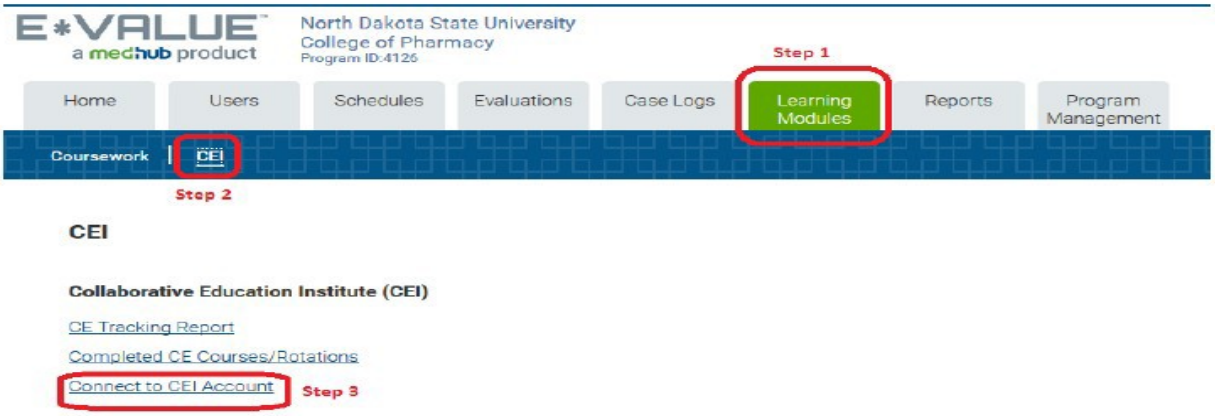
We value our partnerships with pharmacists from around the region and the excellent education they provide to the next generation of pharmacists.

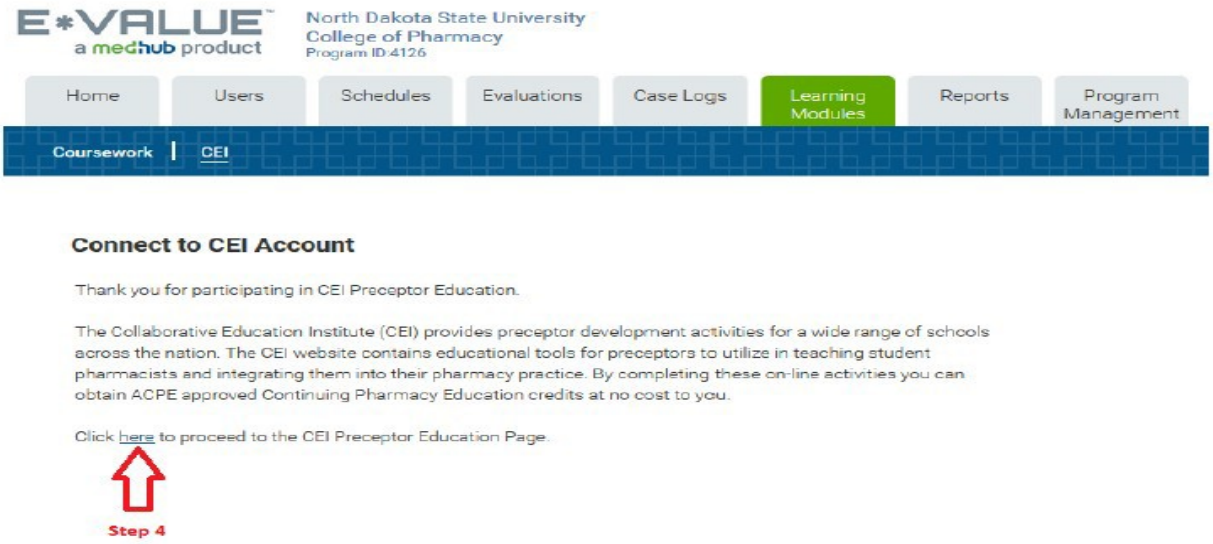
As a preceptor for the School of Pharmacy at NDSU, the following are provided to you once you have your first student scheduled and continue to be an active preceptor for us:

- NDSU Library Services
  Including access to the e-book: The Preceptor's Handbook for Pharmacists, 3rd Ed.
  Contact Mark.Lofgren@ndsu.edu with any access issues

- The Collaborative Education Institute (CEI)- Access to online preceptor training and ACPE accredited continuing pharmacy education through
  - The Collaborative Education Institute (CEI), accessed through E*Value Learning Modules (current CEI password: 18NDSU)
  - New preceptors are asked to complete the preceptor orientation modules prior to taking students







CEI Preceptor Pharmacist Subscription Instructions

- Pharmacist's Letter
  - If You're New to Pharmacist's Letter: When you click on the link below, you'll be asked to log in with your personal CEID# or passcodes for Pharmacist's Letter/Preceptor Training & Resource Network. If you're new to the site, you can create your CEID# by following the link on the login page that says "I'm new to Pharmacist's Letter - sign me up for Preceptor CE and Resources!" There is no charge for this. Pharmacist's Letter

- From the Schoolhouse
  - Recorded presentations by NDSU Faculty and Staff available for ACPE continuing education (starting fall 2018)
  - Access in CEI (see instructions above)- Use passcode: NDSUSCHOOL for full recorded series (up to 6 hours CE/year)

- Pharmacists' Patient Care Process (PPCP) *(New)*

If you would like additional information on how to access preceptor resources, please contact Lisa.Richter.1@ndsu.edu or (701) 231-5178.

KEY STEPS IN LEARNING

The learning activities suggested for students can be summarized in five steps.

Set Clear Learning Objectives
Determine the Achievement Level and Learning Needs of the Student
Plan Specific Learning Activities
Implement the Learning Plan
Evaluate and Feedback the Results

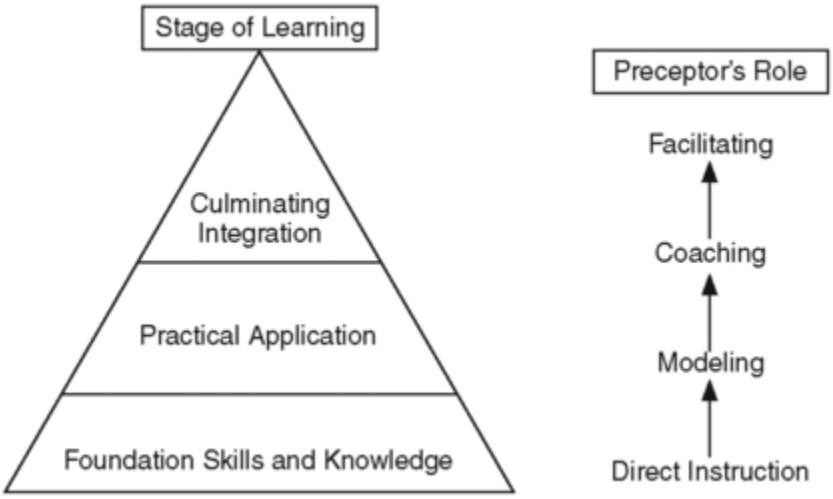
- ✓ **Set Clear Learning Objectives**
  Preceptors are responsible for supervising the learning of students who will practice in general practice locations and in various roles. The preceptor and the student should begin each rotation with a prepared set of learning objectives that represent a description of the knowledge, skills, and capabilities required to practice pharmacy in that setting. It is important that the student be exposed to the different roles and tasks. This may require arrangement of learning experiences outside of the preceptor's pharmacy

- ✓ **Determine the Achievement Level and Learning Needs of the Student**
  Specifically ask the student what he/she knows, what they have experienced, and their expectations during the rotation you are supervising. Decide what knowledge, skills, and attitudes are deficient in the student's background and focus the learning on these deficiencies.

- ✓ **Plan Specific Learning Activities**
  Decide on the experiences/learning activities that will be necessary to meet the learning objectives of both the student and the preceptor. Learning activities may include daily practice responsibilities, observation of selected tasks, working on assignments and special projects, reading journal articles or other references, attending meetings and seminars, discussions with the preceptor and other pharmacists, and evaluation of performance.

- ✓ **Implement the Learning Plan**
  Develop a schedule of experiences/learning activities that are possible within your rotation site and during the rotation time frame. Arrange for special visits to other practice sites or with other health professionals. Determine the best time for the preceptor to meet with the student to offer advice and feedback.

- ✓ **Evaluate and Feedback the Results**
  If possible, it is important to provide feedback when the behavior is observed. Provide corrective and supportive feedback as often as possible focusing on specific assignments or tasks performed.



Nimmo CM, Guerrero R, Greene SA, et al.Nimmo CM. Developing training materials and programs: facilitating learning in staff development. In: Nimmo CM, Guerrero R, Greene SA, et al., eds. *Staff development for pharmacy practice*. Bethesda, MD: American Society of Health-System Pharmacists; 2000:119–31.

THE IMPORTANCE OF FEEDBACK

The student needs to know whether he/she is performing appropriately. Approval by the preceptor and appreciation from patients and other health professionals are factors which will encourage the student to repeat proper performance.

An awareness of satisfactory performance is as important as an awareness of deficiencies because a student needs to understand how to improve on a particular skill so that he/she can increase proficiency through practice in a future rotation.

In addition to feedback from the preceptor regarding performance, the preceptor should discuss/quiz the student regularly on assigned tasks. Correct responses contribute to positive reinforcement. Incorrect answers are not necessarily a sign of failure, but a signal to re-emphasize a particular task.

Suggested Questions to initiate conversation and begin feedback for the Mid-rotation and/or Final Rotation Evaluations:

1. How would you rate your performance so far? How do you think your care plans are going?
2. What do you think of your …….?
   …. patient counseling?
   …. time management skills?
3. Why do you think that? Explain what you feel you are doing well… or not so well?
4. How could you improve?
5. What would you like to improve in the coming weeks?
6. Set specific objectives for the student or incorporate in objective setting along with the student.
7. Do you have enough time to work on projects/tasks here? Too much time?
8. What is your favorite activity for this rotation…of the day?
9. What is your least favorite activity? Why?
10. What is the most important task you are assigned?
11. What did you find helpful in learning/preparing for this rotation?
12. What would you like to see change in the future?
13. What would you say are the strengths and weaknesses of this rotation?
14. What skills have you learned that you plan to use in the future

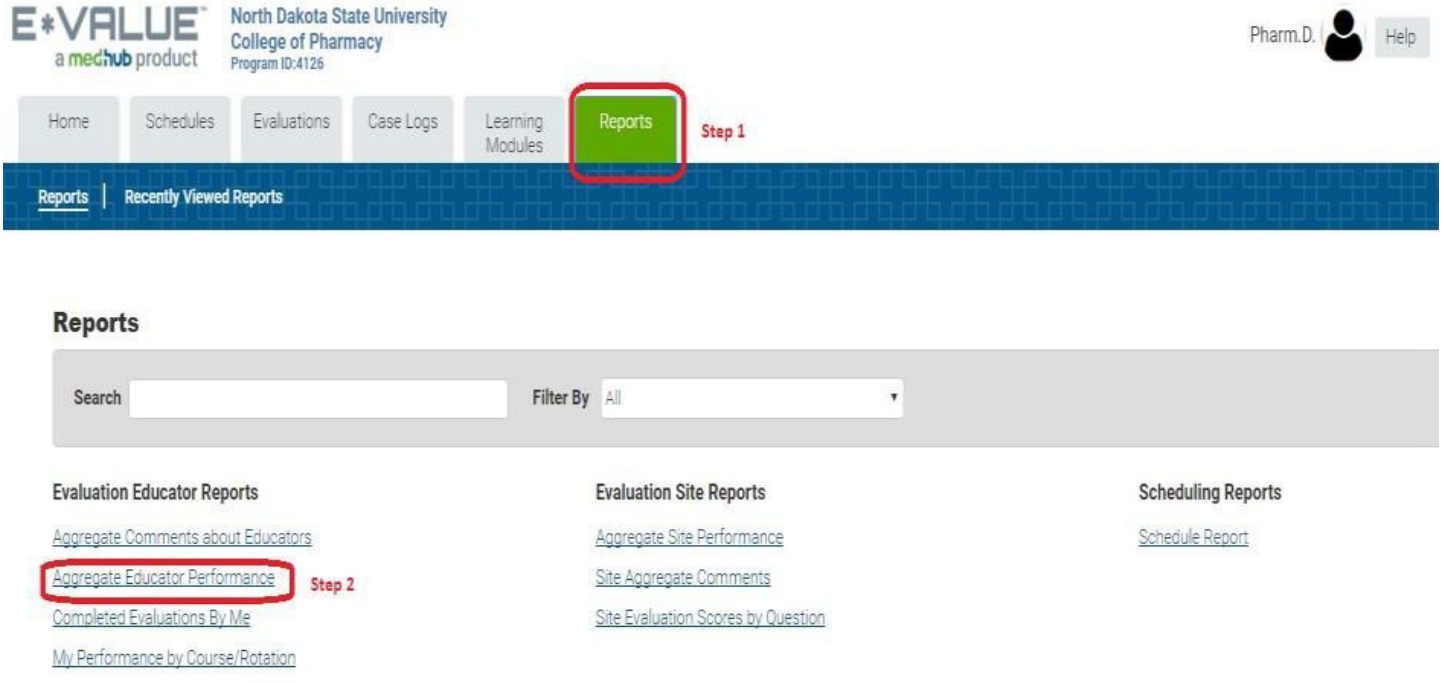
Seven Keys to Effective Feedback
Feedback should be:
Goal-Referenced
Tangible and Transparent
Actionable
User-friendly
Timely
Ongoing
Consistent

Portions of this manual have been extracted from the AACP/NABP manual, The Internship Experience, the Drake University Competency Statements developed with the support of SmithKline Corporation, the Community Practice Externship Manual of the University Of Minnesota College Of Pharmacy and Wiggins G. Educational Leadership 2012;70(1):11-16.

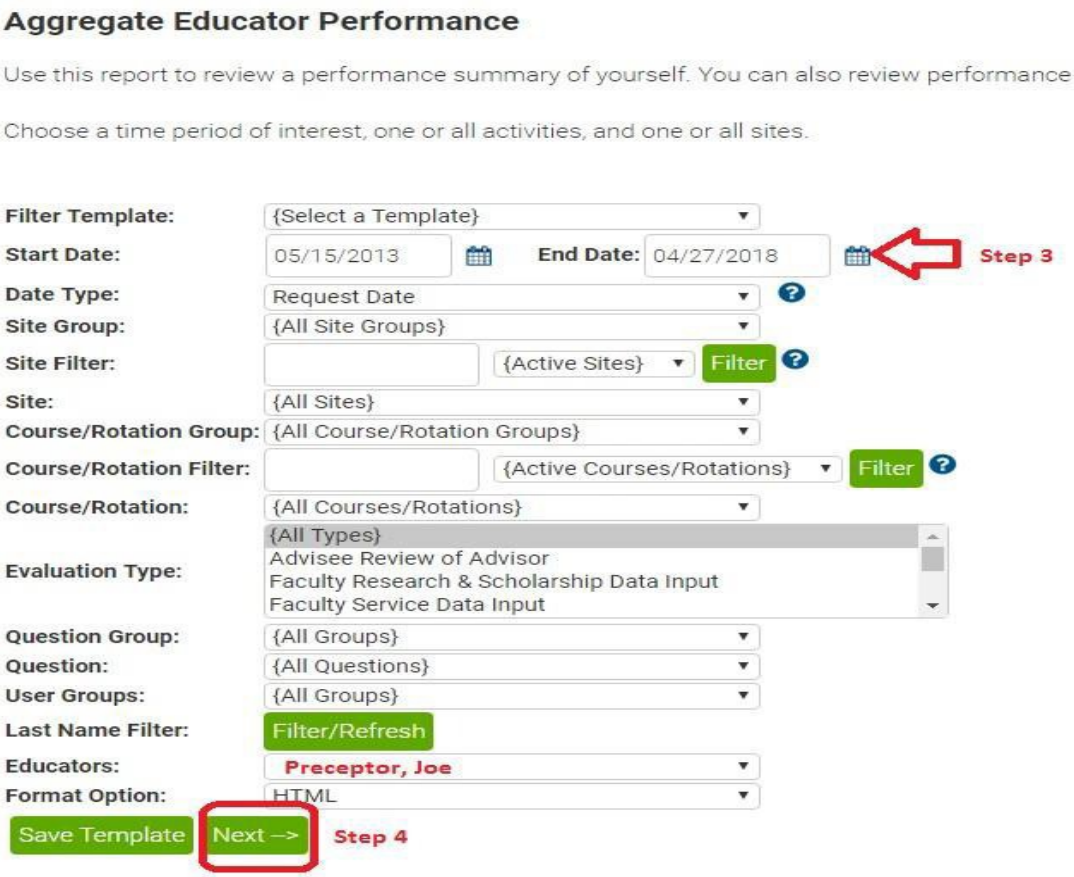
E*Value Information

Viewing Educator Performance After 3 Required Student Rotations

Step 1: Click on "**Reports**" tab
Step 2: Click "**Aggregate Educator Performance**"

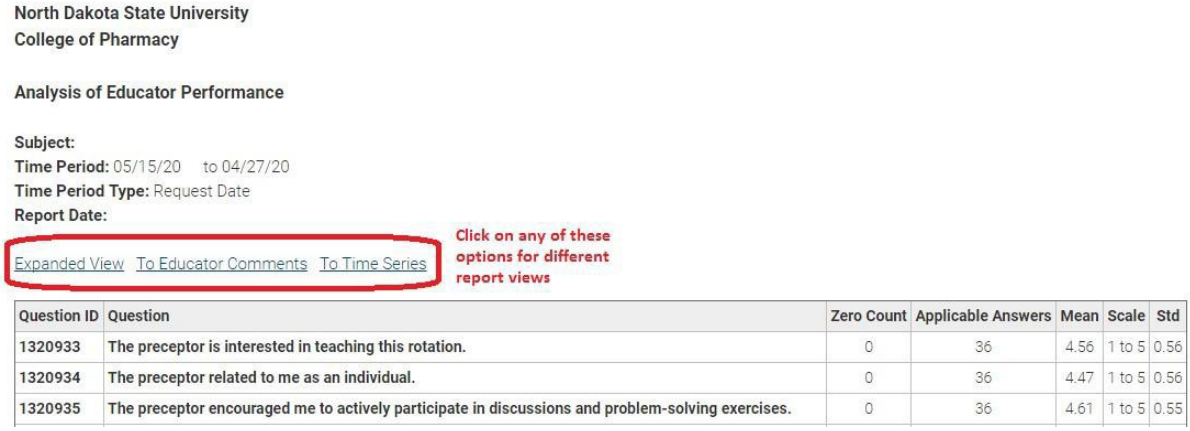


Step 3: Set the **Start** and **End Dates** that correspond with when you had student rotations.



Step 4: Click "**Next**"

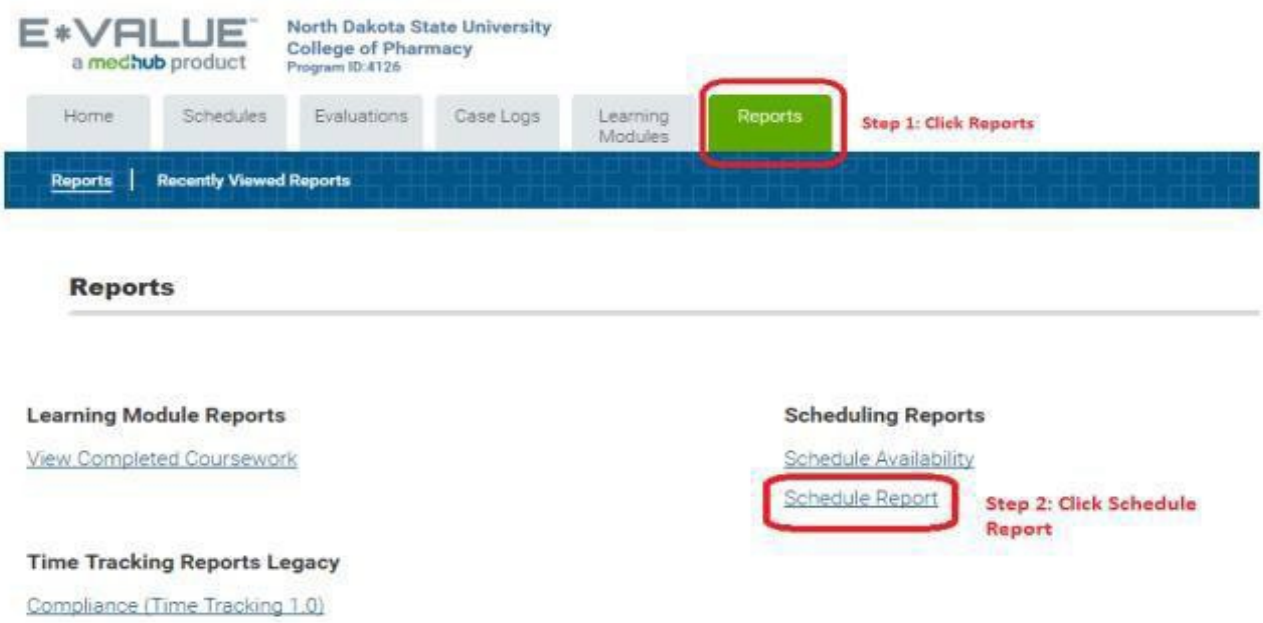
Step 5: Click on any of the underlined options for different report views.



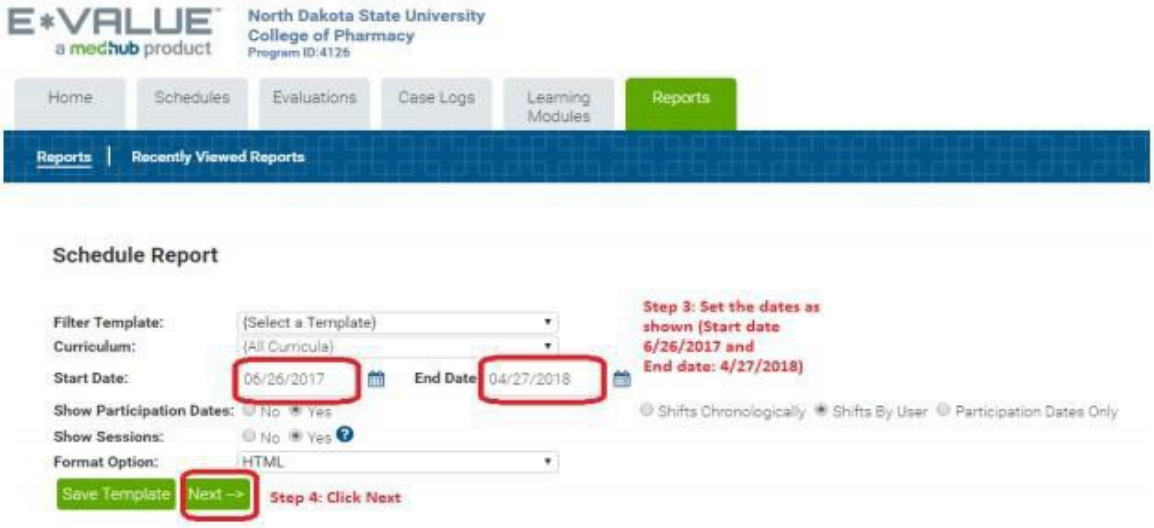
Question ID	Question	Zero Count	Applicable Answers	Mean	Scale	Std
1320933	The preceptor is interested in teaching this rotation.	0	36	4.56	1 to 5	0.56
1320934	The preceptor related to me as an individual.	0	36	4.47	1 to 5	0.56
1320935	The preceptor encouraged me to actively participate in discussions and problem-solving exercises.	0	36	4.61	1 to 5	0.55

Viewing Information on Schedule/Student in E*Value

Step 1 and 2: Click on Reports > Schedule Report



Step 3: Set the desired Start and End Dates



Step 4: Click **Next**. After a short time your schedule will generate. If you click on the student's name, it will open a pop-up window that includes a link to your student's email address.

It is the responsibility of the student to contact their preceptor two weeks prior to their practice experience.

Who do I contact for help?

You should contact Mark Lofgren, NDSU's E*Value administrator, by phone at 701-231-7722, or email at mark.lofgren@ndsu.edu if you have problems, concerns or questions about:

- your password, evaluations, report-viewing privileges, general program issues

Thank you for supporting, inspiring and training the pharmacy students at NDSU!

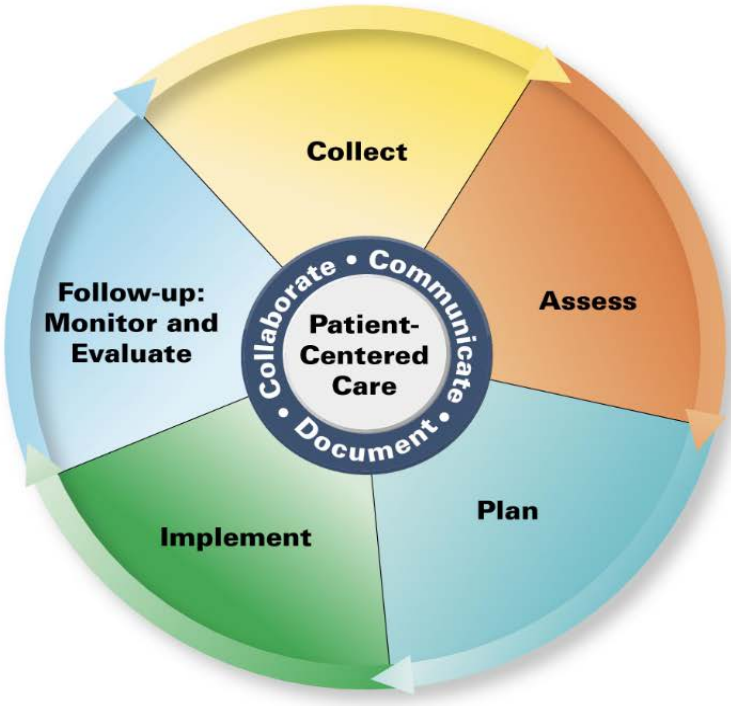
APPENDIX 13H

Pharmacists' Patient Care Process Student Teaching Assignment

Joint Commission of Pharmacy Practitioners (JCPP)

JCPP Vision: Patients achieve optimal health and medication outcomes with pharmacists as essential and accountable providers within patient-centered, team-based healthcare.

Pharmacists' Patient Care Process



Source: http://www.pharmacist.com/sites/default/files/JCPP_Pharmacists_Patient_Care_Process.pdf

Pharmacists' Patient Care Process

Pharmacists use a patient-centered approach in collaboration with other providers on the health care team to optimize patient health and medication outcomes.

Using principles of evidence-based practice, pharmacists:

Collect
The pharmacist assures the collection of the necessary subjective and objective information about the patient in order to understand the relevant medical/medication history and clinical status of the patient.

Assess
The pharmacist assesses the information collected and analyzes the clinical effects of the patient's therapy in the context of the patient's overall health goals in order to identify and prioritize problems and achieve optimal care.

Plan
The pharmacist develops an individualized patient-centered care plan, in collaboration with other health care professionals and the patient or caregiver that is evidence-based and cost-effective.

Implement
The pharmacist implements the care plan in collaboration with other health care professionals and the patient or caregiver.

Follow-up: Monitor and Evaluate
The pharmacist monitors and evaluates the effectiveness of the care plan and modifies the plan in collaboration with other health care professionals and the patient or caregiver as needed.

For More Information: Patient Care Process Document

Student Name _____ Rotation Site _____

Preceptor Name _____ Date _____

I attest that the student has discussed with me the Pharmacists' Patient Care Process.

Preceptor Signature _____

Joint Commission of Pharmacy Practitioners. Pharmacists' Patient Care Process. May 29, 2014.

Suggested Teaching Points PPCP (in addition to handout provided)

- Joint Commission of Pharmacy Practitioners (11 different national pharmacy organizations)
    - Strategic plan - Consistent patient care process -> supports provider status activities
    - Purpose: To stimulate consistency, predictability, and measurability in pharmacists' delivery of services
- PPCP
    - You have been taught this process in school (examples: writing SOAP notes P2 year, pharmacotherapy lab & capstone P3 year)
    - Applies to variety of services provided by pharmacists (regardless of practice setting)
    - Components:
        - Establishment of patient-pharmacist relationship
        - Engagement and effective communication with patient, family, caregivers
        - Continually collaborate, document, and communicate with physicians and other health care providers
        - Process enhanced by interoperable information technology systems that facilitate effective and efficient communication
- Application Examples: Service/setting
        - Comprehensive medication review and follow-up
        - IV to oral anticoagulant dosing
        - Medication reconciliation during a care transition
        - Diabetes management
        - Immunization
- Helpful for preceptors to remember to explain collect & assess steps as they first work up patients with the student as it may be easy for them to naturally move quickly to plan based on experience

APPENDIX 13I

Student logged encounters with different disease states. Disease states defined using the American Formulary Health System designation

Cardiovascular Disorders
2185
Critically Ill Patient Disorders
275
Dermatologic Disorders
270
Ear, Nose and Throat Disorders
255
Endocrine Disorders
921
Gastrointestinal Disorders
626
Geriatric Disorders
215
Gynecologic and Obstetrical Disorders
108
Hematologic Disorders
449
Immunologic Disorders
333
Infectious Disease
2002
Musculoskeletal and Connective Tissue Disorders
205
Neurological Disorders
496
Nutritional Disorders
205
Oncologic Disorders
217
Ophthalmic Disorders
131
Pain
769
Pediatric Disorders
158
Psychiatric and Behavioral Disorders
1008

Renal, Fluid and Electrolyte Disorders
467
Respiratory Disorders
590
Terminally Ill Patient Disorders
38
Toxicological Disorders
72
Urologic Disorders
125

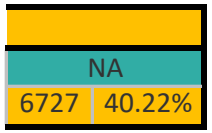
APPENDIX 13J

Demographic breakdown of cases logged by students for rotation year 2018-2019

Gender							
FEMALE		MALE		MULTIPLE PATIENTS		NOT AVAILABLE	
5233	31.29%	5435	32.50%	516	3.09%	5540	33.13%

Age															
<1		1 - 10 YRS		11 - 18 YRS		19 - 65 YRS		66 - 79 YRS		6% >79 YRS		MULTIPLE		NA	
227	1.36%	382	2.28%	380	2.27%	5607	33.53%	2960	17.70%	1061	6.34%	500	2.99%	5607	33.53%

Ethnicity																	
AFRICAN		ASIAN		CAUCASIAN		HISPANIC		INDIAN		MIXED RACE		MULTIPLE		NATIVE		OTHER	
282	1.69%	133	0.80%	8172	48.86%	191	1.14%	32	0.19%	99	0.59%	526	3.15%	369	2.21%	193	1.15%


NA
6727
40.22%

Drug Related Problems Logged by Students

2018-2019 Rotation Year

0.1 Incomplete Prescription Information
403
1.1 Unsafe for Patient
1086
1.2 Allergic Reaction
147
1.3 Incorrect Administration
245
1.4 Drug Interaction
336
1.5 Dosage Adjusted Too Quickly
52
1.6 Undesirable Effect
744
1.7 Contraindication Present
129
2.1 Patient cannot afford
217
2.2 Generic alternative available
43
2.3 Pill splitting indicated
20
2.4 More cost effective medication available
285
3.1 Dose too high
706
3.2 Frequency Inappropriate
266
3.3 Duration Inappropriate
171
3.4 Drug Interaction
79
3.5 Incorrect Administration
89
4.1 Dose too low
825
4.2 Frequency Inappropriate
125
4.3 Drug Interaction

50
4.4 Duration Inappropriate
72
5.1 More Effective Available
493
5.2 Condition Refractory
191
5.3 Inappropriate Dosage Form
208
5.4 Not Effective for condition
313
6.1 Untreated condition
1430
6.2 Preventative/Prophylactic Therapy
1207
6.3 Synergistic/additive effect
213
6.4 Monitoring/Follow Up on Labs
750
7.1 Knowledge deficit (Does not understand directions)
269
7.2 Patient Prefers Not to Take
211
7.3 Patient forgets to take
146
7.4 Cannot Administer or Swallow
83
7.5 Product Not Available
183
7.6 Inappropriate administration technique
90
7.7 Incorrect Storage
23
8.1 No Medical Indication
300
8.2 Duplicate Therapy
349
8.3 Nondrug Therapy More Appropriate
99

8.4 Addiction/ Recreational Drug Use
129
8.5 Treating Avoidable Adverse Reaction
176

APPENDIX 13L

Actions/Interventions/Recommendations Logged by Students

Rotation Year 2018-2019
1.1 Blood Pressure Measurement
200
1.2 Microfilament Foot Exam
7
1.3 Pulse
47
1.4 Respirations
20
1.5 Temperature - Oral
10
1.6 Weight/Height
28
2.1 Blood Glucose Testing
88
2.2 Bone Density (Achilles Express)
2
2.3 INR
325
2.4 Lipid Panel
78
2.5 Monitor Lab Values
1216
3.3 Instruct Patient on Blood Glucose Meter
68
3.4 Instruct Patient on Blood Pressure Monitor
57
3.5 Instruct Patient on Inhaler Technique
73
3.6 Life Style Modifications
464
3.7 New Rx Med Counseling *
812
3.8 Non-Med Related Counseling *

*** For these activities to count as a case log, the student would have had to identify some issue needing additional attention**

394
3.9 Refill Rx Counseling *
338
3.91 Non Rx-Med Counseling *
522
4.2 Drug Therapy Problems Identified
1425
4.3 Patient Interview
1806
4.31 Complete Medication Review (CMR)
46
4.32 Medication Therapy Management (MTM)
35
4.33 Disease State Management (DSM)
20
4.4 SOAP Note/Care Plan Documentation
497
5.01 Point of Care Testing (POCT)
3
5.1 Vaccine Administration - Flu
144
5.10 Vaccination Administration - MMR - Measels, Mumps, Rubella
4
5.10 Vaccination Administration - Other
88
5.11 Vaccination Administration - Varicella
14
5.14 Vaccination Administration - TD - Tetanus
12
5.15 Vaccination Administration - Tdap -Tetanus, Diptheria, Pertussis
39
5.16 Vaccination Administration-Prevnar 13
24
5.3 Vaccine Administration - Pneumovax
25
5.6 Vaccine Administration - Zostavax
65
5.61 Vaccination Administration - Shingrix

74
5.7 Vaccine Administration-Hep A
3
5.8 Vaccine Administration- Hep B
6
6.1 Compound Rx
24
6.10 Sterile - Other
13
6.3 Nonsterile - Suppositories
11
6.4 Nonsterile - Suspension
32
6.7 Nonsterile - Other
16
6.8 Sterile - Large Volume (> 500ml)
20
6.81 Sterile - Small Volume (< 500ml)
27
7.1 Adverse Drug Event Report
37
7.2 Drug Information Verbal Response
326
7.3 Drug Information Written Response
130
7.4 Drug Information Provided
920
7.5 Drug Interaction Report
118
7.6 Drug Information - Other
38
7.8 Journal Club Presentation
56
8.1 Prescriber Consult
931
8.2 Prescriber Contact - Clarify Order
864
8.3 Prescriber Contact - Recommend DC Medication
858
8.4 Prescriber Contact - Recommend Dose Change

956
8.5 Prescriber Contact - Recommend Additional Drug Therapy
879
8.6 Prescriber Contact - Recommend Therapeutic Interchange
1008
8.7 Pharmacist Dose Change Per Protocol
809
9.0 Interprofessional Education
1101

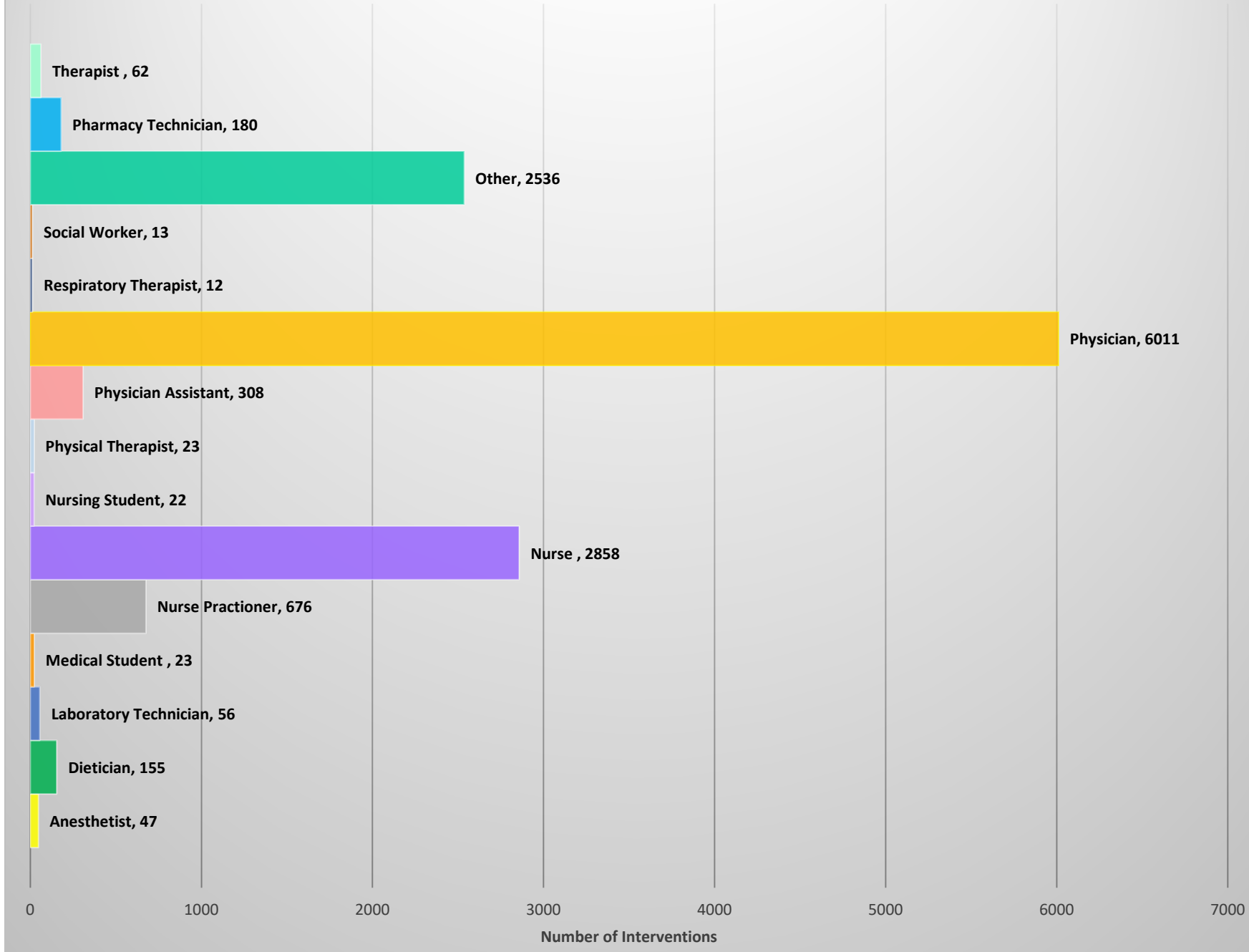
APPENDIX 13M

Student logged Interprofessional Education Interactions. Minimum of 10 required per student.
Rotation year 2019-2019
9.0 Interprofessional Education
1053

APPENDIX 13N

APPE All Case Log Interprofessional Interactions 2018-2019*

*Actual number is higher, first health professional in each category counted for graph



Row Labels	Count of Interprofessional Interaction
Anesthetist	19
Anesthetist, Laboratory Technician, Nurse, Nurse Practitioner	1
Anesthetist, Laboratory Technician, Nurse, Nurse Practitioner, Other	1
Anesthetist, Laboratory Technician, Nurse, Physician, Respiratory Therapist	1
Anesthetist, Medical Student	3
Anesthetist, Not Applicable (IPPE Students only)	1
Anesthetist, Nurse	4
Anesthetist, Nurse, Nurse Practitioner, Physician	2
Anesthetist, Nurse, Other	1
Anesthetist, Nurse, Physician	1
Anesthetist, Nurse, Physician, Medical Student	1
Anesthetist, Nurse, Physician, Medical Student, Other	1
Anesthetist, Nurse, Physician, Other	2
Anesthetist, Nurse, Physician, Physician Assistant	1
Anesthetist, Other	1
Anesthetist, Physician	7
Dietician	50
Dietician, Nurse	9
Dietician, Nurse Practitioner, Physician, Social Worker	1
Dietician, Nurse, Nurse Practitioner, Nursing Student, Physician, Medical Student, Respiratory Therapist, Social Worker	1
Dietician, Nurse, Nurse Practitioner, Nursing Student, Physician, Respiratory Therapist, Social Worker	1
Dietician, Nurse, Nurse Practitioner, Pharmacy Technician, Physical Therapist, Physician, Other	3
Dietician, Nurse, Nurse Practitioner, Physical Therapist, Physician, Respiratory Therapist, Social Worker	6
Dietician, Nurse, Nurse Practitioner, Physical Therapist, Physician, Social Worker	1
Dietician, Nurse, Nurse Practitioner, Physician	2

Dietician, Nurse, Nurse Practitioner, Physician, Other	1
Dietician, Nurse, Nurse Practitioner, Physician, Respiratory Therapist	1
Dietician, Nurse, Nurse Practitioner, Physician, Respiratory Therapist, Social Worker	7
Dietician, Nurse, Nurse Practitioner, Physician, Social Worker	4
Dietician, Nurse, Occupational Therapist, Physician, Respiratory Therapist, Social Worker	2
Dietician, Nurse, Other	1
Dietician, Nurse, Physical Therapist	3
Dietician, Nurse, Physical Therapist, Other	4
Dietician, Nurse, Physical Therapist, Physician, Respiratory Therapist, Social Worker	2
Dietician, Nurse, Physician	11
Dietician, Nurse, Physician, Respiratory Therapist, Social Worker	2
Dietician, Nurse, Physician, Social Worker	4
Dietician, Nurse, Social Worker	4
Dietician, Nurse, Social Worker, Other	4
Dietician, Other	7
Dietician, Physical Therapist, Physician, Social Worker	2
Dietician, Physician	20
Dietician, Physician, Other	2
Laboratory Technician	19
Laboratory Technician, Nurse	7
Laboratory Technician, Nurse, Nurse Practitioner, Pharmacy Technician	2
Laboratory Technician, Nurse, Nurse Practitioner, Physician	2
Laboratory Technician, Nurse, Pharmacy Technician, Physician	1
Laboratory Technician, Nurse, Physician	8
Laboratory Technician, Nurse, Physician, Medical Student, Respiratory Therapist	1
Laboratory Technician, Nurse, Physician, Other	3
Laboratory Technician, Nurse, Physician, Physician Assistant	1

155

Laboratory Technician, Nurse, Physician, Respiratory Therapist	2	
Laboratory Technician, Nurse, Physician, Respiratory Therapist, Social Worker	3	
Laboratory Technician, Nurse, Therapist, Physician, Social Worker, Other	1	
Laboratory Technician, Pharmacy Technician	1	
Laboratory Technician, Physician	5	**56**
Medical Student	22	
Medical Student, Other	1	**23**
Nurse	1299	
Nurse Practitioner	503	
Nurse Practitioner, None	4	
Nurse Practitioner, Occupational Therapist, Physical Therapist, Other	1	
Nurse Practitioner, Other	34	
Nurse Practitioner, Physician	108	
Nurse Practitioner, Physician Assistant	2	
Nurse Practitioner, Physician, Medical Student, Other	1	
Nurse Practitioner, Physician, Other	14	
Nurse Practitioner, Physician, Physician Assistant, Other	1	
Nurse Practitioner, Physician, Respiratory Therapist	3	
Nurse Practitioner, Physician, Social Worker	4	
Nurse Practitioner, Social Worker	1	**676**
Nurse, Medical Student	1	
Nurse, None	9	
Nurse, Nurse Practitioner	125	
Nurse, Nurse Practitioner, Nursing Student, Physician, Medical Student	3	
Nurse, Nurse Practitioner, Nursing Student, Physician, Medical Student, Respiratory Therapist	2	
Nurse, Nurse Practitioner, Other	2	

Nurse, Nurse Practitioner, Physical Therapist, Physician, Other	1
Nurse, Nurse Practitioner, Physical Therapist, Physician, Physician Assistant	1
Nurse, Nurse Practitioner, Physician	49
Nurse, Nurse Practitioner, Physician, Medical Student	3
Nurse, Nurse Practitioner, Physician, Medical Student, Other	2
Nurse, Nurse Practitioner, Physician, Other	6
Nurse, Nurse Practitioner, Physician, Physician Assistant	4
Nurse, Nurse Practitioner, Physician, Physician Assistant, Social Worker	4
Nurse, Nurse Practitioner, Physician, Respiratory Therapist	4
Nurse, Nurse Practitioner, Physician, Respiratory Therapist, Social Worker	6
Nurse, Nurse Practitioner, Physician, Social Worker	7
Nurse, Nurse Practitioner, Physician, Social Worker, Other	1
Nurse, Nursing Student	2
Nurse, Nursing Student, Physician	3
Nurse, Nursing Student, Physician, Respiratory Therapist	1
Nurse, Occupational Therapist, Physical Therapist	5
Nurse, Occupational Therapist, Physical Therapist, Other	1
Nurse, Occupational Therapist, Physical Therapist, Social Worker	4
Nurse, Occupational Therapist, Physician	1
Nurse, Occupational Therapist, Physician, Social Worker	7
Nurse, Occupational Therapist, Physician, Social Worker, Other	1
Nurse, Occupational Therapist, Social Worker	2
Nurse, Other	84
Nurse, Pharmacy Technician	12
Nurse, Pharmacy Technician, Other	4
Nurse, Pharmacy Technician, Physician	24
Nurse, Pharmacy Technician, Physician, Social Worker	2

Nurse, Physical Therapist	5
Nurse, Physical Therapist, Other	1
Nurse, Physical Therapist, Physician	1
Nurse, Physical Therapist, Physician, Medical Student, Respiratory Therapist	1
Nurse, Physical Therapist, Physician, Social Worker	6
Nurse, Physical Therapist, Social Worker	2
Nurse, Physical Therapist, Social Worker, Other	3
Nurse, Physician	883
Nurse, Physician Assistant	45
Nurse, Physician Assistant, Medical Student	1
Nurse, Physician Assistant, Social Worker, Other	1
Nurse, Physician, Medical Student	21
Nurse, Physician, Medical Student, Other	1
Nurse, Physician, Medical Student, Respiratory Therapist	3
Nurse, Physician, Medical Student, Social Worker	2
Nurse, Physician, Other	93
Nurse, Physician, Physician Assistant	12
Nurse, Physician, Physician Assistant, Medical Student	1
Nurse, Physician, Physician Assistant, Respiratory Therapist	3
Nurse, Physician, Physician Assistant, Social Worker	1
Nurse, Physician, Respiratory Therapist	25
Nurse, Physician, Respiratory Therapist, Other	2
Nurse, Physician, Respiratory Therapist, Social Worker	4
Nurse, Physician, Social Worker	38
Nurse, Physician, Social Worker, Other	3
Nurse, Respiratory Therapist	2
Nurse, Social Worker	9

Nurse, Social Worker, Other	4	
Nurse, Therapist, Physician, Respiratory Therapist, Social Worker	3	**2858**
Nursing Student	3	
Nursing Student, Medical Student	19	**22**
Occupational Therapist, Physical Therapist	5	
Other	2536	**2536**
Other, Physician	2	
Pharmacy Technician	114	
Pharmacy Technician, Not Applicable (IPPE Students only)	3	
Pharmacy Technician, Other	44	
Pharmacy Technician, Physical Therapist	1	
Pharmacy Technician, Physician	15	
Pharmacy Technician, Physician, Other	2	
Pharmacy Technician, Physician, Physician Assistant	1	**180**
Physical Therapist	9	
Physical Therapist, Physician	2	
Physical Therapist, Physician, Physician Assistant, Other	6	
Physical Therapist, Social Worker	1	**23**
Physician	5160	
Physician Assistant	263	
Physician Assistant, Medical Student	5	
Physician Assistant, None	2	
Physician Assistant, Not Applicable (IPPE Students only)	3	
Physician Assistant, Other	35	**308**
Physician, Medical Student	274	
Physician, Medical Student, Other	5	

Physician, Medical Student, Respiratory Therapist	5	
Physician, Medical Student, Social Worker	3	
Physician, Medical Student, Social Worker, Other	1	
Physician, None	16	
Physician, Not Applicable (IPPE Students only)	3	
Physician, Other	388	
Physician, Other, None	3	
Physician, Physician Assistant	105	
Physician, Physician Assistant, Other	5	
Physician, Physician Assistant, Social Worker	2	
Physician, Physician Assistant, Social Worker, Other	1	
Physician, Respiratory Therapist	29	
Physician, Social Worker	7	
Physician, Social Worker, Other	2	**6011**
Respiratory Therapist	12	**12**
Social Worker	6	
Social Worker, Other	7	**13**
Therapist	1	
Therapist, Physician, Medical Student	60	
Therapist, Physician, Social Worker, Other	1	
Grand Total	**12982**	

Interprofessional Education Reporting Form

(Remember to log this activity to case logs using "Intervention 9.0")

Date:

Rotation Location (Sanford, CVS, etc.)**:**

Rotation Type (ambulatory care, community, etc.)**:**

Brief description (250 words or less) of activity. Description must include, but is not limited to, non-pharmacy health care workers involved, type and description of activity and reflection on the impact of patient care.

Student Evaluation by Preceptor North Dakota State University Department of Pharmacy Practice
Professional Year: P4 APPE ACUTE CARE ROTATIONS
Student Name:
Preceptor:
Rotation Site:
Rotation #:
Mid Evaluation Date (E*Value will send a link)
Final Evaluation Date: (E*Value will send a link)
Domain 1: Foundational Knowledge
Student applies knowledge in foundational sciences to solve therapeutic problems and advance patient centered care. (ABO 1.2)
Student critically analyzes scientific literature related to drugs and disease to enhance clinical decision making (e.g., journal articles, package inserts). (ABO 1.3)
Comments - Foundational Knowledge
Domain 2. Essentials for Practice and Care
2.1 Patient Centered Care:
Student Collects and interprets subjective and objective evidence related to patient, medications, allergies/adverse reactions and disease (ABO 2.1.1)
Student prioritizes patient health-related needs. (ABO 2.1.2)
Student formulates assessments and implements evidence based care plans and recommendations. (ABO 2.1.3)
Student monitors the patient and adjusts care plans as needed. (ABO 2.1.4)
2.2 Medication Use Systems Management: (Procurement, storage, prescribing, transcription, dispensing, administration, monitoring, and documentation.)
Student manages medication use systems during patient transitions of care. (ABO 2.2.3)
Student applies standards, guidelines, best practices, and established processes related to safe and effective medication use. (ABO 2.2.4)
Student utilizes quality improvement techniques in the medication use process. (ABO 2.2.5)
Comments - Essentials for Practice and Care
Domain 3: Approach to Practice and Care
3.1 Problem Solving (as relates to your rotation)
Student identifies and defines the patient's primary problem (ABO 3.1.1)
Student defines goals and alternative goals of treatment. (ABO 3.1.2)
Within the context of the problem, the student explores multiple solutions by organizing, prioritizing and defining each possible solution. (ABO 3.1.3)
Student identifies possible positive and negative outcomes by reviewing assumptions, inconsistencies, and unintended consequences. (ABO 3.1.4)
Student implements the most viable solution, including monitoring parameters to measure intended and unintended consequences. (ABO 3.1.5)
Student thinks about and can discuss the solution implemented and evaluates its effects to improve future performance. (ABO 3.1.6)

3.2 Education
Student assesses the need for pharmacist-delivered education (e.g., patient counselling). (ABO 3.2.1)
Student retrieves, analyzes, and interprets the professional, lay, and scientific literature to effectively communicate information to a specific audience. (ABO 3.2.2)
Student assesses the audience comprehension to ensure effective instruction/education was achieved (e.g., patient counselling, presentations). (ABO 3.2.5)
3.4 Interprofessional Collaboration:
Student establishes a climate of accountability, mutual respect, and shared values with members of the interprofessional team to meet patient and population care needs. (ABO 3.4.1)
Student incorporates the knowledge, skills, and abilities of each member of the interprofessional team to provide care that is safe, timely, efficient, effective, and equitable. (ABO 3.4.2)
Student communicates in a manner that values team based decision making and shows respect for contributions from other areas of expertise. (ABO 3.4.3)
3.5 Cultural Sensitivity:
3.6 Communication:
Student actively listens and asks appropriate open and closed-ended questions to gather information. (ABO 3.6.2)
Student communicates assertively, persuasively, confidently and clearly. (ABO 3.6.4)
Student elicits feedback, validating understanding of communication. (ABO 3.6.6)
Comments - Approach to Practice and Care
Domain 4. Personal and Professional Development
4.1 Self-awareness:
Student demonstrates motivation, attention, and interest (e.g. habits of mind) during learning and work-related activities. (ABO 4.1.1)
Student demonstrates flexibility and maturity in adjusting to change. (ABO 4.1.4)
Student recognizes ambiguity is part of healthcare and responds by utilizing appropriate resources in dealing with uncertainty. (ABO 4.1.5)
Student demonstrates self-confidence when working with patients, families, and members of the healthcare team. (ABO 4.1.6)
4.2 Leadership
Student develops relationships, values diverse opinions, and understands individual strengths and weaknesses in order to promote teamwork. (ABO 4.2.2)
4.4 Professionalism:
Student demonstrates empathy, compassion, integrity, and respect for others.(ABO 4.4.1)
Student demonstrates preparation, initiative, and accountability consistent with a commitment to excellence. (ABO 4.4.2)
Student demonstrates a commitment to legal and ethical principles pertaining to provision of patient centered care, including compliance with relevant laws, policies, and regulations.(ABO 4.4.3)
Student demonstrates mindfulness of the environment, recognizing that one's professionalism is constantly evaluated by others. (ABO 4.4.4)
Comments - Personal and Professional Development

Presentations/Special Projects
Project/Presentation 1:
Completed activity was appropriate for the intended audience.
Activity and supporting materials were of a professional quality.
Demonstrated the ability to follow through with the activity from conception to conclusion.
Comments:
Project/Presentation 2:
Completed activity was appropriate for the intended audience.
Activity and supporting materials were of a professional quality.
Demonstrated the ability to follow through with the activity from conception to conclusion.
Comments
Comments
Identify one area in which the student excelled:
Identify one area in which the student could further develop his/her skills:
Did the student arrive at the rotation having established rotation objectives? By the end of the rotation, did the student complete rotation requirements in E*Value? By the end of the rotation, were Patient Care Plans completed/approved by the preceptor? Did the student take personal time off during the rotation? Did the student take professional time off during the rotation? Preceptor certifies student completed 200 rotation hours (including time off noted above).

Student Evaluation by Preceptor

North Dakota State University Department of Pharmacy Practice

Professional Year: P4 APPE AMBULATORY CARE ROTATIONS

Student Name:

Preceptor:

Rotation Site:

Rotation #:

Mid Evaluation Date (E*Value will send a link)

Final Evaluation Date: (E*Value will send a link)

Domain 1: Foundational Knowledge

Student applies knowledge in foundational sciences to solve therapeutic problems and advance patient centered care. (ABO 1.2)

Student critically analyzes scientific literature related to drugs and disease to enhance clinical decision making (e.g., journal articles, package inserts). (ABO 1.3)

Comments - Foundational Knowledge

Domain 2. Essentials for Practice and Care

2.1 Patient Centered Care:

Student Collects and interprets subjective and objective evidence related to patient, medications, allergies/adverse reactions and disease (ABO 2.1.1)

Student prioritizes patient health-related needs. (ABO 2.1.2)

Student formulates assessments and implements evidence based care plans and recommendations. (ABO 2.1.3)

Student monitors the patient and adjusts care plans as needed. (ABO 2.1.4)

2.2 Medication Use Systems Management: (Procurement, storage, prescribing, transcription, dispensing, administration, monitoring, and documentation.)

Student manages medication use systems during patient transitions of care. (ABO 2.2.3

Student applies standards, guidelines, best practices, and established processes related to safe and effective medication use. (ABO 2.2.4)

Student utilizes quality improvement techniques in the medication use process. (ABO 2.2.5)

2.3 Health and Wellness:

Student provides prevention, intervention, and educational strategies for individuals and communities to improve health and wellness. (ABO 2.3.2)

Student evaluates personal, social, economic, and environmental conditions to maximize health and wellness. (ABO 2.3.3)

Comments - Essentials for Practice and Care

Domain 3: Approach to Practice and Care

3.1 Problem Solving (as relates to your rotation)

Student identifies and defines the patient's primary problem (ABO 3.1.1)

Student defines goals and alternative goals of treatment. (ABO 3.1.2)

Within the context of the problem, the student explores multiple solutions by organizing, prioritizing and defining each possible solution. (ABO 3.1.3)
Student identifies possible positive and negative outcomes by reviewing assumptions, inconsistencies, and unintended consequences. (ABO 3.1.4)
Student implements the most viable solution, including monitoring parameters to measure intended and unintended consequences. (ABO 3.1.5)
Student thinks about and can discuss the solution implemented and evaluates its effects to improve future performance. (ABO 3.1.6)
3.2 Education
Student assesses the need for pharmacist-delivered education (e.g., patient counselling). (ABO 3.2.1)
Student retrieves, analyzes, and interprets the professional, lay, and scientific literature to effectively communicate information to a specific audience. (ABO 3.2.2)
Student assesses the audience comprehension to ensure effective instruction/education was achieved (e.g., patient counselling, presentations). (ABO 3.2.5)
3.3 Patient Advocacy: Students will be able to represent the patient's best interests.
Student empowers patients to take responsibility for, and control of, their health. (ABO 3.3.1)
Student assists patients in obtaining the resources and care required in an efficient and cost-effective manner.(ABO 3.3.2)
3.4 Interprofessional Collaboration:
Student establishes a climate of accountability, mutual respect, and shared values with members of the interprofessional team to meet patient and population care needs. (ABO 3.4.1)
Student incorporates the knowledge, skills, and abilities of each member of the interprofessional team to provide care that is safe, timely, efficient, effective, and equitable. (ABO 3.4.2)
Student communicates in a manner that values team based decision making and shows respect for contributions from other areas of expertise. (ABO 3.4.3)
3.5 Cultural Sensitivity:
Student assesses a patient's health literacy and modifies communication strategies to meet the patient's needs. (ABO 3.5.3)
Student appropriately incorporates a patient's cultural beliefs and practices into patient care. (ABO 3.5.4)
3.6 Communication:
Student actively listens and asks appropriate open and closed-ended questions to gather information. (ABO 3.6.2)
Student interviews patients using an organized structure, specific questioning techniques (e.g., motivational interviewing), and medical terminology adapted for the audience.(ABO 3.6.3)
Student communicates assertively, persuasively, confidently and clearly. (ABO 3.6.4)
Student elicits feedback, validating understanding of communication. (ABO 3.6.6)
Comments - Approach to Practice and Care

Domain 4. Personal and Professional Development
4.1 Self-awareness:
Student demonstrates motivation, attention, and interest (e.g. habits of mind) during learning and work-related activities. (ABO 4.1.1)
Student demonstrates flexibility and maturity in adjusting to change. (ABO 4.1.4)
Student recognizes ambiguity is part of healthcare and responds by utilizing appropriate resources in dealing with uncertainty. (ABO 4.1.5)
Student demonstrates self-confidence when working with patients, families, and members of the healthcare team. (ABO 4.1.6)
4.2 Leadership
Student develops relationships, values diverse opinions, and understands individual strengths and weaknesses in order to promote teamwork. (ABO 4.2.2)
4.4 Professionalism:
Student demonstrates empathy, compassion, integrity, and respect for others.(ABO 4.4.1)
Student demonstrates preparation, initiative, and accountability consistent with a commitment to excellence. (ABO 4.4.2)
Student demonstrates a commitment to legal and ethical principles pertaining to provision of patient centered care, including compliance with relevant laws, policies, and regulations.(ABO 4.4.3)
Student demonstrates mindfulness of the environment, recognizing that one's professionalism is constantly evaluated by others. (ABO 4.4.4)
Comments - Personal and Professional Development
Presentations/Special Projects
Project/Presentation 1:
Completed activity was appropriate for the intended audience.
Activity and supporting materials were of a professional quality.
Demonstrated the ability to follow through with the activity from conception to conclusion
Comments:
Project/Presentation 2:
Completed activity was appropriate for the intended audience.
Activity and supporting materials were of a professional quality.
Demonstrated the ability to follow through with the activity from conception to conclusion
Comments

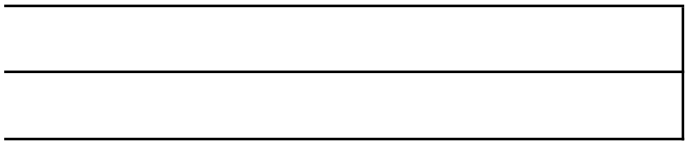
Comments
Identify one area in which the student excelled:
Identify one area in which the student could further develop his/her skills:
Did the student arrive at the rotation having established rotation objectives? By the end of the rotation, did the student complete rotation requirements in E*Value? By the end of the rotation, were Patient Care Plans completed/approved by the preceptc Did the student take personal time off during the rotation? Did the student take professional time off during the rotation? Preceptor certifies student completed 200 rotation hours (including time off noted above

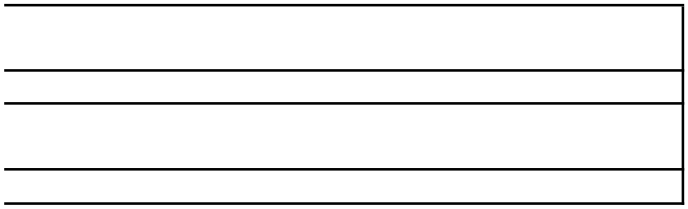
Student Evaluation by Preceptor North Dakota State University Department of Pharmacy Practice
Professional Year: P4 APPE COMMUNITY ROTATIONS
Student Name:
Preceptor:
Rotation Site:
Rotation #:
Mid Evaluation Date (E*Value will send a link)
Final Evaluation Date: (E*Value will send a link)
Domain 1: Foundational Knowledge
Student applies knowledge in foundational sciences to solve therapeutic problems and advance patient centered care. (ABO 1.2)
Student critically analyzes scientific literature related to drugs and disease to enhance clinical decision making (e.g., journal articles, package inserts). (ABO 1.3)
Comments - Foundational Knowledge
Domain 2. Essentials for Practice and Care
2.1 Patient Centered Care:
Student Collects and interprets subjective and objective evidence related to patient, medications, allergies/adverse reactions and disease (ABO 2.1.1)
Student prioritizes patient health-related needs. (ABO 2.1.2)
Student formulates assessments and implements evidence based care plans and recommendations. (ABO 2.1.3)
Student monitors the patient and adjusts care plans as needed. (ABO 2.1.4)
2.2 Medication Use Systems Management: (Procurement, storage, prescribing, transcription, dispensing, administration, monitoring, and documentation.)
Student manages medication use systems during patient transitions of care. (ABO 2.2.3)
Student applies standards, guidelines, best practices, and established processes related to safe and effective medication use. (ABO 2.2.4)
Student utilizes quality improvement techniques in the medication use process. (ABO 2.2.5)
Student accurately selects, prepares, and dispenses medications (prescription, non-prescription, sterile, and non-sterile dosage forms.) (ABO 2.2.6)
2.3 Health and Wellness:
Student provides prevention, intervention, and educational strategies for individuals and communities to improve health and wellness. (ABO 2.3.2)
Student evaluates personal, social, economic, and environmental conditions to maximize health and wellness. (ABO 2.3.3)
Comments - Essentials for Practice and Care
Domain 3: Approach to Practice and Care
3.1 Problem Solving (as relates to your rotation)
Student identifies and defines the patient's primary problem (ABO 3.1.1)
Student defines goals and alternative goals of treatment. (ABO 3.1.2)

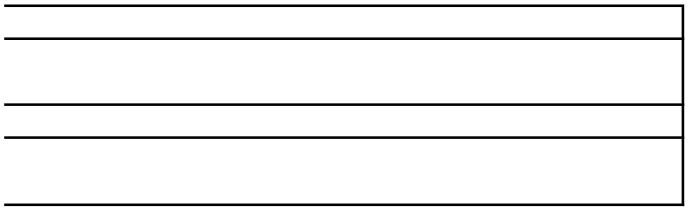
Within the context of the problem, the student explores multiple solutions by organizing, prioritizing and defining each possible solution. (ABO 3.1.3)
Student identifies possible positive and negative outcomes by reviewing assumptions, inconsistencies, and unintended consequences. (ABO 3.1.4)
Student implements the most viable solution, including monitoring parameters to measure intended and unintended consequences. (ABO 3.1.5)
Student thinks about and can discuss the solution implemented and evaluates its effects to improve future performance. (ABO 3.1.6)
3.2 Education
Student assesses the need for pharmacist-delivered education (e.g., patient counselling). (ABO 3.2.1)
Student retrieves, analyzes, and interprets the professional, lay, and scientific literature to effectively communicate information to a specific audience. (ABO 3.2.2)
Student assesses the audience comprehension to ensure effective instruction/education was achieved (e.g., patient counselling, presentations). (ABO 3.2.5)
3.3 Patient Advocacy: Students will be able to represent the patient's best interests.
Student empowers patients to take responsibility for, and control of, their health. (ABO 3.3.1)
Student assists patients in obtaining the resources and care required in an efficient and cost-effective manner.(ABO 3.3.2)
3.4 Interprofessional Collaboration:
Student establishes a climate of accountability, mutual respect, and shared values with members of the interprofessional team to meet patient and population care needs. (ABO 3.4.1)
Student incorporates the knowledge, skills, and abilities of each member of the interprofessional team to provide care that is safe, timely, efficient, effective, and equitable. (ABO 3.4.2)
Student communicates in a manner that values team based decision making and shows respect for contributions from other areas of expertise. (ABO 3.4.3)
3.5 Cultural Sensitivity:
Student assesses a patient's health literacy and modifies communication strategies to meet the patient's needs. (ABO 3.5.3)
Student appropriately incorporates a patient's cultural beliefs and practices into patient care. (ABO 3.5.4)
3.6 Communication:
Student actively listens and asks appropriate open and closed-ended questions to gather information. (ABO 3.6.2)
Student interviews patients using an organized structure, specific questioning techniques (e.g., motivational interviewing), and medical terminology adapted for the audience.(ABO 3.6.3)
Student communicates assertively, persuasively, confidently and clearly. (ABO 3.6.4)
Student elicits feedback, validating understanding of communication. (ABO 3.6.6)
Comments - Approach to Practice and Care
Domain 4. Personal and Professional Development
4.1 Self-awareness:
Student demonstrates motivation, attention, and interest (e.g. habits of mind) during learning and work-related activities. (ABO 4.1.1)
Student demonstrates flexibility and maturity in adjusting to change. (ABO 4.1.4)

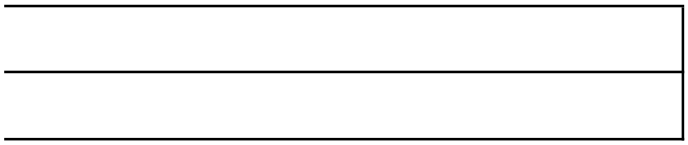
Student recognizes ambiguity is part of healthcare and responds by utilizing appropriate resources in dealing with uncertainty. (ABO 4.1.5)
Student demonstrates self-confidence when working with patients, families, and members of the healthcare team. (ABO 4.1.6)
4.2 Leadership
Student develops relationships, values diverse opinions, and understands individual strengths and weaknesses in order to promote teamwork. (ABO 4.2.2)
4.4 Professionalism:
Student demonstrates empathy, compassion, integrity, and respect for others.(ABO 4.4.1)
Student demonstrates preparation, initiative, and accountability consistent with a commitment to excellence. (ABO 4.4.2)
Student demonstrates a commitment to legal and ethical principles pertaining to provision of patient centered care, including compliance with relevant laws, policies, and regulations.(ABO 4.4.3)
Student demonstrates mindfulness of the environment, recognizing that one's professionalism is constantly evaluated by others. (ABO 4.4.4)
Comments - Personal and Professional Development
Presentations/Special Projects
Project/Presentation 1:
Completed activity was appropriate for the intended audience.
Activity and supporting materials were of a professional quality.
Demonstrated the ability to follow through with the activity from conception to conclusion.
Comments:
Project/Presentation 2:
Completed activity was appropriate for the intended audience.
Activity and supporting materials were of a professional quality.
Demonstrated the ability to follow through with the activity from conception to conclusion.
Comments
Comments
Identify one area in which the student excelled:

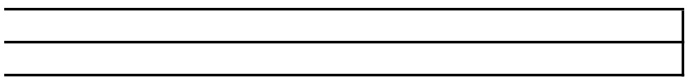
Identify one area in which the student could further develop his/her skills:
Did the student arrive at the rotation having established rotation objectives? By the end of the rotation, did the student complete rotation requirements in E*Value? By the end of the rotation, were Patient Care Plans completed/approved by the preceptor? Did the student take personal time off during the rotation? Did the student take professional time off during the rotation? Preceptor certifies student completed 200 rotation hours (including time off noted above).

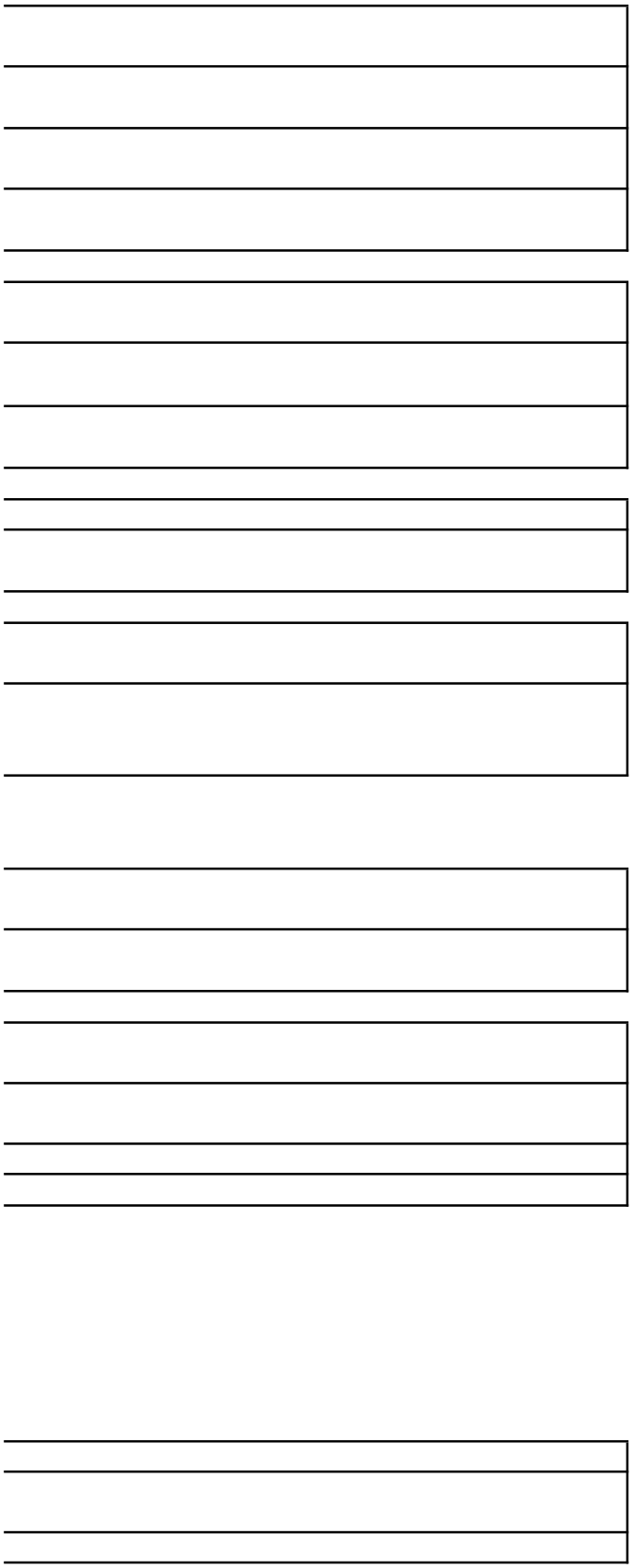


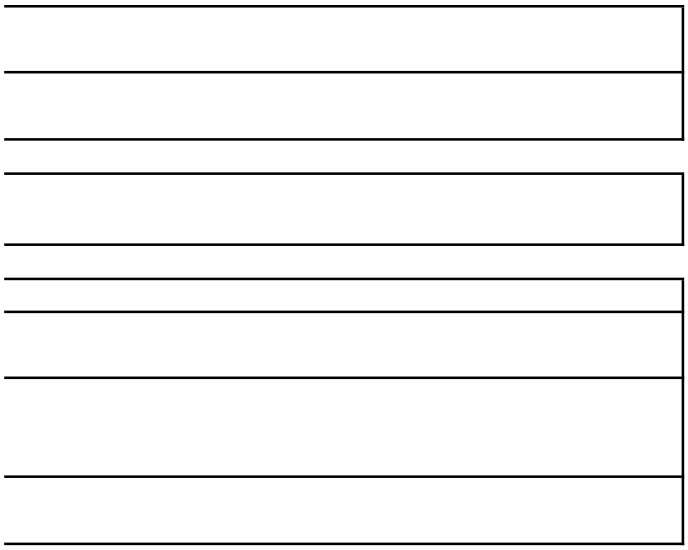












Student Evaluation by Preceptor

North Dakota State University Department of Pharmacy Practice

Professional Year: P4 APPE INSTITUTIONAL ROTATIONS

Student Name:

Preceptor:

Rotation Site:

Rotation #:

Mid Evaluation Date (E*Value will send a link)

Final Evaluation Date: (E*Value will send a link)

Domain 1: Foundational Knowledge

Student applies knowledge in foundational sciences to solve therapeutic problems and advance patient centered care. (ABO 1.2)

Student critically analyzes scientific literature related to drugs and disease to enhance clinical decision making (e.g., journal articles, package inserts). (ABO 1.3)

Comments - Foundational Knowledge

Domain 2. Essentials for Practice and Care

2.1 Patient Centered Care:

Student Collects and interprets subjective and objective evidence related to patient, medications, allergies/adverse reactions and disease (ABO 2.1.1)

Student prioritizes patient health-related needs. (ABO 2.1.2)

Student formulates assessments and implements evidence based care plans and recommendations. (ABO 2.1.3)

Student monitors the patient and adjusts care plans as needed. (ABO 2.1.4)

2.2 Medication Use Systems Management: (Procurement, storage, prescribing, transcription, dispensing, administration, monitoring, and documentation.)

Student manages medication use systems during patient transitions of care. (ABO 2.2.3)

Student applies standards, guidelines, best practices, and established processes related to safe and effective medication use. (ABO 2.2.4)

Student utilizes quality improvement techniques in the medication use process. (ABO 2.2.5)

Student accurately selects, prepares, and dispenses medications (prescription, non-prescription, sterile, and non-sterile dosage forms.) (ABO 2.2.6)

Comments - Essentials for Practice and Care

Domain 3: Approach to Practice and Care

3.1 Problem Solving (as relates to your rotation)

Student identifies and defines the patient's primary problem (ABO 3.1.1)

Student defines goals and alternative goals of treatment. (ABO 3.1.2)

Within the context of the problem, the student explores multiple solutions by organizing, prioritizing and defining each possible solution. (ABO 3.1.3)

Student identifies possible positive and negative outcomes by reviewing assumptions, inconsistencies, and unintended consequences. (ABO 3.1.4)

Student implements the most viable solution, including monitoring parameters to measure intended and unintended consequences. (ABO 3.1.5)

Student thinks about and can discuss the solution implemented and evaluates its effects to improve future performance. (ABO 3.1.6)
3.2 Education
Student assesses the need for pharmacist-delivered education (e.g., patient counselling). (ABO 3.2.1)
Student retrieves, analyzes, and interprets the professional, lay, and scientific literature to effectively communicate information to a specific audience. (ABO 3.2.2)
Student assesses the audience comprehension to ensure effective instruction/education was achieved (e.g., patient counselling, presentations). (ABO 3.2.5)
3.3 Patient Advocacy: Students will be able to represent the patient's best interests.
3.4 Interprofessional Collaboration:
Student establishes a climate of accountability, mutual respect, and shared values with members of the interprofessional team to meet patient and population care needs. (ABO 3.4.1)
Student incorporates the knowledge, skills, and abilities of each member of the interprofessional team to provide care that is safe, timely, efficient, effective, and equitable. (ABO 3.4.2)
Student communicates in a manner that values team based decision making and shows respect for contributions from other areas of expertise. (ABO 3.4.3)
3.6 Communication:
Student actively listens and asks appropriate open and closed-ended questions to gather information. (ABO 3.6.2)
Student communicates assertively, persuasively, confidently and clearly. (ABO 3.6.4)
Student elicits feedback, validating understanding of communication. (ABO 3.6.6)
Comments - Approach to Practice and Care
Domain 4. Personal and Professional Development
4.1 Self-awareness:
Student demonstrates motivation, attention, and interest (e.g. habits of mind) during learning and work-related activities. (ABO 4.1.1)
Student demonstrates flexibility and maturity in adjusting to change. (ABO 4.1.4)
Student recognizes ambiguity is part of healthcare and responds by utilizing appropriate resources in dealing with uncertainty. (ABO 4.1.5)
Student demonstrates self-confidence when working with patients, families, and members of the healthcare team. (ABO 4.1.6)
4.2 Leadership
Student develops relationships, values diverse opinions, and understands individual strengths and weaknesses in order to promote teamwork. (ABO 4.2.2)
4.4 Professionalism:
Student demonstrates empathy, compassion, integrity, and respect for others.(ABO 4.4.1)
Student demonstrates preparation, initiative, and accountability consistent with a commitment to excellence. (ABO 4.4.2)
Student demonstrates a commitment to legal and ethical principles pertaining to provision of patient centered care, including compliance with relevant laws, policies, and regulations.(ABO 4.4.3)
Student demonstrates mindfulness of the environment, recognizing that one's professionalism is constantly evaluated by others. (ABO 4.4.4)

Comments - Personal and Professional Development

Presentations/Special Projects

Project/Presentation 1:

Completed activity was appropriate for the intended audience.

Activity and supporting materials were of a professional quality.

Demonstrated the ability to follow through with the activity from conception to conclusion.

Comments:

Project/Presentation 2:

Completed activity was appropriate for the intended audience.

Activity and supporting materials were of a professional quality.

Demonstrated the ability to follow through with the activity from conception to conclusion.

Comments

Comments

Identify one area in which the student excelled:

Identify one area in which the student could further develop his/her skills:

Did the student arrive at the rotation having established rotation objectives?
By the end of the rotation, did the student complete rotation requirements in E*Value?
By the end of the rotation, were Patient Care Plans completed/approved by the preceptor?

Did the student take personal time off during the rotation?
Did the student take professional time off during the rotation?
Preceptor certifies student completed 200 rotation hours (including time off noted above).

North Dakota State University
School of Pharmacy, May 2019

APPENDIX 13Q

Student Evaluation by Preceptor-Mid-Term / Acute Care Advanced Pharmacy Practice Experience

Student:	Preceptor:
Site:	Rotation Number:
Mid-Evaluation Date:	Final Evaluation Date:

Level 1: I trust the learner with direct observation and instruction to complete this task or the learner did not demonstrate this task.
Level 2: I trust the learner to complete this task with assistance. The learner requires frequent correction or feedback.
Level 3: I trust the learner to complete this task. The learner requires limited correction or feedback.
Level 4: I trust the learner to complete this task. The learner is self-directed and seeks guidance as needed.
Level 5: I trust that the learner has mastered the ability to complete this task. The learner is able to teach and give meaningful feedback to other learners.

The student should perform all tasks at a level of entrustment of 3. I trust the learner to complete this task. The learner requires limited correction or feedback.	**Does not meet this level of entrustment** (Level 1 or 2)	**Meets this level of entrustment** (Level 3)	**Exceeds this level of entrustment** (Level 4 or 5)
Compile a prioritized and/or medication-related problem list for a patient.			
Evaluate an existing drug therapy regimen.			
Follow an evidence-based disease management protocol.			
Select monitoring parameters to determine the therapeutic and adverse effects related to the treatment plan.			
Write a setting appropriate note that documents patient care activities.			
Recommend modifications or adjustments to an existing medication therapy regimen based on patient response.			
Present a patient case to a colleague during a handoff or transition of care.			
Contribute medication-related expertise to the team's work.			
Use setting appropriate communication skills when interacting with others.			
Lead a discussion regarding a recently published research manuscript and its application to patient care.			
Retrieve and analyze scientific literature to answer a drug related question.			
Student demonstrates preparation, initiative, and accountability consistent with a commitment to excellence.	Yes		No
Student demonstrates motivation, attention, and interest during learning and work-related activities.	Yes		No
Did the student provide preceptor with a case log report to view? (20 case logs required/rotation)	Yes	No	
Preceptor certifies student completed 200 rotation hours.	Yes	No	
During the rotation, did the student use personal days? (If yes, please enter number of days used.)			
During the rotation, did the student use professional days? (If yes, please enter number of days used.)			

Comments regarding student special projects:
Please describe areas where the student excelled:
Please describe areas where the student needs improvement:

North Dakota State University
School of Pharmacy, May 2019

Student Evaluation by Preceptor-Final / Acute Care Advanced Pharmacy Practice Experience

Student:	Preceptor:
Site:	Rotation Number:
Mid-Evaluation Date:	Final Evaluation Date:

Level 1: I trust the learner with direct observation and instruction to complete this task or the learner did not demonstrate this task.
Level 2: I trust the learner to complete this task with assistance. The learner requires frequent correction or feedback.
Level 3: I trust the learner to complete this task. The learner requires limited correction or feedback.
Level 4: I trust the learner to complete this task. The learner is self-directed and seeks guidance as needed.
Level 5: I trust that the learner has mastered the ability to complete this task. The learner is able to teach and give meaningful feedback to other learners.

The student should perform all tasks at a level of entrustment of 3. I trust the learner to complete this task. The learner requires limited correction or feedback.	**Does not meet this level of entrustment** (Level 1 or 2)	**Meets this level of entrustment** (Level 3)	**Exceeds this level of entrustment** (Level 4 or 5)
Compile a prioritized and/or medication-related problem list for a patient.			
Evaluate an existing drug therapy regimen.			
Follow an evidence-based disease management protocol.			
Select monitoring parameters to determine the therapeutic and adverse effects related to the treatment plan.			
Write a setting appropriate note that documents patient care activities.			
Recommend modifications or adjustments to an existing medication therapy regimen based on patient response.			
Present a patient case to a colleague during a handoff or transition of care.			
Contribute medication-related expertise to the team's work.			
Use setting appropriate communication skills when interacting with others.			
Lead a discussion regarding a recently published research manuscript and its application to patient care.			
Retrieve and analyze scientific literature to answer a drug related question.			
Student demonstrates preparation, initiative, and accountability consistent with a commitment to excellence.	Yes		No
Student demonstrates motivation, attention, and interest during learning and work-related activities.	Yes		No
Did the student provide preceptor with a case log report to view? (20 case logs required/rotation)	Yes	No	
Preceptor certifies student completed 200 rotation hours.	Yes	No	
During the rotation, did the student use personal days? (If yes, please enter number of days used.)			
During the rotation, did the student use professional days? (If yes, please enter number of days used.)			

Comments regarding student special projects:
Please describe areas where the student excelled:
Please describe areas where the student needs improvement:

North Dakota State University
School of Pharmacy, May 2019

Student Evaluation by Preceptor-Mid-Term / Ambulatory Care Advanced Pharmacy Practice Experience

Student:	Preceptor:
Site:	Rotation Number:
Mid-Evaluation Date:	Final Evaluation Date:

Level 1: I trust the learner with direct observation and instruction to complete this task or the learner did not demonstrate this task.
Level 2: I trust the learner to complete this task with assistance. The learner requires frequent correction or feedback.
Level 3: ***I trust the learner to complete this task. The learner requires limited correction or feedback.***
Level 4: I trust the learner to complete this task. The learner is self-directed and seeks guidance as needed.
Level 5: I trust that the learner has mastered the ability to complete this task. The learner is able to teach and give meaningful feedback to other learners.

The student should perform all tasks at a level of entrustment of 3. I trust the learner to complete this task. The learner requires limited correction or feedback.	**Does not meet this level of entrustment** (Level 1 or 2)	**Meets this level of entrustment** (Level 3)	**Exceeds this level of entrustment** (Level 4 or 5)
Collect a medication history from a patient or caregiver.			
Assess a patient's signs and symptoms to determine whether the patient can be treated within the scope of practice or requires a referral.			
Perform a comprehensive medication review (CMR) for a patient.			
Follow an evidence-based disease management protocol.			
Develop a treatment plan with a patient.			
Manage drug interactions.			
Select monitoring parameters to determine the therapeutic and adverse effects related to the treatment plan.			
Assist a patient with behavior change (e.g., use shared decision making and motivational strategies).			
Evaluate the selected monitoring parameters to determine the therapeutic and adverse effects related to the treatment plan.			
Write a note that documents the findings, recommendations, and plan from a patient encounter.			
Contribute medication-related expertise to the team's work.			
Use setting appropriate communication skills when interacting with others.			
Determine whether a patient is eligible for and has received CDC-recommended immunizations.			
Lead a discussion regarding a recently published research manuscript and its application to patient care.			
Retrieve and analyze scientific literature to answer a drug related question.			
Student demonstrates preparation, initiative, and accountability with a commitment to excellence.	Yes	Needs Improvement	No
Student demonstrates motivation, attention, and interest during learning and work-related activities.	Yes	Needs Improvement	No

Comments regarding special projects:
Comments regarding areas where the student excelled:
Comments regarding areas where the student needs improvement:

North Dakota State University
School of Pharmacy, May 2019

Student Evaluation by Preceptor-Final/ Ambulatory Care Advanced Pharmacy Practice Experience

Student:	Preceptor:
Site:	Rotation Number:
Mid-Evaluation Date:	Final Evaluation Date:

Level 1: I trust the learner with direct observation and instruction to complete this task or the learner did not demonstrate this task.
Level 2: I trust the learner to complete this task with assistance. The learner requires frequent correction or feedback.
Level 3: ***I trust the learner to complete this task. The learner requires limited correction or feedback*****.**
Level 4: I trust the learner to complete this task. The learner is self-directed and seeks guidance as needed.
Level 5: I trust that the learner has mastered the ability to complete this task. The learner is able to teach and give meaningful feedback to other learners.

The student should perform all tasks at a level of entrustment of 3. I trust the learner to complete this task. The learner requires limited correction or feedback.	**Does not meet this level of entrustment** (Level 1 or 2)	**Meets this level of entrustment** (Level 3)	**Exceeds this level of entrustment** (Level 4 or 5)
Collect a medication history from a patient or caregiver.			
Assess a patient's signs and symptoms to determine whether the patient can be treated within the scope of practice or requires a referral.			
Perform a comprehensive medication review (CMR) for a patient.			
Follow an evidence-based disease management protocol.			
Develop a treatment plan with a patient.			
Manage drug interactions.			
Select monitoring parameters to determine the therapeutic and adverse effects related to the treatment plan.			
Assist a patient with behavior change (e.g., use shared decision making and motivational strategies).			
Evaluate the selected monitoring parameters to determine the therapeutic and adverse effects related to the treatment plan.			
Write a note that documents the findings, recommendations, and plan from a patient encounter.			
Contribute medication-related expertise to the team's work.			
Use setting appropriate communication skills when interacting with others.			
Determine whether a patient is eligible for and has received CDC-recommended immunizations.			
Lead a discussion regarding a recently published research manuscript and its application to patient care.			
Retrieve and analyze scientific literature to answer a drug related question.			
Student demonstrates preparation, initiative, and accountability with a commitment to excellence.	Yes		No
Student demonstrates motivation, attention, and interest during learning and work-related activities.	Yes		No

Did the student provide preceptor with a case log report to view? (20 case logs/rotation required)	Yes	No
Preceptor certifies student completed 200 rotation hours.	Yes	No
During the rotation, did the student use personal days? (If yes, please enter number of days used.)		
During the rotation, did the student use professional days? (If yes, please enter number of days used.)		

Comments regarding special projects:
Please describe areas where the student excelled:
Please describe areas where the student needs improvement:

North Dakota State University
School of Pharmacy, May 2019

Student Evaluation by Preceptor-Mid-Term / Community Advanced Pharmacy Practice Experience

Student:	Preceptor:
Site:	Rotation Number:
Mid-Evaluation Date:	Final Evaluation Date:

Level 1: I trust the learner with direct observation and instruction to complete this task or the learner did not demonstrate this task.
Level 2: I trust the learner to complete this task with assistance. The learner requires frequent correction or feedback.
Level 3: ***I trust the learner to complete this task. The learner requires limited correction or feedback.***
Level 4: I trust the learner to complete this task. The learner is self-directed and seeks guidance as needed.
Level 5: I trust that the learner has mastered the ability to complete this task. The learner is able to teach and give meaningful feedback to other learners.

The student should perform all tasks at a level of entrustment of 3. I trust the learner to complete this task. The learner requires limited correction or feedback.	**Does not meet this level of entrustment** (Level 1 or 2)	**Meets this level of entrustment** (Level 3)	**Exceeds this level of entrustment** (Level 4 or 5)
Evaluate an existing drug therapy regimen.			
Educate a patient regarding the appropriate use of a new medication, device to administer a medication, or self-monitoring test.			
Assist a patient with behavior change (e.g., use shared decision making and motivational strategies).			
Communicate a patient's medication-related problem(s) to another health professional.			
Use setting appropriate communication skills when interacting with others.			
Assist in the identification of underlying system-associated causes of errors.			
Report adverse drug events and medication errors to stakeholders.			
Retrieve and analyze scientific literature to make answer a drug related question.			
Accurately select, prepare, and dispense medications.			
Determine if a medication is contraindicated for a patient.			
Identify and manage drug interactions.			
Student demonstrates preparation, initiative, and accountability with a commitment to excellence.	Yes	Needs Improvement	No
Student demonstrates motivation, attention, and interest during learning and work-related activities.	Yes	Needs Improvement	No

Comments regarding special projects:
Please describe areas where the student excelled:

Please describe areas where the student needs improvement:

North Dakota State University
School of Pharmacy, May 2019

Student Evaluation by Preceptor-Final / Community Advanced Pharmacy Practice Experience

Student:	Preceptor:
Site:	Rotation Number:
Mid-Evaluation Date:	Final Evaluation Date:

Level 1: I trust the learner with direct observation and instruction to complete this task or the learner did not demonstrate this task.
Level 2: I trust the learner to complete this task with assistance. The learner requires frequent correction or feedback.
Level 3: ***I trust the learner to complete this task. The learner requires limited correction or feedback.***
Level 4: I trust the learner to complete this task. The learner is self-directed and seeks guidance as needed.
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Assist a patient with behavior change (e.g., use shared decision making and motivational strategies).			
Communicate a patient's medication-related problem(s) to another health professional.			
Use setting appropriate communication skills when interacting with others.			
Assist in the identification of underlying system-associated causes of errors.			
Report adverse drug events and medication errors to stakeholders.			
Retrieve and analyze scientific literature to answer a drug related question.			
Accurately select, prepare, and dispense medications.			
Determine if a medication is contraindicated for a patient.			
Identify and manage drug interactions.			
Student demonstrates preparation, initiative, and accountability with a commitment to excellence.	Yes		No
Student demonstrates motivation, attention, and interest during learning and work-related activities.	Yes		No
Did student provide preceptor with a case log report to view? (20 case logs required/rotation)	Yes	No	
Preceptor certifies student completed 200 rotation hours.	Yes	No	
During the rotation, did the student use personal days? If (yes, please enter number of days used.)			
During the rotation, did the student use professional days? (If yes, please enter number of days used.)			

Comments regarding special projects:

Please describe areas where the student excelled:
Please describe areas where the student needs improvement:

North Dakota State University
School of Pharmacy, May 2019

Student Evaluation by Preceptor-Mid-Term / Institutional Advanced Pharmacy Practice Experience

Student:	Preceptor:
Site:	Rotation Number:
Mid-Evaluation Date:	Final Evaluation Date:

Level 1: I trust the learner with direct observation and instruction to complete this task or the learner did not demonstrate this task.
Level 2: I trust the learner to complete this task with assistance. The learner requires frequent correction or feedback.
Level 3: ***I trust the learner to complete this task. The learner requires limited correction or feedback***.
Level 4: I trust the learner to complete this task. The learner is self-directed and seeks guidance as needed.
Level 5: I trust that the learner has mastered the ability to complete this task. The learner is able to teach and give meaningful feedback to other learners.

The student should perform all tasks at a level of entrustment of 3. I trust the learner to complete this task. The learner requires limited correction or feedback.	**Does not meet this level of entrustment** (Level 1 or 2)	**Meets this level of entrustment** (Level 3)	**Exceeds this level of entrustment** (Level 4 or 5)
Collect a medication history from a patient or caregiver.			
Use health records to determine a patient's health-related needs relevant to setting of care and the purpose of the encounter.			
Determine the appropriate time interval(s) to collect monitoring data.			
Create a patient-specific education plan.			
Write a setting appropriate note that documents patient care activities.			
Communicate a patient's medication-related problem(s) to another health professional.			
Use setting appropriate communication skills when interacting with others.			
Report adverse drug events and medication errors to stakeholders.			
Retrieve and analyze scientific literature to answer a drug information question.			
Lead a discussion regarding a recently published research manuscript and its application patient care.			
Accurately select, prepare, and dispense medications.			
Student demonstrates preparation, initiative, and accountability with a commitment to excellence.	Yes	Needs Improvement	No
Student demonstrates motivation, attention, and interest during learning and work-related activities.	Yes	Needs Improvement	No

Comments regarding special projects:

Please describe areas where the student excelled:
Please describe areas where the student needs improvement:

North Dakota State University
School of Pharmacy, May 2019

Student Evaluation by Preceptor-Final / Institutional Advanced Pharmacy Practice Experience

Student:	Preceptor:
Site:	Rotation Number:
Mid-Evaluation Date:	Final Evaluation Date:

Level 1: I trust the learner with direct observation and instruction to complete this task or the learner did not demonstrate this task.
Level 2: I trust the learner to complete this task with assistance. The learner requires frequent correction or feedback.
Level 3: ***I trust the learner to complete this task. The learner requires limited correction or feedback***.
Level 4: I trust the learner to complete this task. The learner is self-directed and seeks guidance as needed.
Level 5: I trust that the learner has mastered the ability to complete this task. The learner is able to teach and give meaningful feedback to other learners.

The student should perform all tasks at a level of entrustment of 3. I trust the learner to complete this task. The learner requires limited correction or feedback.	**Does not meet this level of entrustment** (Level 1 or 2)	**Meets this level of entrustment** (Level 3)	**Exceeds this level of entrustment** (Level 4 or 5)
Collect a medication history from a patient or caregiver.			
Use health records to determine a patient's health-related needs relevant to setting of care and the purpose of the encounter.			
Determine the appropriate time interval(s) to collect monitoring data.			
Create a patient-specific education plan.			
Write a setting appropriate note that documents patient care activities.			
Communicate a patient's medication-related problem(s) to another health professional.			
Use setting appropriate communication skills when interacting with others.			
Report adverse drug events and medication errors to stakeholders.			
Retrieve and analyze scientific literature to answer a drug information question.			
Lead a discussion regarding a recently published research manuscript and its application patient care.			
Accurately select, prepare, and dispense medications.			
Student demonstrates preparation, initiative, and accountability with a commitment to excellence.	Yes		No
Student demonstrates motivation, attention, and interest during learning and work-related activities.	Yes		No
Did the student provide preceptor with a case log report to view? (20 case logs/rotation required)	Yes	No	
Preceptor certifies student completed 200 rotation hours.	Yes	No	
During the rotation, did the student use personal days? If (yes, please enter number of days used.)			
During the rotation, did the student use professional days? (If yes, please enter number of days used.)			

Comments regarding special projects:
Comments regarding areas where the student excelled:
Comments regarding areas where the student needs improvement:

North Dakota State University
School of Pharmacy, May 2019

Student Evaluation by Preceptor-Mid-Term/ Non-Patient Care Elective Advanced Pharmacy Practice Experience

Student:	Preceptor:
Site:	Rotation Number:
Mid-Evaluation Date:	Final Evaluation Date:

Level 1: I trust the learner with direct observation and instruction to complete this task or the learner did not demonstrate this task.
Level 2: I trust the learner to complete this task with assistance. The learner requires frequent correction or feedback.
Level 3: ***I trust the learner to complete this task. The learner requires limited correction or feedback***.
Level 4: I trust the learner to complete this task. The learner is self-directed and seeks guidance as needed.
Level 5: I trust that the learner has mastered the ability to complete this task. The learner is able to teach and give meaningful feedback to other learners.

The student should perform all tasks at a level of entrustment of 3. I trust the learner to complete this task. The learner requires limited correction or feedback.	**Does not meet this level of entrustment** (Level 1 or 2)	**Meets this level of entrustment** (Level 3)	**Exceeds this level of entrustment** (Level 4 or 5)	**Did not have opportunity to demonstrate**
Student applies knowledge to solve problems.				
Within the context of the problem, the student explores multiple solutions by organizing, prioritizing and defining each possible solution				
Student implements the most viable solution to measure intended and unintended consequences.				
Contribute expertise to the team's work.				
Use setting appropriate communication skills when interacting with others.				
Retrieve and analyze literature to answer a question.				
Student demonstrates effective interpersonal skills when interacting with others to establish rapport and build trusting relationships.				
Discuss a recently published research manuscript and its application to practice.				
Student demonstrates preparation, initiative, and accountability consistent with a commitment to excellence.	Yes	Needs Improvement	No	
Student demonstrates motivation, attention, and interest during learning and work-related activities.	Yes	Needs Improvement	No	

Comments regarding student special projects:

Please describe areas where the student excelled:
Please describe areas where the student needs improvement:

North Dakota State University
School of Pharmacy, May 2019

Student Evaluation by Preceptor-Final/ Non-Patient Care Elective Advanced Pharmacy Practice Experience

Student:	Preceptor:
Site:	Rotation Number:
Mid-Evaluation Date:	Final Evaluation Date:

Level 1: I trust the learner with direct observation and instruction to complete this task or the learner did not demonstrate this task.
Level 2: I trust the learner to complete this task with assistance. The learner requires frequent correction or feedback.
Level 3: ***I trust the learner to complete this task. The learner requires limited correction or feedback***.
Level 4: I trust the learner to complete this task. The learner is self-directed and seeks guidance as needed.
Level 5: I trust that the learner has mastered the ability to complete this task. The learner is able to teach and give meaningful feedback to other learners.

The student should perform all tasks at a level of entrustment of 3. I trust the learner to complete this task. The learner requires limited correction or feedback.	**Does not meet this level of entrustment** (Level 1 or 2)	**Meets this level of entrustment** (Level 3)	**Exceeds this level of entrustment** (Level 4 or 5)	**Did not have opportunity to demonstrate**
Student applies knowledge to solve problems.				
Within the context of the problem, the student explores multiple solutions by organizing, prioritizing and defining each possible solution				
Student implements the most viable solution to measure intended and unintended consequences.				
Contribute expertise to the team's work.				
Use setting appropriate communication skills when interacting with others.				
Retrieve and analyze literature to answer a question.				
Student demonstrates effective interpersonal skills when interacting with others to establish rapport and build trusting relationships.				
Discuss a recently published research manuscript and its application to practice.				
Student demonstrates preparation, initiative, and accountability consistent with a commitment to excellence.	Yes		No	
Student demonstrates motivation, attention, and interest during learning and work-related activities.	Yes		No	
Preceptor certifies student completed 200 rotation hours.	Yes		No	
During the rotation, did the student use personal days? (If yes, please enter number of days used.)				
During the rotation, did the student use professional days? (If yes, please enter number of days used.)				

Comments regarding student special projects:
Please describe areas where the student excelled:
Please describe areas where the student needs improvement:

North Dakota State University
School of Pharmacy, May 2019

Student Evaluation by Preceptor-Mid-Term/ Patient Care Elective Advanced Pharmacy Practice Experience

Student:	Preceptor:
Site:	Rotation Number:
Mid-Evaluation Date:	Final Evaluation Date:

Level 1: I trust the learner with direct observation and instruction to complete this task or the learner did not demonstrate this task.
Level 2: I trust the learner to complete this task with assistance. The learner requires frequent correction or feedback.
Level 3: ***I trust the learner to complete this task. The learner requires limited correction or feedback***.
Level 4: I trust the learner to complete this task. The learner is self-directed and seeks guidance as needed.
Level 5: I trust that the learner has mastered the ability to complete this task. The learner is able to teach and give meaningful feedback to other learners.

The student should perform all tasks at a level of entrustment of 3. I trust the learner to complete this task. The learner requires limited correction or feedback.	**Does not meet this level of entrustment** (Level 1 or 2)	**Meets this level of entrustment** (Level 3)	**Exceeds this level of entrustment** (Level 4 or 5)
Compile a prioritized and/or medication-related problem list for a patient.			
Evaluate an existing drug therapy regimen.			
Follow an evidence-based disease management protocol.			
Select monitoring parameters to determine the therapeutic and adverse effects related to the treatment plan.			
Write a setting appropriate note that documents patient care activities.			
Recommend modifications or adjustments to an existing medication therapy regimen based on patient response.			
Present a patient case to a colleague during a handoff or transition of care.			
Contribute medication-related expertise to the team's work.			
Use setting appropriate communication skills when interacting with others.			
Lead a discussion regarding a recently published research manuscript and its application to patient care.			
Retrieve and analyze scientific literature to answer a drug information question.			
Student demonstrates preparation, initiative, and accountability consistent with a commitment to excellence.	Yes	Needs Improvement	No
Student demonstrates motivation, attention, and interest during learning and work-related activities.	Yes	Needs Improvement	No

Comments regarding student special projects:

Please describe areas where the student excelled:
Please describe areas where the student needs improvement:

North Dakota State University
School of Pharmacy, May 2019

Student Evaluation by Preceptor-Final/ Patient Care Elective Advanced Pharmacy Practice Experience

Student:	Preceptor:
Site:	Rotation Number:
Mid-Evaluation Date:	Final Evaluation Date:

Level 1: I trust the learner with direct observation and instruction to complete this task or the learner did not demonstrate this task.
Level 2: I trust the learner to complete this task with assistance. The learner requires frequent correction or feedback.
Level 3: ***I trust the learner to complete this task. The learner requires limited correction or feedback***.
Level 4: I trust the learner to complete this task. The learner is self-directed and seeks guidance as needed.
Level 5: I trust that the learner has mastered the ability to complete this task. The learner is able to teach and give meaningful feedback to other learners.

The student should perform all tasks at a level of entrustment of 3. I trust the learner to complete this task. The learner requires limited correction or feedback.	**Does not meet this level of entrustment** (Level 1 or 2)	**Meets this level of entrustment** (Level 3)	**Exceeds this level of entrustment** (Level 4 or 5)
Compile a prioritized and/or medication-related problem list for a patient.			
Evaluate an existing drug therapy regimen.			
Follow an evidence-based disease management protocol.			
Select monitoring parameters to determine the therapeutic and adverse effects related to the treatment plan.			
Write a setting appropriate note that documents patient care activities.			
Recommend modifications or adjustments to an existing medication therapy regimen based on patient response.			
Present a patient case to a colleague during a handoff or transition of care.			
Contribute medication-related expertise to the team's work.			
Use setting appropriate communication skills when interacting with others.			
Lead a discussion regarding a recently published research manuscript and its application to patient care.			
Retrieve and analyze scientific literature to answer a drug information question.			
Student demonstrates preparation, initiative, and accountability consistent with a commitment to excellence.	Yes		No
Student demonstrates motivation, attention, and interest during learning and work-related activities.	Yes		No
Did the student provide preceptor case log report to view? (20 case logs/rotation required)	Yes	No	
Preceptor certifies student completed 200 rotation hours.	Yes	No	
During the rotation, did the student use personal days? (If yes, please enter number of days used.)			
During the rotation, did the student use professional days? (If yes, please enter number of days used.)			

Comments regarding student special projects:
Please describe areas where the student excelled:
Please describe areas where the student needs improvement:

APPE Assignments per Rotation Type

Each rotation will have a variety of required assignments. Any activity assigned by a preceptor is a required assignment.

Assignments for clinical electives (peds, oncology, psych, etc.) will follow the Acute Care Assignment List.

Portfolio assignments and evaluations of the preceptor are due no later than 7 days after the final day of the rotation. Incomplete portfolios result in an incomplete grade for the course.

The Public Health Project and the Year End Reflection are one-time assignments. Instructions for each of these activities can be found in E*value under their respective tabs.

Acute Care	**Ambulatory Care**	**Community**
*1 set of objectives with completion status. *4 case logs weekly *1 Drug Information Request *1 IPE Activity *1 Journal Club Presentation *Projects as assigned *1 rotation reflection *1 evaluation of site/preceptor	*1 set of objectives with completion status. *4 case logs weekly *1 Drug Information Request *1 IPE Activity *1 Journal Club Presentation *Projects as assigned *1 rotation reflection *1 evaluation of site/preceptor	*1 set of objectives with completion status. * 4 case logs weekly *1 Drug Information Request *1 IPE Activity *Projects as assigned *1 rotation reflection *1 evaluation of site/preceptor
Institutional	**Rural**	**Non-Patient Care Electives**
*1 set of objectives with completion status. *4 case logs weekly *1 Drug Information Request *1 IPE Activity *1 Journal Club Presentation *Projects as assigned *1 rotation reflection *1 evaluation of site/preceptor	***Follow the rotation type of your rural site. ***	*1 set of objectives with completion status. *1 Drug Information Request *1 Article Discussion *Projects as assigned *1 rotation reflection *1 evaluation of site/preceptor

*****Remember to have your name and rotation site name/type (i.e. Sanford Critical Care) on all documents. *****

*****Do not reuse file names when uploading documents AND upload ALL files as PDFs*****

APPENDIX 13S

Portfolio Assessment by APPE Director

The following assignments are completed by students, uploaded to eValue learning modules and reviewed by the APPE Director:
Individual Learning Objectives
Evidence supporting Met or Unmet Objectives
Best Work
Interprofessional Education Assignment
Rotation Reflection
Public Health Project (1 per year)
Final Reflection of Educational Experiences

The review process is a Meets Expectations or Does Not Meet Expectations. Assignments not meeting expectations are reopened and released to students for editing and resubmission through eValue learning modules. Students are notified of items not meeting expectations.

Reasons for required edits include: poor grammar/sentence structure, incorrect formatting, failure to answer guided questions thoroughly, lack of reflective writing, assignment directions not followed.

APPE Remediation and Course Failure Process

Preceptors complete two evaluations of a student for each rotation; a mid-term evaluation and a final evaluation. The mid-term evaluation will serve as a checkpoint for students; identifying areas for improvement. The final grade or need for remediation is based upon the final evaluation.

If a student fails an APPE rotation or is unable to successfully complete an APPE rotation, a failing grade will be entered into the grade book along with a new, expected rotation completion date. Students will not receive academic credit for failed rotations. Exceptions may be made and will be determined on a case-by-case basis. During any APPE rotation, if a student puts patients, preceptors or the practice at risk or demonstrates unprofessional behavior, the student may be immediately dismissed from the rotation and given a failing grade for that rotation. A failing grade will be entered into the gradebook along with a new, expected rotation completion date and the Associate Dean for Academic Affairs will be notified.

Process for students not meeting professionalism expectations:

APPE students are evaluated by preceptors on Personal and Professional Development. Students are expected to score "yes" on all final evaluation professionalism questions.

APPE students demonstrating a lack of professionalism that results in an answer of "no" on professionalism-related questions appearing on the final evaluation will be required to **successfully** complete a rigorous approved remediation action plan through the Office of Experiential Education prior to Graduation. An Incomplete grade may be entered into the gradebook along with an expected completion date. Students will not graduate until the remediation plan has been successfully completed. Remediation action plans will be approved at the sole discretion of the APPE Director. Additionally, the approved action plan will be shared with the student's next two preceptors and follow up with these preceptors regarding the student's performance on rotation will occur over the next two rotations unless remediation is occurring during Rotation 8 or Rotation 9.

If, however, during subsequent rotations, the student receives a final evaluation score of "no" on the same professionalism-related question(s) as already received on a previous evaluation, the rotation where the "no" was received will be considered a failed rotation. A failing grade will be entered into the gradebook along with a new, expected rotation completion date and the Associate Deans for Academic and Student Affairs will be notified. Students will not receive credit for failed rotations. See Remediation Process resulting from multiple scores of less than Level 3 of entrustment for further details on failed rotations.

Remediation Process resulting from failure to meet Level 3 of entrustment on any single EPA evaluation question:

APPE students are evaluated by preceptors on a series of Entrustable Professional Activities questions. Students are expected to meet Level 3 of entrustment on all EPA questions. Level 3 entrustment states that ***the preceptor trusts the learner to complete this task. The learner requires limited correction or feedback.***

APPE students receiving scores of less than Level 3 on any single EPA question will have an incomplete grade entered into the gradebook and the Associate Dean for Academic Affairs will be notified. Students will be required to successfully complete a rigorous remediation action plan. Remediation students will be required, ***at a minimum,*** to create, and follow, an **acceptable** remediation action plan detailing steps to improve performance in the area(s) where deficiencies were noted. Remediation action plans will be approved at the sole discretion of the APPE Director. Additional Remediation measures may be required by the APPE Director.

Additionally, the approved Action Plan will be shared with the student's next two preceptors and follow up with these preceptors regarding the student's performance on rotation will occur over the next two rotations unless Remediation is occurring during Rotation 8 or Rotation 9.

If the Action Plan is followed and **successfully** completed and if there are no further deficiencies noted, by preceptors, over the next two rotations, remediation will be complete and the incomplete grade will be changed to a passing grade.

If, however, during subsequent rotations, the student receives a score of less than Level 3 of entrustment on the same EPA question(s) as previously received, the rotation where the low score was received will be considered a failed rotation. A failing grade will be entered into the gradebook along with a new, expected rotation completion date and the Associate Dean for Academic Affairs will be notified. Students will not receive academic credit for failed rotations. See Remediation Process resulting from multiple scores of less than Level 3 of entrustment for further details on failed rotations.

Failed course resulting from 2 or more scores of less than Level 3 of entrustment:

APPE students are evaluated by preceptors on a series of Entrustable Professional Activities questions. Students are expected to meet Level 3 of entrustment on all EPA questions. Level 3 entrustment states that ***the preceptor trusts the learner to complete this task. The learner requires limited correction or feedback.***

APPE students receiving 2 or more scores of less than Level 3 of entrustment will fail the rotation. A failing grade for the applicable course will be entered into the gradebook and the Associate Dean for Academic Affairs will be notified Students will not receive academic credit for failed rotations. A make-up rotation, of the same type, will be scheduled at a different location at the end of the rotation year resulting in a delayed graduation date. Repeat course rotation locations are at the sole discretion of the APPE Director. It should be noted that not all preceptors are willing to precept a repeat course rotation and these rotations may take place in locations that are at a distance from Fargo.

Students who fail a rotation will be required, ***at a minimum,*** to meet, face to face with the APPE Director and the Dean's office as well as create, and follow, an **acceptable** action plan detailing steps to improve performance in the area(s) where deficiencies were noted. Action plans will be approved at the sole discretion of the APPE Director. Action plans will be shared with the next two preceptors in order to help the student develop in the areas cited as needing improvement. Additional measures may be required by the APPE Director.

If a student fails two rotations, Policy 3.03, Right to Terminate Enrollment, may be considered.

Preview Form

North Dakota State University
College of Pharmacy

Subject:
Evaluator:
Site:
Period:
Dates of Course/Rotation:
Course/Rotation: Acute Care
Form: Student Evaluation of Preceptor

Use the following scale to indicate your agreement with the following statements

5 = Strongly Agree
4 = Agree
3 = Neutral
2 = Disagree
1 = Strongly Disagree
0 = N/A - Not applicable to the Rotation or Site

The preceptor is interested in teaching this rotation. ***(Question 1 of 27 - Mandatory)***

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

The preceptor related to me as an individual. ***(Question 2 of 27 - Mandatory)***

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

The preceptor encouraged me to actively participate in discussions and problem-solving exercises. ***(Question 3 of 27 - Mandatory)***

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

I had adequate patient or guardian contact on this rotation to meet the learning objectives. ***(Question 4 of 27 - Mandatory)***

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

I had access to necessary patient information. ***(Question 5 of 27 - Mandatory)***

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

I was encouraged to access and use resource materials. ***(Question 6 of 27 - Mandatory)***

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

I had access to all necessary reference materials, either hard copy or via electronic means. ***(Question 7 of 27 - Mandatory)***

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

The preceptor described their approach to thinking about therapeutic problems. ***(Question 8 of 27 - Mandatory)***

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

The preceptor is readily available to answer questions and concerns. ***(Question 9 of 27 - Mandatory)***

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

The preceptor provided good direction and feedback. ***(Question 10 of 27 - Mandatory)***

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

The preceptor is knowledgeable in his/her response to questions regarding his/her approach to therapy. ***(Question 11 of 27 - Mandatory)***

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

The preceptor evaluated me at the end of the rotation in a manner which was helpful to me ***(Question 12 of 27 - Mandatory)***

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

The preceptor served as a role model for a pharmacist practicing in this practice setting. ***(Question 13 of 27 - Mandatory)***

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

The rotation provided opportunities to interact with other health care professionals. ***(Question 14 of 27 - Mandatory)***

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

The goals and objectives of the rotation were outlined and/or explained at the beginning of the rotation. ***(Question 15 of 27 - Mandatory)***

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

Rotation activities were well organized and structured. ***(Question 16 of 27 - Mandatory)***

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

This rotation provided an environment (physical and philosophical) that facilitated my learning. ***(Question 17 of 27 - Mandatory)***

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

Others at the rotation site were receptive and willing to interact with me. ***(Question 18 of 27 - Mandatory)***

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

My verbal communication skills were enhanced on this rotation. ***(Question 19 of 27 - Mandatory)***

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

My written communication skills or documentation skills were enhanced on this rotation. ***(Question 20 of 27 - Mandatory)***

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

My clinical skills were enhanced on this rotation. ***(Question 21 of 27 - Mandatory)***

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

I was able to apply previously learned materials on this rotation. ***(Question 22 of 27 - Mandatory)***

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

I believe this experience will help me be a better pharmacist. ***(Question 23 of 27 - Mandatory)***

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

The preceptor discussed patient care and/or practice related issues with me an average of ***(Question 24 of 27 - Mandatory)***

Selection	Option
	> 4 hours per day
	> 3 to 4 hours per day
	> 2 to 3 hours per day
	> 1 to 2 hours per day
	0.5 to 1 hour per day
	< 0.5 hour per day

Overall, how would you rate this practice experience? ***(Question 25 of 27 - Mandatory)***

Poor	Fair	Good	Excellent
1	2	3	4

Please elaborate and give examples ***(Question 26 of 27)***

How might this practice experience be improved? ***(Question 27 of 27)***